

1019011105



DEPARTMENT USE ONLY

# INACTIVE

RCT-101-I (FI) (07-11) PAGE 1 OF 3 INACTIVE PA CORPORATE TAX REPORT 20\_\_

### STEP A

Tax Year Beginning XX  Tax Year Ending XX

### STEP B

52-53 Week Filer XX  Change Fed Group XX  File Period Change XX   
Address Change XX  First Report XX

### STEP C

Tax Account ID XX  Parent Corporation EIN   
Federal EIN XX   
Corporation Name XX   
Address Line 1 XX   
Address Line 2 XX   
City XX   
State XX   
ZIP XX

USE WHOLE DOLLARS ONLY

### STEP D

A. Tax Liability from Tax Report

B. Estimated Payments & Credits on Deposit

C. Restricted Credits

STEP E: Payment Due/Overpayment  
Calculation: A minus B minus C  
See Instructions

	A	B	C	E
CS/FF	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LOANS	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CNI	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### STEP F: Transfer/Refund Method: See Instructions

Made Payment Electronically

**Transfer:** Amount to be credited to the next tax year after offsetting all unpaid liabilities

**Refund:** Amount to be refunded after offsetting all unpaid liabilities

### STEP G: Corporate Officer (Sign affirmation below)

NAME   
PHONE   
EMAIL

FORM BARCODE

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.

Corporate Officer Signature	Date
<input type="text"/>	<input type="text"/>



TAX ACCOUNT ID [ ]  
TAX YEAR END [ ]

NAME [ ]

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**STEP H: INACTIVE DECLARATION**

CHECK ONE BOX IN SUPPORT OF FILING THE INACTIVE REPORT (RCT-101-I).

A. This Pennsylvania corporation, to which a charter was granted by the Commonwealth of Pennsylvania, did not conduct any business, had no assets or income and did not exercise any corporate rights or privileges during the tax period ended (MMDDYYYY): [ ]

B. This foreign corporation, chartered under the laws of a state other than Pennsylvania, did not conduct any business, own property or exercise any corporate rights or privileges during the tax period ended (MMDDYYYY): [ ]

If neither of these statements applies to the corporation, PA Corporate Tax Report (RCT-101) must be completed and filed. Specifically, a corporation with business activity outside Pennsylvania must file RCT-101. See instructions for completing the RCT-101.



**STEP I: GENERAL INFORMATION QUESTIONNAIRE**

1. Location of corporation records: [ ]  
2. Corporation's records are in care of: [ ]

3. Name, SSN, EIN and/or Tax Account ID Number of any individual or business entity owning all or a majority of the stock of the taxpayer.

Name: [ ]  
Tax Account ID: [ ] SSN or EIN: [ ]

4. Incorporation Date (MMDDYYYY) XX [ ]

5. State of Incorporation: XX [ ]

6. Has the corporation previously had business activity anywhere? XX [ ]

7. If the answer to 6 is "Yes", enter the last tax period the corporation had business activity (MMDDYYYY). XX [ ]

8. Has the federal government changed taxable income as originally reported for any prior period for which reports of change have not been filed in PA? XX [ ]

9. Is this taxpayer a partnership that elects to file federal taxes as a corporation? [ ]

If yes:  
First period end date: XX [ ]  
Last period end date: XX [ ]



TAX ACCOUNT ID [ ]  
TAX YEAR END [ ]

NAME [ ]

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STEP J: CORPORATE STATUS CHANGES

Final Report XX

PA Corporations:

Did you ever transact business anywhere? XX  If yes, enter date all business activity ceased XX [ ]  
Did you hold assets anywhere? XX  If yes, enter date of final disposition of assets\* XX [ ]

Foreign Corporations:

Did you ever transact business in PA? XX  If yes, enter date PA business activity ceased XX [ ]  
Did you hold assets in PA? XX  If yes, enter date of final disposition of PA assets\* XX [ ]

Reinstatement XX  Effective Date of Reinstatement XX [ ]



CORPORATE OFFICERS  
(See Instructions.)

SSN Last Name First Name MI

President/Managing Partner XX [ ] [ ] [ ] [ ]  
Vice President XX [ ] [ ] [ ] [ ]  
Secretary XX [ ] [ ] [ ] [ ]  
Treasurer/Tax Manager XX [ ] [ ] [ ] [ ]

PREPARER'S INFORMATION

Mail to Preparer XX   
Firm Federal EIN XX [ ]  
Firm Name XX [ ]  
Address Line 1 XX [ ]  
Address Line 2 XX [ ]  
City XX [ ]  
State XX [ ]  
ZIP XX [ ]

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.

Tax Preparer's Signature [ ] Date [ ]

INDIVIDUAL PREPARER  
PHONE [ ]  
EMAIL [ ]  
PTIN/SSN [ ]

