1019012101

DEPARTMENT USE ONLY

INACTIVE

RCT-101-I (I) (06-12) PAGE 1 OF 3 INACTIVE PA CORPORATE TAX REPORT 20_ _

1019012101

STEP A

Tax Year Beginning XX Tax Year Ending XX

STEP B

52-53 Week Filer XX
Change Fed Group XX
File Period Change XX
Address Change XX
First Report XX

STEP C

Revenue ID XX
Parent Corporation EIN
Federal EIN XX
Corporation Name XX
Address Line 1 XX
Address Line 2 XX
City XX
State XX
ZIP XX

USE WHOLE DOLLARS ONLY

STEP D	A. Tax Liability from Tax Report	B. Estimated Payments & Credits on Deposit	C. Restricted Credits	STEP E: Payment Due/Overpayment Calculation: A minus B minus C See Instructions
CS/FF				
LOANS				
CNI				
TOTAL				

STEP F: Transfer/Refund Method: See Instructions

E-File Opt Out: See Instructions

Transfer: Amount to be credited to the next tax year after offsetting all unpaid liabilities

Refund: Amount to be refunded after offsetting all unpaid liabilities

STEP G: Corporate Officer (Sign affirmation below)

NAME
PHONE
EMAIL

FORM
BARCODE

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.

Corporate Officer Signature	Date

REVENUE ID
TAX YEAR END
NAME

INACTIVE PA CORPORATE TAX REPORT 20_ _

STEP H: INACTIVE DECLARATION

CHECK ONE BOX IN SUPPORT OF FILING THE INACTIVE REPORT (RCT-101-I).

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☐ A. This Pennsylvania corporation, to which a charter was granted by the Commonwealth of Pennsylvania, did not conduct any business, had no assets or income and did not exercise any corporate rights or privileges during the tax period ended (MMDDYYYY):

☐ B. This foreign corporation, chartered under the laws of a state other than Pennsylvania, did not conduct any business, own property or exercise any corporate rights or privileges during the tax period ended (MMDDYYYY):

If neither of these statements applies to the corporation, PA Corporate Tax Report (RCT-101) must be completed and filed. Specifically, a corporation with business activity outside Pennsylvania must file RCT-101. See instructions for completing the RCT-101.

STEP I: GENERAL INFORMATION QUESTIONNAIRE

1. Location of corporation records:
2. Corporation's records are in care of:
3. Name, SSN, EIN and/or Revenue ID Number of any individual or business entity owning all or a majority of the stock of the taxpayer.

Name:
Revenue ID: SSN or EIN:

4. Incorporation Date (MMDDYYYY) XX
5. State of Incorporation: XX
6. Has the corporation previously had business activity anywhere? XX
7. If the answer to 6 is "Yes", enter the last tax period the corporation had business activity (MMDDYYYY). XX
8. Has the federal government changed taxable income as originally reported for any prior period for which reports of change have not been filed in PA? XX

   If yes:
   First period end date: XX
   Last period end date: XX

9. Is this taxpayer a partnership that elects to file federal taxes as a corporation? ☐

REVENUE ID
TAX YEAR END
NAME

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STEP J: CORPORATE STATUS CHANGES

Final Report XX

PA Corporations:

Did you ever transact business anywhere? XX — If yes, enter date all business activity ceased XX

Did you hold assets anywhere? XX — If yes, enter date of final disposition of assets XX

Foreign Corporations:

Did you ever transact business in PA? XX — If yes, enter date PA business activity ceased XX

Did you hold assets in PA? XX — If yes, enter date of final disposition of PA assets XX

Reinstatement XX — Effective Date of Reinstatement XX

CORPORATE OFFICERS
(See Instructions.)

		SSN	Last Name	First Name	MI
President/Managing Partner	XX				
Vice President	XX				
Secretary	XX				
Treasurer/Tax Manager	XX				

PREPARER'S INFORMATION

Mail to Preparer	XX	
Firm Federal EIN	XX	
Firm Name	XX	
Address Line 1	XX	
Address Line 2	XX	
City	XX	
State	XX	
ZIP	XX	

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.

Tax Preparer's Signature	Date

INDIVIDUAL PREPARER
PHONE
EMAIL
PTIN/SSN