

PA-41 - 2015 (08-15) (FI)
PA Fiduciary Income Tax Return
PLEASE PRINT IN BLACK INK

OFFICIAL USE ONLY

Federal Employer Identification Number

Decedent's Social Security Number

Fiduciary's Daytime Telephone Number

[Empty box for Federal Employer Identification Number]

[Empty box for Decedent's Social Security Number]

[Empty box for Fiduciary's Daytime Telephone Number]

PLEASE WRITE IN THE FEIN & SOCIAL SECURITY NUMBER ABOVE

Name of Estate or Trust (See Online Detailed Instructions)

[Empty box for Name of Estate or Trust]

Name and Title of Fiduciary

[Empty box for Name and Title of Fiduciary]

Address of Fiduciary (Street Number and Name, etc.)

[Empty box for Address of Fiduciary]

City or Post Office

State

ZIP Code

[Empty box for City or Post Office]

[Empty box for State]

[Empty box for ZIP Code]

- Extension Requested
- Amended PA-41
- Fiscal-Year Filer
FY beginning _____
and ending _____

Residency Status. Fill in only one oval.

- R Pennsylvania Resident
- N Nonresident
If "N", Name of State _____

Final Return

- F Enter Ending Date: _____

Submit all required Pennsylvania supporting schedules. If Line 3, 4 or 5 is a LOSS, fill in the oval next to the amount.

- 1. **INTEREST INCOME and GAMBLING and LOTTERY WINNINGS.** 1.
- 2. **DIVIDEND AND CAPITAL GAINS DISTRIBUTIONS INCOME.** 2.
- 3. **NET INCOME or LOSS from the Operation of a Business, Profession or Farm.** LOSS 3.
- 4. **NET GAIN or LOSS from the Sale, Exchange or Disposition of Property.** LOSS 4.
- 5. **NET INCOME or LOSS from Rents, Royalties, Patents or Copyrights.** LOSS 5.
- 6. **ESTATE or TRUST INCOME.** 6.
- 7. **TOTAL INCOME.** Add only the positive income amounts from Lines 1, 2, 3, 4, 5 and 6.
Do not add losses. 7.
- 8. **DEDUCTIONS from PA SCHEDULE DD.** 8.
- 9. **NET PA-TAXABLE INCOME.** Subtract Line 8 from Line 7. 9.
- 10. **PA TAX LIABILITY.** Multiply Line 9 by the tax rate 3.07 percent (0.0307). 10.
- 11. **TAX WITHHELD FOR NONRESIDENT BENEFICIARIES.** See the instructions. 11.
- 12. **TOTAL PA TAX LIABILITY.** Add Lines 10 and 11. 12.
- 13. **2015 ESTIMATED PAYMENTS and CREDITS.** 13.
- 14. **NONRESIDENT TAX WITHHELD from PA SCHEDULE(S) NRK-1.** 14.
- 15. **TOTAL CREDIT for TAXES PAID by PA RESIDENT ESTATES or TRUSTS to OTHER STATES** 15.
- 16. **TOTAL OTHER CREDITS from PA SCHEDULE OC.** 16.
- 17. **PA INCOME TAX WITHHELD.** 17.
- 18. **TOTAL PAYMENTS and CREDITS.** Add Lines 13, 14, 15, 16 and 17. 18.
- 19. **USE TAX.** See the instructions. 19.

	Dollars	Cents



EC [] [] [] [] [] [] [] [] FC [] []

1504210053

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Name as shown on PA-41 _____ Federal EIN or Decedent's Social Security Number _____

20. TAX DUE. If the total of Line 12 and Line 19 is more than Line 18, enter the difference here.	20.	
21. PENALTIES AND INTEREST. See the instructions for additional information. If including REV-1630F, fill in oval.	21.	<input type="checkbox"/>
22. TOTAL PAYMENT – Add Lines 20 and 21. Make check or money order payable to PA DEPT. OF REVENUE. See the instructions on HOW TO PAY	22.	
23. OVERPAYMENT. If Line 18 is more than the total of Lines 12, 19 and 21, enter the difference here. The total of Lines 24 and 25 must equal Line 23.	23.	
24. REFUND – Amount of Line 23 you want as a check mailed to the estate or trust.	REFUND 24.	
25. CREDIT – Amount of Line 23 you want as a credit to the 2016 estimated tax account of the estate or trust.	25.	

Signature(s). Under penalties of perjury, I have examined this return, including all accompanying schedules and statements, and to the best of my belief, it is true, correct and complete.

Signature of Fiduciary _____ Date _____

Name of preparer or his or her company name, based on all information on this return of which the preparer has any knowledge.

Preparer's Name and Telephone Number _____	Firm FEIN _____	Preparer's PTIN _____
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PA-41 Other Information (08-15) (FI) **PA SCHEDULE OI - Other Information** **2015**

	YES	NO
1. Is this a revocable trust?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is this an irrevocable trust?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the estate/trust receive income from or pay income to a foreign entity? If "Yes," include a statement with this return. See the PA-41 Schedule OI instructions for what to include with that statement.	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the federal government made an additional assessment on the income of this estate/trust in the last four years? If "Yes," include a statement with this return explaining such adjustments. See the PA-41 Schedule OI instructions.	<input type="checkbox"/>	<input type="checkbox"/>
5. Did this estate/trust receive income from a partnership, S corporation, LLC, or another estate/trust? If "Yes," list below all such partnerships, S corporations, LLCs, estates/trusts, showing the FEIN, name and address of each. If additional space is necessary, include a supplemental statement (in the same format) with this return.	<input type="checkbox"/>	<input type="checkbox"/>

FEIN	Name	Address
a.		
b.		
c.		
d.		
e.		
f.		

6. If this return is for a trust, state the name and address of the grantor below.

Name of Grantor:	Address of Grantor:



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