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Date Received (Official Use Only)

RCT-125 (09-14) **PAGE 1 OF 3**
CORPORATE NET INCOME TAX
COOPERATIVE AGRICULTURE ASSOCIATION

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:

Due Date: (See Instructions)

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. Cooperative Agriculture Association Corporate Net Income Tax (Page 2, Line 4)
- 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)

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>
4.	<input type="text"/>
5.	<input type="text"/>
6.	<input type="text"/>
7.	<input type="text"/>
8.	<input type="text"/>
9.	<input type="text"/>
10.	<input type="text"/>



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
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CALCULATION OF TAX

USE WHOLE DOLLARS ONLY

- | | | |
|---|----|----------------------|
| 1. Net Income (Dividends declared or declared and paid, Schedule A, Line 9) | 1. | <input type="text"/> |
| 2. Allocation Decimal (Schedule B, Line 3) | 2. | <input type="text"/> |
| 3. Net Income allocated to Pennsylvania (Line 1 times Line 2) | 3. | <input type="text"/> |
| 4. Tax (4 percent of Line 3) | 4. | <input type="text"/> |

SCHEDULE A--RECONCILIATION OF BEGINNING AND ENDING UNAPPROPRIATED RETAINED EARNINGS

- | | | |
|--------------------------------------|----|----------------------|
| 1. Balance--Beginning of Year | 1. | <input type="text"/> |
| 2. Net Income per Books | 2. | <input type="text"/> |
| 3. Other Increases (Attach Schedule) | 3. | <input type="text"/> |
| 4. Total (Sum of Lines 1 through 3) | 4. | <input type="text"/> |

Deductions:

- | | | |
|---|-----|----------------------|
| 5. Patronage refunds | 5. | <input type="text"/> |
| 6. Transferred to reserves | 6. | <input type="text"/> |
| 7. Statutory reserve | 7. | <input type="text"/> |
| 8. Other Decreases (Attach Schedule) | 8. | <input type="text"/> |
| 9. Dividends on capital stock declared or declared and paid | 9. | <input type="text"/> |
| 10. Total Decreases (Total Line 5 through Line 9) | 10. | <input type="text"/> |
| 11. Balance - End of year (Line 4 minus Line 10) | 11. | <input type="text"/> |

SCHEDULE B - DETERMINATION OF ALLOCATION DECIMAL

- | | | |
|---|----|----------------------|
| 1. Total gross receipts assignable to Pennsylvania | 1. | <input type="text"/> |
| 2. Total gross receipts from all business | 2. | <input type="text"/> |
| 3. Allocation decimal (Divide Line 1 by Line 2 and carry to six decimal places) | 3. | <input type="text"/> |

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

GENERAL INFORMATION

Location of records	
Records in care of	
State of incorporation or organization	
Date of incorporation or organization	
Other states where business is transacted	

SCHEDULE OF REAL PROPERTY IN PA

(Attach schedule if additional space is needed.)

O=Owns R=Rents	Street Address	City	County