

1 9 9 6 PA-41 FIDUCIARY INCOME TAX RETURN Commonwealth of Pennsylvania PA Department of Revenue

\*\*\*YOU MUST FILE BY MIDNIGHT TUESDAY, APRIL 15, 1997\*\*\*

REVIEW ALL PREPRINTED INFORMATION. MAKE CORRECTIONS AND CHANGES DIRECTLY ON THE LABEL

Federal Employer Identification Number or Decedent's Social Security Number

Name of Estate or Trust (See instructions)

Name and Title of Fiduciary

Address

City State Zip Code

Daytime Telephone Number: ( )

EIN/NAME/ADDRESS CHANGE

If ANY of the above information is different from the 1995 PA-41, check this box. If the address of the estate or trust changed, provide the name and zip code of the city, township, borough or municipality as of 12/31/96.

Name Zip Code

FISCAL YEAR or SHORT YEAR.

Beginning Ending

TYPE FILER Check only one.

R Resident N Nonresident

Name of State:

OPTION FOR A 1997 PA-41 BOOKLET.

Check if you WILL NOT NEED A 1997 booklet

FINAL RETURN.

Enter ending date: / /

SCHOOL DISTRICT CODE

School district code input

SCHOOL DISTRICT NAME:

Attach all necessary supporting Pennsylvania or other schedules.

DO NOT USE CENTS. ROUND TO WHOLE DOLLARS.

Table with 17 rows for tax items: PA TAXABLE INTEREST, PA TAXABLE DIVIDENDS, NET INCOME or [LOSS] from the OPERATION of a BUSINESS, PROFESSION or FARM, NET GAIN or [LOSS] from the SALE, EXCHANGE or DISPOSITION of PROPERTY, NET INCOME or [LOSS] from RENTS, ROYALTIES, PATENTS or COPYRIGHTS, ESTATE and TRUST INCOME, TOTAL TAXABLE INCOME, DEDUCTIONS from PA Schedule DD, NET PA TAXABLE INCOME, PA TAX LIABILITY, 1996 ESTIMATED PAYMENTS and CREDITS, CREDIT for TAXES PAID by PA RESIDENT ESTATES and TRUSTS to OTHER STATES or COUNTRIES, EMPLOYMENT INCENTIVE PAYMENTS CREDIT, TOTAL PAYMENTS and CREDITS, TAX DUE, OVERPAYMENT, AMOUNT of LINE 16 to be REFUNDED, AMOUNT of LINE 16 to be CREDITED to your 1997 ESTIMATED TAX ACCOUNT.

The TOTAL of lines 17a and 17b MUST equal line 16.

DO NOT USE CENTS. ROUND TO WHOLE DOLLARS.

SIGN YOUR RETURN. Under penalties of perjury, I declare that I have examined this return, including all accompanying schedules and statements, and to the best of my belief, it is true, correct and complete.

Signature of Fiduciary Date

THIS RETURN MUST BE SIGNED. ATTACH ALL SCHEDULES AND FORMS. DOUBLE-CHECK ALL MATH.

Preparer's Name: Preparer's Telephone Number: Date