

PA-20S/PA-65
PA S Corporation/Partnership
Information Return
PAGE 1 of 3 (05-13) (FI)

2013

PLEASE PRINT. USE BLACK INK.

Filing Status: PA-20S PA-65 P-S KOZ
FEIN Revenue ID NAICS Code NAICS Code Change from Previous Year
Business Name
First Line of Address - Street Address - If Address has Apartment Number, Suite, RR No. - Place on this Line.
Second Line of Address - PO Box
City or Post Office State ZIP Code

Fill in the applicable ovals
Method of Accounting
Accrual
Cash
Other, Describe
Extension Requested
Initial Year
Fiscal Year
Short Year
Beginning Ending
Final Return
FEIN/Name/Address Change
Amended Information Return
Date activity began in PA (MMDDYYYY)

SUBMIT ALL SUPPORTING SCHEDULES

USE BLACK INK

If a loss, fill in the oval next to the line

Part I. Total Taxable Business Income (Loss) from Operations Everywhere

Table with 3 columns: Line number, Description, and Amount. Rows include 1a Taxable Business Income, 1b Share of Business Income, 1c Total Income, 1d Previously Disallowed CNI Deductions, and 1e Total Adjusted Business Income.

Part II. Apportioned/Allocated PA-Taxable Business Income (Loss)

Table with 4 columns: Line number, Description, Outside PA, and PA Source. Rows include 2 Net Business Income, 2 Share of Business Income, 2 Previously Disallowed PA Source CNI Deductions, and 2 Calculate Adjusted/Apportioned Net Business Income.

Part III. Allocated Other PA PIT Income (Loss)

Table with 4 columns: Line number, Description, Outside PA, and PA Source. Rows include 3 Interest Income, 4 Dividend Income, 5 Net Gain (Loss) from PA Schedule D, 6 Rent/Royalty Net Income, 7 Estates or Trusts Income, 8 Gambling and Lottery Winnings, and 9 Total Other PA PIT Income.



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FEIN

Business Name

FEIN input field with 'C' next to it

Business Name input field

Part IV. Total PA S Corporation or Partnership Income (Loss)

Table with 3 columns: Line number, Description, and Amount. Rows 10-12 showing income/loss amounts of .00.

Part V. Pass Through Credits - See the PA-20S/PA-65 instructions

Table with 3 columns: Line number, Description, and Amount. Rows 13a-14c showing various credits and taxes with amounts of .00.

Part VI. Distributions - See the PA-20S/PA-65 instructions - Partnerships Only

Table with 3 columns: Line number, Description, and Amount. Rows 15-18 showing distribution amounts of .00.

Distributions - See the PA-20S/PA-65 instructions - PA S Corporations Only

Table with 3 columns: Line number, Description, and Amount. Rows 19-20 showing distribution amounts of .00.

Part VII. Other Information - See the PA-20S/PA-65 instructions for each line

Table with 3 columns: Line number, Question, and Yes/No response box. Rows 1-12 containing various informational questions.

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FEIN

Business Name

C

**Part VIII. PA S Corporations Only - Accumulated Adjustments Account (AAA) and Accumulated Earnings and Profits (AE&P)**

- 1 Balance at the beginning of the taxable year . . . . If AAA is negative, fill in the oval  LOSS 1
- 2 Total reportable income from Part IV, Line 11 . . . . . 2
- 3 Other additions. Submit an itemized statement . . . . . 3
- 4 Loss from Part IV, Line 11 . . . . .  LOSS 4
- 5 Other reductions. Submit an itemized statement . . . . .  LOSS 5
- 6 Sum of Lines 1 through 5 . . . . .  LOSS 6
- 7 Distributions . . . . . 7
- 8 Balance at taxable year-end. Subtract Line 7 from Line 6 . . . . .  LOSS 8

	AAA	AE&P
1		
2		N/A
3		
4		N/A
5		
6		
7		
8		

**Part IX. Ownership in Pass Through Entities**

If the entity received income (loss) from an S corporation, partnership, estate or trust, limited liability company or any other pass through entity including a qualified subchapter S subsidiary (QSSS), list below the FEIN, name and address for each entity. If additional space is needed, submit a separate statement. If the income (loss) is from a QSSS, enter "yes" in the QSSS box.

FEIN	QSSS	NAME & ADDRESS
a		
b		
c		
d		
e		
f		

**Part X. Signature and Verification**

Under penalties of perjury, I declare I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of paid preparer is based on all information of which preparer has any knowledge.

Print/Type name of general partner, principal officer or authorized individual	Signature of general partner, principal officer or authorized individual	Date	Daytime phone no.
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**Paid Preparer's Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
Firm's name (or yours if self-employed)			Daytime phone no.
Firm's address			

Preparer's PTIN

Firm's FEIN