0300220019

PA-40 2003

Social Security Number shown first

OFFICIAL USE ONLY

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.	

DONATIONS

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.

Your Signature	Date	Spouse's Signature, if filing jointly	Date
X			

OPTIONAL

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

Date	Preparer telephone number
	( )

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

Side 2

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