

1019016101



1019016101

DEPARTMENT USE ONLY

# INACTIVE

## RCT-101-I (I) (08-16) PAGE 1 OF 3 INACTIVE PA CORPORATE NET INCOME TAX REPORT 2016

### STEP A

Tax Year Beginning  Tax Year Ending

### STEP B

52-53 Week Filer  Change Fed Group  File Period Change   
Address Change  First Report

### STEP C

Revenue ID  Parent Corporation EIN   
Federal EIN   
Corporation Name   
Address Line 1   
Address Line 2   
City  Province   
State  Country Code   
ZIP  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 instructions.

**A. Tax Liability from Tax Report**  
(can not be less than zero)

**B. Estimated Payments & Credits on Deposit**

**C. Restricted Credits**

CNI

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

E-File Opt Out (See instructions.)

**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   
PHONE   
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.

Corporate Officer Signature  Date

REVENUE ID  
TAX YEAR END

  

NAME

**RCT-101-I (1) (08-16) PAGE 2 OF 3 INACTIVE PA CORPORATE NET INCOME TAX REPORT 2016**

**STEP H: INACTIVE DECLARATION**

**CHECK ONE BOX IN SUPPORT OF FILING THE INACTIVE REPORT, RCT-101-I.**

**A.** This Pennsylvania corporation, to which a charter was granted by the Commonwealth of Pennsylvania, did not conduct any business, had no assets or income and did not exercise any corporate rights or privileges during the tax period ended (MMDDYYYY):

**B.** This foreign corporation, chartered under the laws of a state other than Pennsylvania, did not conduct any business, own property or exercise any corporate rights or privileges during the tax period ended (MMDDYYYY):

If neither of these statements applies to the corporation, a RCT-101, PA Corporate Net Income Tax Report, must be completed and filed. Specifically, a corporation with business activity outside Pennsylvania must file RCT-101. See the REV-1200, PA Corporate Net Income Tax Instructions, found at [www.revenue.pa.gov](http://www.revenue.pa.gov) for instructions for completing the RCT-101-I and RCT-101.

**STEP I: GENERAL INFORMATION QUESTIONNAIRE**

1. Location of corporation records:   
2. Corporation's records are in care of:

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

Name:   
Revenue ID:  SSN or EIN:

4. Incorporation date: (MMDDYYYY)

5. State of incorporation:

6. Has the corporation previously had business activity anywhere?

7. If the answer to 6 is "Yes", enter the last tax period the corporation had business activity (MMDDYYYY).

8. 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?

9. Is this taxpayer a partnership that elects to file federal taxes as a corporation?

If yes:  
First period end date:   
Last period end date:



REVENUE ID  
TAX YEAR END

  

NAME

**RCT-101-I (I) (08-16) PAGE 3 OF 3 INACTIVE PA CORPORATE NET INCOME TAX REPORT 2016**

**STEP J: 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

Reinstatement

Effective Date of  
Reinstatement

**CORPORATE OFFICERS**

Must provide requested information  
for all filled officer positions

SSN

Last Name

First Name

MI

President/Managing Partner

Vice President

Secretary

Treasurer/Tax Manager

**PREPARER'S INFORMATION**

Mail to Preparer

Firm Federal EIN

Firm Name

Address Line 1

Address Line 2

City

Province

State

Country Code

ZIP

Foreign Postal Code

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.

**Tax Preparer's Signature**

**Date**

**INDIVIDUAL PREPARER**

PHONE

  

EMAIL

PTIN/SSN

