1430012101

pennsylvania
DEPARTMENT OF REVENUE

RCT-143 (06-12) PAGE 1 OF 4
NET INCOME TAX REPORT
MUTUAL THRIFT INSTITUTIONS

Date Received (Official Use Only)

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

Taxpayer Name

First Line of Address

Second Line of Address

City | State | ZIP

Phone

Email

Tax Year Begin:

Tax Year End:

Due Date: (See Instructions)

Check to Indicate a Change of Address
Send All Correspondence to the Preparer
Amended Report
First Report
Payment Made Electronically
KOZ/EIP
Registered as:
State S&L or Savings Bank = A
Federal S&L or Savings Bank = B

Last Report

Out of Existence as of:

1430012101

USE WHOLE DOLLARS ONLY

1.	Mutual Thrift Institutions Net Income Tax (Page 2, Line 13)	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 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**

1430012201

Revenue ID

RCT-143 (06-12) **PAGE 2 OF 4**

CALCULATION OF NET INCOME TAX

USE WHOLE DOLLARS ONLY

1.	Income from Financial Statements	1.
Deductions		
2.	Interest from U.S. Obligations	2.
3.	Interest from PA Obligations	3.
4.	Total Deductions (Line 2 plus Line 3)	4.
Additions		
5.	Interest Expense Allocable to Tax-Exempt Income (from Schedule B, Line 5)	5.
6.	Employment Incentive Payment Credit	6.
7.	Total Additions (Line 5 plus Line 6)	7.
8.	Income to be Apportioned to PA (Line 1 minus Line 4 plus Line 7)	8.
9.	Apportionment (from Schedule C, Line 16)	9.
10.	Income Apportioned to PA (Line 8 times Line 9)	10.
11.	Net Loss Deduction (from Schedule A, Column D total)	11.
12.	Taxable Income (Line 10 minus Line 11)	12.
13.	Tax (Line 12 times tax rate – See Instructions)	13.

1430012201

Preparer's Information:

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

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**

Revenue ID

Schedule A – Net Loss Carry Forward

(A) Tax Year Beginning	**(B)** Tax Year Ending	**(C)** Net Loss Carry Forward to Current Period	**(D)** Amount Deducted	**(E)** Net Loss Carry Forward to Next Period
		Total Column D		

Schedule B – Interest Expense Allocable to Tax-Exempt Income

1. Total Tax-Exempt Income (from Page 2, Line 4) ..... 1. _____
2. Total Interest Income for Year ..... 2. _____
3. Line 1 divided by Line 2 ..... 3. _____
4. Total Interest Expense ..... 4. _____
5. Interest Expense Allocable to Tax Exempt Income (Multiply Line 3 by Line 4, Carry to Page 2, Line 5) ..... 5. _____

Schedule C – Apportionment Summary

Calculation of Net Income Tax Apportionment

6. Payroll Inside PA (from Schedule D, Line 1a) ..... 6. _____
7. Total Payroll (from Schedule D, Line 1b) ..... 7. _____
8. Payroll Factor (Line 6 divided by Line 7) ..... 8. _____
9. Receipts Inside PA (from Schedule D, Line 11a) ..... 9. _____
10. Total Receipts (from Schedule D, Line 11b) ..... 10. _____
11. Receipts Factor (Line 9 divided by Line 10) ..... 11. _____
12. Average Deposits Inside PA (from Schedule D, Line 17a) ..... 12. _____
13. Average Total Deposits (from Schedule D, Line 17b) ..... 13. _____
14. Deposits Factor (Line 12 divided by Line 13) ..... 14. _____
15. Total of Proportions (Line 8 plus Line 11 plus Line 14) ..... 15. _____
16. Apportionment Factor (See Instructions) ..... 16. _____

Revenue ID

Schedule D – Apportionment

Payroll Factor		INSIDE PENNSYLVANIA		EVERYWHERE
1. Wages, Salaries, Commissions and other Compensation to Employees	1a.		1b.	
Receipts Factor				
2. Receipts from Loans	2a.		2b.	
3. Receipts from Performance of Services	3a.		3b.	
4. Receipts from Lease Transactions	4a.		4b.	
5. Interest and Fees from Credit Card Transactions	5a.		5b.	
6. Interest, Dividends and Net Gains on Intangibles	6a.		6b.	
7. Fees or Charges from Traveler's Checks or Money Orders	7a.		7b.	
8. Receipts from Sale of Tangible Property	8a.		8b.	
9. Receipts from Issuance of Insurance	9a.		9b.	
10. Other Receipts	10a.		10b.	
11. Total Receipts (Sum of Line 2 through Line 10)	11a.		11b.	
Deposits Factor				
12. 1st Quarter	12a.		12b.	
13. 2nd Quarter	13a.		13b.	
14. 3rd Quarter	14a.		14b.	
15. 4th Quarter	15a.		15b.	
16. Total (Sum of Line 12 through Line 15)	16a.		16b.	
17. Average Value	17a.		17b.	