



1130012105

RCT-113A (09-14) **PAGE 1 OF 3**
GROSS RECEIPTS TAX (GRT) REPORT
TRANSPORTATION COMPANY (Other than Motor Vehicle)

Date Received (Official Use Only)

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 - Transportation Company (Page 2, Line 11)
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"/>



1130012105

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. 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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SOURCE OF GROSS RECEIPTS**USE WHOLE DOLLARS ONLY**

- | | |
|---|-----|
| 1. Transportation of freight, baggage, oil and /or passengers: | |
| 1a. From points within the state to points within the state | 1a. |
| 1b. Between points inside the state and outside the state | 1b. |
| 1c. Totally outside the state | 1c. |
| 2. Carrying of U.S. mail | 2. |
| 3. Equipment rental income from other transportation companies (Attach Explanation) | 3. |
| 4. All other rental income | 4. |
| 5. Dividends and Interest | 5. |
| 6. Gross Royalties | 6. |
| 7. Capital Gain Net Income | 7. |
| 8. Net Gains or Losses | 8. |
| 9. All other sources (Attach a schedule with explanation) | 9. |
| 10. Total PA Taxable Gross Receipts | 10. |
| 11. Gross Receipts Tax (Line 10 times tax rate - See Instructions) | 11. |

Other Information:

- | | |
|---|------|
| 12a. Type of Entity (A=Pipeline, B=Conduit, C=Steamboat, D=Canal,
E=Slack Water Navigation, F=Transportation, G=Other) | 12a. |
| 12b. If G, list other: | 12b. |
| 13a. Federal Return filed (A=1120, B=1065, C=Schedule C, D=Other) | 13a. |
| 13b. If D, list other: | 13b. |

Summary from Page 3:

- | | |
|---|-----|
| 14. Total Gross Receipts (from Page 3, Column, A, Line 10) | 14. |
| 15. Gross Receipts from Business Conducted in Other States
(from Page 3, Column B, Line 10) | 15. |
| 16. Adjustment for PA bad debts plus PA Non-taxable Sales (from Page 3, total
of Column C, Line 10 plus Column D, Line 10) | 16. |

Preparer's Information:

1130012205

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**

SOURCE OF GROSS RECEIPTS	(A) Total Gross Receipts	(B) Business Conducted In Other States	(C) Adjustment For PA Bad Debts	(D) PA Nontaxable Receipts
1. Transportation of freight, baggage, oil and/or passengers:				
1a. From points within the state to points within the state				
1b. Between points inside the state and outside the state				
1c. Totally outside the state				
2. Carrying of U.S. mail				
3. Equipment rental income from other transportation companies (Attach Explanation)				
4. All other rental income				
5. Dividends and Interest				
6. Gross Royalties				
7. Capital Gain Net Income				
8. Net Gains or Losses				
9. All other sources (Attach a schedule with explanation)				
10. Total Gross Receipts for each Column				