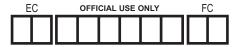
PA-40 2012(06-12) (FI) Pennsylvania Income Tax Return

PA Department of Revenue,		OR NUMBER IN EACH RO	V FILL IN	OFFICIAL USE ONLY	
PLEASE PRINT IN BLACK Your Social Security Number		curity Number (if filing jointly)	A. FILL IN		
,		poulse o costail coolainy realizer (ii iiiii g jeintly)		Amended Return. See the instruction	
CAREELL LY RRINT VOLLD C	OCIAL SECURITY NUMBER	S) ABOVE	Res	idency Status. Fill in only one oval.	
Last Name	OCIAL SECURITY NUMBER(Suffix		R Pennsylvania Resident	
Your First Name		MI	-1	P Part-Year Resident from /2012 to /2012	
		OVERSEAS	Filin	ng Status. Fill in only one oval.	
		MAIL - See Foreign		•	
Spouse's First Name		Address Instructions		= -	
		in PA-40 booklet.		, , ,	
Spouse's Last Name - Only if differer	it from Last Name above	Suffix	_	F Final Return. Indicate reason	
		LLi		D Deceased.	
First Line of Address				Date of death/2012	
				Identification Label Change. Fill in this oval if the label is not	
Second Line of Address				completely correct. Discard the incorrect label. Fill in this oval if you did not file a	
Coosiia Liilo Siritaaroos				2011 PA tax return.	
City or Post Office	St	ate ZIP Code		Farmers. Fill in this oval if at leas	
City of 1 dat Chiece		ate Zii Gode		two-thirds of your gross income is from farming.	
Doubling Talanhana Number		Cabaal Cada	Nam	ne of school district where you lived	
Daytime Telephone Number		School Code		on 12/31/2012:	
			Your	occupation Spouse's occupation	
1a. Gross Compensation. Do not inc	ludo avamat incomo auch o	an combat zone new and			
qualifying retirement benefits. Se			1a.		
1b. Unreimbursed Employee Busines	ss Expenses		1b.		
1c. Net Compensation. Subtract Line					
2. Interest Income. Complete PA So	2.				
3. Dividend and Capital Gains Distril	outions Income. Complete Pa	A Schedule B if required	3.		
4. Net Income or Loss from the Ope	4.				
5. Net Gain or Loss from the Sale,	5.				
Net Income or Loss from Rents,	6.				
Estate or Trust Income. Complete			7.		
7. Lotato di Tradi modilio. Compion	y and dabinit 171 contoadio	•			
8. Gambling and Lottery Winnings.	8.				
9. Total PA Taxable Income. Add of 4, 5, 6, 7 and 8. DO NOT ADD a	9.				
10. Other Deductions. Enter the ap See the instructions for additional	10.				
11. Adjusted PA Taxable Income. S	Subtract Line 10 from Line 9		11.		
	;	Side 1			



PA-40 2012(06-12) (FI)

1200210050

Social Security Number (shown first)

			Name(s)		
	12.	PA Tax Liability. Multiply Line 11 by 3.07 p	ercent (0.0307)	12.	
	13.	Total PA Tax Withheld. See the instructions.			
	14.	Credit from your 2011 PA Income Tax return.			
V ESTIMATE	15.	2012 Estimated Installment Payments. Fill in	oval if including Form l	REV-459B. 15.	
	 16.	2012 Extension Payment			
	17.	Nonresident Tax Withheld from your PA Scho			
	18.	Total Estimated Payments and Credits. Ad	d Lines 14, 15, 16 and	17 18.	
		Forgiveness Credit, submit PA Schedule 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 1	6, PA Schedule SP	21.	
	22.	Resident Credit. Submit your PA Schedule(s PA Schedule(s) G-S, G-L, and/or RK-1	G-R with your	22.	
	23.	Total Other Credits. Submit your PA Schedu	le OC	23.	
>	24.	TOTAL PAYMENTS and CREDITS. Add Line	es 13, 18, 21, 22 and 23	3 24.	
—	25.	USE TAX. Add amount. See the instructions.		25.	
—	26.	TAX DUE. If the total of Line 12 and Line 25 enter the difference here.			
	27.	Penalties and Interest. See the instructions for information. Fill in oval if including Form REV			
>	28.	TOTAL PAYMENT DUE. See the instructions			
♦ DONATIONS ♦	29. OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27 enter the difference here.				
	30.	The total of Lines 30 through 36 must equal Line 29. O. Refund – Amount of Line 29 you want as a check mailed to you			
	31.	Credit – Amount of Line 29 you want as a cr			
	32.	Amount of Line 29 you want to donate to the			
		Amount of Line 29 you want to donate to the Assistance Program.			
	34.	4. Amount of Line 29 you want to donate to the Governor Robert P. Casey Memorial Organ and Tissue Donation Awareness Trust Fund			
	35.	Amount of Line 29 you want to donate to the Research Fund			
	36.	Amount of Line 29 you want to donate to the For Breast and Cervical Cancer Research			
		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		
	<u> </u>	r Signature	Date	E-File Opt Out	Preparer's PTIN
				See the instructions.	
	Spo	use's Signature, if filing jointly	Preparer's Name and Telepho	one Number	Firm FEIN
	_				

PLEASE DO NOT CALL ABOUT YOUR REFUND UNTIL EIGHT WEEKS AFTER YOU FILE. Side 2

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