

1995 PA-41
FIDUCIARY INCOME TAX RETURN
 Commonwealth of Pennsylvania

YOU MUST FILE BY MIDNIGHT MONDAY, APRIL 15, 1996

PA Department of Revenue

OFFICIAL USE ONLY

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ENTER IDENTIFICATION NUMBER, NAME AND ADDRESS IN THE SPACE BELOW.
 PLEASE VERIFY THE FEDERAL EMPLOYER IDENTIFICATION NUMBER.

Federal Employer Identification Number or Decedent's Social Security Number

F F

Name of Estate or Trust (See instructions on page 10))

Name and Title of Fiduciary

Street Address of Fiduciary (including Number)		Daytime Telephone Number ()
City	State	Zip Code

FISCAL YEAR FILER

Beginning _____, 1995
 Ending _____, 199_

TYPE FILER (Check Only One)

R Resident N Nonresident

NAME OF STATE:

OPTION

Check if you **Will Not Need A** 1996 PA Tax Booklet

FINAL RETURN

Check Here if Final PA-41

SCHOOL DISTRICT CODE:

CODE
 (See page 10)

SCHOOL DISTRICT NAME:

1	INTEREST (Complete PA Schedule A if over \$1,000)	1		00
2	DIVIDENDS (Complete PA Schedule B if over \$1,000)	2		00
3	INCOME or [Loss] from BUSINESS, PROFESSION or FARM	3		00
4	GAIN or [Loss] from SALE, EXCHANGE or DISPOSITION of PROPERTY	4		00
5	INCOME or [LOSS] from RENTS, ROYALTIES, PATENTS or COPYRIGHTS	5		00
6	ESTATE and TRUST INCOME	6		00
7	TOTAL TAXABLE INCOME. Add Lines 1, 2, 3, 4, 5, and 6. Do Not Deduct [Losses]	7		00
8	DEDUCTIONS from PA Schedule DD	8		00
9	NET PA TAXABLE INCOME (Subtract Line 8 from Line 7)	9		00
10	PA TAX LIABILITY. Multiply Line 9 by 2.8% (0.028)	10		00
11	1995 ESTIMATED PAYMENTS and CREDITS	11		00
12	CREDIT for TAXES PAID to OTHER STATES or COUNTRIES	12		00
13	EMPLOYMENT INCENTIVE PAYMENTS CREDIT	13		00
14	TOTAL PAYMENTS and CREDITS. Add Lines 11, 12 and 13	14		00
15	TAX DUE (Line 10 is more than Line 14.) See instructions on page 18.	15		00
Make check or money order payable to PA DEPT. OF REVENUE				
16	OVERPAYMENT (Line 14 is more than Line 10.)	16		00
17a	AMOUNT of LINE 16 to be REFUNDED	17a		00
17b	AMOUNT of LINE 16 to be CREDITED to your 1996 ESTIMATED TAX ACCOUNT	17b		00

The TOTAL of Lines 17a through 17b MUST Equal line 16.

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 X	Date	Fiduciary's telephone Number:
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THIS RETURN MUST BE SIGNED. DOUBLE-CHECK ALL MATH. ATTACH ALL SCHEDULES AND FORMS.

Preparer's Name: X	Preparer's Telephone Number ()
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Preparer's Signature:
X