



1250017101

**RCT-125** 07-17 PAGE 1 OF 3  
**CORPORATE NET INCOME TAX**  
**COOPERATIVE AGRICULTURE ASSOCIATION**

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:

**Due Date: (See Instructions)**

Check to Indicate a Change of Address   
Send All Correspondence to the Preparer   
Amended Report (Include REV-1175.)   
First Report   
Payment Made Electronically   
Final Report (See Instructions.)   
Out of Existence Date:

**USE WHOLE DOLLARS ONLY**

|  |     |                      |
|--|-----|----------------------|
| 1. Cooperative Agriculture Association Corporate Net Income Tax (Page 2, Line 4)                             | 1.  | <input type="text"/> |
| 2. Total Estimated Payments  | 2.  | <input type="text"/> |
| 3. Total Payments Carried Forward From Prior Year Return   | 3.  | <input type="text"/> |
| 4. Total "Restricted" Tax Credits  | 4.  | <input type="text"/> |
| 5. Total Credit: (Line 2 plus Line 3 plus Line 4)  | 5.  | <input type="text"/> |
| 6. Tax Due: (If Line 1 is more than Line 5, enter the difference here.)                                      | 6.  | <input type="text"/> |
| 7. Remittance  | 7.  | <input type="text"/> |
| 8. Overpayment: (If Line 5 is more than Line 1, enter the difference here.)                                  | 8.  | <input type="text"/> |
| 9. Refund: (Amount of Line 8 to be refunded after offsetting all unpaid liabilities)                         | 9.  | <input type="text"/> |
| 10. Transfer: (Amount of Line 8 to be credited to the next tax year after offsetting all unpaid liabilities) | 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

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**ATTACH FEDERAL FORMS**

- 1. Net Income (Dividends declared or declared and paid, Schedule A, Line 9)
- 2. Allocation Decimal (Schedule B, Line 3)
- 3. Net Income allocated to Pennsylvania (Line 1 times Line 2)
- 4. Tax (4 percent of Line 3)

|    |                      |
|----|----------------------|
| 1. | <input type="text"/> |
| 2. | <input type="text"/> |
| 3. | <input type="text"/> |
| 4. | <input type="text"/> |

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

- 1. Balance--Beginning of Year
- 2. Net Income per Books
- 3. Other Increases (Attach Schedule.)
- 4. Total (Sum of Lines 1 through 3)

|    |                      |
|----|----------------------|
| 1. | <input type="text"/> |
| 2. | <input type="text"/> |
| 3. | <input type="text"/> |
| 4. | <input type="text"/> |

**Deductions:**

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

|     |                      |
|-----|----------------------|
| 5.  | <input type="text"/> |
| 6.  | <input type="text"/> |
| 7.  | <input type="text"/> |
| 8.  | <input type="text"/> |
| 9.  | <input type="text"/> |
| 10. | <input type="text"/> |
| 11. | <input type="text"/> |

**SCHEDULE B - DETERMINATION OF ALLOCATION DECIMAL**

- 1. Total gross receipts assignable to Pennsylvania
- 2. Total gross receipts from all business
- 3. Allocation decimal (Divide Line 1 by Line 2 and carry to six decimal places)

|    |                      |
|----|----------------------|
| 1. | <input type="text"/> |
| 2. | <input type="text"/> |
| 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.

|                              |                      |
|------------------------------|----------------------|
| <b>Signature of Preparer</b> | <b>Date</b>          |
| <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<br>R=Rents | Street Address | City | County |
|-------------------|----------------|------|--------|
|                   |                |      |        |
|                   |                |      |        |
|                   |                |      |        |
|                   |                |      |        |

