

1010017105



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DEPARTMENT USE ONLY

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IRS Filing Type    A = 1120    B = 1120S    C = Other   

### STEP A

Tax Year Beginning    [ ]    Tax Year Ending    [ ]

### STEP B

Amended Report	<input type="checkbox"/>	52-53 Week Filer	<input type="checkbox"/>	First Report	<input type="checkbox"/>	File Period Change	<input type="checkbox"/>
Federal Extension Granted	<input type="checkbox"/>	Address Change	<input type="checkbox"/>	KOZ/EIP/SDA Credit	<input type="checkbox"/>	S Corp Taxable Built-in Gains	<input type="checkbox"/>
		Change Fed Group	<input type="checkbox"/>	Royalty/Related Interest	<input type="checkbox"/>	Regulated Inv. Co./	<input type="checkbox"/>
				Add-Back (Act 52 of 2013)		Sub Paragraph 18	

### STEP C

Revenue ID	[ ]	Parent Corporation EIN	[ ]
Federal EIN	[ ]		
Business Activity Code	[ ]		
Corporation Name	[ ]		
Address Line 1	[ ]		
Address Line 2	[ ]		
City	[ ]	Province	[ ]
State	[ ]	Country Code	[ ]
ZIP	[ ]	Foreign Postal Code	[ ]

### STEP D: PA CORPORATE NET INCOME TAX

USE WHOLE DOLLARS ONLY

### STEP E: Payment Due/Overpayment

Calculation: A minus B minus C  
See instructions.

<b>A. Tax Liability from Page 2</b> (can not be less than zero)	<b>B. Estimated Payments &amp; Credits on Deposit</b>	<b>C. Restricted Credits</b>	
[ ]	[ ]	[ ]	[ ]

### STEP F: Transfer/Refund Method (See instructions.)

E-File Opt Out (See instructions.)   

[ ]    **Transfer:** Amount to be credited to the next tax year after offsetting all unpaid liabilities.

[ ]    **Refund:** Amount to be refunded after offsetting all unpaid liabilities.

### STEP G: Corporate Officer (Must sign affirmation below)

NAME    [ ]  
 PHONE    [ ]  
 EMAIL    [ ]

FORM BARCODE    [ ]

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.

<b>Corporate Officer Signature</b>	<b>Date</b>
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REVENUE ID  
TAX YEAR END

  

NAME

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SECTION A: BONUS DEPRECIATION

USE WHOLE DOLLARS ONLY

(Include REV-799, Schedule C-3, if claiming bonus depreciation.)

- 1. Current year federal depreciation of 168k prop. 1
- 2. Current year adjustment for disposition of 168k prop. 2
- 3. Other adjustments. 3

SECTION B: PA CORPORATE NET INCOME TAX

- 1. Income or loss from federal return on a separate-company basis. 1

2. DEDUCTIONS:

- 2A. Corporate dividends received (from REV-798, Schedule C-2, Line 6). 2A
- 2B. Interest on U.S. securities (GROSS INTEREST minus EXPENSES). 2B
- 2C. Current yr. addtl. PA deprec. plus adjust. for sale (REV-799, Sched. C-3, Col. H; must include REV-799). 2C
- 2D. Other (from REV-860, Schedule OD) See instructions. 2D
- TOTAL DEDUCTIONS** - Add Lines 2A through 2D and enter the result on Line 2. 2

3. ADDITIONS:

- 3A. Taxes imposed on or measured by net income (from REV-860, Schedule C-5, Line 6). 3A
- 3B. Employment incentive payment credit adjustment (Include Schedule W). 3B
- 3C. Current year bonus depreciation (from REV-799, Sched. C-3, Col. C; must include REV-799). 3C
- 3D. Intangible expense or related interest expense (REV-802, Sched. C-6, Line 11; must include REV-802). 3D
- 3E. Other (from REV-860, Schedule OA) See instructions. 3E
- TOTAL ADDITIONS** - Add Lines 3A through 3E and enter the result on Line 3. 3

