



1010017180

DEPARTMENT USE ONLY

RCT-101 04-17 PAGE 1 OF 4
PA CORPORATE NET INCOME TAX REPORT 2017

 IRS Filing Type A = 1120 B = 1120S C = Other ☒ 2
STEP A
 Tax Year Beginning Tax Year Ending
STEP B

Amended Report	<input type="checkbox"/> 5	52-53 Week Filer	<input type="checkbox"/> 6	First Report	<input type="checkbox"/> 7	File Period Change	<input type="checkbox"/> 13
Federal Extension Granted	<input type="checkbox"/> 8	Address Change	<input type="checkbox"/> 9	KOZ/EIP/SDA Credit	<input type="checkbox"/> 10	S Corp Taxable Built-in Gains	<input type="checkbox"/> 100
		Change Fed Group	<input type="checkbox"/> 12	Royalty/Related Interest	<input type="checkbox"/> 11	Regulated Inv. Co./	<input type="checkbox"/> 11
				Add-Back (Act 52 of 2013)		Sub Paragraph 18	

STEP C

Revenue ID	<input type="text" value="4"/>	Parent Corporation EIN	<input type="text" value="15"/>
Federal EIN	<input type="text" value="16"/>		
Business Activity Code	<input type="text" value="17"/>		
Corporation Name	<input type="text" value="18"/>		
Address Line 1	<input type="text" value="19"/>		
Address Line 2	<input type="text" value="20"/>		
City	<input type="text" value="21"/>	Province	<input type="text" value="22 F"/>
State	<input type="text" value="22"/>	Country Code	<input type="text" value="22 F"/>
ZIP	<input type="text" value="23"/>	Foreign Postal Code	<input type="text" value="23 F"/>

STEP D: PA CORPORATE NET INCOME TAX

USE WHOLE DOLLARS ONLY

STEP E:
Payment Due/Overpayment
 Calculation A minus B minus C
 See instructions

A. Tax Liability
 from Page 2
 (can not be less than zero)

B. Estimated
Payments &
Credits on Deposit
C. Restricted
Credits

CNI	<input type="text" value="32"/>	<input type="text" value="33"/>	<input type="text" value="34"/>	<input type="text" value="35"/>
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STEP F: Transfer/Refund Method (See instructions.)**E-File Opt Out (See instructions.)** ☐ 40
 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	<input type="text" value="43"/>
PHONE	<input type="text" value="44"/>
EMAIL	<input type="text" value="45"/>

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.

Corporate Officer Signature**Date**

REVENUE ID
TAX YEAR END

NAME

RCT-101 04-17 PAGE 2 OF 4 PA CORPORATE NET INCOME TAX REPORT 2017

SECTION A: BONUS DEPRECIATION

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

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

1	92
2	94
3	96

USE WHOLE DOLLARS ONLY

SECTION B: PA CORPORATE NET INCOME TAX

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

1	101
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2. DEDUCTIONS:

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

2A	102
2B	103
2C	104
2D	105
2	106

TOTAL DEDUCTIONS - Add Lines 2A through 2D and enter the result on Line 2.

3. ADDITIONS:

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

3A	107
3B	108
3C	109
3D	110
3E	111
3	112

TOTAL ADDITIONS - Add Lines 3A through 3E and enter the result on Line 3.

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

4	113
5	114
6	115
7	116
8	117
9	118
10	119
11	120
12	121
13	122
14	242
15	243

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

Sales Factor

Sales - PA	1A	157
Sales - Total	1B	160

1C 158

Special Apportionment

Numerator	2A	157
Denominator	2B	153
Apportionment Proportion	2C	159

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



REVENUE ID
TAX YEAR END

NAME

RCT-101 04-17 PAGE 3 OF 4 PA CORPORATE NET INCOME TAX REPORT 2017

SECTION C: CORPORATE STATUS CHANGES

Final Report

☐ 161

PA Corporations:

Did you ever transact business anywhere?

162 ☐

If yes, enter date all business activity ceased

163

Did you hold assets anywhere?

164 ☐

If yes, enter date of final disposition of assets*

165

Foreign Corporations:

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

☐ 166

If yes, enter date PA business activity ceased

167

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

☐ 168

If yes, enter date of final disposition of

169

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.)

☐ 170

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

Purchaser Name

171

Address Line 1

172

Address Line 2

173

City

174

State

175

ZIP

176

Province

175f

Country Code

175fa

Foreign Postal Code

176f

SECTION D: GENERAL INFORMATION QUESTIONNAIRE

Describe corporate activity in PA

177

Describe corporate activity outside PA

178

Other states in which taxpayer has activity

179

State of Incorporation

☐ 180

Incorporation Date

181

1. Does any corporation, individual or other business entity hold all or a majority of the stock of this corporation?
2. Does this corporation own all or a majority of stock in other corporations? If yes, include REV-798, Schedule X.
3. Is this taxpayer a partnership or other unincorporated entity that elects to file federal taxes as a corporation?
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?

1
2
3
4182
183
184
185

If yes: First Period End Date:

186

Last Period End Date:

187

Accounting Method - Federal Tax Return

☐ 188

A = Accrual C = Cash 0 = Other

Accounting Method - Financial Statements

☐ 190

A = Accrual C = Cash 0 = Other

Other

189

Other

191



REVENUE ID
TAX YEAR END

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RCT-101 04-17 PAGE 4 OF 4 PA CORPORATE NET INCOME TAX REPORT 2017

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? ☐ 240

If yes, the below section must be completed.

O = Own

R = Rent

Street Address

City

County

KOZ/KOEZ

192	<input type="checkbox"/>	193	194	195	<input type="checkbox"/>	196
197	<input type="checkbox"/>	198	199	200	<input type="checkbox"/>	201
202	<input type="checkbox"/>	203	204	205	<input type="checkbox"/>	206
207	<input type="checkbox"/>	208	209	210	<input type="checkbox"/>	211

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

212	213	214	<input type="checkbox"/>	215
216	217	218	<input type="checkbox"/>	219
220	221	222	<input type="checkbox"/>	223
224	225	226	<input type="checkbox"/>	227

PREPARER'S INFORMATION

Mail to Preparer

Firm Federal EIN

Firm Name

Address Line 1

Address Line 2

City

State

ZIP

228			
229			
230			
231			
232			
233			
234			
235			
	Province	234f	
	Country Code	234fa	
	Foreign Postal Code	235f	

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

Date

INDIVIDUAL PREPARER

PHONE

EMAIL

PTIN/SSN

236
237
238
239

