

PA-40 2007 (09-07) (1)
 Pennsylvania Income Tax Return
 PA Department of Revenue, Harrisburg, PA 17129

OFFICIAL USE ONLY

PLEASE PRINT IN BLACK INK. ENTER ONE LETTER OR NUMBER IN EACH BOX. FILL IN OVALS COMPLETELY.

Your Social Security Number

Spouse's Social Security Number (if filing jointly)

Last Name

Suffix

BARNES

Your First Name

WILLIAM

Spouse's First Name

Spouse's Last Name - Only if different from Last Name above

First Line of Address

Second Line of Address

City or Post Office

BETHEL PARK

State

PA

ZIP Code

15102

Daytime Telephone Number

School Code

02125

 Extension. See the instructions. Amended Return. See the instructions.

Residency Status. Fill in only one oval:

 R Pennsylvania Resident N Nonresident P Part-Year Resident from
___ / ___ / 2007 to ___ / ___ / 2007

Filing Status. Fill in only one oval:

 S Single J Married, Filing Jointly M Married, Filing Separately F Final Return. Indicate reason: D Deceased.

Date of death ___ / ___ / 2007

 Identification Label Change.

Fill in this oval if the label is not completely correct. Discard the incorrect label. Fill in this oval if you did not file a 2006 PA tax return.

 Farmers. Fill in this oval if at least two-thirds of your gross income is from farming.

Name of school district where you lived on 12/31/2007: BETHEL PARK

Your occupation

Spouse's occupation

ACCOUNTANT

1a. Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.	1a.	0.00
1b. Unreimbursed Employee Business Expenses.	1b.	.
1c. Net Compensation. Subtract Line 1b from Line 1a.	1c.	0.00
2. Interest Income. Complete PA Schedule A if required.	2.	.
3. Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.	3.	.
4. Net Income or Loss from the Operation of a Business, Profession, or Farm. <input type="radio"/>	4.	.
5. Net Gain or Loss from the Sale, Exchange, or Disposition of Property. <input type="radio"/>	5.	.
6. Net Income or Loss from Rents, Royalties, Patents, or Copyrights. <input type="radio"/>	6.	.
7. Estate or Trust Income. Complete and submit PA Schedule J.	7.	.
8. Gambling and Lottery Winnings. Complete and submit PA Schedule T.	8.	.
9. Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7, and 8. DO NOT ADD any losses reported on Lines 4, 5, or 6.	9.	0.00
10. Other Deductions. Enter the appropriate code for the type of deduction. See the instructions for additional information.	10.	.
11. Adjusted PA Taxable Income. Subtract Line 10 from Line 9.	11.	0.00

Side 1

EC

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PA-40 2007 (1)

Social Security Number (shown first)

Name(s)

WILLIAM R. BARNES

12	PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).	12.	0.00
13	Total PA Tax Withheld. See the instructions	13.	908.11
14	Credit from your 2006 PA income Tax return.	14.	.
15	2007 Estimated Installment Payments.	15.	.
16	2007 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.	908.11
Tax Forgiveness Credit, submit PA Schedule SP			
19a	Filing Status: <input type="radio"/> Unmarried or Separated <input type="radio"/> Married <input type="radio"/> Deceased	19b.	Dependents, Part B, Line 2. PA Schedule SP
20	Total Eligibility Income from Part C, Line 11, PA Schedule SP.		.
21	Tax Forgiveness Credit from Part D, Line 16, PA Schedule SP.	21.	.
22	Resident Credit. Submit your PA Schedule(s) G-R with your PA Schedule(s) G-S, G-L, 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.	908.11
25	TAX DUE. If Line 12 is more than Line 24, enter the difference here.	25.	0.00
26	Penalties and Interest. See the instructions for additional information. Fill in oval if including Form REV-1830.	<input type="radio"/> 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. The total of Lines 29 through 35 must equal Line 28.	28.	908.11
29	Refund - Amount of Line 28 you want as a check mailed to you. REFUND	29.	908.11
30	Credit - Amount of Line 28 you want as a credit to your 2008 estimated account	30.	.
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 Military Family Relief Assistance Program.	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 Juvenile (Type 1) Diabetes Cure Research Fund	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

Preparer's SSN or PTIN

10-11-2008

Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions from Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
 Attach to Form 1040, 1040A, 1040-EZ, or 1040X.

OMB No. 1545-0074

1 Type or print your first name and middle initial. Last name
William R. **Barnes**

2 Social security number (SSN)
 [REDACTED]

3 Address
Bethel Park, Pennsylvania 15102

4 Enter year in space provided and check one box. For the tax year ending December 31, 2007.
 I have been unable to obtain (or have received an incorrect) Form W-2 OR Form 1099-R.

I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.

5 Employer's or payer's name, address, and ZIP code
 [REDACTED]

6 Employer's or payer's identification number (if known)
 [REDACTED]

7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.

a Wages, tips, and other compensation	0	g State income tax withheld	908.11
b Social security wages	0	(Name of state)	Pennsylvania
c Medicare wages and tips	0	h Local income tax withheld	384.51
d Advance EIC payment	0	(Name of locality)	Bethel Park
e Social security tips	0	i Social security tax withheld	1,833.81
f Federal income tax withheld	2,139.12	j Medicare tax withheld	428.87

8 Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.

a Gross distribution	_____	f Federal income tax withheld	_____
b Taxable amount	_____	g State income tax withheld	_____
c Taxable amount not determined <input type="checkbox"/>		h Local income tax withheld	_____
d Total distribution <input type="checkbox"/>		i Employee contributions	_____
e Capital gain (included in 8b)	_____	j Distribution codes	_____

9 How did you determine the amounts on lines 7 and 8 above?
 Records provided by the payer listed on line 5

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.
 None

Sign Here

Under penalties of perjury, I declare that I have examined this statement, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature ▶ [REDACTED]

Date ▶ 4-13-2008