- 4. Income or loss with Pennsylvania adjustments (Line 1 minus Line 2 plus Line 3). 4
- 5. Total nonbusiness income or loss (from REV-934, Column C, Total; must include REV-934). 5
- 6. Income or loss to be apportioned (Line 4 minus Line 5). 6
- 7. Apportionment (from Schedule C-1, 1C, or 2C if using Special Apportionment). 7
- 8. Income or loss apportioned to PA (Line 6 times Line 7). 8
- 9. Nonbusiness income or loss allocated to PA (from REV-934, Column A, Total; must include REV-934). 9
- 10. PA taxable income or loss after apportionment (Line 8 plus Line 9). 10
- 11. Total net operating loss deduction (from RCT-103, Part A, Line 4). 11
- 12. PA taxable income or loss (Line 10 minus Line 11). 12
- 13. PA corporate net income tax (Line 12 times 0.0999). If Line 12 is less than zero, enter "0". 13
- 14. Less: Credit for tax paid by affiliate(s) for intangible expense or related interest expense (from REV-803, Sched. C-7, Line 9; must include REV-803). 14
- 15. Tax Due (Line 13 minus Line 14.) 15

SCHEDULE C-1: Apportionment Schedule For Corporate Net Income Tax (Include RCT-106.) \*

Sales Factor

Sales - PA 1A

Sales - Total 1B

1C

Special Apportionment

Numerator 2A

Denominator 2B

Apportionment 2C

Proportion

\* Refer to REV-1200, PA Corporate Net Income Tax Instructions, found at www.revenue.pa.gov.



REVENUE ID  
TAX YEAR END

[ ]  
[ ]

NAME

[ ]

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SECTION C: CORPORATE STATUS CHANGES

Final Report

[ ]

PA Corporations:

Did you ever transact business anywhere?

[ ]

If yes, enter date all business activity ceased

[ ]

Did you hold assets anywhere?

[ ]

If yes, enter date of final disposition of assets\*

[ ]

Foreign Corporations:

Did you ever transact business in PA on your own or through an unincorporated entity?

[ ]

If yes, enter date PA business activity ceased

[ ]

Did you hold assets in PA on your own or through an unincorporated entity?

[ ]

If yes, enter date of final disposition of PA assets\*

[ ]

\*Schedule of Disposition of Assets, REV-861, must be completed and filed with this report.

Has the corporation sold or transferred in bulk, 51 percent or more of any class of assets? (See instructions.)

[ ]

If yes, enter the following information. (Include a separate schedule if additional space is needed.)

Purchaser Name

[ ]

Address Line 1

[ ]

Address Line 2

[ ]

City

[ ]

Province

[ ]

State

[ ]

Country Code

[ ]

ZIP

[ ]

Foreign Postal Code

[ ]

SECTION D: GENERAL INFORMATION QUESTIONNAIRE

Describe corporate activity in PA

[ ]

Describe corporate activity outside PA

[ ]

Other states in which taxpayer has activity

[ ]

State of Incorporation

[ ]

Incorporation Date

[ ]

1. Does any corporation, individual or other business entity hold all or a majority of the stock of this corporation?

1

[ ]

2. Does this corporation own all or a majority of stock in other corporations? If yes, include REV-798, Schedule X.

2

[ ]

3. Is this taxpayer a partnership or other unincorporated entity that elects to file federal taxes as a corporation?

3

[ ]

4. Has the federal government changed taxable income as originally reported for any prior period for which reports of change have not been filed in PA?

4

[ ]

If yes: First Period End Date:

[ ]

Last Period End Date:

[ ]

Accounting Method - Federal Tax Return

Accounting Method - Financial Statements

[ ]

A = Accrual C = Cash O = Other

[ ]

A = Accrual C = Cash O = Other

Other

[ ]

Other

[ ]



REVENUE ID  
TAX YEAR END

[Redacted]

NAME

[Redacted]

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SCHEDULE OF REAL PROPERTY IN PA (Include a separate schedule if additional space is needed.)

Did you own or rent property in PA titled to the corporation or any Single Member LLC during this filing period?

If yes, the below section must be completed.

O = Own  
R = Rent

Street Address

City

County

KOZ/KOEZ

[Redacted property information table]

**CORPORATE OFFICERS**

(See instructions.)

SSN

Last Name

First Name

MI

Must provide requested information for all filled officer positions.

President/Managing Partner  
Vice President  
Secretary  
Treasurer/Tax Manager

[Redacted corporate officer information table]

**PREPARER'S INFORMATION**

Mail to Preparer  
Firm Federal EIN  
Firm Name  
Address Line 1  
Address Line 2  
City  
State  
ZIP

[Redacted preparer information table]

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.

Tax Preparer's Signature [Redacted] Date [Redacted]

INDIVIDUAL PREPARER  
PHONE  
EMAIL  
PTIN/SSN

[Redacted individual preparer information]

