



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

**COOPERATIVE AGRICULTURE ASSOCIATION
 CORPORATE NET INCOME TAX REPORT**

(Department Use Only) DLN
ACCOUNT ID (CORPORATE BOX NUMBER)
(Department Use Only) Date Received
FEDERAL ID (EIN)
<input type="checkbox"/> Check to indicate a change of address

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Check to send all correspondence to preparer.

First Report Amended Report (See instructions.) Last Report (See instructions.)

ANNUAL PAYMENTS

TAX PERIOD ENDING _____ DUE DATE _____

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

✓	T/C 01-15 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				
✓	AGRICULTURE ASSOCIATION	80	127165				
GRAND TOTALS							

PLEASE CHECK THIS BLOCK ONLY IF THE TOTAL PAYMENT SHOWN ABOVE HAS BEEN OR WILL BE PAID BY ELECTRONIC FUNDS TRANSFER (EFT).

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

- A = Automatically transfer overpayments to other current-tax-period underpaid taxes, then to the next tax period.
 B = Refund overpayment(s) of the current-tax-period after paying any other current-tax-period underpaid taxes.

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 of Company	Title	Date	Telephone Number ()
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

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OPERATING STATEMENT

GROSS RECEIPTS FROM BUSINESS ACTIVITIES

- 1. Supply Cooperatives use amount of "Purchases by Patrons" \$ _____
- 2. Marketing and Service Cooperatives use amount of "Sales for Patrons" or
"Operating Costs Advanced" \$ _____
- 3. Total gross receipts from business activities (Line 1 plus Line 2) \$ _____

OTHER RECEIPTS

- 4. Interest and dividends \$ _____
- 5. Hauling and trucking \$ _____
- 6. Grinding and mixing \$ _____
- 7. Membership dues \$ _____
- 8. Patronage refunds (Other cooperative associations.) \$ _____
- 9. Miscellaneous (Identify) _____ \$ _____
- 10. Total other receipts (Sum of Lines 4 through 9) \$ _____
- 11. Total receipts (Line 3 plus Line 10) \$ _____

DISBURSEMENTS

- 12. Executive salaries \$ _____
- 13. Other salaries and commissions \$ _____
- 14. Wages \$ _____
- 15. Taxes \$ _____
- 16. Interest \$ _____
- 17. Insurance \$ _____
- 18. Heat, light and power \$ _____
- 19. Repairs \$ _____
- 20. Depreciation \$ _____
- 21. Office supplies \$ _____
- 22. Telegraph and telephone \$ _____
- 23. Automobile expenses \$ _____
- 24. Supplies \$ _____
- 25. Advertising \$ _____
- 26. Bad debts \$ _____
- 27. Miscellaneous (Identify) _____ \$ _____
- 28. Purchases for or advances to patrons \$ _____
- 29. Total disbursements (Lines 12 to 28 inclusive) \$ _____
- 30. Net increase or decrease (Line 11 less Line 29) \$ _____

SCHEDULE A

ANALYSIS OF DISTRIBUTION

- 1. Balance beginning of year \$ _____
- 2. Add or deduct (Line 30 above) \$ _____
- 3. Other increases (Identify) _____ \$ _____
- 4. Total (Sum of Lines 1 through 3) \$ _____
- Less:
- 5. Patronage refunds \$ _____
- 6. Transferred to reserves \$ _____
- 7. Statutory reserve \$ _____
- 8. Other increases (Identify) _____ \$ _____
- 9. Dividends on capital stock declared or paid \$ _____
- 10. Total (Sum of Lines 5 through 9) \$ _____
- 11. Balance end of year (Line 4 less Line 10) \$ _____

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BALANCE SHEET

ASSETS

Current—			
Cash	\$	_____
Notes and accounts receivable		_____
Less: reserve for bad debts		_____
Advances to patrons	.....		_____
Inventories	.....		_____
Investments (Detail schedule)	.....		_____
Total	.....		\$ _____
Fixed—			
Land	.....	\$	_____
Building and equipment	.....		_____
Less: reserve for depreciation	.....		_____
Total	.....		_____
Accrued—			
Prepaid taxes	.....	\$	_____
Prepaid insurance	.....		_____
Prepaid interest	.....		_____
Prepaid rent	.....		_____
Other	.....		_____
Total	.....		_____
Contingent—			
Membership dues	.....	\$	_____
Other	.....		_____
Total	.....		_____
TOTAL ASSETS			\$ _____

LIABILITIES

Current—			
Accounts payable	.....	\$	_____
Notes payable	.....		_____
Interest	.....		_____
Taxes	.....		_____
Salaries and wages	.....		_____
Other	.....		_____
Total	.....		\$ _____
Fixed—			
Bonds	.....	\$	_____
Mortgages	.....		_____
Other	.....		_____
Total	.....		_____
Contingent—			
Membership dues	.....	\$	_____
Other	.....		_____
Total	.....		_____
TOTAL LIABILITIES			\$ _____
Capital and patrons' equities			
Capital stock - common (authorized)	.....	\$	_____
Capital stock - preferred (authorized)	.....		_____
Fractional share credits	.....		_____
Total capital stock	.....		_____
Patronage refunds payable	.....	\$	_____
Statutory reserve		_____
Other reserves		_____
Total		_____
Total liabilities, capital and patrons' equities			\$ _____

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