



1131016105

[Empty box for Date Received]

Date Received (Official Use Only)

RCT-113A (03-16) (FI) **GE 1 OF 3**
GROSS RECEIPTS TAX (GRT) REPORT
TRANSPORTATION COMPANY (Other than Motor Vehicle)

C

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

Tax Year Begin: []

Tax Year End: 12/31/20__

Due Date: March 15

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

Check to Indicate a Change of Address []
Send All Correspondence to the Preparer []
Amended Report (Include REV-1175.) []
First Report []
Payment Made Electronically []
Final Report (See Instructions.) []
Out of Existence Date: []

USE WHOLE DOLLARS ONLY

- Gross Receipts Tax - Transportation Company (Page 2, Line 11)
- Total Estimated Payments
- Total Payments Carried Forward From Prior Year Return
- Total "Restricted" Tax Credits
- Total Credit: (Line 2 plus Line 3 plus Line 4)
- Tax Due: (If Line 1 is more than Line 5, enter the difference here.)
- Remittance
- Overpayment: (If Line 5 is more than Line 1d, enter the difference here.)
- Refund: (Amount of Line 8 to be refunded after offsetting all unpaid liabilities)
- Transfer: (Amount of Line 8 to be credited to the next tax year after offsetting all unpaid liabilities)

| | |
|-----|-----|
| 1. | [] |
| 2. | [] |
| 3. | [] |
| 4. | [] |
| 5. | [] |
| 6. | [] |
| 7. | [] |
| 8. | [] |
| 9. | [] |
| 10. | [] |



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.

| | |
|-----------------------------|-------------|
| Signature of Officer | Date |
| [] | [] |

RCT-113A (03-16) (FI) **PAGE 2 OF 3**
SOURCE OF GROSS RECEIPTS

USE WHOLE DOLLARS ONLY

C

- 1. Transportation of freight, baggage, oil and /or passengers:
 - 1a. From points within the state to points within the state
 - 1b. Between points inside the state and outside the state
 - 1c. Totally outside the state
- 2. Carrying of U.S. mail
- 3. Equipment rental income from other transportation companies (Attach Explanation.)
- 4. All other rental income
- 5. Dividends and Interest
- 6. Gross Royalties
- 7. Capital Gain Net Income
- 8. Net Gains or Losses
- 9. All other sources (Attach a schedule with explanation.)
- 10. Total PA Taxable Gross Receipts
- 11. Gross Receipts Tax (Line 10 times tax rate - See Instructions.)

Other Information:

- 12a. Type of Entity (A=Pipeline, B=Conduit, C=Steamboat, D=Canal, E=Slack Water Navigation, F=Transportation, G=Other)
- 12b. If G, list other:
- 13a. Federal Return filed (A=1120, B=1065, C=Schedule C, D=Other)
- 13b. If D, list other:

Summary from Page 3:

- 14. Total Gross Receipts (From Page 3, Column, A, Line 10)
- 15. Gross Receipts from Business Conducted in Other States (From Page 3, Column B, Line 10)
- 16. Adjustment for PA bad debts plus PA Non-taxable Sales (From Page 3, total of Column C, Line 10 plus Column D, Line 10)



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 |
|------------------------------|-------------|

| SOURCE OF GROSS RECEIPTS | (A) Total Gross Receipts | (B) Business Conducted In Other States | (C) Adjustment For PA Bad Debts | (D) PA Nontaxable Receipts |
|--|------------------------------------|--|---|--------------------------------------|
| 1. Transportation of freight, baggage, oil and/or passengers: | | | | |
| 1a. From points within the state to points within the state | | | | |
| 1b. Between points inside the state and outside the state | | | | |
| 1c. Totally outside the state | | | | |
| 2. Carrying of U.S. mail | | | | |
| 3. Equipment rental income from other transportation companies (Attach Explanation.) | | | | |
| 4. All other rental income | | | | |
| 5. Dividends and Interest | | | | |
| 6. Gross Royalties | | | | |
| 7. Capital Gain Net Income | | | | |
| 8. Net Gains or Losses | | | | |
| 9. All other sources (Attach a schedule with explanation.) | | | | |
| 10. Total Gross Receipts for each Column | | | | |