| DEPARTMENT OF REVENUE | 13105 |
|--|---|
| RCT-132B (FI) (10-13) PAGE 1 OF 4 PENNSYLVANIA BANK AND TRUST COMPANY SHARES AND LOANS TAX REPORT | Date Received (Official Use Only) |
| Revenue ID Federal ID (FEIN) Parent Corporation (FEIN) | |
| Taxpayer Name | Shares Tax: 01/01/20 U Due Date: March 15 |
| First Line of Address Second Line of Address | Check to Indicate a Change of Address Send All Correspondence to the Preparer Amended Report First Report |
| City State ZIP | First Report Payment Made Electronically KOZ/EIP |
| Phone Email | Last Report |
| | Out of Existence as of: |

Indicate Type of Bank (Required): National Bank = A, State Bank = B, Trust Company = C

1322013105

| 1a. Shares Tax (Page 2, Line 13) | 1a. | |
|---|--------------------|--|
| 1b. Loans Tax (Page 4, Line 10) | 1b. | |
| 1c. Total Shares/Loans Tax (Line 1a plus Line 1b) | 1c. | |
| 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 1c is more than Line 5, enter the difference here. | e.) 6. | |
| 7. Remittance: (Include interest and penalty, if applicable) | 7. | |
| 8. OVERPAYMENT: (If Line 5 is more than Line 1c, enter the difference | te here.) 8. | |
| 9. Refund: (Amount of Line 8 to be refunded after offsetting all unpai | id liabilities) 9. | |
| 10. Transfer: (Amount of Line 8 to be credited to the next tax year after | er offsetting 10. | |

| all | unnaid | liabilities) | |
|-----|--------|--------------|--|

Corporate Officer Information:

| | | Social Security | |
|--------------------|---|-------------------|--|
| Officer Last Name | | Number of Officer | |
| Officer First Name | | Phone | |
| Title of Officer | | 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
Date

USE WHOLE DOLLARS ONLY

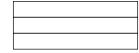
16.

С

USE WHOLE DOLLARS ONLY

| Calculation of E | nd of Year Taxable Shares | | |
|--------------------|--|-----|--|
| 1. Total Bank Eq | uity Capital | 1. | |
| 2. Total Assets | | 2. | |
| 3. Goodwill (See | Instructions) | 3. | |
| 4. Net Bank Equ | ty (Line 1 minus Line 3) | 4. | |
| 5. Net Assets (L | ne 2 minus Line 3) | 5. | |
| 6. U. S. Obligati | ns | 6. | |
| 7. Divide Line 6 | by Line 5 (Carry to 6 decimal places) | 7. | |
| 8. Deduction for | U. S. Obligations (Multiply Line 4 by Line 7) | 8. | |
| 9. Current End c | f Year Value of Shares (Subtract Line 8 from Line 4) | 9. | |
| Calculation of S | nares Tax | | |
| 10. Current End o | f Year Value of Shares (Line 9 above) | 10. | |
| 11. Shares Tax Ap | portionment (Line 16 below) | 11. | |
| 12. Total Amount | of Shares Subject to Tax (Line 10 times Line 11) | 12. | |
| 13. Tax (Line 12 t | imes tax rate – See Instructions) | 13. | |
| Calculation of S | nares Tax Apportionment | | |
| 14. Total Receipts | Inside PA (from Page 3, Schedule A, Line 16a) | 14. | |
| 15. Total Receipts | Everywhere (from Page 3, Schedule A, Line 16b) | 15. | |

- 15. Total Receipts Everywhere (from Page 3, Schedule A, Line 16b)
- 16. Receipts Factor (Line 14 divided by Line 15)





Preparer's Information:

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

Revenue ID

RCT-132B (10-13) PAGE 3 OF 4 (FI) Schedule A

| Receipts Factor | | | INSIDE PENNSYLVANIA | EVERYWHERE | |
|-----------------|---|------|---------------------|------------|--|
| 1. | Receipts from Lease or Rental of | | | | |
| | Real Property | 1a. | | 1b. | |
| 2. | Receipts from Lease or Rental of | | | | |
| | Tangible Personal Property | 2a. | | 2b. | |
| 3. | Interest, Fees and Penalties in | | | | |
| | Connection with Loans Secured by | | | | |
| | Real Property | 3a. | | 3b. | |
| 4. | Interest, Fees and Penalties in | | | | |
| | Connection with Loans Not Secured | | | | |
| | by Real Property | 4a. | | 4b. | |
| 5. | Net Gains from Sale of Loans | 5a. | | 5b. | |
| 6. | Interest, Fees and Penalties Charged | | | | |
| | to Cardholders | 6a. | | 6b. | |
| 7. | Net Gains from Sale of Credit Card | | | | |
| | Receivables | 7a. | | 7b. | |
| 8. | Card Issuer's Reimbursement Fees | 8a. | | 8b. | |
| 9. | Receipts from Merchant's Discounts | 9a. | | 9b. | |
| 10. | ATM Fees | 10a. | | 10b. | |
| 11. | Loan Servicing Fees | 11a. | | 11b. | |
| 12. | Receipts from Services | 12a. | | 12b. | |
| 13. | Receipts from Investment/Trading Assets | | | | |
| | and Activities | 13a. | | 13b. | |
| 14. | Receipts from Sale or Disposition of | | | | |
| | Property | 14a. | | 14b. | |
| 15. | All Other Receipts | 15a. | | 15b. | |
| 16. | Total Receipts (Sum of Line 1 thru | | | | |
| | Line 15) | 16a. | | 16b. | |
| 17. | Receipts Factor (Line 16a divided by | | | | |
| | Line 16b - carry to six decimal places) | | | 17. | |



1355013302

Y/N

SCHEDULE B

LOANS TAX - SCHEDULE OF TAXABLE INDEBTEDNESS

1. Foreign Corporations Only. Did this corporation have a fiscal officer resident in Pennsylvania?

If the report is completed for a foreign corporation and the answer to Question 1 is "no", do not complete the remainder of Schedule B. If the report is completed for a domestic or foreign corporation that answered "yes" to Question 1, answer Question 2 and Question 3.

- 2. Did this corporation have indebtedness outstanding to individual residents and/or partnerships resident in Pennsylvania?
- 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?

If either Question 2 or Question 3 is answered "yes", the taxpayer must complete Schedule B.

List Outstanding Indebtedness. (Attach separate schedule if additional space is needed.)

| 4. | Amount of interest paid on the indebtedness in Question 2 or Question 3 during the tax year reported | 5. | Rate of interest applicable to the indebtedness in Question 2 or Question 3 | 6. | Nominal value of taxable indebtedness (Divide 5 into 4) |
|--|--|----|---|----|--|
| | | | | | |
| | | | | | |
| | | | | | |
| Total Nominal Value of Taxable Indebtedness (Sum of Column 6). Enter this figure on Line 7 below. | | | | | |

CALCULATION OF LOANS TAX BY TAXPAYER

| 7. | Taxable indebtedness from Schedule B, Column 6 total | |
|-----|---|--|
| 8. | Tax (Line 7 times tax rate - See Instructions) | |
| 9. | Treasurer's commission (See Instructions) | |
| 10. | Tax less treasurer's commission (Line 8 minus Line 9) | |
| | Enter this amount on Page 1, 1b. (Whole dollars only) | |

