



pennsylvania

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

**GROSS RECEIPTS TAX REPORT
PRIVATE BANKERS**

2011 REPORT

NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____	CORP TAX ACCOUNT ID _____ (Department Use Only) Date Received _____ FEDERAL ID (EIN) _____ ☐ Check to indicate a change of address
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☐ Check to send all correspondence to preparer.

☐ First Report ☐ Amended Report (See instructions.) ☐ Last Report (Out-of-Existence as of _____.)

ANNUAL PAYMENTS

TAX YEAR ENDING

12/31/11

DUE DATE

02/15/12

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				
GROSS RECEIPTS - Private Bankers	10	127166				
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 ()
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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		

GROSS RECEIPTS FROM THE FOLLOWING SOURCES:

1. Commissions on loans and various banking services \$ _____
2. Discounts on loans \$ _____
3. Abatements or allowances \$ _____
4. Banking charges or fees on depositors accounts \$ _____
5. Rents on real estate owned \$ _____
6. Interest on:
 - a. Bonds of public and private corporations \$ _____
 - b. Bonds of states other than the Commonwealth of Pennsylvania \$ _____
 - c. Bonds issued by municipal subdivisions of the Commonwealth of Pennsylvania \$ _____
 - d. Loans \$ _____
 - e. Mortgages and judgments \$ _____
 - f. Drawing accounts or overdrafts of partners \$ _____
 - g. Balances with other banks \$ _____
 - h. Total interest (sum of 6a through 6g) \$ _____
 - i. Less: amortization of premiums, etc. \$ _____
 - j. Total interest less amortization of premiums (6h less 6i) \$ _____
7. Dividends on stocks \$ _____
8. Purchases and sales of securities for investment or trading purposes:
 - a. Profits \$ _____
 - b. Losses \$ _____
 - c. Profits less losses on purchases and sales of securities for investment or trading purposes (8a less 8b) \$ _____
9. Rental of safe-deposit boxes \$ _____
10. Other sources:
 - a. \$ _____
 - b. \$ _____
 - c. \$ _____
 - d. \$ _____
 - e. Total of other sources (sum of 10a through 10d) \$ _____
11. Total gross receipts (sum of Lines 1 through 10) \$ _____
 (Interest on obligations of the U.S. and interest on obligations of the
 Commonwealth of Pennsylvania are not taxable.)
12. Tax at rate of 1 percent (Line 11 times 0.01) Enter this amount on Page 1, Column A (whole dollars only) \$ _____