

**PA-65 Corp**  
Directory of  
Corporate Partners  
PA-65 Corp (08-15) (FI)

**2015 PLEASE PRINT. USE BLACK INK.**

OFFICIAL USE ONLY

Partnership FEIN	Partnership Business Name		
<input type="text"/>	<input type="text"/>		
First Line of Address	<input type="text"/>		
Second Line of Address	<input type="text"/>		
City or Post Office	State	ZIP Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

100% Corp. Owned  
 Payment enclosed  
 Amended PA-65 Corp

Submit a complete federal Form 1065 for the entity above and Schedule K-1 for each corporate partner listed below.

Copy the PA-65 Corp to list additional corporate partners. Enter whole dollars only.

**1 List each corporate partner:**

<b>a</b>	FEIN	Revenue ID	Nonfiling Corporation CNI Tax Withholding	Foreign Entity Outside U.S.
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
	Name of Corporate Partner	RCT-101 Filed		<input type="checkbox"/>
	Street Address	City	State	ZIP Code
<b>b</b>	FEIN	Revenue ID	Nonfiling Corporation CNI Tax Withholding	Foreign Entity Outside U.S.
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
	Name of Corporate Partner	RCT-101 Filed		<input type="checkbox"/>
	Street Address	City	State	ZIP Code
<b>c</b>	FEIN	Revenue ID	Nonfiling Corporation CNI Tax Withholding	Foreign Entity Outside U.S.
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
	Name of Corporate Partner	RCT-101 Filed		<input type="checkbox"/>
	Street Address	City	State	ZIP Code

**2 Total number of corporate partners for this entity.**

**3 Total number of corporate partners registered in PA for this entity.**

**4 Total CNI Tax Withholding for all nonfiling corporate partners for this entity.**

**5 PA Apportionment as reported on PA-20S/PA-65 Schedule H-Corp.**

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.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Paid Preparer's Use Only</b>			
Print/Type preparer's name	Preparer's signature	Date	Daytime phone no.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Check if self-employed <input type="checkbox"/>			

