



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

**MEMBERSHIP REPORT FOR USE BY  
 ELECTRIC CO-OPERATIVE CORPORATIONS**

**2011 REPORT**

NAME _____  ADDRESS _____  CITY _____ STATE _____ ZIP CODE _____	<b>CORP TAX ACCOUNT ID</b> _____ _____ _____ <b>(Department Use Only)</b> <b>Date Received</b> _____ <b>FEDERAL ID (EIN)</b> _____ _____ _____
<input type="checkbox"/> Check to send all correspondence to preparer.	
<input type="checkbox"/> 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 **07/01/12**

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				
ELECTRIC CO-OPERATIVE CORPORATION	80	127164				
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 ( )
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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		

1260011201

Address of the corporation's principal office is \_\_\_\_\_  
(STREET ADDRESS)

(CITY) (STATE) (ZIP CODE)

Did the corporation provide retail electric services outside its certified territory during the tax period covered by this report? .....  YES  NO

If yes, the co-op must also file the Gross Receipts Tax Report for Electric, Hydroelectric and Water Power Companies, RCT-112.

**OFFICERS OF THE CORPORATION**

<b>OFFICERS OF THE CORPORATION</b>			
NAME	TITLE		
HOME STREET ADDRESS	CITY	STATE	ZIP CODE
NAME	TITLE		
HOME STREET ADDRESS	CITY	STATE	ZIP CODE
NAME	TITLE		
HOME STREET ADDRESS	CITY	STATE	ZIP CODE
NAME	TITLE		
HOME STREET ADDRESS	CITY	STATE	ZIP CODE
NAME	TITLE		
HOME STREET ADDRESS	CITY	STATE	ZIP CODE

On Dec. 31, 2011

Total number of members in the corporation .....

Fee of \$10 per 100 members or fraction thereof. Enter this amount on Page 1, Column A. .... \$ \_\_\_\_\_  
(whole dollars only)

1260011201