FILL IN FORM USING ALL CAPS

DO NOT PLACE ANY DASHES (-) OR SLASHES (/) IN THE FIELDS

1019012105

DEPARTMENT USE ONLY

INACTIVE

RCT-101-I (FI) (06-12) PAGE 1 OF 3 INACTIVE PA CORPORATE TAX REPORT 20_ _

START

PLEASE ENTER ALL DATES AS MMDDYYYY

1019012105

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

Revenue 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
CS/FF	0			
LOANS	0			
CNI	0			
TOTAL	0			

STEP F: Transfer/Refund Method: See Instructions

E-File Opt Out: See Instructions ☐

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
PLEASE SIGN THIS RETURN AFTER PRINTING.	

Reset Entire Form PRINT FORM RETURN TO TOP NEXT PAGE

REVENUE 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 Revenue ID Number of any individual or business entity owning all or a majority of the stock of the taxpayer.

Name:
Revenue 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 ☐

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

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

Reset Entire Form PRINT FORM RETURN TO TOP NEXT PAGE

REVENUE 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**

PLEASE SIGN AFTER PRINTING.

INDIVIDUAL PREPARER
PHONE
EMAIL
PTIN/SSN

Reset Entire Form PRINT FORM RETURN TO TOP RETURN TO PAGE ONE