PA-40EZ - 1999 (I)
PA-40EZ (09–99)
PA DEPARTMENT OF REVENUE,
Harrisburg, PA 17129-0003

OFFICIAL USE ONLY

	Pennsylvania	Income T	ax Return	Commonwealth	of Pennsylvania
PI F	ASE PRINT IN BLACK	INK ENTER O	NE LETTER OR	NUMBER IN EACH BOX	FILL IN OVALS COMPLETELY

You	Your Social Security Number Spouse's Social Security Number											Т	Identification Label Change																					
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PA-40EZ (09–99)
PA DEPARTMENT OF REVENUE

OFFICIAL USE ONLY

Pennsylvania Income Tax Return Commonwealth of Pennsylvania

<u></u>												Social Security Number										
our l	our Name:													-		-						
11. OVERPAYMENT. If Line 9 is more than Line 5, enter the difference here															П	Ή	1	1				
							I check, enter Line 12 only. You may not request direct deposit on a paper															
	return. If you want to donate to one or more of the funds listed below, the total of Lines 12 through 17 m															_	Т	\neg		П		
12.	12. Refund Amount of Line 11 you want as a check mailed to you																					
13.	13. Donation Amount of Line 11 you want to donate to the Wild Resource Conservation Fund.																					
14.	14. Donation Amount of Line 11 you want to donate to the U.S. Olympic Committee, PA Division.																					
15.	Donat	ion	Amount	of Line 11 yo	u want	to donate to the	Organ	Donor Awareness	Trust F	ınd	15.											
16.	Donat	ion	Amount	of Line 11 yo	u want	to donate to the I	Korea	n/Vietnam Memoria	al, Inc		16.											
17.	17. Donation Amount of Line 11 you want to donate to the Breast and Cervical Cancer Research Fund.																1					
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elief	nder 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) elief they are true, correct, and complete.																					
You	r Signature	e:					Date:		Your Occupation:													
Spo	use's Sign	nature	e, if filing jointly	:					Date:		Spouse's Occupation:											
	PLEASE DO NOT CALL ABOUT YOUR REFUND UNTIL 8 WEEKS AFTER YOU FILE.																					
	hedule V		6 (09-99) F REVENUE			Wage S	tat	ement Sun	nmar	У		1999										
				PA tax return	n:						Social Security Number:											
nstructions. Instead of sending your paper Forms W-2 with your PA tax return, or photocopying them to a sheet of paper, you may write the														he n	eces	sary						
nforn	nation b	elov	w. Keep you	ır original For	rms W-2	. Important. You	r PA co	ompensation may be al Form W-2 with a v	different	from y	our fed	deral	wag	es. (Cauti	on.	If yo	u be	lieve	that		
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			om Each F	orm W-2.		1 ,,																
Number of Form(s) W-2 If you need more spa								ice, you may photocopy this schedule or prepare your own schedule in this format. Enter the total on Line 1a Enter the total on Line 6														
(a) (b)								(c)	intor ti	(d		. LII										
E	mploye		entification om box B	Number	Fe	ederal wages fror box 1	n	PA taxable comp		tax w												
1.		-			\$			\$		\$												
2.		-			\$			\$		\$							1					
3.		-			\$			\$		\$							Caution. The Department reserves					
4.		-			\$			\$								the right to require						
5.		-			\$			\$		\$				your actual Forms W-2.								
6.		-			\$			\$		\$												
7.		-			\$			\$		\$												
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9900410029 9900410029 If you downloaded the PA-40 or PA-40EZ from the Internet, or had it faxed to you via the fax back system, please mail it to the following address to speed processing:

7 Revenue Place Harrisburg, PA 17129-0007