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DEPARTMENT USE ONLY

INACTIVE

RCT-101-I 04-17 (FI) PAGE 1 OF 3 INACTIVE PA CORPORATE NET INCOME TAX REPORT 2017

STEP A

Tax Year Beginning Tax Year Ending

STEP B

52-53 Week Filer Change Fed Group File Period Change
Address Change First Report

STEP C

Revenue ID Parent Corporation EIN
Federal EIN
Corporation Name
Address Line 1
Address Line 2
City Province
State Country Code
ZIP Foreign Postal Code

STEP D: PA CORPORATE NET INCOME TAX

USE WHOLE DOLLARS ONLY

STEP E: Payment Due/Overpayment

Calculation: A minus B minus C
See instructions.

A. Tax Liability
(can not be less than zero)

B. Estimated
Payments &
Credits on Deposit

C. Restricted
Credits

CNI

STEP F: Transfer/Refund Method (See instructions.)

E-File Opt Out (See instructions.)

Transfer: Amount to be credited to the next tax year after offsetting all unpaid liabilities

Refund: Amount to be refunded after offsetting all unpaid liabilities

STEP G: Corporate Officer (Must sign affirmation below)

NAME
PHONE
EMAIL

FORM BARCODE

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.

Corporate Officer Signature Date

REVENUE ID
TAX YEAR END

NAME

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STEP H: INACTIVE DECLARATION

CHECK ONE BOX IN SUPPORT OF FILING THE INACTIVE REPORT, RCT-101-I.

A. This Pennsylvania corporation, to which a charter was granted by the Commonwealth of Pennsylvania, did not conduct any business, had no assets or income and did not exercise any corporate rights or privileges during the tax period ended (MMDDYYYY):

B. This foreign corporation, chartered under the laws of a state other than Pennsylvania, did not conduct any business, own property or exercise any corporate rights or privileges during the tax period ended (MMDDYYYY):

If neither of these statements applies to the corporation, a RCT-101, PA Corporate Net Income Tax Report, must be completed and filed. Specifically, a corporation with business activity outside Pennsylvania must file RCT-101. See the REV-1200, PA Corporate Net Income Tax Instructions, found at www.revenue.pa.gov for instruction on completing the RCT-101-I and RCT-101.

STEP I: GENERAL INFORMATION QUESTIONNAIRE

1. Location of corporation records:
2. Corporation's records are in care of:

3. Name, SSN, EIN and/or Revenue ID Number of any individual or business entity owning all or a majority of the stock of the taxpayer.

Name:
Revenue ID: SSN or EIN:

4. Incorporation date: (MMDDYYYY)

5. State of incorporation:

6. Has the corporation previously had business activity anywhere?

7. If the answer to 6 is "Yes", enter the last tax period the corporation had business activity (MMDDYYYY).

8. Has the federal government changed taxable income as originally reported for any prior period for which reports of change have not been filed in PA?

9. Is this taxpayer a partnership that elects to file federal taxes as a corporation?

If yes:
First period end date:
Last period end date:



REVENUE ID
TAX YEAR END

NAME

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STEP J: CORPORATE STATUS CHANGES

Final Report

PA Corporations:

Did you ever transact business anywhere?

If yes, enter date all business activity ceased

Did you hold assets anywhere?

If yes, enter date of final disposition of assets

Foreign Corporations:

Did you ever transact business in PA on your own or through an unincorporated entity?

If yes, enter date PA business activity ceased

Did you hold assets in PA on your own or through an unincorporated entity?

If yes, enter date of final disposition of
PA assets

Reinstatement

Effective Date of
Reinstatement

CORPORATE OFFICERS

Must provide requested information
for all filled officer positions

SSN

Last Name

First Name

MI

President/Managing Partner

Vice President

Secretary

Treasurer/Tax Manager

PREPARER'S INFORMATION

Mail to Preparer

Firm Federal EIN

Firm Name

Address Line 1

Address Line 2

City

Province

State

Country Code

ZIP

Foreign Postal Code

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.

Tax Preparer's Signature

Date

INDIVIDUAL PREPARER

PHONE

EMAIL

PTIN/SSN

