

### 1250019105

Date Received	(Official Use Only)

## RCT-125 08-19 (FI) PAGE 1 OF 3 **CORPORATE NET INCOME TAX COOPERATIVE AGRICULTURE ASSOCIATION**

				Tax Year Begin:	
Revenue ID	Federal ID (FEIN)	Parent Corporation (FE	IN)	Tax Year End:	
				Tax Teal End.	
				Due Date: (See Instru	ctions)
Taxpayer Name					_
				Check to Indicate a Change of Address	
First Line of Address					
				Amended Report (Include REV-1175.)	
Second Line of Addre	ess			First Report	
				Payment Made Electronically	
City		State ZIP			
				Final Report (See Instructions.)	
Phone					_
				Out of Existence Date:	
Email					<del></del>

## **USE WHOLE DOLLARS ONLY**

1.	Cooperative Agriculture Association Corporate Net Income Tax (Page 2, Line 4)	1.	
2.	Total Estimated Payments	2.	
3.	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 liabilities)	9.	
10.	Transfer: (Amount of Line 8 to be credited to the next tax year after offsetting all unpaid liabilities)	10.	



## **Corporate Officer Information:**

Officer Last Name		
Officer First Name		
Title of Officer		

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
	I

Revenue ID

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CALCULATION					

## **USE WHOLE DOLLARS ONLY**

## ATTACH FEDERAL FORMS

1.	Net Income (Dividends declared or declared and paid, Schedule A, Line 9)	1.	
2.	Allocation Decimal (Schedule B, Line 3)	2.	
3.	Net Income allocated to Pennsylvania (Line 1 times Line 2)	3.	
4.	Tax (4 percent of Line 3)	4.	
	Tax (1 percent of Line 9)		
SCH1	EDULE ARECONCILIATION OF BEGINNING AND		
	ING UNAPPROPRIATED RETAINED EARNINGS		
END.			
1.	BalanceBeginning of Year	1.	
2.	Net Income per Books	2.	
3.	Other Increases (Attach Schedule.)	3.	
4.	Total (Sum of Lines 1 through 3)	4.	
Dedi	uctions:		
5.	Patronage refunds	5.	
6.	Transferred to reserves	6.	
7.	Statutory reserve	7.	
8.	Other Decreases (Attach Schedule.)	8.	
9.	Dividends on capital stock declared or declared and paid	9.	
10.	Total Decreases (Total Line 5 through Line 9)	10.	
11.	Balance - End of year (Line 4 minus Line 10)	11.	
SCHI	EDULE B - DETERMINATION OF ALLOCATION DECIMAL		
1.	Total gross receipts assignable to Pennsylvania	1.	
2.	Total gross receipts from all business	2.	
3.	Allocation decimal (Divide Line 1 by Line 2 and carry to six decimal places)	3.	

## **Preparer's Information:**

ZIP

7670071607

Firm Name	Individual Preparer Name	
Firm FEIN	Phone	
Address	Email	
City	Social Security Number or	
State	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

## **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.)

0=0wns R=Rents	Street Address	City	County





## **Pennsylvania Department of Revenue**

## **Instructions for RCT-125**

Corporate Net Income Tax - Cooperative Agriculture Association

RCT-125 IN 09-19

## **GENERAL INFORMATION**

## REMINDER

- All payments of \$1,000 or more must be made electronically or by certified or cashier's check remitted in person or by express mail courier.
- Use only whole dollars when preparing tax reports.
- Taxpayers may request a 60-day extension to file this report by filing REV-426.

NOTE: The automatic PA extension provided by Act 52 of 2013 to those with valid federal extensions DOES NOT apply to this tax.

- RCT-125 is available as a fill-in form on the department's website at www.revenue.pa.gov. Use ONLY the most current, non-year-specific tax form and instructions for filing ALL years. If an amended report must be filed, taxpayers must use the most current, non-year-specific tax form, completing all sections of the form. REV-1175, Schedule AR (explanation for amending), must be included when filing an amended report.
- One extension coupon, REV-426, will be used for all specialty taxes. The coupons and the tax report will no longer be mailed. These forms are available as fill-in documents on the department's website www.revenue.pa.gov. The REV-423 and REV-426 coupons can be filed electronically through e-TIDES at www.etides.state.pa.us. However, electronic filing of the tax report is not available. The report should be completed using the computer-based fill-in form, printed and submitted by mail to the department. The form can be saved electronically for your records.

#### ANNUAL REPORT CHECKLIST

Make sure you include the following to file your annual report properly and completely:

- Negative amounts must be written using a minus sign preceding the number. Do not use parentheses.
- Complete RCT-125, Corporate Net Income Tax Cooperative Agriculture Association.
- Copies of federal Form 1120-C or federal Form 1120.
- Corporate officer's signature on Page 1 and preparer's signature and PTIN on Page 2, if applicable.

#### IMPOSITION, BASE AND RATE

Cooperative agriculture association corporate net income tax is imposed at the rate of 4 percent on the net income attributable to business transacted in Pennsylvania of incorporated cooperative agriculture associations having capital stock, and either doing business or having capital or property employed or used in Pennsylvania. This tax is imposed under the Act of May 23, 1945, P.L. 893 (72 P.S. § 3420-21).

