Form ID: PA Pennsylvania General Information		
County of residence		[1]
School district name		[2]
	Тах	cpayer Spouse
Final return	_	[3][4]
Contributio	ns	
Amount of contributions you	ı wish to make to:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Taxpayer	Spouse
Breast and Cervical Cancer	[5]	[6]
Wild Resource Conservation Fund	[7]	[8]
Military Family Relief Assistance	[9]	[10]
Governor Robert P. Casey Memorial Organ/Tissue Trust Fund	[11]	[12]
Juvenile (Type 1) Diabetes Cure Research Fund Children's Trust Fund	[13]	[14]
American Red Cross	[15]	[16]
American red Cross	[17]	[18]
Part-year Resident I	nformation	
If you were a part-year resident during the tax year	, enter the dates you lived in Pennsy	lvania
	Taxpayer	Spouse
Part-year residency dates:		
From	[19]	[21]
То	[20]	[22]

NOTES/QUESTIONS: