Form ID: PA

Pennsylvania General Information

County of residence _____[1]

School district name _____[2]

	Taxpayer	Spouse
Final return	___[3]	___[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]
Veterans' Trust Fund	_____[21]	_____[22]

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	_____[23]	_____[25]
To	_____[24]	_____[26]

NOTES/QUESTIONS: