Pennsylvania Department of revenue	7735076702
RCT-113B (03-16) (FI) PAGE 1 OF 2 GROSS RECEIPTS TAX (GRT) REPORT MANAGED CARE ORGANIZATIONS	Date Received (Official Use Only)
Revenue ID Federal ID (FEIN) Parent Corporation (I	Tax Year Begin: Tax Year End: 12/31/20 Due Date: March 15
Taxpayer Name First Line of Address Second Line of Address	Check to Indicate a Change of Address Send All Correspondence to the Preparer Amended Report (Include REV-1175.) First Report Payment Made Electronically
City State ZIP	Final Report (See Instructions.)         Out of Existence Date:
Email	

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

- 2. Total Estimated Payments
- 3. Total Payments Carried Forward From Prior Year Return
- 4. Total "Restricted" Tax Credits

**Corporate Officer Information:** 

- 5. Total Credit: (Line 2 plus Line 3 plus Line 4)
- 6. Tax Due: (If Line 1 is more than Line 5, enter the difference here.)
- 7. Remittance

Officer Last Name Officer First Name Title of Officer

- 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 all unpaid liabilities)

## **USE WHOLE DOLLARS ONLY**

С

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	



	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

RCT-113B (03-16) (FI) 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