

**PA-40 NRC-AE**  
 Nonresident Consolidated Athletes &  
 Entertainers  
 PA-40 NRC-AE (FI) (11-08)  
 PA Department of Revenue  
 Harrisburg, PA 17128-0600

0807710058

**2008**

OFFICIAL USE ONLY

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

Entity EIN  E Entity Name

First Line of Address - Street Address

Second Line of Address - If Address has PO Box, Apartment Number, Suite, RR Number, etc. - Place on this line.

City or Post Office  State  ZIP Code   Fill in the Oval if Amended Return  Fill in the Oval if Extension Included

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

Description:  
 BB - Baseball FB - Football HK - Hockey  
 SC - Soccer BK - Basketball ET - Entertainment  
 LO - League Office OF - Officials OT - Other \_\_\_\_\_  
 Description

Fill in the Oval if Final Return

Date out-of-existence:  Reason: \_\_\_\_\_

Total Number of Nonresident Employees: (See Page 3 of the instructions.)

Number of nonresidents electing to file on this return:

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 percent (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. 2008 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

Firm FEIN

**THIS FORM IS NOT INTENDED FOR USE BY AN INDIVIDUAL FILING ON HIS/HER OWN BEHALF. AN INDIVIDUAL FILING ON HIS/HER OWN BEHALF MUST USE FORM PA-40, PENNSYLVANIA PERSONAL INCOME TAX RETURN.**

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