1130212101

pennsylvania
DEPARTMENT OF REVENUE

Date Received (Official Use Only)

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GROSS RECEIPTS TAX (GRT) REPORT
MANAGED CARE ORGANIZATIONS

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: 12/31/20__

Due Date: March 15

1130212101

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

1.	Gross Receipts Tax Managed Care Organizations (Page 2, Line 2)	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**

1130212201

Revenue ID

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SOURCE OF GROSS RECEIPTS

USE WHOLE DOLLARS ONLY

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

1130212201

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**