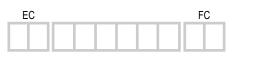
PA-41 - 2015 (08-15) (FI) PA Fiduciary Income Tax Return DI FACE PRINT IN BLACK INK

PLEASE PRINT IN I	SLACK INK		OFFI	CIAL USE ONLY	
Federal Employer Identification Number	Decedent's Social Security Number	Fiduciary's Dayt	ime Telephone Number		
PLEASE WRITE IN THE FEIN & SOCIAL SECURITY NUMBER ABOVE Name of Estate or Trust (See Online Detailed Instructions) Name and Title of Fiduciary			Extension Requested Amended PA-41 Fiscal-Year Filer FY beginning		
			and ending		
Address of Fiduciary (Street Number and Name, etc.) City or Post Office State ZIP Code			Residency Status. Fill in only one oval. R Pennsylvania Resident N Nonresident If "N", Name of State		
City or Post Office	State ZIP Cod	be	Final Return		
			F Enter Ending Dat	e:	
ubmit all required Pennsylvania supporting sche	edules. If Line 3, 4 or 5 is a LOSS, fill in the ova	al next to the amount.	Dollars	Cents	
. INTEREST INCOME and GAMBLIN	IG and LOTTERY WINNINGS.	1.			
. DIVIDEND AND CAPITAL GAINS D		2.			
	peration of a Business, Profession or				
. NET GAIN or LOSS from the Sale,	Exchange or Disposition of Property.	LOSS			
. NET INCOME or LOSS from Rents	s, Royalties, Patents or Copyrights.	LOSS 5.			
ESTATE or TRUST INCOME.		6.			
7. TOTAL INCOME. Add only the position Do not add losses.	tive income amounts from Lines 1, 2, 3, 4	l, 5 and 6. 7.			
. DEDUCTIONS from PA SCHEDUL	E DD	8.			
. NET PA-TAXABLE INCOME. Subtra	act Line 8 from Line 7				
. PA TAX LIABILITY. Multiply Line 9 I	by the tax rate 3.07 percent (0.0307)	10.			
. TAX WITHHELD FOR NONRESIDE	NT BENEFICIARIES . See the instruction	าร 11.			
. TOTAL PA TAX LIABILITY. Add Lin	es 10 and 11	12.			
. 2015 ESTIMATED PAYMENTS and	CREDITS	13.			
	rom PA SCHEDULE(S) NRK-1.				
	y PA RESIDENT ESTATES or TRUSTS	15.			
. TOTAL OTHER CREDITS from PA	SCHEDULE OC.				
. PA INCOME TAX WITHHELD.					
. TOTAL PAYMENTS and CREDITS.	Add Lines 13, 14, 15, 16 and 17				
. USE TAX. See the instructions					





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Name as shown on PA-41 Federal EIN or D			EIN or Decedent's So	cial Security Number	
20.	TAX DUE. If the total of Line 12 and Line 19 is more that difference here.		20.		
21.	PENALTIES AND INTEREST. See the instructions for a information. If including REV-1630F, fill in oval		⊇ 21.		
22.	TOTAL PAYMENT – Add Lines 20 and 21. Make check PA DEPT. OF REVENUE. See the instructions on HOW		22.		
23.	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				
24.	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 of the estate or trust		25.		
Signat	ture(s). Under penalties of perjury, I have examined this return, including all a	accompanying schedules and statements, an	d to the be	st of my belief, it is true, o	orrect and complete.
Signature of Fiduciary					Date
Name	e of preparer or his or her company name, based on all informati	on on this return of which the prepar	er has an	y knowledge.	•
Prepa	rer's Name and Telephone Number	Firm FEIN		Preparer's PTIN	

PA-41 Other Information (08–15) (FI) PA SCHEDULE OI - Other Information

2015

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

