	Pennsylvania DEPARTMENT OF REVENUE	75POO7P7C	ר [
1	RCT-126 (03-16) PAGE 1 OF 2 MEMBERSHIP REPORT ELECTRIC COOPERATIVE CORPORA	TIONS	Date Received (
Revenue ID	Federal ID (FEIN) Parent Corpora	ition (FEIN)	Tax Year Begin:
			Tax Year End: 1 Due Date: July 1
Taxpayer Name			Check to Indicate a Change of
First Line of Address	5		Send All Correspondence to the Amended Report (Include REV- First Report
Second Line of Addr	ress		Payment Made Electronically
City	State ZIP		Final Report (See Instructions.)
Phone			Out of Existence Date:
Email			

pondence to the Preparer rt (Include REV-1175.)	
Electronically	
ee Instructions.)	
e Date:	

15/31/50⁻⁻

USE WHOLE DOLLARS ONLY

С

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	



ne		Social Security Number of Officer	
ne		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

Corporate Officer Information:

2. Total Estimated Payments

all unpaid liabilities)

4. Total "Restricted" Tax Credits

orporate	Unicer	Internation.	

1. Electric Cooperative Corporation Fee (Page 2, Line 3)

3. Total Payments Carried Forward From Prior Year Return

Tax Due: (If Line 1 is more than Line 5, enter the difference here.)

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

5. Total Credit: (Line 2 plus Line 3 plus Line 4)

Officer Last Nam Officer First Nam Title of Officer

6.

7. Remittance

Change of Address

Received (Official Use Only)

1	J5P00JP50J	Revenue ID			- I
RCT-126 (03-16) PAGE 2 OF 2 CALCULATION OF TAX					
Street Address of Corporation's Principal Office					
City State ZIP					
 Did the corporation provide retail electric services outsid the tax period covered by this report? 	e its certified territory during		Y/N		
If yes, the co-op must also file the Gross Receipts Tax R	eport for Electric, Hydro-Elec	tric and Water	Power Compani	es,	

2. Total number of members in the corporation

RCT-112.

Preparer's Information:

3. Fee of \$10 per 100 members or fraction thereof. Enter amount on Page 1, Line 1.



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Firm Name		Individual Preparer Name	
Firm FEIN		Phone	
Address		Email	
City		Social Security Number or	
State		 PTIN	
ZIP			

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