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
SoUrcE of groSS rEcEIPtS

USE whOLe DOLLARS ONLY

1. Gross Receipts from GRT MMCO Revenue Report issued by the Department of Public Welfare
2. Managed Care Organizations GRT (Line 1 times tax rate - See Instructions.)

Preparer’s Information:

Firm Name
Firm FEIN
Address
City
State
ZIP

Individual Preparer Name
Phone
Email
Social Security Number or PTIN

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