



1250016105

Date Received (Official Use Only)

RCT-125 (03-16) (FI) **PAGE 1 OF 3**
CORPORATE NET INCOME TAX
COOPERATIVE AGRICULTURE ASSOCIATION

C

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

Tax Year Begin:

Tax Year End:

Due Date: (See Instructions)

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

- 1. Cooperative Agriculture Association Corporate Net Income Tax (Page 2, Line 4)
- 2. Total Estimated Payments
- 3. Total Payments Carried Forward From Prior Year Return
- 4. Total "Restricted" Tax Credits
- 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
- 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)

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>
4.	<input type="text"/>
5.	<input type="text"/>
6.	<input type="text"/>
7.	<input type="text"/>
8.	<input type="text"/>
9.	<input type="text"/>
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.

Signature of Officer	Date
-----------------------------	-------------

Revenue ID

RCT-125 (03-16) (FI) **PAGE 2 OF 3**
CALCULATION OF TAX

USE WHOLE DOLLARS ONLY

C

ATTACH FEDERAL FORMS

- 1. Net Income (Dividends declared or declared and paid, Schedule A, Line 9)
- 2. Allocation Decimal (Schedule B, Line 3)
- 3. Net Income allocated to Pennsylvania (Line 1 times Line 2)
- 4. Tax (4 percent of Line 3)

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>
4.	<input type="text"/>

SCHEDULE A--RECONCILIATION OF BEGINNING AND ENDING UNAPPROPRIATED RETAINED EARNINGS

- 1. Balance--Beginning of Year
- 2. Net Income per Books
- 3. Other Increases (Attach Schedule.)
- 4. Total (Sum of Lines 1 through 3)

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>
4.	<input type="text"/>

Deductions:

- 5. Patronage refunds
- 6. Transferred to reserves
- 7. Statutory reserve
- 8. Other Decreases (Attach Schedule.)
- 9. Dividends on capital stock declared or declared and paid
- 10. Total Decreases (Total Line 5 through Line 9)
- 11. Balance - End of year (Line 4 minus Line 10)

5.	<input type="text"/>
6.	<input type="text"/>
7.	<input type="text"/>
8.	<input type="text"/>
9.	<input type="text"/>
10.	<input type="text"/>
11.	<input type="text"/>

SCHEDULE B - DETERMINATION OF ALLOCATION DECIMAL

- 1. Total gross receipts assignable to Pennsylvania
- 2. Total gross receipts from all business
- 3. Allocation decimal (Divide Line 1 by Line 2 and carry to six decimal places)

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>

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
<input type="text"/>	<input type="text"/>

GENERAL INFORMATION

Location of records	
Records in care of	
State of incorporation or organization	
Date of incorporation or organization	
Other states where business is transacted	

SCHEDULE OF REAL PROPERTY IN PA

(Attach schedule if additional space is needed.)

O=Owns R=Rents	Street Address	City	County