



1430016101

RCT-143 (03-16) **PAGE 1 OF 4**
NET INCOME TAX REPORT
MUTUAL THRIFT INSTITUTIONS

Date Received (Official Use Only)

Tax Year Begin:

Tax Year End:

Due Date: (See Instructions)

Check to Indicate a Change of Address	<input type="checkbox"/>
Send All Correspondence to the Preparer	<input type="checkbox"/>
Amended Report (Include REV-1175.)	<input type="checkbox"/>
First Report	<input type="checkbox"/>
Payment Made Electronically	<input type="checkbox"/>
KOZ/EIP	<input type="checkbox"/>
Registered as:	
State S&L or Savings Bank = A	<input type="checkbox"/>
Federal S&L or Savings Bank = B	<input type="checkbox"/>
Final Report (See Instructions.)	<input type="checkbox"/>
Out of Existence Date:	<input type="text"/>

Revenue ID <input type="text"/>	Federal ID (FEIN) <input type="text"/>	Parent Corporation (FEIN) <input type="text"/>
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Taxpayer Name

First Line of Address

Second Line of Address

City State ZIP

Phone

Email

USE WHOLE DOLLARS ONLY

1. Mutual Thrift Institutions Net Income Tax (Page 2, Line 13)	1.	<input type="text"/>
2. Total Estimated Payments	2.	<input type="text"/>
3. Total Payments Carried Forward From Prior Year Return	3.	<input type="text"/>
4. Total "Restricted" Tax Credits	4.	<input type="text"/>
5. Total Credit: (Line 2 plus Line 3 plus Line 4)	5.	<input type="text"/>
6. Tax Due: (If Line 1 is more than Line 5, enter the difference here.)	6.	<input type="text"/>
7. Remittance	7.	<input type="text"/>
8. Overpayment: (If Line 5 is more than Line 1, enter the difference here.)	8.	<input type="text"/>
9. Refund: (Amount of Line 8 to be refunded after offsetting all unpaid liabilities)	9.	<input type="text"/>
10. Transfer: (Amount of Line 8 to be credited to the next tax year after offsetting all unpaid liabilities)	10.	<input type="text"/>



Corporate Officer Information:

Officer Last Name <input type="text"/>	Social Security Number of Officer <input type="text"/>
Officer First Name <input type="text"/>	Phone <input type="text"/>
Title of Officer <input type="text"/>	Email <input type="text"/>

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
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RCT-143 (03-16) **PAGE 2 OF 4**
CALCULATION OF NET INCOME TAX

USE WHOLE DOLLARS ONLY

C

1. Income from Financial Statements (Income Statement or Report of Condition)

1.

Deductions

2. Interest from U.S. Obligations (Attach Schedule.)

2.

3. Interest from PA Obligations (Attach Schedule.)

3.

4. Total Deductions (Line 2 plus Line 3)

4.

Additions

5. Interest Expense Allocable to Tax-Exempt Income (From Schedule B, Line 5)

5.

6. Employment Incentive Payment Credit

6.

7. Total Additions (Line 5 plus Line 6)

7.

8. Income to be Apportioned to PA (Line 1 minus Line 4 plus Line 7)

8.

9. Apportionment (From Schedule C, Line 16)

9.

10. Income Apportioned to PA (Line 8 times Line 9)

10.

11. Net Loss Deduction (from Schedule A, Column D total)

11.

12. Taxable Income (Line 10 minus Line 11)

12.

13. Tax (Line 12 times tax rate - See Instructions.)

13.

Preparer's Information:



Firm Name	<input type="text"/>
Firm FEIN	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
ZIP	<input type="text"/>

Individual Preparer Name	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>
Social Security Number or PTIN	<input type="text"/>

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"/>

Schedule A – Net Loss Carry Forward

(A) Tax Year Beginning	(B) Tax Year Ending ^{aa}	(C) Net Loss Carry Forward to Current Period	(D) Amount Deducted	(E) Net Loss Carry Forward to Next Period
Total Column D			<input type="text"/>	

Schedule B – Interest Expense Allocable to Tax-Exempt Income

1. Total Tax-Exempt Income (From Page 2, Line 4).....1. _____
2. Total Interest Income for Year.....2. _____
3. Line 1 divided by Line 2.....3. _____
4. Total Interest Expense.....4. _____
5. Interest Expense Allocable to Tax Exempt Income (Multiply Line 3 by Line 4,
Carry to Page 2, Line 5).....5. _____

Schedule C – Apportionment Summary

Calculation of Net Income Tax Apportionment

6. Payroll Inside PA (From Schedule D, Line 1a).....6. _____
7. Total Payroll (From Schedule D, Line 1b).....7. _____
8. Payroll Factor (Line 6 divided by Line 7).....8. _____
9. Receipts Inside PA (From Schedule D, Line 11a).....9. _____
10. Total Receipts (From Schedule D, Line 11b).....10. _____
11. Receipts Factor (Line 9 divided by Line 10).....11. _____
12. Average Deposits Inside PA (From Schedule D, Line 17a).....12. _____
13. Average Total Deposits (From Schedule D, Line 17b).....13. _____
14. Deposits Factor (Line 12 divided by Line 13).....14. _____
15. Total of Proportions (Line 8 plus Line 11 plus Line 14).....15. _____
16. Apportionment Factor (See Instructions.).....16. _____

Schedule D – Apportionment

Payroll Factor

INSIDE PENNSYLVANIA

EVERYWHERE

1. Wages, Salaries, Commissions and other Compensation to Employees..... 1a. _____ 1b. _____

Receipts Factor

2. Receipts from Loans..... 2a. _____ 2b. _____

3. Receipts from Performance of Services..... 3a. _____ 3b. _____

4. Receipts from Lease Transactions..... 4a. _____ 4b. _____

5. Interest and Fees from Credit Card Transactions..... 5a. _____ 5b. _____

6. Interest, Dividends and Net Gains on Intangibles..... 6a. _____ 6b. _____

7. Fees or Charges from Traveler's Checks or Money Orders..... 7a. _____ 7b. _____

8. Receipts from Sale of Tangible Property..... 8a. _____ 8b. _____

9. Receipts from Issuance of Insurance..... 9a. _____ 9b. _____

10. Other Receipts..... 10a. _____ 10b. _____

11. Total Receipts (Sum of Line 2 through Line 10)..... 11a. _____ 11b. _____

Deposits Factor

12. 1st Quarter..... 12a. _____ 12b. _____

13. 2nd Quarter..... 13a. _____ 13b. _____

14. 3rd Quarter..... 14a. _____ 14b. _____

15. 4th Quarter..... 15a. _____ 15b. _____

16. Total (Sum of Line 12 through Line 15)..... 16a. _____ 16b. _____

17. Average Value..... 17a. _____ 17b. _____