

**PA-40 2002** (09-02)

**Pennsylvania Income Tax Return**

PA Department of Revenue, Harrisburg, PA 17129-0001

**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	<b>Extension.</b> See the instructions.
		<b>Amended Return.</b> See the instructions.
		<b>Residency Status.</b> Fill in only one oval.
Last Name		<b>R</b> Pennsylvania Resident
		<b>N</b> Nonresident
Your First Name	MI	<b>P</b> Part-Year Resident from 2002 to 2002.
Spouse's First Name	MI	<b>Type Filer.</b> Fill in only one oval.
		<b>S</b> Single
Spouse's Last Name - Only if different from Last Name above		<b>J</b> Married, Filing Jointly
		<b>M</b> Married, Filing Separately
		<b>F</b> Final Return. Indicate reason:
First line of address		<b>D</b> Deceased. Date of death 2002
Second line of address		<b>Identification Label Change.</b> Fill in this oval if the label is not completely correct, or if you did not file a 2001 PA tax return. Do not make corrections on the label - <b>DISCARD IT.</b>
City or Post Office	State	<b>Farmers.</b> Fill in this oval if at least two-thirds of your gross income is from farming.
	ZIP Code	Name of school district where you lived on 12/31/2002.
Daytime Telephone Number	School Code	

- 1a. Gross Compensation. . . . . 1a.
- 1b. Unreimbursed Employee Business Expenses. . . . . 1b.
- 1c. Net Compensation. Subtract Line 1b from Line 1a. . . . . 1c.
- 2. Interest Income. Complete and submit **PA Schedule A**, if over \$2,500. . . . . 2.
- 3. Dividend Income. Complete and submit **PA Schedule B**, if over \$2,500. . . . . 3.
- 4. Net Income or Loss from the Operation of a Business, Profession, or Farm. . . . . 4.
- 5. Net Gain or Loss from the Sale, Exchange, or Disposition of Property. . . . . 5.
- 6. Net Income or Loss from Rents, Royalties, Patents, or Copyrights. . . . . 6.
- 7. Estate or Trust Income. Complete and submit **PA Schedule J**. . . . . 7.
- 8. Gambling and Lottery Winnings. . . . . 8.
- 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. . . . . 9.
- 10. **Medical Savings Account. CAUTION.** Do not deduct medical expenses or insurance. See the instructions. Subtract Line 10 from Line 9. . . . . 10.
- 11. **Adjusted PA Taxable Income.** Subtract Line 10 from Line 9. . . . . 11.

Side 1

EC OFFICIAL USE ONLY FC



## **PA-40 Mailing Addresses**

Please select the appropriate address from the following:

### **If you owe tax**

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

### **If you neither owe nor overpaid**

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

### **If you overpaid**

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

### **Amended Returns**

PA DEPARTMENT OF REVENUE  
BUREAU OF INDIVIDUAL TAXES  
DEPARTMENT 280502  
HARRISBURG PA 17128-0502