



1430017105

**RCT-143** 07-17 (FI) **PAGE 1 OF 4**  
**NET INCOME TAX REPORT**  
**MUTUAL THRIFT INSTITUTIONS**

Date Received (Official Use Only)

Tax Year Begin:

Tax Year End:

**Due Date: (See Instructions)**

Check to Indicate a Change of Address  
 Send All Correspondence to the Preparer  
 Amended Report (Include REV-1175.)  
 First Report  
 Payment Made Electronically  
 KOZ/EIP  
Registered as:  
 State S&L or Savings Bank = A  
 Federal S&L or Savings Bank = B  
 Final Report (See Instructions.)  
Out of Existence Date:

Revenue ID  Federal ID (FEIN)  Parent Corporation (FEIN)

Taxpayer Name   
First Line of Address   
Second Line of Address   
City  State  ZIP   
Phone   
Email

**USE WHOLE DOLLARS ONLY**

1. Mutual Thrift Institutions Net Income Tax (Page 2, Line 13)	1.	<input type="text"/>
2. Total Estimated Payments	2.	<input type="text"/>
3. Total Payments Carried Forward From Prior Year Return	3.	<input type="text"/>
4. Total "Restricted" Tax Credits	4.	<input type="text"/>
5. Total Credit: (Line 2 plus Line 3 plus Line 4)	5.	<input type="text"/>
6. Tax Due: (If Line 1 is more than Line 5, enter the difference here.)	6.	<input type="text"/>
7. Remittance	7.	<input type="text"/>
8. Overpayment: (If Line 5 is more than Line 1, enter the difference here.)	8.	<input type="text"/>
9. Refund: (Amount of Line 8 to be refunded after offsetting all unpaid liabilities)	9.	<input type="text"/>
10. Transfer: (Amount of Line 8 to be credited to the next tax year after offsetting all unpaid liabilities)	10.	<input type="text"/>



**Corporate Officer Information:**

Officer Last Name  Social Security Number of Officer   
Officer First Name  Phone   
Title of Officer  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.

<b>Signature of Officer</b>	<b>Date</b>
<input type="text"/>	<input type="text"/>

**RCT-143** 07-17 (FI) **PAGE 2 OF 4**  
**CALCULATION OF NET INCOME TAX**

**USE WHOLE DOLLARS ONLY**

**C**

1. Income from Financial Statements (Income Statement or Report of Condition)

1.

**Deductions**

2. Interest from U.S. Obligations (Attach Schedule.)

2.

3. Interest from PA Obligations (Attach Schedule.)

3.

4. Total Deductions (Line 2 plus Line 3)

4.

**Additions**

5. Interest Expense Allocable to Tax-Exempt Income (From Schedule B, Line 5)

5.

6. Employment Incentive Payment Credit

6.

7. Total Additions (Line 5 plus Line 6)

7.

8. Income to be Apportioned to PA (Line 1 minus Line 4 plus Line 7)

8.

9. Apportionment (From Schedule C, Line 16)

9.

10. Income Apportioned to PA (Line 8 times Line 9)

10.

11. Net Loss Deduction (from Schedule A, Column D total)

11.

12. Taxable Income (Line 10 minus Line 11)

12.

13. Tax (Line 12 times tax rate - See Instructions.)

13.

**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**

**Schedule A – Net Loss Carry Forward**

(A) Tax Year Beginning	(B) Tax Year Ending	(C) Net Loss Carry Forward to Current Period	(D) Amount Deducted	(E) Net Loss Carry Forward to Next Period
Total Column D			<input type="text"/>	

**Schedule B – Interest Expense Allocable to Tax-Exempt Income**

1. Total Tax-Exempt Income (From Page 2, Line 4).....1. \_\_\_\_\_
2. Total Interest Income for Year.....2. \_\_\_\_\_
3. Line 1 divided by Line 2 .....3. \_\_\_\_\_
4. Total Interest Expense .....4. \_\_\_\_\_
5. Interest Expense Allocable to Tax Exempt Income (Multiply Line 3 by Line 4,  
Carry to Page 2, Line 5).....5. \_\_\_\_\_

**Schedule C – Apportionment Summary**

**Calculation of Net Income Tax Apportionment**

6. Payroll Inside PA (From Schedule D, Line 1a).....6. \_\_\_\_\_
7. Total Payroll (From Schedule D, Line 1b) .....7. \_\_\_\_\_
8. Payroll Factor (Line 6 divided by Line 7).....8. \_\_\_\_\_
9. Receipts Inside PA (From Schedule D, Line 11a).....9. \_\_\_\_\_
10. Total Receipts (From Schedule D, Line 11b) .....10. \_\_\_\_\_
11. Receipts Factor (Line 9 divided by Line 10).....11. \_\_\_\_\_
12. Average Deposits Inside PA (From Schedule D, Line 17a) .....12. \_\_\_\_\_
13. Average Total Deposits (From Schedule D, Line 17b).....13. \_\_\_\_\_
14. Deposits Factor (Line 12 divided by Line 13).....14. \_\_\_\_\_
15. Total of Proportions (Line 8 plus Line 11 plus Line 14).....15. \_\_\_\_\_
16. Apportionment Factor (See Instructions.) .....16. \_\_\_\_\_



Empty rectangular box for Revenue ID

Schedule D – Apportionment

Payroll Factor

INSIDE PENNSYLVANIA

EVERYWHERE

1. Wages, Salaries, Commissions and other Compensation to Employees ..... 1a. \_\_\_\_\_ 1b. \_\_\_\_\_

Receipts Factor

2. Receipts from Loans ..... 2a. \_\_\_\_\_ 2b. \_\_\_\_\_

3. Receipts from Performance of Services..... 3a. \_\_\_\_\_ 3b. \_\_\_\_\_

4. Receipts from Lease Transactions ..... 4a. \_\_\_\_\_ 4b. \_\_\_\_\_

5. Interest and Fees from Credit Card Transactions ..... 5a. \_\_\_\_\_ 5b. \_\_\_\_\_

6. Interest, Dividends and Net Gains on Intangibles ..... 6a. \_\_\_\_\_ 6b. \_\_\_\_\_

7. Fees or Charges from Traveler's Checks or Money Orders ..... 7a. \_\_\_\_\_ 7b. \_\_\_\_\_

8. Receipts from Sale of Tangible Property..... 8a. \_\_\_\_\_ 8b. \_\_\_\_\_

9. Receipts from Issuance of Insurance..... 9a. \_\_\_\_\_ 9b. \_\_\_\_\_

10. Other Receipts ..... 10a. \_\_\_\_\_ 10b. \_\_\_\_\_

11. Total Receipts (Sum of Line 2 through Line 10) ..... 11a. \_\_\_\_\_ 11b. \_\_\_\_\_

Deposits Factor

12. 1st Quarter..... 12a. \_\_\_\_\_ 12b. \_\_\_\_\_

13. 2nd Quarter..... 13a. \_\_\_\_\_ 13b. \_\_\_\_\_

14. 3rd Quarter ..... 14a. \_\_\_\_\_ 14b. \_\_\_\_\_

15. 4th Quarter ..... 15a. \_\_\_\_\_ 15b. \_\_\_\_\_

16. Total (Sum of Line 12 through Line 15)..... 16a. \_\_\_\_\_ 16b. \_\_\_\_\_

17. Average Value..... 17a. \_\_\_\_\_ 17b. \_\_\_\_\_

