ME	DEPARTMENT OF RE DEPARTMENT OF RE CT-126 08-19 PAGE MBERSHIP REPORT ECTRIC COOPERAT	EVENUE 1 OF 2 T	NR 75P007,	7105
Revenue ID	Federal ID (FEIN)	Parent Corporation	(FEIN)	
Taxpayer Name				Chec
First Line of Address				Amer
Second Line of Address	S			First Paym
City		State ZIP		Final
Phone				Out o
Email				
Taxpayer Name First Line of Address Second Line of Address City Phone			(FEIN)	Am Firs Pay Fina

	y)
Tax Year Begin:	
Tax Year End: 12/31/20 Due Date: July 1	
eck to Indicate a Change of Address	
ended Report (Include REV-1175.) :t Report ment Made Electronically	
al Report (See Instructions.)	
of Existence Date:	

USE WHOLE DOLLARS ONLY

С

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



	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 period for a statutory period of protection. For a charter period of protection, For a purposes of this extension, and extended the prost 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:

4. Total "Restricted" Tax Credits 5. Total Credit: (Line 2 plus Line 3 plus Line 4)

3. Total Payments Carried Forward From Prior Year Return

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

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

Officer Last Name Officer First Name Title of Officer

2. Total Estimated Payments

- 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)

Date Received (Official Use Only)

	1560014502	Revenue ID			- I
RCT-126 08-19 PAGE 2 OF 2 CALCULATION OF TAX					
Street Address of Corporation's Principal Office					
City State ZIP					
 Did the corporation provide retail electric services outs the tax period covered by this report? 	side its certified territory during		Y/N		
If yes, the co-op must also file the Gross Receipts Tax	Report for Electric, Hydro-Electric	c and Water P	ower Companie	es,	

2. Total number of members in the corporation

RCT-112.

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



С

Preparer's Information:

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



Instructions for RCT-126

RCT-126 IN 05-22

Membership Report - Electric Cooperative Corporations

GENERAL INFORMATION

REMINDER

- The RCT-126 can now be filed electronically at **mypath.pa.gov**.
- All payments of \$1,000 or more must be made electronically or by certified or cashier's check remitted in person or by express mail courier.
- Use only whole dollars when preparing tax reports.
- Taxpayers may request a 60 day extension to file this report electronically via myPATH or by filing the REV-426.

NOTE: The automatic PA extension provided by Act 52 of 2013 to those with valid federal extensions DOES NOT apply to this tax.

• Use ONLY the most current, non-year-specific tax form and instructions for filing ALL years. If an amended report must be filed, taxpayers must use the most current, non-year-specific tax form, completing all sections of the form. REV-1175, Schedule AR (explanation for amending), must be included when filing an amended report.

ANNUAL REPORT CHECKLIST

Make sure you include the following to file your annual report properly and completely:

- Negative amounts must be written using a minus sign preceding the number. Do not use parentheses.
- Complete RCT-126, Membership Report for Use by Electric Cooperative Corporations
- Corporate officer's signature on Page 1 and preparer's signature and PTIN on Page 2, if applicable

IMPOSITION, BASE AND RATE

Electric cooperative membership fee is imposed at the rate of \$10 for each 100 members, or fraction thereof, on electric cooperative corporations, including electric light, waterpower and hydro-electric companies providing generation electric service at retail to customers outside their service territories. For more information, see Act of June 21, 1937, P.L. 1969 (15 Pa.C.S.A. § 7333).

REVENUE ID, FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN), PARENT CORPORATION FEIN, NAME AND ADDRESS

The Revenue ID number, FEIN, name and complete mailing address must be provided. If the taxpayer is a subsidiary of a corporation, the parent corporation's FEIN must be provided. Also provide the telephone number and email address of the taxpayer.

TAX YEAR

Enter month, day and year (MMDDYYYY) for the tax year beginning and year (YY) for the tax year end.

REPORT DUE DATE

The report is due on July 1 for the preceding year ended Dec. 31. If July 1 falls on a Saturday, Sunday or holiday, the report is due the next business day.

ADDRESS CHANGE

Enter "Y" in the block on Page 1 if the address of the corporation has changed from prior tax periods. The current mailing address should be reflected on the report.

AMENDED REPORT

Enter "Y" in the block on Page 1 if you are filing an amended report to add, delete or adjust information. Provide documentation to support all changes being made. An amended report should only be filed if an original report was filed previously for the same period.

The taxpayer has three (3) years after the due date of the original report to file an amended report. If the original report was properly extended, then the taxpayer has three (3) years after the extended due date to file an amended report. The department may adjust the tax originally reported based on information from the amended report. The taxpayer must consent to extend the assessment period. If the amended report is timely filed and the taxpayer consented to extend the assessment period in which to assess tax will be the greater of three years from the filed date of the original report or one year from the filed date of the amended report.

Regardless of the tax year being amended, taxpayers must use the most current non-year-specific tax form, completing all sections of the report. This includes those sections originally filed and those sections being amended. All tax liabilities should be recorded on Page 1. Taxpayers must check the Amended Report check box on Page 1 and include Schedule AR, REV-1175, with the report.

FIRST REPORT

Enter "Y" in the block on Page 1 if this is the taxpayer's first PA cooperative tax filing.

ELECTRONIC PAYMENT

Enter "Y" in the block on Page 1 if the taxpayer has made any electronic payments using **mypath.pa.gov**.