# REVENUE ID, FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN), PARENT CORPORATION FEIN, NAME AND ADDRESS

The Revenue ID number, FEIN, name and complete mailing address must be provided. If the taxpayer is a subsidiary of a corporation, the parent corporation's FEIN must be provided. Also provide the telephone number and email address of the taxpayer.

#### **TAX YEAR**

Enter month, day and year (MMDDYYYY) for the tax year beginning and year (YY) for the tax year end.

## **REPORT DUE DATE**

This report is due April 15 for an association reporting on a calendar year basis. For associations reporting on a fiscal year basis, the report is due on or before the 15th day of the fourth month after the close of the fiscal year. If either date falls on a Saturday, Sunday or holiday, the report is due the next business day. A 10 percent late-filing penalty will be imposed on late reports and assessed at the time of filing.

### **ADDRESS CHANGE**

Enter "Y" in the block on Page 1 if the address of the corporation has changed from prior tax periods. The current mailing address should be reflected on the report.

#### **AMENDED REPORT**

Enter "Y" in the block on Page 1 if you are filing an amended report to add, delete or adjust information. Provide documentation to support all changes being made. An amended report should only be filed if an original report was filed previously for the same period.

An amended report must be filed within three years of the filed date of the original report. The department may adjust the tax originally reported based on information from the amended report. The taxpayer must consent to extend the assessment period. If the amended report is timely filed and the taxpayer consented to extend the assessment period, the time period in which to assess tax will be the greater of three years from the filed date of the original report or one year from the filed date of the amended report.

Regardless of the tax year being amended, taxpayers must use the most current non-year-specific tax form, completing all sections of the report. This includes those sections originally filed and those sections being amended. All tax liabilities should be recorded on Page 1. Taxpayers must check the Amended Report check box on Page 1 and include Schedule AR, REV-1175, with the report.

## **FIRST REPORT**

Enter "Y" in the block on Page 1 if this is the taxpayer's first PA cooperative tax filing.

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#### **ELECTRONIC PAYMENT**

Enter "Y" in the block on Page 1 if the taxpayer has made any electronic payments using e-TIDES.

#### **FINAL REPORT**

- Enter "Y" in the block on Page 1 if this report will be the final report filed with the department. Indicate the effective date of the event as MMDDYYYY.
- Include a completed Schedule of Disposition of Assets, REV-861.
- Include a copy of the regulatory authority's approval of the merger, dissolution, plan of reorganization and/or articles of merger.
- Provide the Revenue ID and FEIN of the surviving entity, if applicable.

## **CORPORATE OFFICER INFORMATION**

A corporate officer must sign and date the tax report. The signature must be original; photocopies or faxes will not be accepted. Print the first and last name, title, Social Security number, telephone number and email address of the corporate officer.

#### PREPARER'S INFORMATION

Paid preparers must sign and date the tax report. If the preparer works for a firm, provide the name, FEIN and address of the firm along with the name, telephone number, email address and PTIN/SSN of the individual preparing the report. If the preparer is an individual without any association to a firm, provide the name, address, telephone number, email address and PTIN/SSN of the individual preparing the report.

#### **EXTENSION REQUEST DUE DATE**

To request a due date extension of up to 60 days to file the annual report, you must file an extension request, REV-426, by the original report due date. However, an extension of time to file does not extend the deadline for payment of tax, and an extension request must be accompanied by payment of taxes owed for the taxable year for which the extension is requested.

Mail the extension coupon separately from all other forms. A taxpayer using an electronic method to make a payment with an extension request should not submit the extension coupon. Do not use the extension coupon to remit other unpaid liabilities within the account.

#### PAYMENT AND MAILING INFORMATION

All payments of \$1,000 or more must be made electronically or by certified or cashier's check remitted in person or by express mail courier. Failure to make a payment by an approved method will result in the imposition of a 3 percent penalty of the tax due, up to \$500. For more information on electronic payment options, visit **www.etides.state.pa.us**. Payments under \$1,000 may be remitted by mail, made payable to the PA Department of Revenue.

Mail payments, extension requests and Tax Report, RCT-125, to the following address:

PA DEPARTMENT OF REVENUE 327 WALNUT ST FL 12 PO BOX 280407 HARRISBURG PA 17128-2005

## **CURRENT PERIOD OVERPAYMENT**

If an overpayment exists on Page 1 of the RCT-125, the taxpayer must instruct the department to refund or transfer overpayment as indicated below.

### **REFUND**

Identify the amount to refund from the current tax period overpayment. Prior to any refund, the department will offset current period liabilities and other unpaid liabilities within the account.

#### **TRANSFER**

Identify the amount to transfer from the current tax period overpayment to the next tax period. Prior to any transfer, the department will offset current period liabilities and other unpaid liabilities within the account.

**NOTE:** If no option is selected, the department will automatically transfer any overpayment to the next tax year after offsetting current period liabilities and other unpaid liabilities within the account.

A tax period overpayment summary will be mailed to the taxpayer confirming the disposition of the credit.

