1106010059

# PA-20S/PA-65

PA S Corporation/Partnership
Information Return
PAGE 1 of 3 (05-11) (FI)

**2011**

**PLEASE PRINT. USE BLACK INK.**

START →

Filing Status: **PA-20S** ○ **PA-65** ○ **PA-KOZ PS** ○

FEIN 9 DIGIT - NO DASH | PA ACCOUNT # | NAICS Code | NAICS Code Change from Previous Year ○

C

Business Name

First Line of Address - Street Address - If Address has Apartment Number, Suite, RR No. - Place on this Line.

Second Line of Address - PO Box

City or Post Office | State | ZIP Code

**Fill in the applicable ovals**

Method of Accounting
Accrual ○
Cash ○
Other, Describe ○
Extension Requested ○
Initial Year ○
Fiscal Year ○
Short Year ○
Beginning MM/DD/YY Ending
Final Return ○
FEIN/Name/Address Change ○
Amended Information Return ○
Date activity began in PA
MM/DD/YYYY

**SUBMIT ALL SUPPORTING SCHEDULES** **USE BLACK INK**

If a loss, fill in the oval ○ next to the line

## Part I. Total Taxable Business Income (Loss) from Operations Everywhere

| | | | | |
|---|---|---|---|---|
| 1a | Taxable Business Income (Loss) from Operations Everywhere | LOSS ○ | 1a | .00 |
| 1b | Share of Business Income (Loss) from All Other Entities | LOSS ○ | 1b | .00 |
| 1c | Total Income (Loss). Add Line 1a and Line 1b | LOSS ○ | 1c | .00 |
| 1d | Previously Disallowed CNI Deductions - **PA S Corporations only** | | 1d | If a loss, enter "0" .00 |
| 1e | Total Adjusted Business Income (Loss). Subtract Line 1d from Line 1c | LOSS ○ | 1e | .00 |

## Part II. Apportioned/Allocated PA-Taxable Business Income (Loss)

| | | | Outside PA | | | PA Source |
|---|---|---|---|---|---|---|
| 2 | Net Business Income (Loss) | LOSS ○ 2a | .00 | LOSS ○ 2e | | .00 |
| 2 | Share of Business Income (Loss) from Other Entities | LOSS ○ 2b | .00 | LOSS ○ 2f | | .00 |
| 2 | Previously Disallowed PA Source CNI Deductions - **PA S Corporations only** | 2c | If a loss, enter "0" .00 | 2g | | If a loss, enter "0" .00 |
| 2 | Calculate Adjusted/Apportioned Net Business Income (Loss) | LOSS ○ 2d | .00 | LOSS ○ 2h | | .00 |

## Part III. Allocated Other PA PIT Income (Loss)

| | | | Outside PA | | | PA Source |
|---|---|---|---|---|---|---|
| 3 | Interest Income from PA Schedule A | | | | 3 | If a loss, enter "0" .00 |
| 4 | Dividend Income from PA Schedule B | | | | 4 | If a loss, enter "0" .00 |
| 5 | Net Gain (Loss) from PA Schedule D | 5a LOSS ○ | .00 | LOSS ○ 5b | | .00 |
| 6 | Rent/Royalty Net Income (Loss) from PA Schedule M, Part B | 6a LOSS ○ | .00 | LOSS ○ 6b | | .00 |
| 7 | Estates or Trusts Income from PA Schedule J | 7a | If a loss, enter "0" .00 | 7b | | If a loss, enter "0" .00 |
| 8 | Gambling and Lottery Winnings from PA Schedule T | 8a LOSS ○ | .00 | LOSS ○ 8b | | .00 |
| 9 | Total Other PA PIT Income (Loss) | | | LOSS ○ 9 | | .00 |



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START ➜ FEIN 9 DIGIT - NO DASH | C | Business Name

## Part IV. Total PA S Corporation or Partnership Income (Loss)

| | | | | |
|---|---|---|---|---|
| 10 | Total Income (Loss) per Books and Records | LOSS 0 | 10 | .00 |
| 11 | Total Reportable Income (Loss). Add Lines 1e and 9 or Add Lines 2h and 9 | LOSS 0 | 11 | .00 |
| 12 | Total Nontaxable/Nonreportable Income (Loss). Subtract Line 11 from Line 10 | LOSS 0 | 12 | .00 |

## Part V. Pass Through Credits - See the PA-20S/PA-65 instructions

| | | | |
|---|---|---|---|
| 13a | Total Other Credits. Submit PA-20S/PA-65 Schedule OC | 13a | If a loss, enter "0".00 |
| 13b | Resident Credit | 13b | If a loss, enter "0".00 |
| 14a | PA 2011 Quarterly Tax Withholding Payments/Extension Payment for Nonresident Owners | 14a | If a loss, enter "0".00 |
| 14b | Final Payment of Nonresident Tax Withholding | 14b | If a loss, enter "0".00 |
| 14c | Total PA Income Tax Withheld. Add Lines 14a and 14b | 14c | If a loss, enter "0".00 |

