



Form ID: PA Pennsylvania General Information

County of residence \_\_\_\_\_ [1]  
 School district name \_\_\_\_\_ [2]

Final return Taxpayer \_\_\_\_\_ [3]      Spouse \_\_\_\_\_ [4]

**Contributions**

Amount of contributions you 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	_____ [13]	_____ [14]
Children's Trust Fund	_____ [15]	_____ [16]
American Red Cross	_____ [17]	_____ [18]
Pediatric Cancer Research Fund	_____ [19]	_____ [20]

**Part-year Resident Information**

If you were a part-year resident during the tax year, enter the dates you lived in Pennsylvania

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [21]	_____ [23]
To	_____ [22]	_____ [24]

NOTES/QUESTIONS: