pennsylvania DEPARTMENT OF REVENUE

Officer Last Name

Officer First Name

Title of Officer

1260012105

Date Received (Official Use Only)

RCT-126 (06-12) PAGE 1 OF 2 MEMBERSHIP REPORT ELECTRIC COOPERATIVE CORPORATIONS

Revenue ID Federal ID (FEIN) Parent Corporation (FEIN)	Tax Year Begin: Tax Year End: 12/31/20
	Due Date: July 1
	ח בי
	Check to Indicate a Change of Address
	Send All Correspondence to the Preparer
	Amended Report First Report
	Payment Made Electronically
City State ZIP	Last Report
Phone	Out of Existence as of:
Email	
Liliaii	
	USE WHOLE DOLLARS ONLY
Electric Cooperative Corporation Fee (Page 2, Line 3)	1.
Total Estimated Payments	2.
Total Payments Carried Forward From Prior Year Return	3.
4. Total "Restricted" Tax Credits	4.
5. Total Credit: (Line 2 plus Line 3 plus Line 4)	5.
6. Tax Due: (If Line 1 is more than Line 5, enter the difference here.)	6.
7. Remittance: (Include interest and penalty, if applicable.)	7.
8. OVERPAYMENT: (If Line 5 is more than Line 1, enter the difference here.)	8.
9. Refund: (Amount of Line 8 to be refunded after offsetting all unpaid liabilities)	
 Transfer: (Amount of Line 8 to be credited to the next tax year after offsetting all unpaid liabilities) 	10.
Corporate Officer Information:	
corporate officer amorniacioni	

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. If this report is an amended report, the taxpayer hereby 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, and agrees to retain all required records pertaining to that tax and tax period until the end of the extended assessment period, regardless of any statutory provision providing for a shorter period of retention. For purposes of this extension, an original report filed before the due date is deemed filed on the due date. I am authorized to execute this consent to the extension of the assessment period.

Social Security

Phone

Email

Number of Officer

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Signature of Officer	Date

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Revenue ID
Revenue 15

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	CALCULATION OF TAX				
Street	Address of Corporation's Principal Office				
City	State ZIP				
City		\neg			
					5
1	5:144	atifical townstown during		V/NI 🗍	F C
1.	Did the corporation provide retail electric services outside its of the tax period covered by this report?	certified territory during		Y/N	
If ye	s, the co-op must also file the Gross Receipts Tax Report	: for Electric, Hydro-Electric a	and Water Power C	Companies,	05
KC:	112.				
2.	Total number of members in the corporation				
3.	Fee of \$10 per 100 members or fraction thereof. Enter amoun	it on Page 1, Line 1.			

Dren	arer's Information:				
Fi Up	alei 5 Illioilliadoll.				
		r			
Firm N		Individual Preparer Name	_ 		
Firm Fl Addres		Phone Email			
City	,	Social Security Number	ı		
State	<u> </u>	or PTIN			
ZIP					
I affi	rm under penalties prescribed by law this report, including any acc	companying schedules and statem	nents, has been prepa	ared by me and	d to the best of my
know	rledge and belief is a true, correct and complete report.				
Sign	nature of Preparer		1	Date	