FINAL REPORT

• Enter "Y" in the block on Page 1 if this report will be the final report filed with the department. Indicate the effective date of the event as MMDDYYYY.

- Include a completed Schedule of Disposition of Assets, REV-861.
- Include a copy of the regulatory authority's approval of the merger, dissolution, plan of reorganization and/or articles of merger.
- Provide the Revenue ID and FEIN of the surviving entity, if applicable.

CORPORATE OFFICER INFORMATION

A corporate officer must sign and date the tax report. The signature must be original; photocopies or faxes will not be accepted. Print the first and last name, title, Social Security number, telephone number and email address of the corporate officer.

PREPARER'S INFORMATION

Paid preparers must sign and date the tax report. If the preparer works for a firm, provide the name, FEIN and address of the firm along with the name, telephone number, email address and PTIN/SSN of the individual preparing the report. If the preparer is an individual without any association to a firm, provide the name, address, telephone number, email address and PTIN/SSN of the individual preparing the report.

EXTENSION REQUEST DUE DATE

To request a due date extension of up to 60 days to file the annual report, you must file an extension request by the original report due date. You can request an extension on mypath.pa.gov or by sending the REV-426. However, an extension of time to file does not extend the deadline for payment of tax and an extension request must be accompanied by payment of taxes owed for the taxable year for which the extension is requested.

Mail the extension coupon separately from all other forms. A taxpayer using an electronic method to make a payment with an extension request should not submit the extension coupon. Do not use the extension coupon to remit other unpaid liabilities within the account.

PAYMENT AND MAILING INFORMATION

All payments of \$1,000 or more must be made electronically or by certified or cashier's check remitted in person or by express mail courier. Returns may also be filed by express mail courier. Mail payments and returns to the following address:

PA DEPARTMENT OF REVENUE BUREAU OF IMAGING AND DOCUMENT MANAGEMENT 1854 BROOKWOOD ST HARRISBURG PA 17104

Payments under \$1,000 may be remitted by mail, made payable to the PA Department of Revenue. Mail payments, extension requests and returns to the following address:

PA DEPARTMENT OF REVENUE BUREAU OF IMAGING AND DOCUMENT MANAGEMENT PO BOX 280407 HARRISBURG PA 17128-0407 Failure to make a payment by an approved method will result in the imposition of a 3 percent penalty of the tax due, up to \$500. For more information on electronic filing options, visit **mypath.pa.gov**.

CURRENT PERIOD OVERPAYMENT

If an overpayment exists on Page 1 of the RCT-126, the taxpayer must instruct the department to refund or transfer overpayment as indicated below.

REFUND

Identify the amount to refund from the current tax period overpayment. Prior to any refund, the department will offset current period liabilities and other unpaid liabilities within the account.

TRANSFER

Identify the amount to transfer from the current tax period overpayment to the next tax period. Prior to any transfer, the department will offset current period liabilities and other unpaid liabilities within the account.

NOTE: If no option is selected, the department will automatically transfer any overpayment to the next tax year after offsetting current period liabilities and other unpaid liabilities within the account.

A tax period overpayment summary will be mailed to the taxpayer confirming the disposition of the credit.

REQUESTS FOR REFUND OR TRANSFER OF AVAILABLE CREDIT

Requests for refund or transfer of available credit from prior periods can be requested on company letterhead, signed by an authorized representative, and emailed to **RA-CORP_ACC_FAX@PA.GOV**.

Please do not duplicate requests for refund and/or transfer by submitting both RCT-126 and written correspondence.

CONTACT INFORMATION

- For additional information regarding electronic payments visit the departments Online Customer Service Center at www.revenue.pa.gov.
- Questions regarding payments or refunds, email **RA-CORP_ACC_FAX@PA.GOV**.
- General business tax questions, visit the department's Online Customer Service Center at www.revenue.pa.gov.
- Business taxpayers and tax practitioners have the ability to receive and view department issued electronic statement of accounts and correspondence electronically, visit myPATH at **mypath.pa.gov** for more information.

LINE INSTRUCTIONS

RCT-126 should be completed in the following order:

STEP 1

Complete the taxpayer information section and any applicable questions at the top of Page 1.

STEP 2

Enter the Revenue ID number and other taxpayer information in the designated fields at the top of each page.

STEP 3

Complete Page 2, Calculation of Tax.

STEP 4

Complete Page 1, Lines 1 through 10.

STEP 5

Complete the corporate officer information section, sign and date at the bottom of Page 1.

STEP 6

Complete the preparer's information section, sign and date at the bottom of Page 2, if applicable.

STEP 7

Mail the completed report and any supporting schedules to the PA Department of Revenue.

PAGE 2

CALCULATION OF TAX

LINE 1

DID THE CORPORATION PROVIDE RETAIL ELECTRIC SERVICES OUTSIDE ITS CERTIFIED TERRITORY DURING THE TAX PERIOD COVERED BY THIS REPORT?

Enter "Y" in the block if the taxpayer sold electric services outside its certified boundaries. If the answer is yes, the

co-op must also file the Gross Receipts Tax Report for Electric, Hydro-Electric and Water Power Companies, RCT-112.

LINE 2

TOTAL NUMBER OF MEMBERS IN THE CORPORATION

Enter the total number of members in the corporation as of Dec. 31.

LINE 3

FEE OF \$10 PER 100 MEMBERS OR FRACTION THEREOF

Divide the total number of members by 100, and multiply by \$10 (fee must be in multiples of \$10 only). Carry the tax (fee) to RCT-126 Page 1, Line 1.