

Filing Status ☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial Augusta		Last name carlin		Your social security number 186-56-8565	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. 2120A W Tioga St				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. Philadelphia			State PA		ZIP code 191403923
Foreign country name		Foreign province/state/county		Foreign postal code	
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse					

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1956 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1956 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	4,625.
	2a	Tax-exempt interest	2a	
	3a	Qualified dividends	3a	
	4a	IRA distributions	4a	
	5a	Pensions and annuities	5a	
	6a	Social security benefits	6a	
Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions.	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	
	8	Other income from Schedule 1, line 9	8	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	4,625.
	10	Adjustments to income:		
	a	From Schedule 1, line 22	10a	
	b	Charitable contributions if you take the standard deduction. See instructions	10b	
	c	Add lines 10a and 10b. These are your total adjustments to income ▶	10c	
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶	11	4,625.
	12	Standard deduction or itemized deductions (from Schedule A)	12	12,400.
	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	
14	Add lines 12 and 13	14	12,400.	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	0.	

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	0.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	0.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	0.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	400.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	400.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	354.
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	1,800.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	2,154.
33	Add lines 25d, 26, and 32. These are your total payments	33	2,554.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,554.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,554.
Direct deposit? See instructions.	b Routing number 073972181 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 70007003808047		
	36 Amount of line 34 you want applied to your 2021 estimated tax	36	
Amount You Owe	37 Subtract line 33 from line 24. This is the amount you owe now	37	
For details on how to pay, see instructions.	Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.		
	38 Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☐ **Yes**. Complete below. ☒ **No**

Designee's
name ▶

Phone
no. ▶

Personal identification
number (PIN) ▶

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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Your occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶

Joint return?
See instructions.
Keep a copy for
your records.

Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶

Phone no.

Email address

Paid Preparer Use Only

Preparer's name

Preparer's signature

Date

PTIN

Check if:

☐ Self-employed

Firm's name ▶ **Self-Prepared**

Phone no.

Firm's address ▶

Firm's EIN ▶

PA-40 - 2020
Pennsylvania Income Tax Return
 ENTER ONE LETTER OR NUMBER IN EACH BOX (06-20)

186568565

CARLIN

AUGUSTA

Occupation DIRECT CAR

Occupation

2120A W TIoga ST

PHILADELPHIA PA 19140

(no 215-800-7811 51500

N Extension. N Amended Return.

R Residency Status.
PA Resident/Nonresident/Part-Year Resident
from toF Single, Married/Filing Jointly,
Married/Filing Separately, Final Return

N Deceased

N Taxpayer Date of Death

N Spouse Date of Death

N Farmers.

School District Name PHILADELPHIA

- 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.

N

1a 4625

1b 0

1c 4625

2 0

3 0

4 0

5 0

6 0

7 0

8 0

9 4625

10 0

11 4625



PA-40 - 2020

2000217352

Social Security Number

186568565

Name(s) AUGUSTA CARLIN

12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).

13 Total PA Tax Withheld. See the instructions.

14 Credit from your 2019 PA Income Tax return.

15 2020 Estimated Installment Payments. REV-459B included.

16 2020 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.

Tax Forgiveness Credit. Submit PA Schedule SP.

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

19b Dependents, Section II, Line 2, PA Schedule SP

20 Total Eligibility Income from Section III, Line 11, PA Schedule SP.

21 Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.

22 Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.

23 Total Other Credits. Submit your PA Schedule OC.

24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.

25 USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.

26 TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.

27 Penalties and Interest. See the instructions. Enter Code:

If including form REV-1630/REV-1630A, mark the box.

28 TOTAL PAYMENT DUE. See the instructions.

29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.

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.

31 Credit - Amount of Line 29 you want as a credit to your 2021 estimated account.

32 Refund donation line. Enter the organization code and donation amount. See instructions.

33 Refund donation line. Enter the organization code and donation amount. See instructions.

34 Refund donation line. Enter the organization code and donation amount. See instructions.

35 Refund donation line. Enter the organization code and donation amount. See instructions.

36 Refund donation line. Enter the organization code and donation amount. See instructions.

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

Spouse's Signature, if filing jointly

Preparer's Name and Telephone Number

Date

SELF-PREPARED

E-File Opt Out

N

Firm FEIN

Preparer's PTIN

1555

REV 02/06/21 INTUIT.CG.CFP.SP

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2000217352

PA SCHEDULE SP - 2020
Special Tax Forgiveness
PA-40 SP (10-20)
PA Department of Revenue

2009519907

AUGUSTA CARLIN

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Eligibility Questions

1. Are you a dependent on another taxpayer's (parent, guardian, step-parent, etc.) federal tax return? **N**
2. If you answered "Yes" above, does the taxpayer on whose return you are a dependent qualify for tax forgiveness? **N**

IMPORTANT: If you answered "No" to Question 1, please proceed with completing Schedule SP.

