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DEPARTMENT USE ONLY

RCT-101 09-20 (FI) PAGE 1 OF 4 PA CORPORATE NET INCOME TAX REPORT 2020

IRS Filing Type A = 1120 B = 1120S C = Other

STEP A:

Tax Year Beginning [] Tax Year Ending []

STEP B:

Amended Report	<input type="checkbox"/>	52-53 Week Filer	<input type="checkbox"/>	First Report	<input type="checkbox"/>	File Period Change	<input type="checkbox"/>
Economic Nexus	<input type="checkbox"/>	Address Change	<input type="checkbox"/>	KOZ/EIP/SDA Credit	<input type="checkbox"/>	S Corp Taxable Built-in Gains	<input type="checkbox"/>
		Change Fed Group	<input type="checkbox"/>	Royalty/Related Interest	<input type="checkbox"/>	Section 381/382/Merger	<input type="checkbox"/>
				Add-Back (Act 52 of 2013)		NOLs/Alternate Apportionment	

STEP C:

Revenue ID	[]	Parent Corporation EIN	[]
Federal EIN	[]		
Business Activity Code	[]		
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
from Page 2
(can not be less than zero)

B. Estimated
Payments &
Credits on Deposit

C. Restricted
Credits

CNI	[]	[]	[]	[]
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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. 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.

Corporate Officer Signature	Date
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REVENUE ID
TAX YEAR END

NAME

RCT-101 09-20 (FI) PAGE 2 OF 4 PA CORPORATE NET INCOME TAX REPORT 2020

SECTION A: BONUS DEPRECIATION

USE WHOLE DOLLARS ONLY

(Include REV-1834, Schedule C-8 and C-9, if claiming bonus depreciation.)

- 1. Current year federal depreciation of 168k prop. 1
- 2. Current year adjustment for disposition of 168k prop. 2
- 3. Other adjustments. 3

SECTION B: PA CORPORATE NET INCOME TAX

- 1. Income or loss from federal return on a separate-company basis. 1

2. DEDUCTIONS:

- 2A. Corporate dividends received (from REV-798, Schedule C-2, Line 7). 2A
- 2B. Interest on U.S. securities (GROSS INTEREST minus EXPENSES). 2B
- 2C. Current yr. addtl. PA deprec. plus adjust. for sale (REV-1834, Sched. C-8, Line 8). 2C
- 2D. Other (from REV-860, Schedule OD) See instructions. 2D
- TOTAL DEDUCTIONS** - Add Lines 2A through 2D and enter the result on Line 2. 2

3. ADDITIONS:

- 3A. Taxes imposed on or measured by net income (from REV-860, Schedule C-5, Line 6). 3A
- 3B. Employment incentive payment credit adjustment (Include Schedule W). 3B
- 3C. Current year bonus depreciation (REV-1834, Sched. C-8, Line 3). 3C
- 3D. Intangible expense or related interest expense (REV-802, Sched. C-6; must include REV-802). 3D
- 3E. Other (from REV-860, Schedule OA) See instructions. 3E
- TOTAL ADDITIONS** - Add Lines 3A through 3E and enter the result on Line 3. 3

- 4. Income or loss with Pennsylvania adjustments (Line 1 minus Line 2 plus Line 3). 4
- 5. Total nonbusiness income or loss (from REV-934, Column C, Total; must include REV-934). 5
- 6. Income or loss to be apportioned (Line 4 minus Line 5). 6
- 7. Apportionment (from Schedule C-1, 1C, or 2C if using Special Apportionment). 7
- 8. Income or loss apportioned to PA (Line 6 times Line 7). 8
- 9. Nonbusiness income or loss allocated to PA (from REV-934, Column A, Total; must include REV-934). 9
- 10. PA taxable income or loss after apportionment (Line 8 plus Line 9). 10
- 11. Total net operating loss deduction (from RCT-103, Part A, Line 4). 11
- 12. PA taxable income or loss (Line 10 minus Line 11). 12
- 13. PA corporate net income tax (Line 12 times 0.0999). If Line 12 is less than zero, enter "0". 13
- 14. Less: Credit for tax paid by affiliate(s) for intangible expense or related interest expense (from REV-803, Sched. C-7; must include REV-803). 14
- 15. Tax Due (Line 13 minus Line 14.) 15

SCHEDULE C-1: Apportionment Schedule For Corporate Net Income Tax (Include RCT-106.) *

Sales Factor

- Sales - PA 1A
- Sales - Total 1B

1C

Special Apportionment

- Numerator 2A
- Denominator 2B

Apportionment Proportion 2C

* Refer to REV-1200, PA Corporate Net Income Tax Instructions, found at www.revenue.pa.gov.



REVENUE ID
TAX YEAR END

NAME

RCT-101 09-20 (FI) PAGE 3 OF 4 PA CORPORATE NET INCOME TAX REPORT 2020

SECTION C: 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*

*Schedule of Disposition of Assets, REV-861, must be completed and filed with this report.

Has the corporation sold or transferred in bulk, 51 percent or more of any class of assets? (See instructions.)

If yes, enter the following information. (Include a separate schedule if additional space is needed.)

Purchaser Name

Address Line 1

Address Line 2

City

Province

State

Country Code

ZIP

Foreign Postal Code

SECTION D: GENERAL INFORMATION QUESTIONNAIRE

Describe corporate activity in PA

Describe corporate activity outside PA

Other states in which taxpayer has activity

State of Incorporation

Incorporation Date

1. Does any corporation, individual or other business entity hold all or a majority of the stock of this corporation?

1

2. Does this corporation own all or a majority of stock in other corporations? If yes, include REV-798, Schedule X.

2

3. Is this taxpayer a partnership or other unincorporated entity that elects to file federal taxes as a corporation?

3

4. 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?

4

If yes: First Period End Date:

Last Period End Date:

Accounting Method - Federal Tax Return

Accounting Method - Financial Statements

A = Accrual C = Cash O = Other

A = Accrual C = Cash O = Other

Other

Other



REVENUE ID
TAX YEAR END

[REDACTED]

NAME

[REDACTED]

RCT-101 09-20 (FI) PAGE 4 OF 4 PA CORPORATE NET INCOME TAX REPORT 2020
SCHEDULE OF REAL PROPERTY IN PA (Include a separate schedule if additional space is needed.)

Did you own or rent property in PA titled to the corporation or any Single Member LLC during this filing period?

If yes, the below section must be completed.

O = Own
R = Rent

Street Address

City

County

KOZ/KOEZ

<input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/>
<input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/>
<input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/>
<input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/>

CORPORATE OFFICERS

(See instructions.)

SSN

Last Name

First Name

MI

Must provide requested information for all filled officer positions.

President/Managing Partner
Vice President
Secretary
Treasurer/Tax Manager

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

PREPARER'S INFORMATION

Firm Federal EIN
Firm Name
Address Line 1
Address Line 2
City
State
ZIP

[REDACTED]	[REDACTED]	Province	[REDACTED]
[REDACTED]	[REDACTED]	Country Code	[REDACTED]
[REDACTED]	[REDACTED]	Foreign Postal Code	[REDACTED]

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.

Tax Preparer's Signature	Date
[REDACTED]	[REDACTED]

INDIVIDUAL PREPARER
PHONE
EMAIL
PTIN/SSN

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

