

### 1130015102

Date Received (Official Use Only)

### **RCT-113A** (09-14) **PAGE 1 OF 3 GROSS RECEIPTS TAX (GRT) REPORT** TRANSPORTATION COMPANY (Other than Motor Vehicle)

			Tax Year Begin:	
Revenue ID	Federal ID (FEIN)	Parent Corporation (FEIN)		
			Tax Year End:	75/37/50 <sup>_</sup>
			Due Date: M	arch 15
Taxpayer Name			Check to Indicate a Chang	e of Address
			Send All Correspondence t	o the Preparer
First Line of Address			Amended Report	П
			First Report	П
Second Line of Addres	SS		Payment Made Electronical	ly
City		State ZIP	Last Report	
Phone			Out of Existence as of:	
Email				
			I	
				USE WHOLE DOLLARS ONLY

#### 1. Gross Receipts Tax - Transportation Company (Page 2, Line 11) 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: (Include interest and penalty, if applicable) 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 10. all unpaid liabilities)

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### **Corporate Officer Information:**

		Social Security		
Officer Last Name		Number of Officer		
Officer First Name		Phone		
Title of Officer		Email		
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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 this aniented report of the eye and the ming of the original report, whichever period has expired, 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

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SOURCE OF GROSS RECEIPTS

### **USE WHOLE DOLLARS ONLY**

1.	Transportation of freight, baggage, oil and /or passengers:				
	From points within the state to points within the state	1a	a		
	1b. Between points inside the state and outside the state	115			
	1c. Totally outside the state	10			
2.	Carrying of U.S. mail	2.			
3.	Equipment rental income from other transportation companies (At				
4.	All other rental income	4.			
5.	Dividends and Interest	5.			
6.	Gross Royalties	6.			
7.	Capital Gain Net Income	7.			
8.	Net Gains or Losses	8.			
9.	All other sources (Attach a schedule with explanation)	9.			
10.		10			
	Gross Receipts Tax (Line 10 times tax rate – See Instructions)	11			
Othe	er Information:				
	. Type of Entity (A=Pipeline, B=Conduit, C=Steamboat, D=Canal,	12	2a.		
	E=Slack Water Navigation, F=Transportation, G=Other)		ш		
12b.	. If G, list other:	12	2b.		
	'				
13a.	. Federal Return filed (A=1120, B=1065, C=Schedule C, D=Other)	13	3a.		
13b.	. If D, list other:	13	3b.		
Sum	mary from Page 3:				
	Total Gross Receipts (from Page 3, Column, A, Line 10)	14	4.		
	Gross Receipts from Business Conducted in Other States	15			
	(from Page 3, Column B, Line 10)				
16.	Adjustment for PA bad debts plus PA Non-taxable Sales (from Pag of Column C, Line 10 plus Column D, Line 10)	ge 3, total 16	5.		
Prepa	arer's Information:			7730075502	
Firm Na		ndividual Preparer Name			_
Firm FE	±IN P	Phone			
Address	S E	Email			_
City		Social Security Number			
State	Or	or PTIN			
ZIP					
					_
I affir	rm under penalties prescribed by law this report, including any accomp ledge and belief is a true, correct and complete report.	panying schedules and stat	tements, has been prep	pared by me and to the best of	ny
_	nature of Preparer			Date	_

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	SOURCE OF GROSS RECEIPTS	(A) Total Gross Receipts	(B) Business Conducted In Other States	<b>(C)</b> Adjustment For PA Bad Debts	<b>(D)</b> PA Nontaxable Receipts
1.	Transportation of freight, baggage, oil and/or passengers:				
	1a. From points within the state to points within the state				
	1b. Between points inside the state and outside the state				
	1c. Totally outside the state				
2.	Carrying of U.S. mail				
3.	Equipment rental income from other transportation companies (Attach Explanation)				
4.	All other rental income				
5.	Dividends and Interest				
6.	Gross Royalties				
7.	Capital Gain Net Income				
8.	Net Gains or Losses				
9.	All other sources (Attach a schedule with explanation)				
10.	Total Gross Receipts for each Column				