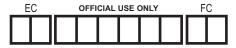
PA-40 2010 (09-10) Pennsylvania Income Tax Return

PLEASE PRINT IN BLACK II	NK. ENTER ONE LETTER	OR NUMBER IN EACH	BOX. FI	LL IN O	VALS COMPLETELY.
Your Social Security Number		urity Number (if filing joint			Extension. See the instruction
					Amended Return. See the instructi
CAREFULLY PRINT YOUR SO		S) ABOVE		Reside	ency Status. Fill in only one oval
Last Name	OIAL OLOOKITT NOMBLK(Suffix			R Pennsylvania Resident
					N Nonresident
Your First Name		MI			P Part-Year Resident from /2010 to /201
		OVERSEAS		Filing	Status. Fill in only one oval.
		MAIL -			S Single
Spouse's First Name		Address Instructions			J Married, Filing Jointly
		in PA-40 booklet.		0	M Married, Filing Separately
Spouse's Last Name - Only if different	from Last Name above	Suffix			F Final Return. Indicate reaso
					D Deceased.
First Line of Address					Date of death/201
The Line of Address					Identification Label Change. Fill in this oval if the label is n
					completely correct. Discard the incorre
Second Line of Address					label. Fill in this oval if you did not file 2009 PA tax return.
0 0	01	7100			Farmers. Fill in this oval if at lea
City or Post Office	Sta	ate ZIP Code			two-thirds of your gross income
				Name	from farming.
Daytime Telephone Number		School Code			of school district where you lived 31/2010:
				Your o	ccupation Spouse's occupation
 Gross Compensation. Do not incluqualifying retirement benefits. See 			. 1a		
. , ,					
1b. Unreimbursed Employee Business	s Expenses		. 1b.		
1c. Net Compensation. Subtract Line					
2. Interest Income. Complete PA Sci					
3. Dividend and Capital Gains Distribution					
4. Net Income or Loss from the Oper					
5. Net Gain or Loss from the Sale, E					
6. Net Income or Loss from Rents, R					
7. Estate or Trust Income. Complete					
8. Gambling and Lottery Winnings. C					
9. Total PA Taxable Income. Add or 4, 5, 6, 7 and 8. DO NOT ADD an					
 Other Deductions. Enter the app See the instructions for additional 					
11. Adjusted PA Taxable Income. So	ubtract Line 10 from Line 9.		. 11.		



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PA-40 2010 (FI)

Social Security Number (shown first)

Name(s)									
,	12.	PA Tax Liability. Multiply Line 11 by 3.07 pe	ercent (0.0307)		12.				
	13.	Total PA Tax Withheld. See the instructions.			13.				
TIMATED TAX PAI	14.	4. Credit from your 2009 PA Income Tax return.			14.				
	15.	15. 2010 Estimated Installment Payments.							
	16.	16. 2010 Extension Payment							
	17.	17. Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only) 1							
ES	18. Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17								
1		Filing Status: Unmarried or Separated	SP Married	Deceased	19b.	Dependents, Part B, Line 2, PA Schedule SP			
	20.	Total Eligibility Income from Part C, Line 11, PA Sche	edule SP						
	21.	Tax Forgiveness Credit from Part D, Line 10	21.						
	22.	Resident Credit. Submit your PA Schedule(s PA Schedule(s) G-S, G-L, and/or RK-1	G G-R with your		22.				
	23.	Total Other Credits. Submit your PA Schedul	le OC		23.				
>	24.	TOTAL PAYMENTS and CREDITS. Add Line	es 13, 18, 21, 22 and 23	3	24.				
>	25.	TAX DUE. If Line 12 is more than Line 24, er	nter the difference here.		25.				
	26.	Penalties and Interest. See the instructions for information. Fill in oval if including Form REV	26.						
>	27.	TOTAL PAYMENT DUE. See the instructions	i		27.				
	28.	OVERPAYMENT. If Line 24 is more than the difference here							
	29.	The total of Lines 29 through 35 must equinous Refund – Amount of Line 28 you want as a contract of the contract of the total of Lines 29 through 35 must equinous through 35 must expect through 35 must expe	29.						
	30.	Credit – Amount of Line 28 you want as a cre	edit to your 2011 estima	ated account	30.				
ľ		. Amount of Line 28 you want to donate to the Wild Resource Conservation Fund. 31 Amount of Line 28 you want to donate to the Military Family Relief							
<u>~</u> [32.	Assistance Program							
DONAT I 3	33.	Amount of Line 28 you want to donate to the Organ and Tissue Donation Awareness Tr							
	34.	Amount of Line 28 you want to donate to the Research Fund							
← 	35.	Amount of Line 28 you want to donate to the Breast and Cervical Cancer Research Fun							
		ATURE(S). Under penalties of perjury, I (we) declare that belief, they are true, correct, and complete.	schedules and statements, and to the best of my						
	• ,	r Signature	Date	E-File Opt Out		Preparer's SSN or PTIN			
				See the instructions.					
	Spo	use'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.

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