PA 40 - 1998 (1) 9800110326

PENNSYLVANIA INCOME TAX RETURN
Commonwealth of Pennsylvania PA Department of Revenue

PLEASE PRINT IN BLACK INK. ENTER ONE LETTER OR NUMBER IN EACH BOX. FILL IN OVALS COMPLETELY.

Social Security Number — Spouse's Social Security Number

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 - P.O. Box, Apartment Number, Suite, Floor, RR No. - If applicable

Second line of address - Street Address

City or Post Office — State — ZIP Code

School Code — Daytime Telephone Number

Name of school district where you lived on 12/31/98 — County where you lived on 12/31/98 — Municipality where you lived on 12/31/98

- **Extension Enclosed.** See instructions.
- **Amended Return.** Fill in this oval if you are amending your 1998 PA return.
- **Fiscal Year Filers.** Fill in this oval. FY beginning ___/___/98 & ending ___/___/___

Option. Do you want a 1999 tax booklet?
If you pay a preparer, ask if you need the 1999 PA forms and instructions before answering.
- 1. **YES. I want a 1999 tax booklet.**
- 2. **NO. Send me a label and form PA-1 only.**

Residency Status. Fill in only one oval.
- **R** Resident
- **N** Nonresident
- **P** Part-Year Resident from ___/___/98 to ___/___/98

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 ___/___/98

Identification Label Change
Fill in this oval if the label you received with this booklet is not completely correct, or if you did not file a 1997 PA tax return. Do not make corrections on the label — **DISCARD IT.**

1a	Gross PA Taxable Compensation, from W-2 forms and other statements	1a	
1b	Unreimbursed Employee Business Expenses, from PA Schedule UE	1b	
1c	Net PA Taxable Compensation. Subtract Line 1b from Line 1a	1c	
2	PA Taxable Interest Income. Complete and enclose PA Schedule B, if over $2,500	2	
3	PA Taxable Dividends Income. Complete and enclose PA Schedule B, if over $2,000	3	
4	Net Income or Loss from the Operation of 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 enclose PA Schedule J	7	
8	Gambling and Lottery Winnings	8	
9	**Total Gross PA Taxable Income.** Add the income amounts from Lines 1c, 2, 3, 4, 5, 6, 7, and 8. DO NOT SUBTRACT any losses reported on Lines 4, 5, or 6	9	
10	CONTRIBUTIONS TO YOUR MEDICAL SAVINGS ACCOUNT. See the instructions booklet	10	
11	NET PA TAXABLE INCOME. Subtract Line 10 from Line 9	11	
12	**PA Tax Liability. Multiply Line 11 by 2.8% (0.028). Also enter on Line 15, Side 2**	12	

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