	Pennsylv DEPARTMENT OF RE		773507670	1	
	RCT-113B (03-16) PA GROSS RECEIPTS TAX MANAGED CARE ORGA	(GRT) REPORT		Date Receiv	ed (Official Use Onl
Revenue ID	Federal ID (FEIN)	Parent Corporation	(FEIN)	Tax Year Begin:	
				Tax Year End:	15/31/50
				Due Date: Ma	
Taxpayer Name				Check to Indicate a Chang	ge of Address
				Send All Correspondence	to the Preparer
First Line of Addre	SS			Amended Report (Include	REV-1175.)
				First Report	
Second Line of Ad	dress			Payment Made Electronica	lly
City		State ZIP		Final Report (See Instruct	ions.)
Phone				Out of Existence Date:	
					L
Email					

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9.	
10.	

USE WHOLE DOLLARS ONLY

С



	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

Corporate Officer Information:

2. Total Estimated Payments

all unpaid liabilities)

6.

7. Remittance

4. Total "Restricted" Tax Credits

		S
Officer Last Name		Ν
Officer First Name		Р
Title of Officer		E

1. Gross Receipts Tax Managed Care Organizations (Page 2, Line 2)

Tax Due: (If Line 1 is more than Line 5, enter the difference here.)

8. Overpayment: (If Line 5 is more than Line 1, enter the difference here.)

9. Refund: (Amount of Line 8 to be refunded after offsetting all unpaid liabilities)

10. Transfer: (Amount of Line 8 to be credited to the next tax year after offsetting

3. Total Payments Carried Forward From Prior Year Return

5. Total Credit: (Line 2 plus Line 3 plus Line 4)

RCT-113B (03-16) PAGE 2 OF 2 SOURCE OF GROSS RECEIPTS Revenue ID

1.

2.

USE WHOLE DOLLARS ONLY C

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		Individual Preparer Name	
Firm FEIN		Phone	
Address		Email	
City		Social Security Number	
State		or PTIN	
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