

1010017105



1010017105

DEPARTMENT USE ONLY

RCT-101 04-17 (FI) PAGE 1 OF 4

PA CORPORATE NET INCOME TAX REPORT 2017

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

STEP A

Tax Year Beginning

01-01-2017

Tax Year Ending

12-31-2017

STEP B

Amended Report

☐

52-53 Week Filer

☐

First Report

☐

File Period Change

☐

Federal Extension Granted

☒

Address Change

☐

KOZ/EIP/SDA Credit

☐

S Corp Taxable Built-in Gains

☐

Change Fed Group

☐

Royalty/Related Interest

☐

Regulated Inv. Co./

☐

Add-Back (Act 52 of 2013)

Sub Paragraph 18

STEP C

Revenue ID

2000000090

Parent Corporation EIN

363636363

Federal EIN

322222222

Business Activity Code

524210

Corporation Name

LIFE CARE PLUS

Address Line 1

PO BOX 175

Address Line 2

City

LEOCESTER

Province

State

NY

Country Code

ZIP

18000

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 instructionsA. Tax Liability
from Page 2
(can not be less than zero)B. Estimated
Payments &
Credits on DepositC. Restricted
Credits

CNI

668

1018

0

-350

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

E-File Opt Out (See instructions.) ☐

350

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

0

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

STEP G: Corporate Officer (Must sign affirmation below)

NAME

JOHN ADAMS

PHONE

555-555-5555

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.

Corporate Officer Signature

Date

REVENUE ID
TAX YEAR END

2000000090

12-31-2017

NAME LIFE CARE PLUS

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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	0
2	0
3	0

USE WHOLE DOLLARS ONLY

SECTION B: PA CORPORATE NET INCOME TAX

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

1	1094479
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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.
- TOTAL DEDUCTIONS** - Add Lines 2A through 2D and enter the result on Line 2.

2A	0
2B	0
2C	0
2D	0
2	0

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

3A	19513
3B	0
3C	0
3D	0
3E	0
3	19513

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	1113992
5	0
6	1113992
7	0.006001
8	6685
9	0
10	6685
11	0
12	6685
13	668
14	0
15	668

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

Sales - PA	1A	46097
Sales - Total	1B	7681239

1C 0.00600100

Special Apportionment

Numerator	2A	0
Denominator	2B	0

Apportionment Proportion	2C	0
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* Refer to REV-1200, PA Corporate Net Income Tax Instructions, found at www.revenue.pa.gov.



REVENUE ID
TAX YEAR END

2000000090

12-31-2017

NAME LIFE CARE PLUS

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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

State

ZIP

Province

Country Code

Foreign Postal Code

SECTION D: GENERAL INFORMATION QUESTIONNAIRE

Describe corporate activity in PA

INSURANCE AGENCY

Describe corporate activity outside PA

INSURANCE AGENCY

Other states in which taxpayer has activity

MICHIGAN MAINE

State of Incorporation

☒ M

Incorporation Date

06-07-1992

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? ☐

If yes: First Period End Date:

Last Period End Date:

Accounting Method - Federal Tax Return

☒ A

A = Accrual C = Cash 0 = Other

Accounting Method - Financial Statements

☒ A

A = Accrual C = Cash 0 = Other

Other

Other



REVENUE ID
TAX YEAR END

2000000090
12-31-2017

NAME LIFE CARE PLUS

RCT-101 04-17 (FI) **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?

☒ N

If yes, the below section must be completed.

O = Own

R = Rent

Street Address

City

County

KOZ/KOEZ

CORPORATE OFFICERS

(See instructions.)

SSN

Last Name

First Name

MI

Must provide requested information
for all filled officer positions.

