



1430012105

RCT-143 (06-12) **PAGE 1 OF 4**
NET INCOME TAX REPORT
MUTUAL THRIFT INSTITUTIONS

[]
Date Received (Official Use Only)

Tax Year Begin: []

Tax Year End: []

Due Date: (See Instructions)

Check to Indicate a Change of Address []
Send All Correspondence to the Preparer []
Amended Report []
First Report []
Payment Made Electronically []
KOZ/EIP []
Registered as:
State S&L or Savings Bank = A []
Federal S&L or Savings Bank = B []
Last Report []
Out of Existence as of: []



Revenue ID [] Federal ID (FEIN) [] Parent Corporation (FEIN) []

Taxpayer Name []
First Line of Address []
Second Line of Address []
City [] State [] ZIP []
Phone []
Email []



USE WHOLE DOLLARS ONLY

1. Mutual Thrift Institutions Net Income Tax (Page 2, Line 13)	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 [] Social Security 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** []

Revenue ID

RCT-143 (06-12) **PAGE 2 OF 4**
CALCULATION OF NET INCOME TAX

USE WHOLE DOLLARS ONLY

1. Income from Financial Statements	1.	<input type="text"/>
Deductions		
2. Interest from U.S. Obligations	2.	<input type="text"/>
3. Interest from PA Obligations	3.	<input type="text"/>
4. Total Deductions (Line 2 plus Line 3)	4.	<input type="text"/>
Additions		
5. Interest Expense Allocable to Tax-Exempt Income (from Schedule B, Line 5)	5.	<input type="text"/>
6. Employment Incentive Payment Credit	6.	<input type="text"/>
7. Total Additions (Line 5 plus Line 6)	7.	<input type="text"/>
8. Income to be Apportioned to PA (Line 1 minus Line 4 plus Line 7)	8.	<input type="text"/>
9. Apportionment (from Schedule C, Line 16)	9.	<input type="text"/>
10. Income Apportioned to PA (Line 8 times Line 9)	10.	<input type="text"/>
11. Net Loss Deduction (from Schedule A, Column D total)	11.	<input type="text"/>
12. Taxable Income (Line 10 minus Line 11)	12.	<input type="text"/>
13. Tax (Line 12 times tax rate - See Instructions)	13.	<input type="text"/>



Preparer's Information:

Firm Name	<input type="text"/>	Individual Preparer Name	<input type="text"/>
Firm FEIN	<input type="text"/>	Phone	<input type="text"/>
Address	<input type="text"/>	Email	<input type="text"/>
City	<input type="text"/>	Social Security Number or PTIN	<input type="text"/>
State	<input type="text"/>		
ZIP	<input type="text"/>		

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
<input type="text"/>	<input type="text"/>

Schedule A – Net Loss Carry Forward

(A) Tax Year Beginning	(B) Tax Year Ending	(C) Net Loss Carry Forward to Current Period	(D) Amount Deducted	(E) Net Loss Carry Forward to Next Period
Total Column D				

Schedule B – Interest Expense Allocable to Tax-Exempt Income

1. Total Tax-Exempt Income (from Page 2, Line 4).....1. _____
2. Total Interest Income for Year2. _____
3. Line 1 divided by Line 23. _____
4. Total Interest Expense.....4. _____
5. Interest Expense Allocable to Tax Exempt Income (Multiply Line 3 by Line 4,
Carry to Page 2, Line 5)5. _____

Schedule C – Apportionment Summary

Calculation of Net Income Tax Apportionment

6. Payroll Inside PA (from Schedule D, Line 1a).....6. _____
7. Total Payroll (from Schedule D, Line 1b)7. _____
8. Payroll Factor (Line 6 divided by Line 7)8. _____
9. Receipts Inside PA (from Schedule D, Line 11a).....9. _____
10. Total Receipts (from Schedule D, Line 11b)10. _____
11. Receipts Factor (Line 9 divided by Line 10)11. _____
12. Average Deposits Inside PA (from Schedule D, Line 17a)12. _____
13. Average Total Deposits (from Schedule D, Line 17b).....13. _____
14. Deposits Factor (Line 12 divided by Line 13)14. _____
15. Total of Proportions (Line 8 plus Line 11 plus Line 14)15. _____
16. Apportionment Factor (See Instructions).....16. _____

Schedule D – Apportionment

Payroll Factor

INSIDE PENNSYLVANIA

EVERYWHERE

1. Wages, Salaries, Commissions and other Compensation to Employees 1a. _____ 1b. _____

Receipts Factor

2. Receipts from Loans 2a. _____ 2b. _____

3. Receipts from Performance of Services..... 3a. _____ 3b. _____

4. Receipts from Lease Transactions 4a. _____ 4b. _____

5. Interest and Fees from Credit Card Transactions..... 5a. _____ 5b. _____

6. Interest, Dividends and Net Gains on Intangibles 6a. _____ 6b. _____

7. Fees or Charges from Traveler's Checks or Money Orders 7a. _____ 7b. _____

8. Receipts from Sale of Tangible Property..... 8a. _____ 8b. _____

9. Receipts from Issuance of Insurance..... 9a. _____ 9b. _____

10. Other Receipts 10a. _____ 10b. _____

11. Total Receipts (Sum of Line 2 through Line 10) 11a. _____ 11b. _____

Deposits Factor

12. 1st Quarter..... 12a. _____ 12b. _____

13. 2nd Quarter..... 13a. _____ 13b. _____

14. 3rd Quarter 14a. _____ 14b. _____

15. 4th Quarter 15a. _____ 15b. _____

16. Total (Sum of Line 12 through Line 15) 16a. _____ 16b. _____

17. Average Value..... 17a. _____ 17b. _____