2000210050

Social Security Number (shown first)

Name(s)

V ESTIMATED TAX PAID V	12.	PA Tax Liability. Multiply Line 11 by 3.07 percent	ent (0.0307)			12.		
	13.	Total PA Tax Withheld. See the instructions				13.		
	14.	Credit from your 2019 PA Income Tax return				14.		
	 15.	2020 Estimated Installment Payments. Fill in over	al if including Fo	rm RE'	V-459B.	15.		
	 16. 	2020 Extension Payment				16.		
	1 17.	Nonresident Tax Withheld from your PA Schedul	le(s) NRK-1. (No	onresid	ents only)	17.		
	18. Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17				18.			
		Filing Status: Unmarried or Separated	Married		Deceased	19b.	Dependents, Section II, Line 2, PA Schedule SP	
	20.	Total Eligibility Income from Section III, Line 11, PA Sch	edule SP					
	21.	Tax Forgiveness Credit from Section IV, Line 19	6, PA Schedule	SP		21.		
	22.	Resident Credit. Submit your PA Schedule(s) G	-L and/or RK-1.			22.		
	23.	Total Other Credits. Submit your PA Schedule O	С			23.		
~	24.	24. TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23				24.		
~	25. USE TAX. Due on internet, mail order or out-of-state purchases. See the instructions. 26. TAX DUE. If the total of Line 12 and Line 25 is more than Line 24,					25.		
→	enter the difference here.				26.			
	27.	Penalties and Interest. See the instructions for a information. Fill in oval if including Form REV-163				27.		
→	28.	TOTAL PAYMENT DUE. See the instructions				28.		
♦ DONATIONS ♦	29. OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27 enter the difference here.					29.		
	30.	The total of Lines 30 through 36 must equal Line 29. 30. Refund – Amount of Line 29 you want as a check mailed to you				30.		
	31. Credit – Amount of Line 29 you want as a credit to your 2021 estimated account				31.			
	32.	32. Refund donation line. Enter the organization code and donation amount. See the instructions. 33. Refund donation line. Enter the organization code and donation amount. See the instructions.				32.		
	33.					33.		
	34. 	Refund donation line. Enter the organization code See the instructions.	ode and donation amount. ode and donation amount.			34.		
	35.	Refund donation line. Enter the organization code See the instructions.				35.		
	36. Refund donation line. Enter the organization code and donation amount. See the instructions				36.			
	SIGNATURE(S). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompar (our) belief, they are true, correct, and complete.						schedules and statements, and to the best	of my
		r Signature Dat	te		File Opt Out		Preparer's PTIN	
	Spo	puse's Signature, if filing jointly	parer's Name and Tel	elephone I	Number		Firm FEIN	

PLEASE DO NOT CALL ABOUT YOUR REFUND UNTIL EIGHT WEEKS AFTER YOU FILE.



2000270020