pennsylvania
DEPARTMENT OF REVENUE
Bureau of Corporation Taxes
PO BOX 280407
Harrisburg PA 17128-0407

GROSS RECEIPTS TAX
OTHER
2011 REPORT

NAME

ADDRESS

CITY STATE ZIP CODE

☐ Check to send all correspondence to preparer.

CORP TAX ACCOUNT ID

(Department Use Only)
Date Received

FEDERAL ID (EIN)

☐ **Check to indicate a change of address**

☐ First Report ☐ Amended Report (See instructions.) ☐ Last Report (Out-of-Existence as of _____.)

ANNUAL PAYMENTS

TAX YEAR ENDING **12/31/11**

DUE DATE **03/15/12**

Fill in corresponding self-assessed tax, prepayments, restricted credit, remittance amount and grand totals.

TAX TYPE	REVENUE USE ONLY		A. Tax Liability from Tax Report	B. Estimated Payments & Credits on Deposit	C. Restricted Credit	Remittance A minus B minus C
	TYPE CODE	BUDGET CODE				
GROSS RECEIPTS - Transportation - (other than motor vehicle)	**10**	**123103**				
GROSS RECEIPTS- MCO	**10**	**780101**				
Note: Prepayments of gross receipts tax for year ending 12/31/12 required. See Estimated Payment Coupon.						
GRAND TOTALS						

☐ PLEASE CHECK THIS BLOCK ONLY IF THE TOTAL PAYMENT SHOWN ABOVE HAS BEEN OR WILL BE PAID ELECTRONICALLY.

OVERPAYMENT INSTRUCTIONS (Choose only Option A or Option B and write the appropriate letter in the box provided.)

☐ A = Automatically transfer overpayments to other underpaid taxes for the current tax period, then to the next tax period.

B = Refund overpayment(s) of the current tax period after paying any other underpaid taxes for the current tax period.

By checking the "Amended Report" box on this form, the taxpayer 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. For purposes of this extension, an original report filed before the due date is deemed filed on the due date.

I affirm under penalties prescribed by law that this report (including any accompanying schedules and statements) was examined by me, to the best of my knowledge and belief is a true, correct and complete report and I am authorized to execute this consent to the extension of the assessment period. This declaration is based on all information of which I have any knowledge.

Signature of Officer	Title	Date	Telephone Number ( )

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.

PRINT Individual Preparer or Firm's Name	**Signature** of Preparer	Fax Number ( )
PRINT Individual or Firm's Street Address	Title	Telephone Number ( )
City State ZIP Code	E-mail Address	

Taxpayer Name: _____

Corp Tax Account ID: _____

Gross Receipts Tax
TRANSPORTATION BUSINESS (OTHER THAN MOTOR VEHICLE)
FOR TAX YEAR: 12/31/2011

Check the appropriate type of:

Company

- [ ] Pipeline company
- [ ] Conduit company
- [ ] Steamboat company
- [ ] Canal company
- [ ] Slack water navigation company
- [ ] Transportation company
- [ ] Other _____

Entity

- [ ] Corporation
- [ ] Association
- [ ] Joint-stock association
- [ ] Limited Partnership
- [ ] Person or persons
- [ ] Copartnership
- [ ] Other _____

Federal Tax Return Filed *

- [ ] 1120 - Corporation
- [ ] 1065 - Partnership
- [ ] Schedule C - Individual
- [ ] Other _____

All questions must be answered either by appropriate figures, the word "None" or a statement of facts responsive to the question.

SCHEDULE OF GROSS RECEIPTS	(A) TOTAL GROSS RECEIPTS	(B) BUSINESS DONE IN OTHER STATES	(C) NONTAXABLE PA SALES & PA BAD DEBTS	(D) PA TAXABLE SALES
1. Transportation of freight, baggage, oil and/or passengers:				
a. from points within the state to points within the state				
b. between points inside the state and outside the state				
c. totally outside the state				
2. Carrying of U.S. mail				
3. Equipment rental income from other transportation companies (Attached 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 list separately. Miscellaneous receipts must be explained. If space is insufficient, attach a schedule as part of the report.				
a. _____				
b. _____				
c. _____				
d. _____				
e. _____				
f. _____				
g. _____				
10. TOTAL GROSS RECEIPTS for each column				

11. TOTAL PA-TAXABLE GROSS RECEIPTS $ _____

CALCULATION OF TAX BY TAXPAYER:

ALL except Slack Water Navigation Companies

12. Tax at rate of 50 mills (Line 11 x 0.05; whole numbers only) $ _____

Slack Water Navigation Companies

13. Tax at rate of 51.6 mills (50 mills tax + 1.6 mills PURTA Surcharge) (Line 11 x 0.0516; whole numbers only) $ _____

* File a copy of the federal tax return with this report. If none was filed, provide a proforma return as if one had been filed.

Carry the tax from Line 12 or 13 to Page 1, Gross Receipts - (other than motor vehicle) Transportation line, Column A.

Taxpayer Name: _____

Corp Tax Account ID: _____

Gross Receipts Tax

MANAGED CARE ORGANIZATIONS (MCO)

FOR TAX YEAR: 12/31/2011

1.	Gross Receipts from GRT MMCO Revenue Report issued by the Department of Public Welfare	$
2.	Tax at rate of 60.6 mills (59 mills tax + 1.6 mills PURTA Surcharge) (Line 1 x 0.0606; whole dollars only)	$

Carry the tax from Line 2 to Page 1, Gross Receipts - MCO line, Column A.