

**MEMBERSHIP REPORT** 

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Date Received (Official Use Only)

	ELECTRIC COOPERATIVE CORPOR	TAITONS	Tay Vaan Darin		
	TD	(5514)	Tax Year Begin:		
evenue 1	ID Federal ID (FEIN) Parent Corpo	oration (FEIN)	T V F d-	12/21/20	
			Tax Year End:	75/37/50	
			Due Date: Jul	y 1	
xpayer	Name		Check to Indicate a Chang	e of Address	
			Send All Correspondence t	o the Preparer	
st Line	of Address		Amended Report	П	
			First Report		
cond Li	ine of Address		Payment Made Electronical	ly	
ty	State ZIP		Last Report		
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## **Corporate Officer Information:**

Officer Last Name		Number of Officer	
Officer First Name		Phone	
Title of Officer		Email	L

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.

Social Security

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Signature of Officer	Date			

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Revenue ID	
Revenue 1D	

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	ON OF TAX		
eet Address of Corporation	n's Principal Office		
У	State ZIP		
Did the corporation protection the tax period covered		utside its certified territory during	Y/N
f yes, the co-op must als CT-112.	o file the Gross Receipts Ta	x Report for Electric, Hydro-Electric a	and Water Power Companies,
	bers in the corporation lembers or fraction thereof. Ent	tor amount on Page 1 Line 1	
3. ree of \$10 per 100 in	embers or traction thereof. End	er amount on Page 1, Line 1.	
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eparer's Information	n:		75PNN755N2
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m FEIN		Phone	
dress		Email	'
/		Social Security Number	
ite		or PTIN	
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nowledge and belief is a true	correct and complete report.	ng any accompanying scriedules and staten	ments, has been prepared by me and to the best o
Signature of Preparer	7 601.000 0.10 22		Date
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