



1130212105

Date Received (Official Use Only)

**RCT-113B** (09-14) **PAGE 1 OF 2**  
**GROSS RECEIPTS TAX (GRT) REPORT**  
**MANAGED CARE ORGANIZATIONS**

C

Revenue ID  Federal ID (FEIN)  Parent Corporation (FEIN)

Tax Year Begin:

Tax Year End: **12/31/20\_\_**

**Due Date: March 15**

Taxpayer Name   
First Line of Address   
Second Line of Address   
City  State  ZIP   
Phone   
Email

Check to Indicate a Change of Address   
Send All Correspondence to the Preparer   
Amended Report   
First Report   
Payment Made Electronically   
Last Report   
Out of Existence as of:

**USE WHOLE DOLLARS ONLY**

- Gross Receipts Tax Managed Care Organizations (Page 2, Line 2)
- Total Estimated Payments
- Total Payments Carried Forward From Prior Year Return
- Total "Restricted" Tax Credits
- Total Credit: (Line 2 plus Line 3 plus Line 4)
- Tax Due: (If Line 1 is more than Line 5, enter the difference here.)
- Remittance: (Include interest and penalty, if applicable.)
- OVERPAYMENT: (If Line 5 is more than Line 1, enter the difference here.)
- Refund: (Amount of Line 8 to be refunded after offsetting all unpaid liabilities)
- Transfer: (Amount of Line 8 to be credited to the next tax year after offsetting all unpaid liabilities)

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>
4.	<input type="text"/>
5.	<input type="text"/>
6.	<input type="text"/>
7.	<input type="text"/>
8.	<input type="text"/>
9.	<input type="text"/>
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.

<b>Signature of Officer</b>	<b>Date</b>
<input type="text"/>	<input type="text"/>

1130212205

Revenue ID

**RCT-113B** (09-14) **PAGE 2 OF 2**  
**SOURCE OF GROSS RECEIPTS**

**USE WHOLE DOLLARS ONLY**

**C**

- 1. Gross Receipts from GRT MMCO Revenue Report issued by the Department of Public Welfare
- 2. Managed Care Organizations GRT (Line 1 times tax rate - See Instructions)

1.

2.

**Preparer's Information:**



Firm Name

Firm FEIN

Address

City

State

ZIP

Individual Preparer Name

Phone

Email

Social Security Number or 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**