

## 7370076707

## **RCT-131** (03-16) **PAGE 1 OF 3 GROSS RECEIPTS TAX - PRIVATE BANKERS**

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Date Received (	(Official	Use	Only)

Revenue ID Federal ID (FEIN) Parent Corporation (FEIN)	Tax Year Begin:
Revenue ID Federal ID (FEIN) Parent Corporation (FEIN)	Tax Year End: 12/31/20
	Due Date: February 15
	buc butti i coi dai y 15
Taxpayer Name	Check to Indicate a Change of Address
	Send All Correspondence to the Preparer
First Line of Address	Amended Report (Include REV-1175.)
	First Report
Second Line of Address	Payment Made Electronically
City State ZIP	Final Report (See Instructions.)
State 211	Filial Report (See Histiactions.)
Phone	Out of Existence Date:
Email	
	USE WHOLE DOLLARS ONLY
1. Gross Receipts Tax-Private Bankers (Page 2, Line 12)	1.
2. Total Estimated Payments	2.
Total Payments Carried Forward From Prior Year Return	3.
4. Total "Restricted" Tax Credits	4.
5. Total Credit: (Line 2 plus Line 3 plus Line 4)	5.
6. Tax Due: (If Line 1 is more than Line 5, enter the difference here.)	6.
7. Remittance	7.
8. Overpayment: (If Line 5 is more than Line 1, enter the difference here.)	8.
9. Refund: (Amount of Line 8 to be refunded after offsetting all unpaid liability	
10. Transfer: (Amount of Line 8 to be credited to the next tax year after offse	tting 10.
all unpaid liabilities)	
	7370076707
Corporate Officer Information:	
	cial Security
	ımber of Officer
	one
Title of Officer Em	nail

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.

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Signature of Officer	Date

Revenue ID	

GR	oss	RECEIPTS FROM THE FOLLOWING SOURCES:	USE WHOLE DOLLARS ONLY
1.	Con	nmissions on loans and various banking services	\$
2.	Disc	counts on loans	\$
3.	Aba	tements or allowances	\$
4.	Ban	king charges or fees on depositors accounts	\$
5.	Ren	ts on real estate owned	\$
6.	Inte	erest on: Bonds of public and private corporations	
	b.	Bonds of states other than the Commonwealth of Pennsylvania	
	c.	Bonds issued by municipal subdivisions of the Commonwealth of Pennsylvania \$	
	d.	Loans	
	e.	Mortgages and judgments	
	f.	Drawing accounts or overdrafts of partners	
	g.	Balances with other banks	
	h.	Total interest (Sum of 6a through 6g)	
	i.	Less: amortization of premiums, etc	
	j.	Total interest less amortization of premiums (6h less 6i)	\$
7.	Divi	dends on stocks	\$
8.	Puro a.	chases and sales of securities for investment or trading purposes:  Profits	
	b.	Losses	
	c.	Profits less losses on purchases and sales of securities for investment or trading purposes (8a less 8b)	\$
9.	Ren	tal of safe-deposit boxes	\$
10.	Oth	er sources: (Provide details.)	
	b	·	
	с	\$	
	d	· · · · · · · · · · · · · · · · · · ·	
	e.	Total of other sources (Sum of 10a through 10d)	\$
11.	Tota	gross receipts (Sum of Lines 1 through 10)	\$
12.	Tax	(Line 11 times tax rate - See Instructions.)	\$

<b>RCT-131</b>	(03-16) <b>PAGE 3 OF 3</b>
GROSS RECEIP	TS TAY - PRIVATE RANKERS

Revenue ID	

## **Preparer's Information:**

Signature	e of Preparer		Date
	ler penalties prescribed by law, this report, ge and belief is a true, correct and complete r	including any accompanying schedules and stateme eport.	nts, has been prepared by me and to the best of
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ZIP		01 1 1214	
State		or PTIN	
City		Social Security Number	
Address		Email	
Firm FEIN		Phone	
Firm Name		Individual Preparer Name	