President/Managing Partner

222-22-2222

BACON

ORANGE

Vice President

333-33-3333

BACON

LEMONADE

Secretary

444-44-4444

BACON

NICHOLAS

Treasurer/Tax Manager

121-21-2212

BACON

JOE

PREPARER'S INFORMATION

Mail to Preparer

Firm Federal EIN

Firm Name

Address Line 1

Address Line 2

City

State

ZIP

--

111111000

TAX FILING FIRM

111 AVOCADO AVE

2ND FLOOR

KIND CITY

PA

11222

Province

Country Code

Foreign Postal Code

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

GRACE DOGOOD

222-211-1100

GRACE DOGOOD@BAKERTILLY.COM

P00000999



SCHEDULE X

Taxpayers completing this schedule must provide beginning and ending consolidating schedules reflecting the activity of all members of the consolidated group, along with all consolidations and eliminations.

CORPORATION NAME LIFE CARE PLUS **REVENUE ID** 2000000090 **TAX YEAR BEGINNING** 01-01-2017
TAX YEAR ENDING 12-31-2017

Name	File in PA	Revenue ID	EIN

Name, SSN, EIN and/or Revenue ID of any individual or business entity owning all or a majority of the stock of the taxpayer.

Name	SSN or EIN	Revenue ID
LIFE CARE HOLDINGS	432222222	



REV-860 (CT) 03-17

C-5 SCHEDULE OF TAXES

TAX YEAR BEGINNING 01-01-2017

TAX YEAR ENDING 12-31-2017

CORPORATION NAME LIFE CARE PLUS

REVENUE ID 2000000090

1. PA Corporate Net Income Tax	67	
2. Philadelphia Business Income and Receipts Tax (BIRT) - Net Income Portion		
3. Income Taxes - Other States	19446	
4. Local Income Taxes		
5. Other Income Taxes		
6. Total Income Taxes (Add Lines 1 through 5)		19513
7. PA Capital Stock/Foreign Franchise Tax (Not applicable for tax years beginning on or after Jan. 1, 2016)		
8. Philadelphia Business Income and Receipts Tax (BIRT) - Gross Receipts Portion		
9. Payroll Taxes		
10. Real Estate Taxes		
11. Sales and Use Tax		
12. Business Privilege Tax - Other than Income		
13. Occupancy Tax		
14. Local Taxes - Not Based on Income		
15. Other Taxes - Not Based on Income	11689	
16. Total Taxes Not Imposed on or Measured by Income (Add Lines 7 through 15)		11689
17. Total tax Expense Reported on Federal Income Tax Return (Add Lines 6 and 16)		31202



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RCT-106 (CT) 03-17
**DETERMINATION OF
APPORTIONMENT PERCENTAGE**
INSERT SHEET
FILE WITH RCT-101

CORPORATION NAME LIFE CARE PLUS **REVENUE ID** 2000000090 **TAX YEAR BEGINNING** 01-01-2017
TAX YEAR ENDING 12-31-2017

SALES FACTOR*	Description	Inside PA	Inside and Outside PA
1. Sales (net of returns and allowances)		0	0
2. Interest, Rents, Royalties		0	0
3. Gross Receipts from the Sale of Other Business Assets (except securities, unless you are a securities dealer)		0	0
4. Other Sales (receipts only)		46097	7681239
5. Partner's Share of Sales from Partnerships		0	0
6. Total Sales	(A)	46097	(B) 7681239

(C) Sales Factor (Divide A by B, calculate to six decimal places.)

Carry (A), (B) and (C) to RCT-101,
Schedule C-1, Lines 1A, 1B and 1C.
0.006001

SPECIAL APPORTIONMENT

Special apportionment to be completed only by railroad, truck, bus and airline companies; pipeline or natural gas companies; and water transportation companies. Refer to instructions.

(A) NUMERATOR _____

(B) DENOMINATOR _____

= (C) _____

Carry (A), (B) and (C) to RCT-101,
Schedule C-1, Lines 2A, 2B and 2C.

(C) Special Apportionment (Divide A by B; calculate to six decimal places.)

* Use applicable figure from the chart in REV-1200, PA Corporate Net Income
Tax Instructions, found at www.revenue.pa.gov.



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