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Date Received (Official Use Only)

RCT-113B (06-12) PAGE 1 OF 2 GROSS RECEIPTS TAX (GRT) REPORT MANAGED CAPE OPGANIZATIONS

MANAGED CARE ORGANIZATIONS		
	Tax Year Begin:	
Revenue ID Federal ID (FEIN) Parent Corporation (FEIN)		
	Tax Year End: 12/31/20	
	Due Date: March 15	5
Taxpayer Name	Check to Indicate a Change of Address	
	Send All Correspondence to the Preparer	
First Line of Address	Amended Report	i i
	First Report	5
Second Line of Address	Payment Made Electronically	5
City State ZIP	Last Report	
Phone	Out of Existence as of:	
Email		

USE WHOLE DOLLARS ONLY

1.	Gross Receipts Tax Managed Care Organizations (Page 2, Line 2)	1.	
2.	Total Estimated Payments	2.	
3.	Total Payments Carried Forward From Prior Year Return	3.	
4.	Total "Restricted" Tax Credits	4.	
5.	Total Credit: (Line 2 plus Line 3 plus Line 4)	5.	
6.	Tax Due: (If Line 1 is more than Line 5, enter the difference here.)	6.	
7.	Remittance: (Include interest and penalty, if applicable.)	7.	
8.	OVERPAYMENT: (If Line 5 is more than Line 1, enter the difference here.)	8.	
9.	Refund: (Amount of Line 8 to be refunded after offsetting all unpaid liabilities)	9.	
10.	Transfer: (Amount of Line 8 to be credited to the next tax year after offsetting all unpaid liabilities)	10.	

Corporate Officer Information:

Officer Last Name		Social Security Number of Officer	
Officer First Name		Phone	7
Title of Officer		Email	
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I affirm under penalties prescribed by law this report, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete report. If this report is an amended report, the taxpayer hereby consents to the extension of the assessment period for this tax year to one year from the date of filing of this amended report or three years from the filing of the original report, whichever period last expires, and agrees to retain all required records pertaining to that tax and tax period until the end of the extended assessment period, regardless of any statutory provision providing for a shorter period of retention. For purposes of this extension, an original report filed before the due date is deemed filed on the due date. I am authorized to execute this consent to the extension of the assessment period.

Signature of Officer	Date		

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RCT-113B (06-12) PAGE 2 OF 2	
SOURCE OF GROSS RECEIPTS	

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1.	Gross Receipts from GRT MMCO Revenue Report issued by the
	Department of Public Welfare

2	Managad Care	Organizations	CDT (Line 1	times tay rate	 See Instructions'
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Preparer's Information:

Firm Name	Individual Preparer Name	
Firm FEIN	Phone	
Address	Email	
City	Social Security Number	
State	or PTIN	
ZIP		

I affirm under penalties prescribed by law this report, including any accompanying schedules and statements, has been prepared by me and to the best of my knowledge and belief is a true, correct and complete report.			
Signature of Preparer	Date		