

2009 TAX RETURN FILING INSTRUCTIONS

PENNSYLVANIA INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2009

Prepared for	CHRISTOPHER J & MARY P CHRISTIE [REDACTED] MENDHAM, NJ 07945
Prepared by	HAL MODEL CPA PA [REDACTED]
Amount of tax	Total tax \$ 0 Less: payments and credits \$ 0 Plus: interest and penalties \$ 0 NO PMT REQUIRED \$ 0
Overpayment	Miscellaneous Donations \$ 0 Credited to your estimated tax \$ 0 Refunded to you \$ 0
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE PDOR, PLEASE SIGN, DATE, AND RETURN FORM PA-8879 TO OUR OFFICE. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURN TO THE PDOR.
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	COPY

Pennsylvania e-file Signature Authorization

2009

Declaration Control Number (DCN)

Taxpayer's Name

CHRISTOPHER J CHRISTIE

Social Security Number

Spouse's Name

MARY P CHRISTIE

Spouse's Social Security Number

PART I Tax Return Information - Tax Year Ending Dec. 31, 2009 (Whole dollars only)

- | | | |
|---|----|----|
| 1. Adjusted PA Taxable Income (Form PA-40, Line 11) | 1. | 0. |
| 2. PA Tax Liability (Form PA-40, Line 12) | 2. | 0. |
| 3. Total PA Tax Withheld (Form PA-40, Line 13) | 3. | |
| 4. Refund (Form PA-40, Line 29) | 4. | |
| 5. Total Payment (Tax Due) (Form PA-40, Line 27) | 5. | 0. |

PART II Declaration and Signature Authorization of Taxpayer

Under penalties of perjury, I declare I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2009 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (Direct Debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. I certify the funds for this withdraw are originating from an account within the United States or one of its territories. I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

Taxpayer's Personal Identification Number (PIN): (check one box only)

☒ I authorize HAL MODEL CPA PA to enter my PIN as my signature on my tax year 2009 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2009 electronically filed income tax return.

Your signature

Date 09/07/2010

Spouse's PIN: (check one box only)

☒ I authorize HAL MODEL CPA PA to enter my PIN as my signature on my tax year 2009 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2009 electronically filed income tax return.

Spouse's signature

Date 09/07/2010

Practitioner PIN Program Participants Only - Continue Below

PART III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self selected PIN

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2009 electronically filed income tax return for the taxpayer(s) indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's signature

Date 09/07/2010

**ERO must retain this form and the supporting documents for three years.
DO NOT SUBMIT THIS FORM TO THE PENNSYLVANIA DEPARTMENT OF REVENUE.**

REV-276

Application for
Extension of Time to File
REV-276 EX (08-09)

PA DEPARTMENT OF REVENUE 2009

EC OFFICIAL USE ONLY FC

OFFICIAL USE ONLY

CH Print the first two (2) letters of the last name if for a PA-40. Print the first two (2) letters of the name if a PA-41, PA-40NRC, PA-40NRC-AE, or PA-20S/PA-65. If PA-40NRC, PA-40NRC-AE, or PA-20S/PA-65, enter the entity name starting with the first box of the "Last, Estate, Trust, or Entity Name" and continue until you have used all the space available (if needed). If you do not have enough space for the name, do not use the address line. See instructions for Fiduciary accounts.

DO NOT STAPLE

PA-40, PA-41, PA-40NRC, PA-40NRC-AE, PA-20S/PA-65
APPLICATION FOR EXTENSION OF TIME TO FILE
(See filing instructions. Be sure to answer all questions.)
PLEASE PRINT OR TYPE ALL INFORMATION

Your Social Security Number

Spouse's Social Security Number

Federal Employer Identification Number

Last, Estate or Trust, or Entity Name

CHRISTIE

First Name

CHRISTOPHE

MI

J

Fill in the box if filing in Pennsylvania for the first time

First Time PA Filer

Spouse's Last Name or Name of Trustee for Estate or Trust

CHRISTIE

Spouse's First Name

MARY

MI

P

TYPE OF RETURN

Fill in the box for the kind of PA Return you will file

☒ PA-40 Individual Tax Return

PA-40NRC Consolidated Nonresident Tax Return

PA-40NRC-AE Nonresident Consolidated
Tax Return. Athletes & Entertainers

PA-41 Fiduciary Income Tax Return

PA-20S/PA-65

P.O. Box, Apt. No., Suite, Floor, RR No, etc.

