



1130212105

Date Received (Official Use Only)

RCT-113B (06-12) PAGE 1 OF 2
GROSS RECEIPTS TAX (GRT) REPORT
MANAGED CARE ORGANIZATIONS

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: March 15

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:



USE WHOLE DOLLARS ONLY

- 1. Gross Receipts Tax Managed Care Organizations (Page 2, Line 2)
2. Total Estimated Payments
3. Total Payments Carried Forward From Prior Year Return
4. Total "Restricted" Tax Credits
5. Total Credit: (Line 2 plus Line 3 plus Line 4)
6. Tax Due: (If Line 1 is more than Line 5, enter the difference here.)
7. Remittance: (Include interest and penalty, if applicable.)
8. OVERPAYMENT: (If Line 5 is more than Line 1, enter the difference here.)
9. Refund: (Amount of Line 8 to be refunded after offsetting all unpaid liabilities)
10. Transfer: (Amount of Line 8 to be credited to the next tax year after offsetting all unpaid liabilities)

Table with 10 rows for tax calculations

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.

Signature of Officer, Date

1130212205

Revenue ID

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SOURCE OF GROSS RECEIPTS

USE WHOLE DOLLARS ONLY

- 1. Gross Receipts from GRT MMCO Revenue Report issued by the Department of Public Welfare
- 2. Managed Care Organizations GRT (Line 1 times tax rate - See Instructions)

- 1.
- 2.



Preparer's Information:

Firm Name

Firm FEIN

Address

City

State

ZIP

Individual Preparer Name

Phone

Email

Social Security Number or PTIN

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 |
|------------------------------|-------------|