## REQUESTS FOR REFUND OR TRANSFER OF AVAILABLE CREDIT

Requests for refund or transfer of available credit from prior periods can be faxed on company letterhead, signed by an authorized representative, to 717-705-6227.

Requests can also be submitted in writing to the following address:

PA DEPARTMENT OF REVENUE PO BOX 280701 HARRISBURG PA 17128-0701

Please do not duplicate requests for refund and/or transfer by submitting both RCT-125 and written correspondence.

## **CONTACT INFORMATION**

- To make electronic payments and file extensions electronically, visit e-TIDES at www.etides.state.pa.us. For additional information and assistance with electronic payments and extensions call 717-705-6225.
- To confirm account payments, call 1-888-PATAXES (1-888-728-2937).
- If you have questions regarding payments or refunds, call the Accounting Division at 717-705-6225.
- Requests for transfer of credit may be faxed to the Accounting Division at 717-705-6227.
- If you have questions regarding extensions, call the Extension Unit at 717-705-6225. Requests can be faxed to 717-705-6227.
- If you have questions regarding tax assessments, determinations or filing requirements, call the Specialty Tax Unit at 717-787-8326.
- If you have general business tax questions, call 717-787-1064.

## LINE INSTRUCTIONS

**RCT-125** should be completed in the following order: (Page instructions start with Page 2 below.)

#### STEP 1

Complete the taxpayer information section and any applicable questions at the top of Page 1.

#### STEP 2

Enter the Revenue ID number and other taxpayer information in the designated fields at the top of each page.

#### STEP 3

Complete Page 2, Schedule A, Reconciliation of Beginning and Ending Unappropriated Retained Earnings.

#### STFP 4

Complete Page 2, Schedule B, Determination of Allocation Decimal.

#### STEP 5

Complete Page 2, Calculation of Tax.

#### STEP 6

Complete Page 1, Lines 1 through 10.

#### STEP 7

Complete Page 3, General Information.

#### STEP 8

Complete Page 3, Schedule of Real Property in PA.

#### STEP 9

Complete the corporate officer information section, sign and date at the bottom of Page 1.

#### STEP 10

Complete the preparer's information section, sign and date at the bottom of Page 2, if applicable.

#### **STEP 11**

Mail the complete report and any supporting schedules to the PA Department of Revenue.

## PAGE 2

## **SCHEDULE A**

RECONCILIATION OF BEGINNING AND ENDING UNAPPROPRIATED RETAINED EARNINGS

## LINE 1

## **BALANCE – BEGINNING OF YEAR**

Enter the beginning retained earnings.

## LINE 2

## **NET INCOME PER BOOKS**

Enter the net income per books.

## LINE 3

## OTHER INCREASES (ATTACH SCHEDULE)

Enter the amount of other increases.

## LINE 4

## **TOTAL**

Enter the sum of Lines 1 through 3.

## LINE 5

#### PATRONAGE REFUNDS

Enter the patronage refunds.

## LINE 6

### TRANSFERRED TO RESERVES

Enter the amount that was transferred to reserves.

## LINE 7

#### STATUTORY RESERVE

Enter the amount from the statutory reserve.

## LINE 8

### **OTHER DECREASES**

Enter the amount of other decreases; detail of all decreases must be provided.

## LINE 9

## DIVIDENDS ON CAPITAL STOCK DECLARED OR DECLARED AND PAID

Enter the dividends on capital stock declared or declared and paid.

## **LINE 10**

#### **TOTAL DECREASES**

Enter the sum of Lines 5 through 9.

## **LINE 11**

## **BALANCE – END OF YEAR**

Enter the difference of Line 4 minus Line 10.

## **SCHEDULE B**

**DETERMINATION OF ALLOCATION DECIMAL** 

## LINE 1

## TOTAL GROSS RECEIPTS ASSIGNABLE TO PENNSYLVANIA

Enter the total gross receipts assignable to PA.

## LINE 2

### TOTAL GROSS RECEIPTS FROM ALL BUSINESS

Enter the total receipts from all business.

## LINE 3

#### **ALLOCATION DECIMAL**

Divide Line 1 by Line 2. Carry to six decimal places.

## **CALCULATION OF TAX**

## LINE 1

## **NET INCOME**

Enter the dividends declared or declared and paid from Schedule A, Line 9.

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## LINE 2

## **ALLOCATION DECIMAL**

Enter the decimal from Schedule B, Line 3.

## LINE 3

## **NET INCOME ALLOCATED TO PENNSYLVANIA**

Multiply Line 1 by Line 2.

## LINE 4

## TAX

Multiply Line 3 by 0.04. Carry the tax to Page 1, Line 1.

## PAGE 3

## **GENERAL INFORMATION**

Taxpayers should provide the following information:

Where and with whom the business records are located

The state where the entity was incorporated or organized and the date it occurred

A list of all other states where the entity conducts business

## SCHEDULE OF REAL PROPERTY IN PA

Taxpayers must report the location of any real property utilized in Pennsylvania during the current tax period. Provide the requested information if the property was owned or rented by the taxpayer.

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