RCT-125 (11-11) (I)

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pennsylvania
DEPARTMENT OF REVENUE
Bureau of Corporation Taxes
PO BOX 280407
Harrisburg PA 17128-0407

COOPERATIVE AGRICULTURE ASSOCIATION
CORPORATE NET INCOME TAX REPORT

NAME

ADDRESS

CITY STATE ZIP CODE

CORP TAX ACCOUNT ID

___ ___ ___ ___ – ___ ___ ___

(Department Use Only)
Date Received

FEDERAL ID (EIN)

___ ___ – ___ ___ ___ ___ ___ ___ ___

☐ Check to send all correspondence to preparer.

☐ **Check to indicate a change of address**

☐ First Report ☐ Amended Report (See instructions.) ☐ Last Report (See instructions.)

ANNUAL PAYMENTS

TAX YEAR ENDING

DUE DATE

Fill in corresponding self-assessed tax, prepayments, restricted credit, remittance amount and grand totals.

TAX TYPE	REVENUE USE ONLY		A. Tax Liability from Tax Report	B. Estimated Payments & Credits on Deposit	C. Restricted Credit	Remittance A minus B minus C
	TYPE CODE	BUDGET CODE				
AGRICULTURE ASSOCIATION	**80**	**127165**				
GRAND TOTALS						

☐ PLEASE CHECK THIS BLOCK ONLY IF THE TOTAL PAYMENT SHOWN ABOVE HAS BEEN OR WILL BE PAID ELECTRONICALLY.

OVERPAYMENT INSTRUCTIONS (Choose only Option A or Option B and write the appropriate letter in the box provided.)

☐ A = Automatically transfer overpayments to other underpaid taxes for the current tax period, then to the next tax period.

B = Refund overpayment(s) of the current tax period after paying any other underpaid taxes for the current tax period.

By checking the "Amended Report" box on this form, the taxpayer 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. For purposes of this extension, an original report filed before the due date is deemed filed on the due date.

I affirm under penalties prescribed by law that this report (including any accompanying schedules and statements) was examined by me, to the best of my knowledge and belief is a true, correct and complete report and I am authorized to execute this consent to the extension of the assessment period. This declaration is based on all information of which I have any knowledge.

Signature of Officer	Title	Date	Telephone Number ( )

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.

PRINT Individual Preparer or Firm's Name	**Signature** of Preparer	Fax Number ( )
PRINT Individual or Firm's Street Address	Title	Telephone Number ( )
City State ZIP Code	E-mail Address	

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OPERATING STATEMENT

GROSS RECEIPTS FROM BUSINESS ACTIVITIES

1. Supply Cooperatives use amount of "Purchases by Patrons" . . . . . $_____
2. Marketing and Service Cooperatives use amount of "Sales for Patrons" or "Operating Costs Advanced" . . . . . $_____
3. Total gross receipts from business activities (Line 1 plus Line 2) . . . . . $_____

OTHER RECEIPTS

4. Interest and dividends . . . . . $_____
5. Hauling and trucking . . . . . $_____
6. Grinding and mixing . . . . . $_____
7. Membership dues . . . . . $_____
8. Patronage refunds (Other cooperative associations.) . . . . . $_____
9. Miscellaneous (Identify) _____ . . . . . $_____
10. Total other receipts (Sum of Lines 4 through 9) . . . . . $_____
11. Total receipts (Line 3 plus Line 10) . . . . . $_____

DISBURSEMENTS

12. Executive salaries . . . . . $_____
13. Other salaries and commissions . . . . . $_____
14. Wages . . . . . $_____
15. Taxes . . . . . $_____
16. Interest . . . . . $_____
17. Insurance . . . . . $_____
18. Heat, light and power . . . . . $_____
19. Repairs . . . . . $_____
20. Depreciation . . . . . $_____
21. Office supplies . . . . . $_____
22. Telegraph and telephone . . . . . $_____
23. Automobile expenses . . . . . $_____
24. Supplies . . . . . $_____
25. Advertising . . . . . $_____
26. Bad debts . . . . . $_____
27. Miscellaneous (Identify) _____ . . . . . $_____
28. Purchases for or advances to patrons . . . . . $_____
29. Total disbursements (Lines 12 to 28 inclusive) . . . . . $_____
30. Net increase or decrease (Line 11 less Line 29) . . . . . $_____

SCHEDULE A ANALYSIS OF DISTRIBUTION

1. Balance beginning of year . . . . . $_____
2. Add or deduct (Line 30 above) . . . . . $_____
3. Other increases (Identify) _____ . . . . . $_____
4. Total (Sum of Lines 1 through 3) . . . . . $_____

Less:

5. Patronage refunds . . . . . $_____
6. Transferred to reserves . . . . . $_____
7. Statutory reserve . . . . . $_____
8. Other increases (Identify) _____ . . . . . $_____
9. Dividends on capital stock declared or paid . . . . . $_____
10. Total (Sum of Lines 5 through 9) . . . . . $_____
11. Balance end of year (Line 4 less Line 10) . . . . . $_____

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BALANCE SHEET

ASSETS

Current—

Cash		
Notes and accounts receivable		
Less: reserve for bad debts		
Advances to patrons		
Inventories		
Investments (Detail schedule)		
Total		

Fixed—

Land		
Building and equipment		
Less: reserve for depreciation		
Total		

Accrued—

Prepaid taxes		
Prepaid insurance		
Prepaid interest		
Prepaid rent		
Other		
Total		

Contingent—

Membership dues		
Other		
Total		
TOTAL ASSETS		

LIABILITIES

Current—

Accounts payable		
Notes payable		
Interest		
Taxes		
Salaries and wages		
Other		
Total		

Fixed—

Bonds		
Mortgages		
Other		
Total		

Contingent—

Membership dues		
Other		
Total		
TOTAL LIABILITIES		

Capital and patrons' equities

Capital stock - common (authorized)		
Capital stock - preferred (authorized)		
Fractional share credits		
Total capital stock		
Patronage refunds payable		
Statutory reserve		
Other reserves		
Total		
Total liabilities, capital and patrons' equities		

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GROSS RECEIPTS

(If more space is necessary, attach schedule)

ASSIGNABLE TO PENNSYLVANIA		ASSIGNABLE OUTSIDE PENNSYLVANIA	
PLACE OF BUSINESS	AMOUNT	PLACE OF BUSINESS	AMOUNT
(a) TOTAL	(a)	(b) TOTAL	(b)
(c) TOTAL GROSS RECEIPTS FROM ALL BUSINESS [(a) + (b)]			(c)

DETERMINATION OF ALLOCATION DECIMAL

(Carry out decimal to six places)

Divide (a) by (c) to obtain decimal.
Use 1.000000 if entire business is transacted in Pennsylvania

(a) Total gross receipts assignable to Pennsylvania $ _____ = ___ . _____

(c) Total gross receipts from all business $

CALCULATION OF TAX

1. Net income (dividends declared or declared and paid, Schedule A, Line 9.) . . . . . $ _____
2. Allocation decimal (determination of decimal above.) . . . . . ___ . _____
3. Net income allocated to Pennsylvania (Line 1 x Line 2.) . . . . . $ _____
4. Tax (4 percent of Line 3) Enter this amount on Page 1, Column A. . . . . (whole dollars only) $ _____

GENERAL INFORMATION

Date of incorporation or organization _____

Created under the Act of _____

Located at _____
Street City State ZIP Code

How many places of business does the association maintain inside Pennsylvania? _____

How many places of business does the association maintain outside Pennsylvania? _____

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