PA-41 - 2013 (07-13) PA Fiduciary Income Tax Return PLEASE PRINT IN BLACK INK (FI)

	PLEASE PRINT IN E	SLACK INK (FI)		OFFICIAL US	E ONLY
Fed	eral Employer Identification Number	Decedent's Social Security Number	Fiduciary's Dayl	time Telephone Number	
Nam	PLEASE WRITE IN THE FEIN & ne of Estate or Trust (See Online Detailed I	SOCIAL SECURITY NUMBER ABOVE nstructions)		Extension Requested Amended PA-41 Fiscal-Year Filer	
Nam	ne and Title of Fiduciary			FY beginning and ending	13
	ress of Fiduciary (Street Number and Name or Post Office	State ZIP Co	ode	Residency Status. Fill in only one over the Resident Resident Nonresident If "N", Name of State Final Return	
$\frac{\square}{0}$	Estate or Trust Identification Change	. Fill in this oval if any of the identification or	filing information you	F Enter Ending Date:	
	entered is different from the 2012 PA-4	1, or if the estate or trust did not file a 2012 P	A-41.	Dollars Co	ents
		G and LOTTERY WINNINGS.			
2. D	IVIDEND AND CAPITAL GAINS D	ISTRIBUTIONS INCOME	2.		
3. N		peration of a Business, Profession or			
4. N	ET GAIN or LOSS from the Sale,	Exchange or Disposition of Property	LOSS 4.		
5. N	ET INCOME or LOSS from Rents	, Royalties, Patents or Copyrights.	Loss 5.		
6. E	STATE or TRUST INCOME		6.		
7. T	OTAL INCOME. Add only the posit o not add losses	ive income amounts from Lines 1, 2, 3,	4, 5 and 6 7.		
8. D	EDUCTIONS from PA SCHEDULE	E DD	8.		
9. N	ET PA-TAXABLE INCOME. Subtra	act Line 8 from Line 7	9.		
10. T	OTAL PA TAX LIABILITY. Multiply	Line 9 by the tax rate 3.07 percent (0.03	307) 10.		
11. 2	013 ESTIMATED PAYMENTS and	CREDITS	11.		
12. N	ONRESIDENT TAX WITHHELD fr	om PA SCHEDULE(S) NRK-1	12.		
		PA RESIDENT ESTATES or TRUSTS			
14. T	OTAL OTHER CREDITS from PA	SCHEDULE OC	14.		
15. P	A INCOME TAX WITHHELD		15.		
16. T	OTAL PAYMENTS and CREDITS.	Add Lines 11, 12, 13, 14 and 15	16.		
17. U	SE TAX. See the instructions		17.		
		Line 17 is more than Line 16, enter the			
		EC	FC		
	1304110057			1304110057	

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Name	e as shown on PA-41	Federal		EIN or Deceder	nt's Social Security Number		
19.	PENALTIES AND INTEREST. See the instructions for ad information. If including REV-1630F, fill in oval			1 9.			
20. TOTAL PAYMENT – Add Lines 18 and 19. Make check or money order payable to PA DEPT. OF REVENUE. See the instructions on HOW TO PAY							
21.	OVERPAYMENT. If Line 16 is more than the total of Line difference here. The total of Lines 22 and 23 must equal to the control of Lines 22 and 23 must equal to the control of Lines 22 and 23 must equal to the control of Lines 22 and 23 must equal to the control of Lines 22 and 23 must equal to the control of Lines 22 and 23 must equal to the control of Lines 22 and 23 must equal to the control of Lines 22 and 23 must equal to the control of Lines 22 and 23 must equal to the control of Lines 22 and 23 must equal to the control of Lines 22 and 23 must equal to the control of Lines 23 and 23 must equal to the control of Lines 24 and 25 must equal to the control of Lines 24 and 25 must equal to the control of Lines 24 and 25 must equal to the control of Lines 24 and 25 must equal to the control of Lines 24 and 25 must equal to the control of Lines 24 and 25 must equal to the control of Lines 24 and 25 must equal to the control of Lines 24 and 25 must equal to the control of Lines 24 and 25 must equal to the control of Lines 24 and 25 must equal to the control of Lines 24 and 25 must equal to the control of Lines 24 and 25 must equal to the control of Lines 24 and 25 must equal to the control of Lines 24 and 25 must equal to the control of Lines 24 and 25 must equal to the control of Lines 24 and 25 must equal to the control of Lines 24 and 25 must equal to the control of Lines 24 and 25 must equal to the control of Lines 24 and 25 must equal to the control of Lines 24 and 25 must equal to the control of Lines 24 and 25 must equal to the control of Lines 24 and 25 must equal to the control of Lines 24 and 25 must equal to the control of Lines 24 and 25 must equal to the control of Lines 24 and 25 must equal to the control of Lines 24 and 25 must equal to the control of Lines 24 and 25 must equal to the control of Lines 24 and 25 must equal to the control of Lines 24 and 25 must equal to the control of Lines 24 and 25 must equal to the control of Lines 24 and 25 must equal to the control of Lines 24 and 25 must equal						
22.	2. REFUND – Amount of Line 21 you want as a check mailed to the estate or trust						
23.	CREDIT – Amount of Line 21 you want as a credit to the 2014 estimated tax account of the estate or trust						
Signat	ure(s). Under penalties of perjury, I have examined this return, including all ac	companying schedu	les and statements	, and to the be	st of my belief, it is	s true, correct and complete.	
Signature of Fiduciary						Date	
Name	of preparer or his or her company name, based on all information	n on this return o	of which the pre	parer has an	y knowledge.		
Preparer's Name and Telephone Number		Firm FEIN		Preparer's PTIN			

PA-41 Other Information (07–13) (FI) PA SCHEDULE OI - Other Information						2013		
					YES	NO		
1.	1. Is this a revocable trust?							
2.	2. Is this an irrevocable trust?							
3.	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.							
4.	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.					0		
5.	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.					0		
	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:					