

1000110054

**PA-40 2010** (09-10)**Pennsylvania Income Tax Return**

PA Department of Revenue, Harrisburg, PA 17129 (FI)

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)

CAREFULLY PRINT YOUR SOCIAL SECURITY NUMBER(S) ABOVE

Last Name

Suffix

Your First Name

MI

OVERSEAS  
MAIL -  
See Foreign  
Address Instructions  
in PA-40 booklet.

Spouse's First Name

MI

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

Suffix

First Line of Address

Second Line of Address

City or Post Office

State

ZIP Code

Daytime Telephone Number

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  
\_\_\_\_\_/2010 to \_\_\_\_\_/2010**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 \_\_\_\_/\_\_\_\_/2010☐ **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  
2009 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 12/31/2010: \_\_\_\_\_

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. .... 1a.

1b. Unreimbursed Employee Business Expenses. .... 1b.

1c. Net Compensation. Subtract Line 1b from Line 1a. .... 1c.

2. Interest Income. Complete **PA Schedule A** if required. .... 2.3. Dividend and Capital Gains Distributions Income. Complete **PA Schedule B** if required. ... 3.4. Net Income or Loss from the Operation of a Business, Profession or Farm. ... ☐ LOSS 4.5. Net Gain or Loss from the Sale, Exchange or Disposition of Property. .... ☐ LOSS 5.6. Net Income or Loss from Rents, Royalties, Patents or Copyrights. .... ☐ LOSS 6.7. Estate or Trust Income. Complete and submit **PA Schedule J**. .... 7.8. Gambling and Lottery Winnings. Complete and submit **PA Schedule T**. .... 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. **Other Deductions.** Enter the appropriate code for the type of deduction.  
See the instructions for additional information. ....  10.11. **Adjusted PA Taxable Income.** Subtract Line 10 from Line 9. .... 11.

Side 1

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**PA-40 2010** (FI)

Social Security Number (shown first)

Name(s)

ESTIMATED TAX PAID

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 2009 PA Income Tax return. . . . . 14.

15. 2010 Estimated Installment Payments. . . . . 15.

16. 2010 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-R** with your  
**PA Schedule(s) G-S, G-L, 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 for additional  
information. Fill in oval if including Form REV-1630/REV-1630A . . . . . ☐ 26.→ 27. **TOTAL PAYMENT DUE.** See the instructions. . . . . 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 2011 estimated account. . . . . 30.

DONATIONS

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 **PA Breast Cancer Coalition's  
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

E-File Opt Out ☐  
See the instructions.

Preparer's SSN or PTIN

Spouse's Signature, if filing jointly

Preparer's Name and Telephone Number

Firm FEIN

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