

**PA-40 NRC-AE**  
 Nonresident Consolidated Athletes &  
 Entertainers  
 PA-40 NRC-AE (9-06)  
 PA Department of Revenue  
 Harrisburg, PA 17128-0418

0607710050

**2006**

OFFICIAL USE ONLY

THIS FORM MAY BE USED FOR NONRESIDENT EMPLOYEES OF SPORTS AND ENTERTAINMENT ENTITIES ONLY.

Entity EIN <input type="text"/>	E	Entity Name <input type="text"/>
------------------------------------	---	-------------------------------------

First Line of Address - Street Address

Second Line of Address - If Address has PO Box; Apartment Number; Suite; RR No. - Place on this Line.

City or Post Office <input type="text"/>	State <input type="text"/>	ZIP Code <input type="text"/>	<input type="checkbox"/> Fill-In the Oval if Amended Return
			<input type="checkbox"/> Fill-In the Oval if Extension Included

**TYPE OF SPORT OR ENTERTAINMENT ENTITY  
 (FILL IN INITIALS)**

<input type="text"/>	<b>Description:</b>	<b>BB</b> - Baseball	<b>FB</b> - Football	<b>HK</b> - Hockey
		<b>SC</b> - Soccer	<b>BK</b> - Basketball	<b>ET</b> - Entertainment
		<b>LO</b> - League Office	<b>OF</b> - Officials	<b>OT</b> - Other _____
				<b>Description</b>

<input type="checkbox"/> Fill-In the Oval if Final Return		
Date out of existence: <input type="text"/>	Total Number of Nonresident Employees: (see instructions) <input type="text"/>	Number of nonresidents electing to file on this return: <input type="text"/>
Reason:		

ENTER AMOUNTS FROM PARTICIPATING NONRESIDENT INDIVIDUALS AND SUBMIT PA SCHEDULES NRC-AE-1 FOR EACH NONRESIDENT INDIVIDUAL

1. Apportioned Compensation . . . . .	1.	<input type="text"/>
2. PA Tax Liability. Multiply Line 1 by 3.07% (0.0307). . . . .	2.	<input type="text"/>
3. Total PA Tax Withheld from Nonresident Employees Electing to File on this Return. . . . .	3.	<input type="text"/>
4. 2006 Extension Payment . . . . .	4.	<input type="text"/>
5. Total Payments and Credits . . . . .	5.	<input type="text"/>
6. <b>TAX DUE.</b> If Line 2 is more than Line 5, enter the difference here. Make check payable to PA Dept. of Revenue. See instructions for using the PA-V, Payment Voucher. . . . .	6.	<input type="text"/>
7. <b>OVERPAYMENT/REFUND.</b> If Line 5 is more than Line 2, enter the difference here. . . . .	7.	<input type="text"/>

**SIGN THIS 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	Telephone Number	Date
-----------	------------------	------

Preparer/Company Name & Telephone Number	Preparer's SSN or PTIN <input type="text"/>
	Firm FEIN <input type="text"/>

EC OFFICIAL USE ONLY

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

0607710050

0607710050