

Label

(See instructions on page 16.)

Use the IRS label.

Otherwise, please print or type.

Label Here

For the year Jan. 1-Dec. 31, 2006, or other tax year beginning 2006, ending 20. Your first name and initial: JAMES R. Last name: CRAIG. Home address: 1025 BEDILLION ROAD, WASHINGTON, PA 15301.

Your social security number: [Redacted] Spouse's social security number: [Redacted]

You must enter your SSN(s) above.

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16) [ ] You [ ] Spouse

Filing Status

Check only one box.

- 1 [X] Single 2 [ ] Married filing jointly (even if only one had income) 3 [ ] Married filing separately. Enter spouse's SSN above and full name here. 4 [ ] Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 [ ] Qualifying widow(er) with dependent child (see page 17)

Exemptions

If more than four dependents, see page 19.

Table with columns: (1) First name, Last name, (2) Dependent's social security number, (3) Dependent's relationship to you, (4) if qualifying child for child tax credit (see page 19). Total number of exemptions claimed: d

Boxes checked on 6a and 6b: No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see page 20) Dependents on 6c not entered above: Add numbers on lines above

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 23.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Table with 2 columns: Description of income type (7-22) and Amount. Total income: 1902

Adjusted Gross Income

Table with 2 columns: Description of deduction (23-37) and Amount. Adjusted gross income: 1902

Tax and Credits

Standard Deduction for—

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 34.

• All others: Single or Married filing separately, \$5,150

Married filing jointly or Qualifying widow(er), \$10,300

Head of household, \$7,550

Table with 3 columns: Line number, Description, Amount. Includes lines 38-57 for Tax and Credits.

Other Taxes

Table with 3 columns: Line number, Description, Amount. Includes lines 58-63 for Other Taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, Amount. Includes lines 64-72 for Payments.

Refund

Direct deposit? See page 61 and fill in 74b, 74c, and 74d, or Form 8888.

Table with 3 columns: Line number, Description, Amount. Includes lines 73-76 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, Amount. Includes lines 76-77 for Amount You Owe.

Third Party Designee

Form for Third Party Designee with fields for name, phone, and identification number.

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature area with fields for Your signature, Date, Your occupation, Daytime phone number, Spouse's signature, Date, Spouse's occupation.

Paid Preparer's Use Only

Form for Paid Preparer's Use Only with fields for signature, date, EIN, and phone number.

PA-40 - 2006  
Pennsylvania Income Tax Return  
ENTER ONE LETTER OR NUMBER IN EACH BOX  
Do Not Use Your Preprinted Label



CRAIG

JAMES

R Occupation STUDENT

Occupation

1025 BEDILLION ROAD

WASHINGTON

PA 15301

63390

- N Extension.
- N Amended Return.
- R Residency Status.  
PA Resident/Nonresident/Part-Year Resident  
from to
- S Single/Married, Filing Jointly/Married,  
Filing Separately/Final Return/Deceased  
Date of Death
- N Farmers.

- 1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.
- 1b Unreimbursed Employee Business Expenses.
- 1c Net Compensation. Subtract Line 1b from Line 1a.
- 2 Interest Income. Complete **PA Schedule A** if required.
- 3 Dividend and Capital Gains Distributions Income. Complete **PA Schedule B** if required.
- 4 Net Income or Loss from the Operation of a Business, Profession, or Farm.
- 5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.
- 6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.
- 7 Estate or Trust Income. Complete and submit **PA Schedule J**.
- 8 Gambling and Lottery Winnings. Complete and submit **PA Schedule T**.
- 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.
- 10 **Other Deductions.** Enter the appropriate code for the type of deduction. See the instructions for additional information.
- 11 **Adjusted PA Taxable Income.** Subtract Line 10 from Line 9.

1a	1902
1b	0
1c	1902
2	0
3	0
4	0
5	0
6	0
7	0
8	0
9	1902
10	0
11	1902

N

EC

Page 1 of 2

FC



PA-40 - 2006  
Social Security Number



Name(s) JAMES R CRAIG

12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).  
13 Total PA Tax withheld. See the instructions.

12 58  
13 59

14 Credit from your 2005 PA Income Tax return.  
15 2006 Estimated Installment Payments.  
16 2006 Extension Payment.  
17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)  
18 Total Estimated Payments and Credits. Add lines 14, 15, 16 and 17.

14 0  
15 0  
16 0  
17 0  
18 0

**Tax Forgiveness Credit**

19a Filing Status: 01 Unmarried or Separated 02 Married 03 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.

19a 01  
19b 00  
20 1902  
21 58

22 Resident Credit. Submit your PA Schedule(s) G-S/G-L and/or RK-1.  
23 Total Other Credits. Submit your PA Schedule OC.  
24 TOTAL PAYMENTS and CREDITS. Add lines 13 and 18, 21, 22, and 23.  
25 TAX DUE. If Line 12 is more than Line 24, enter the difference here.  
26 Penalties and Interest. See the instructions.  
If attaching form REV-1630, mark the box. N

22 0  
23 0  
24 117  
25 0  
26 0

27 TOTAL PAYMENT. Add Lines 25 and 26.  
28 OVERPAYMENT. If Line 24 is more than the total of Line 12 and Line 26 enter the difference here.

27 0  
28 59

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  
30 Credit - Amount of Line 28 you want as a credit to your 2007 estimated account.  
31 Amount of Line 28 you want to donate to the Wild Resource Conservation Fund.  
32 Amount of Line 28 you want to donate to the Military Family Relief Assistance Program.  
33 Amount of Line 28 you want to donate to the Governor Robert P. Casey Memorial Organ and Tissue Donation Awareness Trust Fund.

29 59  
30 0  
31 0  
32 0  
33 0

34 Amount of Line 28 you want to donate to the Juvenile Diabetes (Type 1) Diabetes Cure Research Fund.  
35 Amount of Line 28 you want to donate to the Breast and Cervical Cancer Research Fund.

34 0  
35 0

Your Signature	Spouse's Signature, if filing jointly
Preparer's Name and Telephone Number	
SELF-PREPARED	
Date	

Firm EIN	Preparer's SSN/PTIN