0200110013

PA-40 2002 (09-02)

Pennsylvania Income Tax Return

PA Department of Revenue, Harrisburg, PA 17129-0001

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

CAREFULLY PRINT YOUR SOCIAL SECURITY NUMBER(S) ABOVE

PLACE LABEL HERE

Last Name

Suffix

Your First Name

MI

Spouse's First Name

MI

OVERSEAS MAIL - Use full return address to include city, country and Zip Codes in local formats.

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 __/__ /2002 to __/__ /2002.

Type Filer. 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 __/__ /2002

Identification Label Change. 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 – **DISCARD IT.**

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 12/31/2002.

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.	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.		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

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0200220010

PA-40 2002

Social Security Number shown first

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Name(s):

12. **PA Tax Liability. Multiply Line 11 by 2.8% (0.028).** . . . . . 12.

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

14. Credit from your 2001 PA Income Tax return. . . . . 14.

15. 2002 Estimated Installment Payments. . . . . 15.

16. 2002 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 BACK/Tax Forgiveness Credit.

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 BACK/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 and 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. . . . . 26.

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

28. **OVERPAYMENT.** If Line 24 is more than Line 12, 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 2003 estimated account. . . . . 30.

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

32. **Donation** – Amount of Line 28 you want to donate to the **United States Olympic Committee**. . . . . 32.

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

34. **Donation** – Amount of Line 28 you want to donate to the **Korea/Vietnam Memorial Inc.** . . . . . 34.

35. **Donation** – 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:	Date:

Optional: Preparer or Company Name, other than taxpayer(s), based on all information of which the preparer has any knowledge.

Preparer or Company Name (Please Print):	Date:	Telephone Number: ( )

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

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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