

**PA SCHEDULE NRC-I**  
Directory of Nonresident  
Owners (Individuals)  
PA-40 NRC-I (08-15) (FI) **2015**

OFFICIAL USE ONLY

FEIN

Name as shown on PA-20S/PA-65 Information Return

[Empty box for FEIN]

G

[Empty box for Name]

**Directory of Nonresident Owners (Individuals)**

List every nonresident individual owner who received a PA-20S/PA-65 Schedule NRK-1 from the PA S corporation, partnership or limited liability company. Check the block for nonresident individuals participating in the PA-40 NRC. **Do not use more than one line per entry.** If additional space is required, make copies of this schedule.

**IMPORTANT:** The entity must complete this directory and submit only the PA-20S/PA-65 Schedules NRK-1 for each nonresident individual electing to file on the PA-40 NRC. **DO NOT USE THIS SCHEDULE TO LIST ENTITIES.**

**Nonresident Individual Owners**

Amended Schedule

**ENTER WHOLE DOLLARS ONLY**

|                | Social Security Number | Check if filing on PA-40NRC: <input type="checkbox"/> | Last Name | First Initial | Owner's percentage of Ownership | Liabilities | Tax withheld for each Owner |
|----------------|------------------------|---|-----------|---------------|---------------------------------|-------------|-----------------------------|
| 1              |                        | <input type="checkbox"/>                              |           |               |                                 |             | \$                          |
| 2              |                        | <input type="checkbox"/>                              |           |               |                                 |             | \$                          |
| 3              |                        | <input type="checkbox"/>                              |           |               |                                 |             | \$                          |
| 4              |                        | <input type="checkbox"/>                              |           |               |                                 |             | \$                          |
| 5              |                        | <input type="checkbox"/>                              |           |               |                                 |             | \$                          |
| 6              |                        | <input type="checkbox"/>                              |           |               |                                 |             | \$                          |
| 7              |                        | <input type="checkbox"/>                              |           |               |                                 |             | \$                          |
| 8              |                        | <input type="checkbox"/>                              |           |               |                                 |             | \$                          |
| 9              |                        | <input type="checkbox"/>                              |           |               |                                 |             | \$                          |
| 10             |                        | <input type="checkbox"/>                              |           |               |                                 |             | \$                          |
| 11             |                        | <input type="checkbox"/>                              |           |               |                                 |             | \$                          |
| 12             |                        | <input type="checkbox"/>                              |           |               |                                 |             | \$                          |
| 13             |                        | <input type="checkbox"/>                              |           |               |                                 |             | \$                          |
| 14             |                        | <input type="checkbox"/>                              |           |               |                                 |             | \$                          |
| 15             |                        | <input type="checkbox"/>                              |           |               |                                 |             | \$                          |
| 16             |                        | <input type="checkbox"/>                              |           |               |                                 |             | \$                          |
| 17             |                        | <input type="checkbox"/>                              |           |               |                                 |             | \$                          |
| 18             |                        | <input type="checkbox"/>                              |           |               |                                 |             | \$                          |
| 19             |                        | <input type="checkbox"/>                              |           |               |                                 |             | \$                          |
| 20             |                        | <input type="checkbox"/>                              |           |               |                                 |             | \$                          |
| 21             |                        | <input type="checkbox"/>                              |           |               |                                 |             | \$                          |
| 22             |                        | <input type="checkbox"/>                              |           |               |                                 |             | \$                          |
| 23             |                        | <input type="checkbox"/>                              |           |               |                                 |             | \$                          |
| 24             |                        | <input type="checkbox"/>                              |           |               |                                 |             | \$                          |
| 25             |                        | <input type="checkbox"/>                              |           |               |                                 |             | \$                          |
| <b>Total =</b> |                        |   |           |               |                                 |             | <b>\$</b>                   |

