

1010013105



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PA CORPORATE TAX REPORT 20__

DEPARTMENT USE ONLY

A = 1120 B = 1120S C = 1120C D = 1120F E = 1120H F = 1065 G = 1040 H = Other

STEP A

Tax Year Beginning XX [] Tax Year Ending XX []

STEP B

Amended Report XX [] 52-53 Week Filer XX [] First Report XX []
Federal Extension Granted XX [] Address Change XX [] KOZ/EIP/SDA Credit XX []
Regulated Inv. Co. XX [] Change Fed Group XX [] File Period Change XX []

STEP C

Revenue ID XX [] Parent Corporation EIN []
Federal EIN XX []
Business Activity Code 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 (can not be less than zero)

B. Estimated Payments & Credits on Deposit

C. Restricted Credits

STEP E: Payment Due/Overpayment
Calculation: A minus B minus C
See Instructions

CS/FF LOANS CNI TOTAL

Grid for tax liability, payments, credits, and payment due/overpayment.

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. 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.

Corporate Officer Signature [] Date []



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SECTION A: CS/FF

OLDEST PERIOD FIRST	TAX PERIOD BEGINNING	TAX PERIOD ENDING	BOOK INCOME
YEAR 1			
YEAR 2			
YEAR 3			
YEAR 4			
YEAR 5			
YEAR 6			
YEAR 7			
CUR YR			

Investment in LLC

Holding Company

Family Farm



USE WHOLE DOLLARS ONLY

- 2. **TOTAL BOOK INCOME** (sum of income for all tax periods up to, but not over 5 years total) 2
- 3. **DIVISOR** (in years and in part years rounded to three decimal places) See instructions. 3
- 4. Divide Line 2 by Line 3. 4
- 5. **AVERAGE BOOK INCOME** - Enter Line 4, or if Line 4 is less than zero enter "0". 5

- 6. Divide Line 5 by 0.095. 6
- 7. Shareholders' equity at the **END** of the current period 7
- 8. Shareholders' equity at the **BEGINNING** of the current period 8
- 9. If Line 7 is more than twice as great or less than half as much as Line 8, add Lines 7 and 8 and divide by 2. Otherwise enter Line 7. 9

- 10. **NET WORTH** - Enter Line 9, or if Line 9 is less than zero enter "0". 10
- 11. Multiply Line 10 by 0.75. 11
- 12. Add Lines 6 and 11. 12
- 13. Divide Line 12 by 2. 13
- 14. Valuation deduction 14
- 15. **CAPITAL STOCK VALUE** - Line 13 minus Line 14, but not less than zero. If 100% taxable, enter Line 15 on Line 17. 15

- 16. Proportion of taxable assets or apportionment proportion (from Schedule A-1, Line 5) 16
- 17. **TAXABLE VALUE** - Multiply Line 15 by Line 16. If less than zero, enter "0". 17
- 18. **CAPITAL STOCK/FOREIGN FRANCHISE TAX** - Multiply Line 17 by _____. 18

Total Beginning of Taxable Year Assets

Total End of Taxable Year Assets



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SECTION B: Bonus Depreciation

- 1. Current year fed. deprec. of 168k prop. **1**
 - 2. Current year adj. for disp. of 168k prop. **2**
 - 3. Other adjustments **3**
- (Attach schedule C-3 if claiming bonus depreciation.)

- Business Trust **XX**
- Solicitation Only **XX**
- Single-Member LLC **XX**
- Multi-Member LLC **XX**
- PA S Corporation **XX**
- Taxable Built-in Gains **XX**



USE WHOLE DOLLARS ONLY

SECTION C: CORPORATE NET INCOME TAX

- 1. Income or loss from federal return on a separate-company basis **1**
- 2. DEDUCTIONS:
 - A. Corporate dividends received (from Schedule C-2, Line 6) **2A**
 - B. Interest on U.S. securities (GROSS INT minus EXPENSES) **2B**
 - C. Curr yr. addtl. PA deprec. plus adjust. for sale (Attach Schedule C-3.) **2C**
 - D. Other (Attach schedule.) See instructions. **2D**
 - TOTAL DEDUCTIONS - Sum of A through D** **2**
- 3. ADDITIONS:
 - A. Taxes imposed on or measured by net income (Attach schedule.) **3A**
 - B. Tax preference items (Attach copy of federal Form 4626.) **3B**
 - C. Employment incentive payment credit adjustment (Attach Schedule W.) **3C**
 - D. Current year bonus depreciation (Attach Schedule C-3.) **3D**
 - E. Other (Attach schedule.) See instructions. **3E**
 - TOTAL ADDITIONS - Sum of A through E** **3**
- 4. Income or loss with Pennsylvania adjustments (Line 1 minus Line 2 plus Line 3) **4**
- 5. Total nonbusiness income or loss **5**
- 6. Income or loss to be apportioned (Line 4 minus Line 5) **6**
- 7. Apportionment proportion (from Schedule C-1, Line 5) **7**
- 8. Income or loss apportioned to PA (Line 6 times Line 7) **8**
- 9. Nonbusiness income or loss allocated to PA **9**
- 10. Taxable income or loss after apportionment (Line 8 plus Line 9) **10**
- 11. Total net operating loss deduction (from RCT-103) **11**
- 12. PA taxable income or loss (Line 10 minus Line 11) **12**
- 13. Corporate net income tax (Line 12 times _____; if Line 12 is less than zero, enter "0") **13**



