No dashes (-) or slashes (/) to be used in any fields, this includes Date, FEIN, Phone and ZIP

pennsylvania
DEPARTMENT OF REVENUE

1250012105

OFFICIAL USE ONLY

RCT-125 (09-14) PAGE 1 OF 3
CORPORATE NET INCOME TAX
COOPERATIVE AGRICULTURE ASSOCIATION

C

START

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)

Please select correct letter in drop down

Check to Indicate a Change of Address

Send All Correspondence to the Preparer

Amended Report

First Report

Payment Made Electronically

Last Report

Out of Existence as of:

USE WHOLE DOLLARS ONLY

1.	Cooperative Agriculture Association Corporate Net Income Tax (Page 2, Line 4)	1.
2.	Total Estimated Payments	2.
3.	Total Payments Carried Forward From Prior Year Return	3.
4.	Total "Restricted" Tax Credits	4.
5.	Total Credit: (Line 2 plus Line 3 plus Line 4)	5.
6.	Tax Due: (If Line 1 is more than Line 5, enter the difference here.)	6.
7.	Remittance: (Include interest and penalty, if applicable)	7.
8.	OVERPAYMENT: (If Line 5 is more than Line 1, enter the difference here.)	8.
9.	Refund: (Amount of Line 8 to be refunded after offsetting all unpaid liabilities)	9.
10.	Transfer: (Amount of Line 8 to be credited to the next tax year after offsetting all unpaid liabilities)	10.

1250012105

Corporate Officer Information:

Officer Last Name

Officer First Name

Title of Officer

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 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**
Signature of Officer – Please sign after printing	

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Revenue ID

RCT-125 (09-14) **PAGE 2 OF 3**

CALCULATION OF TAX

USE WHOLE DOLLARS ONLY **C**

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

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

1. Balance--Beginning of Year	1.	
2. Net Income per Books	2.	
3. Other Increases (Attach Schedule)	3.	
4. Total (Sum of Lines 1 through 3)	4.	
Deductions:		
5. Patronage refunds	5.	
6. Transferred to reserves	6.	
7. Statutory reserve	7.	
8. Other Decreases (Attach Schedule)	8.	
9. Dividends on capital stock declared or declared and paid	9.	
10. Total Decreases (Total Line 5 through Line 9)	10.	
11. Balance - End of year (Line 4 minus Line 10)	11.	

SCHEDULE B - DETERMINATION OF ALLOCATION DECIMAL

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

1250012205

Preparer's Information:

Firm Name		Individual Preparer Name	
Firm FEIN		Phone	
Address		Email	
City		Social Security Number or PTIN	
State			
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**
Signature of Preparer – Please sign after printing	

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Revenue ID

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 R=Rents	Street Address	City	County

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