

0300110053

PA-40 2003 (09-03)**Pennsylvania Income Tax Return**

PA Department of Revenue, Harrisburg, PA 17129

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

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
2003 to 2003.**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 2003

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 2002 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 12/31/2003.

Your occupation Spouse's occupation

Last Name

Your First Name

MI

Spouse's First Name

MI

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

First Line of Address

Second Line of Address

City or Post Office

State

ZIP Code

Daytime Telephone Number

School Code

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 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. 10.11. **Adjusted PA Taxable Income.** Subtract Line 10 from Line 9. 11.

Side 1

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Social Security Number shown first

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 2002 PA Income Tax return. 14.
15. 2003 Estimated Installment Payments. 15.
16. 2003 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, 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 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 2004 estimated account. 30.
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 **United States Olympic Committee.** ... 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 **Korea/Vietnam Memorial Inc.** 34.
35. 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.

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