

PA-41 - 2009 (09-09)

0904110053

PA Fiduciary Income Tax Return
PA Department of Revenue
Harrisburg, PA 17128-0413

PLEASE PRINT IN BLACK INK (FI)

OFFICIAL USE ONLY

Federal Employer Identification Number

Decedent's Social Security Number

Fiduciary's Daytime Telephone Number

[Empty box for Federal Employer Identification Number]

[Empty box for Decedent's Social Security Number]

[Empty box for Fiduciary's Daytime Telephone Number]

PLEASE WRITE IN THE EIN & SOCIAL SECURITY NUMBER ABOVE

Name of Estate or Trust (See Online Detailed Instructions)

[Empty box for Name of Estate or Trust]

Name and Title of Fiduciary

[Empty box for Name and Title of Fiduciary]

Address of Fiduciary (Street Number and Name, etc.)

[Empty box for Address of Fiduciary]

City or Post Office

State

ZIP Code

[Empty box for City or Post Office]

[Empty box for State]

[Empty box for ZIP Code]

PLACE LABEL HERE

Extension Enclosed.

Amended PA-41.

Fiscal Year Filer.

FY beginning 09

and ending

Residency Status. Fill in only one oval.

R Pennsylvania Resident

N Nonresident

If "N", Name of State

Final Return.

F Enter Ending Date:

Estate or Trust Identification Change. Fill in this oval if any of the identification or filing information you entered is different from the 2008 PA-41, or if the estate or trust did not file a 2008 PA-41.

Do You Want a 2010 PA-41 Booklet?

Submit all required Pennsylvania supporting schedules.

If Line 3, 4 or 5 is a LOSS, fill in the oval next to the amount.



- 1. PA TAXABLE INTEREST INCOME.
2. PA TAXABLE DIVIDEND INCOME.
3. NET INCOME or LOSS from the Operation of a Business, Profession or Farm.
4. NET GAIN or LOSS from the Sale, Exchange or Disposition of Property.
5. NET INCOME or LOSS from Rents, Royalties, Patents or Copyrights.
6. ESTATE or TRUST INCOME.
7. TOTAL TAXABLE INCOME. Add only the positive income amounts from Lines 1, 2, 3, 4, 5 and 6. Do not add losses.
8. DEDUCTIONS from PA SCHEDULE DD.
9. NET PA TAXABLE INCOME. Subtract Line 8 from Line 7.
10. TOTAL PA TAX LIABILITY. Multiply Line 9 by the tax rate 3.07 percent (0.0307).
11. 2009 ESTIMATED PAYMENTS and CREDITS.
12. NONRESIDENT TAX WITHHELD from PA SCHEDULE(S) NRK-1.
13. TOTAL CREDIT for TAXES PAID by PA RESIDENT ESTATES or TRUSTS to OTHER STATES or COUNTRIES.
14. TOTAL OTHER CREDITS from PA SCHEDULE OC.
15. PA INCOME TAX WITHHELD.
16. 2009 PAYMENTS and CREDITS. Add Lines 11, 12, 13, 14 and 15.
17. TAX DUE. If Line 10 is more than Line 16, enter the difference here..

EC

FC

0904110053

[EC and FC label boxes]

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Name as shown on PA-41 Federal EIN or Decedent's Social Security Number

<p>18. PENALTIES AND INTEREST. See online instructions for additional information. If including REV-1630F fill in oval. <input type="checkbox"/> 18.</p> <p>19. TOTAL PAYMENT – Add Lines 17 and 18. Make check or money order payable to PA DEPT. OF REVENUE. Use your PA-V form. See the instructions on HOW TO PAY. . . 19.</p> <p>20. OVERPAYMENT. If Line 16 is more than the total of Line 10 and Line 18, enter the difference here. The total of Lines 21 and 22 must equal Line 20. 20.</p> <p>21. REFUND – AMOUNT of LINE 20 you want as a check mailed to the estate or trust. REFUND 21.</p> <p>22. CREDIT – AMOUNT of LINE 20 you want as a credit to the 2010 Estimated Tax Account of the estate or trust. 22.</p>	
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Signature(s). Under penalties of perjury, 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

Name of preparer or his or her company name, based on all information on this return of which the preparer has any knowledge.

Preparer's Name and Telephone Number	Firm FEIN	Preparer's SSN / PTIN

PA-41 Other Information (09-09) (FI) **PA SCHEDULE OI - Other Information** **2009**

	YES	NO
1. Is this a revocable trust?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is this an irrevocable trust?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the estate/trust receive income from or pay income to a foreign entity? If "Yes," include a supplemental statement with this return. See the instructions for what to include with that statement.	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the federal government made an additional assessment on the income of this estate/trust in the last four years? If "Yes," include a supplemental statement with this return explaining such adjustments.	<input type="checkbox"/>	<input type="checkbox"/>
5. Did this estate/trust receive income from a partnership, S corporation, LLC, or another estate/trust? If "Yes," list all such partnerships, S corporations, LLCs, estates/trusts, showing the FEIN, name and address of each below. If additional space is necessary, include a supplemental statement (in the same format) with this return.	<input type="checkbox"/>	<input type="checkbox"/>
FEIN	Name	Address
a.		
b.		
c.		
d.		
e.		
f.		
6. If this return is for a trust, state the name and address of the grantor below.		
Name of Grantor:	Address of Grantor:	