RCT-143 (11-11)

1430011101

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

MUTUAL THRIFT INSTITUTIONS NET INCOME TAX REPORT

NAME

ADDRESS

CITY STATE ZIP CODE

☐ Check to send all correspondence to preparer.

CORP TAX ACCOUNT ID

___ ___ ___ ___ – ___ ___ ___

(Department Use Only)
Date Received

FEDERAL ID (EIN)

___ ___ – ___ ___ ___ ___ ___ ___ ___

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

☐ First Report (Newly Incorporated) ☐ Amended Report (See instructions.) ☐ EIP/KOZ/KOEZ Credit ☐ Last Report (See instructions.)

ANNUAL PAYMENTS

TAX YEAR ENDING

DUE DATE (See instructions.)

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				
STATE S&L OR SAVINGS BANK	**50**	**126104**				
FEDERAL S&L OR SAVINGS BANK	**50**	**126105**				
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	

1430011101

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Corporation Name: _____ **Corp Tax Account ID:** _____ **Tax Year Ending:** _____

CALCULATION OF NET INCOME TAX

		USE WHOLE DOLLARS ONLY
1.	Income from Financial Statements	
Deductions:		
2.	Interest from U.S. Obligations	
3.	Interest from PA Obligations	
4.	Total Deductions (Line 2 Plus Line 3)	
5.	Line 1 Minus Line 4	
Additions:		
6.	Interest Expense Allocable to Tax-Exempt Income (Schedule A, Line 7)	
7.	Employment Incentive Payment Credit	
8.	Total Additions (Line 6 Plus Line 7)	
9.	Income to be Apportioned (Line 5 Plus Line 8)	
10.	Apportionment	
11.	Income Apportioned to PA (Line 9 Times Line 10)	
12.	Net Loss Deduction (Complete Schedule B)	
13.	Taxable Income (Line 11 Minus Line 12)	
14.	Tax (Line 13 Times 0.115)	

Corporation Name: _____ **Corp Tax Account ID:** _____ **Tax Year Ending:** _____

SCHEDULE A
Interest Expense Allocable to Tax-Exempt Income

USE WHOLE DOLLARS ONLY

1.	Interest from U.S. Obligations (From Page 2, Line 2)	
2.	Interest from PA Obligations (From Page 2, Line 3)	
3.	Total Tax-Exempt Income. (Total Lines 1 and 2)	
4.	Total Interest Income for Year	
5.	Line 3 Divided by Line 4	
6.	Total Interest Expense	
7.	Interest Expense Allocable to Tax-Exempt Income (Multiply Line 5 by Line 6 and carry to Page 2, Line 6)	

SCHEDULE B
Net Loss Carryforward

USE WHOLE DOLLARS ONLY

Tax Year Beginning	Tax Year Ending	Net Loss Carryforward to Current Period	Amount Deducted	Net Loss Carryforward to Next Period

1430011401

CORP TAX ACCOUNT ID

TAXABLE YEAR ENDING

APPORTIONMENT SCHEDULE

MUTUAL THRIFT INSTITUTION TAX

TABLES SUPPORTING DETERMINATION OF APPORTIONMENT PERCENTAGE (USE WHOLE DOLLARS ONLY)

THE FOLLOWING INFORMATION MUST BE COMPLETED BY ALL MUTUAL THRIFT INSTITUTIONS HAVING INCOME FROM BUSINESS ACTIVITY TAXABLE INSIDE AND OUTSIDE PENNSYLVANIA.

TABLE 1 - PAYROLL FACTOR	INSIDE PENNSYLVANIA	EVERYWHERE
Wages, salaries, commissions and other compensation to employees.	(A)	(B)

TABLE 2 - RECEIPTS FACTOR	INSIDE PENNSYLVANIA	EVERYWHERE
1. Receipts from loans		
2. Receipts from performance of services		
3. Receipts from lease transactions		
4. Interest and fees from credit card transactions		
5. Interest, dividends and net gains on intangibles		
6. Fees or charges from traveler's checks and money orders		
7. Receipts from sale of tangible property		
8. Receipts from issuance of title insurance		
9. Other receipts		
Total receipts	(A)	(B)

TABLE 3 - DEPOSITS FACTOR	INSIDE PENNSYLVANIA	EVERYWHERE
Attach balance sheet for each quarter.		
1st Quarter		
2nd Quarter		
3rd Quarter		
4th Quarter		
Totals		
Average value	(A)	(B)

TABLE 4 - APPORTIONMENT PROPORTIONS	NUMERATOR AND DENOMINATOR		PROPORTION
1. (A) Payroll inside Pennsylvania			
(B) Total payroll		1.	
2. (A) Receipts inside Pennsylvania			
(B) Total receipts		2.	
3. (A) Average value Pennsylvania deposits			
(B) Average value total deposits		3.	
4. Total of proportions 1, 2 and 3		4.	
5. Apportionment Factor - Line 4 divided by 3. If only two of the above proportions apply, divide by 2. If only one of the above proportions applies, divide by 1. Carry out six decimal places. Enter this proportion on Page 2, Line 10.		5.	