

PA-40 2005 (09-05)

Pennsylvania Income Tax Return (I)
PA Department of Revenue, Harrisburg, PA 17129

OFFICIAL USE ONLY

PLEASE PRINT IN BLACK INK. ENTER ONE LETTER OR NUMBER IN EACH BOX. FILL IN OVALS COMPLETELY.

Your Social Security Number Spouse's Social Security Number (if filing jointly)

Grid boxes for Social Security Numbers

CAREFULLY PRINT YOUR SOCIAL SECURITY NUMBER(S) ABOVE

Last Name Suffix

Grid boxes for Last Name and Suffix

Your First Name MI

Grid boxes for Your First Name and MI

Spouse's First Name MI

Grid boxes for Spouse's First Name and MI

Spouse's Last Name - Only if different from Last Name above Suffix

Grid boxes for Spouse's Last Name and Suffix

First Line of Address

Grid boxes for First Line of Address

Second Line of Address

Grid boxes for Second Line of Address

City or Post Office State ZIP Code

Grid boxes for City, State, and ZIP Code

Daytime Telephone Number School Code

Grid boxes for Telephone Number and School Code

Extension. See the instructions.

Amended Return. See the instructions.

Residency Status. Fill in only one oval.

- R Pennsylvania Resident
N Nonresident
P Part-Year Resident from
___/___/2005 to ___/___/2005

Filing Status. Fill in only one oval.

- S Single
J Married, Filing Jointly
M Married, Filing Separately
F Final Return. Indicate reason:

D Deceased. Date of death ___/___/2005

Identification Label Change. Fill in this oval if the label is not completely correct. Discard the incorrect label. Fill in this oval if you did not file a 2004 PA tax return.

Farmers. Fill in this oval if at least two-thirds of your gross income is from farming.

Name of school district where you lived on 12/31/2005:

Your occupation Spouse's occupation

- 1a. Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.
1b. Unreimbursed Employee Business Expenses.
1c. Net Compensation. Subtract Line 1b from Line 1a.
2. Interest Income. Complete PA Schedule A if required.
3. Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.
4. Net Income or Loss from the Operation of a Business, Profession, or Farm. LOSS
5. Net Gain or Loss from the Sale, Exchange, or Disposition of Property. LOSS
6. Net Income or Loss from Rents, Royalties, Patents, or Copyrights. LOSS
7. Estate or Trust Income. Complete and submit PA Schedule J.
8. Gambling and Lottery Winnings. Complete and submit PA Schedule T.
9. Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7, and 8. DO NOT ADD any losses reported on Lines 4, 5, or 6.
10. Medical Savings Account. CAUTION: See the instructions. Enter the amount from your Federal Income Tax return. Do not deduct medical expenses or insurance.
11. Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

Grid for tax line entries

Side 1

EC OFFICIAL USE ONLY FC grid

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Social Security Number shown first

____-____-____

Name(s)

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12. **PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).** 12.

13. Total PA Tax Withheld. See the instructions. 13.

14. Credit from your 2004 PA Income Tax return. 14.

15. 2005 Estimated Installment Payments. 15.

16. 2005 Extension Payment. 16.

17. Nonresident Tax Withheld from your **PA Schedule(s) NRK-1.** (Nonresidents only) 17.

18. **Total Estimated Payments and Credits.** Add Lines 14, 15, 16, and 17. 18.

Tax Forgiveness Credit, submit PA Schedule SP

19a. Filing Status: Unmarried or Separated Married Deceased 19b.

Dependents, Part B, Line 2, PA Schedule SP.

20. Total Eligibility Income from Part C, Line 11, PA Schedule SP.

21. **Tax Forgiveness Credit** from Part D, Line 16, PA Schedule SP. 21.

22. Resident Credit. Submit your **PA Schedule(s) G** and/or **RK-1.** 22.

23. Total Other Credits. Submit your **PA Schedule OC.** 23.

24. **TOTAL PAYMENTS and CREDITS.** Add Lines 13, 18, 21, 22, and 23. 24.

25. **TAX DUE.** If Line 12 is more than Line 24, enter the difference here. 25.

26. Penalties and Interest. See the instructions.
If attaching form REV-1630, fill in this oval 26.

27. **TOTAL PAYMENT.** Add Lines 25 and 26. 27.

28. **OVERPAYMENT.** If Line 24 is more than the total of Line 12 and Line 26, enter the difference here. 28.

The total of Lines 29 through 35 must equal Line 28.

29. **Refund** – Amount of Line 28 you want as a check mailed to you. **REFUND** 29.

30. **Credit** – Amount of Line 28 you want as a credit to your 2006 estimated account. 30.

31. Amount of Line 28 you want to donate to the **Wild Resource Conservation Fund.** 31.

32. Amount of Line 28 you want to donate to the **Military Family Relief Assistance Program.** 32.

33. Amount of Line 28 you want to donate to the **Governor Robert P. Casey Memorial Organ and Tissue Donation Awareness Trust Fund.** 33.

34. Amount of Line 28 you want to donate to the **Juvenile (Type 1) Diabetes Cure Research Fund** 34.

35. Amount of Line 28 you want to donate to the **Breast and Cervical Cancer Research Fund.** 35.

SIGNATURE(S). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature

Date

Spouse's Signature, if filing jointly

Preparer's Name and Telephone Number

Preparer's SSN / PTIN / EIN

PLEASE DO NOT CALL ABOUT YOUR REFUND UNTIL EIGHT WEEKS AFTER YOU FILE.

PA-40 Mailing Addresses

Please select the appropriate address from the following:

If you owe tax:

PA DEPT OF REVENUE
PAYMENT ENCLOSED
1 REVENUE PLACE
HARRISBURG PA 17129-0001

If you neither owe nor overpaid:

PA DEPT OF REVENUE
NO PAYMENT/NO REFUND
2 REVENUE PLACE
HARRISBURG PA 17129-0002

If you overpaid:

PA DEPT OF REVENUE
REFUND REQUESTED
3 REVENUE PLACE
HARRISBURG PA 17129-0003

Amended Returns:

Use the above addresses for filing an amended return.