

**PA SCHEDULE NRK-1**  
**NONRESIDENT SCHEDULE OF PA S**  
**SHAREHOLDER/PARTNER/BENEFICIARY**  
**PASS THROUGH INCOME, LOSS,**  
**AND CREDITS**  
**PA-41 NRK-1 (9-07) (FI) 2007**

0704610054

	SSN	<input type="text"/>	Last Name	<input type="text"/>	Suffix	<input type="text"/>	First Name	<input type="text"/>	MI	<input type="text"/>	
	Spouse's SSN (If jointly held)	<input type="text"/>	Name of Owner if other than an Individual			Phone Number	<input type="text"/>				
	FEIN	<input type="text"/>									
Part I. General Information	First Line of Address	<input type="text"/>			Amended Schedule	<input type="checkbox"/>	Final	<input type="checkbox"/>	<b>Owners:</b>		
	Second Line of Address	<input type="text"/>			Shareholder's stock ownership:	_____ %		<input type="checkbox"/> Individual			
	City or Post Office	State	ZIP Code		Beneficiary's year end distribution:	_____ %		<input type="checkbox"/> PA S Corp.			
	<input type="text"/>	<input type="text"/>	<input type="text"/>		Partner's percentage of:	_____ %		<input type="checkbox"/> All Other Corp.			
					Profit sharing:	_____ %		<input type="checkbox"/> Estate/Trust			
					Loss sharing:	_____ %		<input type="checkbox"/> Partnership			
					Ownership of capital:	_____ %		<input type="checkbox"/> LLC			
								<input type="checkbox"/> Exempt Org.			
	Name of Entity	<input type="text"/>								<b>Partner:</b>	
	City or Post Office	State	ZIP Code	Entity: (Fill in one oval only)							
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Estate/Trust	<input type="checkbox"/> Partnership						
	FEIN	PA Account #	<input type="text"/>		<input type="checkbox"/> PA S Corp	<input type="checkbox"/> LLC					
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/> Fiscal Year	_____ Begin	_____ End				

NOTE: Amounts from this schedule must be reported on the appropriate PA Tax Return.

**Enter whole dollars only**

		1 PA Taxable Business Income (Loss) from Operations . . . . . If a loss, fill in the oval. <input type="checkbox"/>	1	<input type="text"/>
Part II		2 Net Gain (Loss) from the Sale, Exchange, or Disposition of Property . . . If a loss, fill in the oval. <input type="checkbox"/>	2	<input type="text"/>
		3 Net Income (Loss) from Rents, Royalties, Patents, and Copyrights . . . If a loss, fill in the oval. <input type="checkbox"/>	3	<input type="text"/>
		4 Income of/from Estates or Trusts . . . . .	4	<input type="text"/>
	Part III		5 Gambling and Lottery Winnings (Loss) . . . . . If a loss, fill in the oval. <input type="checkbox"/>	5
		6 PA Nonresident Tax Withheld . . . . .	6	<input type="text"/>
Part IV		7 Total Other Credits. Submit Statement . . . . .	7	<input type="text"/>
		8 Distributions of Cash, Marketable Securities, and Property - not including guaranteed payments . . .	8	<input type="text"/>
		9 Guaranteed Payments for Capital or Other Services . . . . .	9	<input type="text"/>
		10 All Other Guaranteed Payments for Services Rendered (PA Apportioned Amount Only) . . . . .	10	<input type="text"/>
Part V		11 Guaranteed Payments to the Retired Partner . . . . .	11	<input type="text"/>
		12 Distributions from PA AAA . . . . . If liquidating, fill in the oval. <input type="checkbox"/>	12	<input type="text"/>
Part VI		13 Distributions of Cash, Marketable Securities, and Property . . . . .	13	<input type="text"/>
		14 Nontaxable income or nondeductible expenses required to . . . . . If a loss, fill in the oval. <input type="checkbox"/> calculate member or partner economic investment (submit supplemental statement).	14	<input type="text"/>
Part VII		15 Member's Share of IRC Section 179 allowed according to PA rules . . . . .	15	<input type="text"/>
		16 Member's Share of Straight-Line Depreciation . . . . .	16	<input type="text"/>
		17 Partner's Share of Nonrecourse liabilities at year end . . . . .	17	<input type="text"/>
		18 Partner's Share of Recourse liabilities at year end . . . . .	18	<input type="text"/>