

Cathy Walsh

[REDACTED]
January 28, 2009

**VIA CERTIFIED MAIL #7006 0100 0006 2382 3415
RETURN RECEIPT REQUESTED**

PA Department of Revenue
Refund Requested
3 Revenue Place
Harrisburg, PA 17129-0003

RE: Tax Payer ID [REDACTED]
Tax Years 2007 and 2008

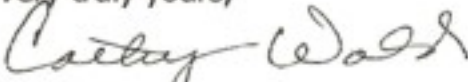
To Whom It May Concern:

Enclosed please find Form PA-40 Amended Return for 2007 with supporting documentation from the Department of the Treasury, which issued me a refund for 2007, and Form PA-40 for tax year 2008.

Please be advised that no monies were ever received by me from any government agency, whether federal, state or local, in connection with the performance of the functions of a public office, or otherwise constituted gains, profit or income, within the meaning of the relevant law. In other words, I have never been privileged to receive "wages" or "income", as defined in the IRS Code, either directly or indirectly, for work performed for any government agency, NOR did my sole proprietorship contract or sub-contract with the government, or any of its agents or assigns, which is the subject of the income tax law.

Under penalty of perjury, I declare and certify that to the best of my knowledge and belief my statements in this letter are true, correct, and complete.

Very truly yours,


Cathy Walsh

Enclosures

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)

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
 9/27 /2007 to 12/31 /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: **Philadelphia**

Your occupation
Author

Spouse's occupation

Last Name

Walsh

Suffix

Your First Name

Catherine

MI

M

MI

OVERSEAS MAIL -
 Use full return address to include city, country and ZIP Code in local formats.

Spouse's First Name

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

Suffix

First Line of Address

Second Line of Address

City or Post Office

State

ZIP Code

PA

Daytime Telephone Number

School Code

51500

1a. Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.	1a.	
1b. Unreimbursed Employee Business Expenses.	1b.	
1c. Net Compensation. Subtract Line 1b from Line 1a.	1c.	
2. Interest Income. Complete PA Schedule A if required.	2.	0.00
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. ...	4.	0.00
5. Net Gain or Loss from the Sale, Exchange, or Disposition of Property.	5.	
6. Net Income or Loss from Rents, Royalties, Patents, or Copyrights.	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

PA-40 2007 (FI)

Social Security Number (shown first)

[REDACTED]

Name(s)

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.	
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.	0.00
Tax Forgiveness Credit, submit PA Schedule SP		
19a. Filing Status: Unmarried or Married 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.	93.25
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-1630.	26.	0.00
27. TOTAL PAYMENT. Add Lines 25 and 26.	27.	0.00
28. OVERPAYMENT. If Line 24 is more than the total of Line 12 and Line 26, enter the difference here.	28.	93.25
The total of Lines 29 through 35 must equal Line 28.		
29. Refund - Amount of Line 28 you want as a check mailed to you. REFUND	29.	93.25
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

Catherine M. Wash

Date

1/28/09

Preparer's SSN or PTIN