If you answered "Yes" to Question 1, you must also have answered "Yes" to Question 2
to be eligible for tax forgiveness and complete Line 1b. or Line 3c. from Section I below.

SECTION I – FILING STATUS FOR TAX FORGIVENESS

1. **Y** Unmarried - use **Column A** to calculate your **Eligibility Income**. Enter "01" for Unmarried on Line 19a of the PA-40. Enter a Y in the space that describes your situation:
- a. **Y** Single. Unmarried/divorced on Dec. 31, 2020
- b. Single and claimed as a dependent on another person's PA Schedule SP. Enter the other person's:
2. Separated – use **Column A** to calculate your **Eligibility Income**. Enter a "Y" in this space only if (a) you are separated pursuant to a written agreement or (b) you were married, but separated and lived apart for the last six months of the year. Enter a "01" in the space for Unmarried on Line 19a of the PA-40.
3. Married - Enter "02" for Married on Line 19a of your PA-40. Enter your spouse's name and SSN above. Enter a "Y" in the space that describes your situation:
- a. Married and claiming Tax Forgiveness together with my spouse. Use **Column A** to calculate **Eligibility Income**.
- b. Married and filing separate PA tax returns.
Certification. Enter a "Y" in this space certifying that you and your spouse are submitting the same information on each PA Schedule SP.
Use **Columns B and C** to calculate your **Eligibility Income**.
- c. Married with a spouse who is a dependent on another person's PA Schedule SP or federal income tax return. Use **Columns B and C** to calculate **Eligibility Income**. Enter the other person's:
- d. Separated and lived apart from my spouse but for less than the last six months of the year. Use **Columns B and C** to calculate **Eligibility Income**.
Enter your spouse's name and SSN above.
4. Deceased - use **Column A** to calculate your **Eligibility Income**.
Enter "03" for Deceased on Line 19a of the PA-40. You must annualize the decedent's income (see the instructions) and briefly describe your method:

SECTION II – DEPENDENT CHILDREN

Provide all the information for each dependent child. If more than nine dependent children, submit additional sheets in this format.

1.	DEPENDENT'S NAME	AGE	RELATIONSHIP	SOCIAL SECURITY NO.
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2. Number of dependent children. Enter on Line 19b of your PA-40.

0

Important: Only claim the child or children that you claimed as your dependent(s) on your 2020 Federal Income Tax return.



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1555 REV 02/06/21 INTUIT.CG.CFP.SP

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PA SCHEDULE SP - 2020
Special Tax Forgiveness
PA-40 SP (10-20)
PA Department of Revenue

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AUGUSTA CARLIN

186568565

SECTION III – ELIGIBILITY INCOME

Married taxpayers filing jointly use **Column A** and **Eligibility Income Table 2**.

Single filers, qualifying separated filers, and if filing for a decedent use

Column A and **Eligibility Income Table 1**.

Married taxpayers filing separately, and taxpayers separated

but not for the last six months of the year use

Columns B and C, and **Eligibility Income Table 2**.

Column A Unmarried or Married Filing Jointly	The Eligibility Income Tables are on page 40 of the PA-40 booklet.	Column B Taxpayer	Column C Spouse
1. 4625	PA taxable income from Line 9 of your PA-40	1. 0	0
2. 0	Nontaxable interest, dividends and gains and/or annualized income	2. 0	0
3. 0	Alimony	3. 0	0
4. 0	Insurance proceeds and inheritances	4. 0	0
5. 0	Gifts, awards and prizes	5. 0	0
6. 0	Non-PA income - part-year residents and nonresidents	6. 0	0
7. 0	Nontaxable military income – Do not include combat pay	7. 0	0
8. 0	Gain excluded from the sale of a residence	8. 0	0
9. 0	Nontaxable educational assistance	9. 0	0
10. 0	Cash received for personal purposes from outside your home	10. 0	0
11. 4625	← Total Eligibility Income for Column A		
Total Eligibility Income for Columns B and C – add Lines 1 through 10 for each spouse and enter the total →			11. 0

SECTION IV – CALCULATING YOUR TAX FORGIVENESS CREDIT

12. 142	PA Tax Liability from your PA-40, Line 12 (if amended return, see instructions)	12. 0
13. 0	Less Resident Credit from your PA-40, Line 22	13. 0
14. 142	Net PA Tax Liability. Subtract Line 13 from Line 12	14. 0
15. 1.00	Percentage of Tax Forgiveness entered as a decimal from the Eligibility Income Table using your dependents from Section II and your Total Eligibility Income from Line 11	15. 0
16. 142	Tax Forgiveness Credit. Multiply Line 14 by the decimal on Line 15.	16. 0



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