0601910029

PA SCHEDULE W-2S

Wage Statement Summary

PA-40 W-2S (I) (09-06) **2006**

OFFICIAL USE ONLY

Summary of PA Taxable Employee, Non-employee, and Miscellaneous Compensation

Name	Social Security Number
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Use this schedule to list and calculate your total PA taxable compensation and PA tax withheld from all sources.

Part A Instructions: List each Federal Form W-2 for you and your spouse, if married, received from your employer(s). In the first column enter T for the taxpayer's Social Security Number that appears first on the PA tax return and enter S for the second or spouse SSN. From the Forms W-2, enter each employer's Federal Employer Identification Number (EIN). Enter the amounts from the Forms W-2 in each column. **IMPORTANT:** You do not have to submit a copy of your Form W-2 if you earned all your income in Pennsylvania and your employer reported your PA wages correctly and withheld the correct amount of PA income tax. You **must submit** a copy of your Form W-2 in certain circumstances. See the PA Schedule W-2S instructions for a list of when a copy of a W-2 is required.

Part B Instructions: List each source of PA taxable compensation 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. **CAUTION:** The federal and Pennsylvania (state) wages may be different in Part A.

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

Part A - Federal Forms W-2

T/S	Employer EIN 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
Total Part A- Add the Pennsylvania columns					

Part B - Miscellaneous and Non-employee Compensation from Federal Forms 1099R, 1099MISC, 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
Total Part B - Add the Pennsylvania columns							

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 retirement, pension, or qualified deferred compensation plan.

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