## Part VI. Distributions - See the PA-20S/PA-65 instructions – Partnerships Only

| | | | |
|---|---|---|---|
| 15 | Distributions of Cash, Marketable Securities, and Property | 15 | If a loss, enter "0".00 |
| 16 | Guaranteed Payments for Capital or Other Services | 16 | If a loss, enter "0".00 |
| 17 | All Other Guaranteed Payments for Services Rendered | 17 | If a loss, enter "0".00 |
| 18 | Guaranteed Payments to Retired Partners | 18 | If a loss, enter "0".00 |

## Distributions - See the PA-20S/PA-65 instructions – PA S Corporations Only

| | | | |
|---|---|---|---|
| 19 | Distributions from PA Accumulated Adjustments Account | 19 | If a loss, enter "0".00 |
| 20 | Distributions of Cash, Marketable Securities, and Property | 20 | If a loss, enter "0".00 |

## Part VII. Other Information – See the PA-20S/PA-65 instructions for each line

| | | Yes or No |
|---|---|---|
| 1 | During the entity's tax year, did the entity own any interest in another partnership or in any foreign entity that was disregarded as an entity separate from its owner under federal regulations Sections 301.7701-2 and 301.7701-3? If yes, submit statement 1 | |
| 2 | Does the entity have any tax-exempt partners/members/shareholders? If yes, submit statement 2 | |
| 3 | Does the entity have any foreign partners/members/shareholders (outside the U.S.)? If yes, submit statement 3 | |
| 4 | Was there a distribution of property or a transfer (e.g., by sale or death) of a partner/member interest during the tax year? (Partnership only) If yes, submit statement 4 | |
| 5 | Has the federal government changed taxable income as originally reported for any prior period? If yes, indicate period on supplemental statement, and submit final IRS determination paperwork 5 | |
| 6 | Does the entity have any foreign operations or ownership in a foreign bank account? If yes, submit statement 6 | |
| 7 | Is this entity involved in a reportable transaction, listed transaction, or registered tax shelter within this return? If yes, submit statement 7 | |
| 8 | Does the entity have any corporate partners? Provide the PA Account # for each corporate partner listed on the Partner/Member/Shareholder Directory 8 | |
| 9 | Has the entity sold any tax credits? If yes, submit statement 9 | |
| 10 | Has the entity changed its method of accounting for federal income tax purposes during this tax year? If yes, submit federal Form 3115 10 | |
| 11 | Has the entity entered into any like-kind exchanges under IRC Section 1031? If yes, submit federal Form 8824 11 | |
| 12 | PA Apportionment as reported on PA-20S/PA-65 Schedule H-Corp 12 | |

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START ➜ FEIN 9 DIGIT - NO DASH C

Business Name

## Part VIII. PA S Corporations Only - Accumulated Adjustments Account (AAA) and Accumulated Earnings and Profits (AE&P)

| | | | AAA | AE&P |
|---|---|---|---|---|
| 1 | Balance at the beginning of the taxable year .... If AAA is negative, fill in the oval | LOSS | | If a loss, enter "0" |
| 2 | Total reportable income from Part IV, Line 11 | | If a loss, enter "0" | N/A |
| 3 | Other additions. Submit an itemized statement | | If a loss, enter "0" | If a loss, enter "0" |
| 4 | Loss from Part IV, Line 11 | LOSS | | N/A |
| 5 | Other reductions. Submit an itemized statement | LOSS | | If a loss, enter "0" |
| 6 | Sum of Lines 1 through 5 | LOSS | | |
| 7 | Distributions | | | |
| 8 | Balance at taxable year-end. Subtract Line 7 from Line 6 | LOSS | | |

## Part IX. Ownership in Pass Through Entities

If the entity received income (loss) from an S corporation, partnership, estate or trust, limited liability company or any other pass through entity including a qualified subchapter S subsidiary (QSSS), list below the FEIN, name and address for each entity. If additional space is needed, submit a separate statement. If the income (loss) is from a QSSS, enter "yes" in the QSSS box.

| FEIN 9 DIGIT - NO DASH | QSSS | NAME & ADDRESS |
|---|---|---|
| a | | |
| b | | |
| c | | |
| d | | |
| e | | |
| f | | |

**May the Department of Revenue discuss this return with the preparer shown below?** YES ☐ NO ☐

## Part X. Signature and Verification

Under penalties of perjury, I declare I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of paid preparer is based on all information of which preparer has any knowledge.

| Print/Type name of general partner, principal officer or authorized individual | Signature of general partner, principal officer or authorized individual | Date MM/DD/YY | Daytime phone no. |
|---|---|---|---|
| | Please Sign Your Return after printing. | | |

**Paid Preparer's Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check if self-employed ☐ |
|---|---|---|---|
| | Please Sign Your Return after printing. | | |
| Firm's name (or yours if self-employed) | | | Daytime phone no. |
| Firms's address | | | |

Preparer's PTIN 9 DIGIT - NO DASH

Firm's FEIN 9 DIGIT - NO DASH

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