Daytime Telephone Number

Address Line

City or Post Office

MENDHAM

State

NJ

ZIP Code

07945

Indicate the taxable year. Fill in the box.

☒ Calendar Year

Fiscal Year, beginning _____

Taxpayer's Signature

Date

AMOUNT OF YOUR PAYMENT

\$

0

Spouse's Signature

Date

An extension of time until 10/15/10 is requested to file the PA return of the above named taxpayer for the taxable year beginning 01/01/09 and ending 12/31/09.
(See instructions regarding type and length of extension.)

Has an extension of time to file been previously granted for this taxable year?

N

IF YOU ARE SUBMITTING A PAYMENT WITH THIS APPLICATION, COMPLETE THE "AMOUNT OF YOUR PAYMENT" BLOCK ABOVE.

State in detail the reason the taxpayer needs an extension. (Use additional sheet if necessary)

SIGNATURE AND VERIFICATION

If Prepared by Taxpayer. - Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made herein are true and correct.
If Prepared by Someone Other Than Taxpayer. - Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made herein are true and correct, that I am authorized by the taxpayer to prepare this application, and that I am:

A member in good standing of the bar of the highest court of (specify jurisdiction) _____

A public accountant duly qualified to practice in (specify jurisdiction) _____

A person enrolled to practice before the Internal Revenue Service.

A duly authorized agent holding a power of attorney. (The power of attorney need not be submitted unless requested.)

A person standing in close personal or business relationship to the taxpayer who is unable to sign this application because of illness, absence, or other good cause. My relationship to the taxpayer and the reason(s) why the taxpayer is unable to sign this application are:

Relationship

Reason(s)

SIGNATURE OF PREPARER OTHER THAN TAXPAYER

DATE

974851 12-28-09 CCH

Where to File: Mail extension and payment, if applicable, to:

PA DEPARTMENT OF REVENUE
BUREAU OF INDIVIDUAL TAXES
PO BOX 280504
HARRISBURG, PA 17128-0504

PA-40 - 2009
Pennsylvania Income Tax Return
ENTER ONE LETTER OR NUMBER IN EACH BOX.
Do Not Use Your Preprinted Label

CHRISTIE

CHRISTOPHER J Occupation ATTORNEY

MARY P Occupation SALES

CHRISTIE

MENDHAM NJ 07945

99999

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

School District Name _____

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

PA-40 - 2009

Social Security Number

Name(s) CHRISTIE, CHRISTOPHER J

- 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 2008 PA Income Tax return.
 15 2009 Estimated Installment Payments.
 16 2009 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, 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.

- 22 Resident Credit. Submit your PA-Schedule(s) G-R with 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, 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. Enter Code:
 If including form REV-1630, mark the box. N

- 27 TOTAL PAYMENT DUE. See the instructions.
 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.
 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 2010 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.
 34 Amount of Line 28 you want to donate to the Juvenile (Type 1) Diabetes Cure
 Research Fund.
 35 Amount of Line 28 you want to donate to the PA Breast Cancer Coalition's Breast
 and Cervical Cancer Research Fund.

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

HAL MODEL CPA

Date

9/7/12

974002 12-19-09
CCH

Page 2 of 2

12	0
13	0
14	0
15	0
16	0
17	0
18	0
19a	00
19b	00
20	0
21	0
22	0
23	0
24	0
25	0
26	0
27	0
28	0
29	0
30	0
31	0
32	0
33	0
34	0
35	0

Firm FEIN

Preparer's SSN/PTIN