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SECTION D: LOANS TAX

- 1. Foreign corporations only. Did this corporation have a fiscal officer resident in Pennsylvania? XX
- 2. Did this corporation have indebtedness outstanding to individual residents and/or partnerships resident in Pennsylvania? XX
- 3. Did this corporation have indebtedness outstanding held by a trustee, agent or guardian for a resident individual taxable in its own right or by an executor or administrator of an estate wherein the decedent was a resident of Pennsylvania? XX



List outstanding indebtedness. Attach a separate schedule if additional space is needed.

Interest Amount	Interest Rate	Taxable Value	Taxable Indebtedness		
<input type="text"/>	<input type="text"/>	<input type="text"/>		XX	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>		XX	<input type="text"/>

SCHEDULE A-1: Apportionment Schedule For Capital Stock/Foreign Franchise Tax (Include Form RCT-102, RCT-105 or RCT-106.)

Three Factor			Single Factor				
Property - PA	1A	<input type="text"/>	1C	<input type="text"/>	Numerator	4A	<input type="text"/>
Property - Total	1B	<input type="text"/>			Denominator	4B	<input type="text"/>
Payroll - PA	2A	<input type="text"/>	2C	<input type="text"/>			
Payroll - Total	2B	<input type="text"/>					
Sales - PA	3A	<input type="text"/>	3C	<input type="text"/>	Apportionment Proportion	5	<input type="text"/>
Sales - Total	3B	<input type="text"/>					

SCHEDULE C-1: Apportionment Schedule For Corporate Net Income Tax (Include Form RCT-106.) *

Three Factor			Single Factor				
Property - PA	1A	<input type="text"/>	1D	<input type="text"/>	Numerator	4A	<input type="text"/>
Property - Total	1B	<input type="text"/>			Denominator	4B	<input type="text"/>
Payroll - PA	2A	<input type="text"/>	2D	<input type="text"/>			
Payroll - Total	2B	<input type="text"/>					
Sales - PA	3A	<input type="text"/>	3D	<input type="text"/>	Apportionment Proportion	5	<input type="text"/>
Sales - Total	3B	<input type="text"/>					

* Refer to the instructions in the CT-1 PA Corporation Tax Booklet (REV-1200) found at www.revenue.state.pa.us.



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SECTION E: 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 []



*Schedule of Disposition of Assets must be completed and filed with this report.

Has the corporation sold or transferred in bulk 51 percent or more of any class of assets? (See instructions.) XX []
If yes, enter the following information. (Attach a separate schedule if additional space is needed.)

Purchaser Name XX []
Address Line 1 XX []
Address Line 2 XX []
City XX []
State XX []
ZIP XX []

SECTION F: GENERAL INFORMATION QUESTIONNAIRE

Describe corporate activity in PA []
Describe corporate activity outside PA []
Other states in which taxpayer has activity []

State of Incorporation XX [] Incorporation Date XX []

- 1. Does any corporation, individual or other business entity hold all or a majority of the stock of this corporation? XX []
2. Does this corporation own all or a majority of stock in other corporations? If yes, complete Schedule X. XX []
3. Is this taxpayer a partnership that elects to file federal taxes as a corporation? XX []
4. 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 []

Accounting Method - Federal Tax Return

[] A = Accrual C = Cash O = Other

Other []

Accounting Method - Financial Statements

[] A = Accrual C = Cash O = Other

Other []



REVENUE ID
TAX YEAR END

[REDACTED]

NAME

[REDACTED]

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SCHEDULE OF REAL PROPERTY IN PA (Attach a separate schedule if additional space is needed.)

O = Own
R = Rent

Street Address

City

County

KOZ/KOEZ

XX
XX
XX
XX

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



CORPORATE OFFICERS
(See instructions.)

SSN

Last Name

First Name

MI

President/Managing Partner
Vice President
Secretary
Treasurer/Tax Manager

XX
XX
XX
XX

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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

[REDACTED]

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 [REDACTED] Date [REDACTED]

INDIVIDUAL PREPARER
PHONE
EMAIL
PTIN/SSN

[REDACTED]

