

Name shown first on the PA-40 (if filing jointly)

Social Security Number (shown first)
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Use this schedule to list and calculate your total PA-taxable compensation and PA tax withheld from all sources.

**Part B Instructions:** List each source of income received during the taxable year on a form or statement other than a federal Form W-2. Enter each payer's name. List the payment type that most closely describes the source of your non-employee compensation. Enter the amount of other compensation that you earned. If the form or statement does not have separately stated amounts, enter the amount shown in both federal and PA columns.

**IMPORTANT:** You must submit a copy of each form and statement that you list in Part B, whether or not the payer withheld any PA income tax and regardless of whether or not the income was taxable in PA. **CAUTION:** The federal and Pennsylvania (state) wages may be different in Part A and Part B.

**If you need more space, you may photocopy this schedule or make your own schedules in this format.**

## Part A - Federal Forms W-2

SEE THE INSTRUCTIONS FOR WHEN TO SUBMIT FORM(S) W-2

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T/S	Employer's identification number from Box b	Federal wages from Box 1	Medicare wages from Box 5	PA compensation from Box 16	PA income tax withheld from Box 17
<b>Total Part A- Add the Pennsylvania columns</b>					

**Part B - Miscellaneous and Non-employee Compensation from federal Forms 1099-R, 1099-MISC and other statements**  
**YOU MUST SUBMIT COPIES OF EACH FORM OR STATEMENT LISTED IN THIS PART**

A. T/S	B. Type	C. Payer name	D. 1099R code	E. Total federal amount	F. Adjusted plan basis	G. PA compensation	H. PA tax withheld
<b>Total Part B - Add the Pennsylvania columns</b>							

**TOTAL** - Add the totals from Parts A and B

**Enter the TOTALS on your PA tax return on:**

Line 1a

Line 13

**Payment type:** **A.** Executor fee      **B.** Jury duty pay      **C.** Director's fee      **D.** Expert witness fee  
**E.** Honorarium      **F.** Covenant not to compete      **G.** Damages or settlement for lost wages, other than personal injury  
**H.** Other nonemployee compensation. Describe: \_\_\_\_\_  
**I.** Distribution from employer sponsored retirement, pension or qualified deferred compensation plan  
**J.** Distribution from IRA (Traditional or Roth)      **K.** Distribution from Life Insurance, Annuity or Endowment Contracts  
**L.** Distribution from Charitable Gift Annuities



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