No dashes (-) or slashes (/) to be used in any fields, this includes Date, FEIN, Phone and ZIP

pennsylvania
DEPARTMENT OF REVENUE

1310012105

OFFICIAL USE ONLY

RCT-131 (06-12) PAGE 1 OF 3
GROSS RECEIPTS TAX - PRIVATE BANKERS

START

Revenue ID | Federal ID (FEIN) | Parent Corporation (FEIN)

Taxpayer Name

First Line of Address

Second Line of Address

City | State | ZIP

Phone

Email

Tax Year Begin:

Tax Year End: 12/31/20__

Due Date: February 15

Please select correct letter in drop down

- Check to Indicate a Change of Address
- Send All Correspondence to the Preparer
- Amended Report
- First Report
- Payment Made Electronically
- Last Report

Out of existence as of:

1310012105

USE WHOLE DOLLARS ONLY

1.	Gross Receipts Tax-Private Bankers (Page 2, Line 12)	1.
2.	Total Estimated Payments	2.
3.	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)	9.
10.	Transfer: (Amount of Line 8 to be credited to the next tax year after offsetting all unpaid liabilities)	10.

Corporate Officer Information:

Officer Last Name

Officer First Name

Title of Officer

Social Security Number of Officer

Phone

Email

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.

Signature of Officer

Signature of Officer – Please sign after printing

Date

Reset Entire Form

NEXT PAGE

PRINT FORM

Revenue ID

GROSS RECEIPTS FROM THE FOLLOWING SOURCES: **USE WHOLE DOLLARS ONLY**

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 (Line 11 times tax rate - See Instructions) . . . . . .$

Page 3 must be completed and included with report.

Reset Entire Form RETURN TO PAGE 1 NEXT PAGE PRINT FORM

Revenue ID

Preparer's Information:

Firm Name		Individual Preparer Name	
Firm FEIN		Phone	
Address		Email	
City		Social Security Number or PTIN	
State			
ZIP			

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.

Signature of Preparer	**Date**
Signature of Preparer – Please sign after printing	

Reset Entire Form RETURN TO PAGE 1 NEXT PAGE PRINT FORM