



pennsylvania

DEPARTMENT OF REVENUE
BUREAU OF COMPLIANCE
OUT OF EXISTENCE/MERGER SECTION
PO BOX 280947
HARRISBURG PA 17128-0947

717-783.6052
TT# 800.447.3020 (Services for Taxpayers
with Special Hearing and/or Speaking Needs Only)

**OUT OF EXISTENCE/WITHDRAWAL
AFFIDAVIT**

PLEASE PRINT OR TYPE INFORMATION

DEPARTMENT USE ONLY

BOX NUMBER _____

TAX TYPE _____ K- _____

THIS FORM MUST BE PROPERLY SIGNED AND NOTARIZED

NOTE:

- If filing a final RCT-101 corporate report for the year 2002 and forward, complete the "corporate status change" section in the RCT-101 in lieu of filing this form.
- The reverse side of this form must be completed. Section A pertains to a PA corporation or a foreign corporation that operated wholly within Pennsylvania. Section B pertains to all other foreign corporations.
- If you wish to be notified that the corporation is out of business by e-mail, please provide e-mail address on reverse side.

Date of Incorporation or Certificate of Authority _____ Account ID/Corp. Box # _____

State of Incorporation _____ Entity ID (EIN) _____

Name of Corporation/Taxpayer _____

I, the "Affiant," was connected with the above corporation and have knowledge of its affairs. Said corporation ceased to transact business in Pennsylvania on or about * _____, and all assets were sold, assigned or distributed on _____, and since that time, the corporation has not owned any property located in Pennsylvania, nor maintained an office therein, nor has performed any sales activity, and does not intend to transact further business in the Commonwealth.

* If corporation never transacted business or held assets in Pennsylvania, please use the words "NEVER TRANSACTED BUSINESS" in place of a cessation date.

The filing of this affidavit does not affect the status of the Certificate of Incorporation/Authority of this corporation but does permit the Department of State to relinquish the use of the present name of the corporation to another corporation.

This affidavit is not to be filed by a PA corporation utilizing its PA charter to conduct business in another state. Out-of-state corporations soliciting business in Pennsylvania are subject to tax and should file this document only upon ceasing activity in Pennsylvania.

Sworn to and subscribed before me this

_____ day of _____, year _____

(Notary Public, District Justice, or Authorized Agent,
Department of Revenue)

My commission expires _____, year _____

(Notary Signature and Seal)

(Signature of Affiant)

TITLE

(Present address of Affiant)

Telephone Number () _____

PLEASE PRINT OR TYPE INFORMATION

NO FILING FEE

THIS SCHEDULE MUST BE COMPLETED.
 ENTER "NONE" ONLY IF THE CORPORATION HAS
 NO ASSETS AND/OR LIABILITIES.

DISTRIBUTION OF ASSETS

J H O N F O O O O F W N

Please Print or Type

Name of Corporation		Account ID/ Corp. Box #	
Business Address		Date of Final Distribution	
City	State	Zip Code	

A. CORPORATION OPERATING 100% WITHIN PA MUST COMPLETE THIS SECTION (Provide copies of Federal Form 1099-DIV)		SHARES OF STOCK OF EACH STOCKHOLDER		MONEY RECEIVED BY EACH STOCKHOLDER		AMOUNT AND NATURE OF OTHER ASSETS RECEIVED BY EACH STOCKHOLDER	
Stockholder Name	Social Security Number.	NUMBER	PAR VALUE	DATE	AMOUNT	DATE	AMOUNT
Street Address	City	State	ZIP Code				
Stockholder Name	Social Security Number.						
Street Address	City	State	ZIP Code				
Stockholder Name	Social Security Number.						
Street Address	City	State	ZIP Code				
Stockholder Name	Social Security Number.						
Street Address	City	State	ZIP Code				
Stockholder Name	Social Security Number.						
Street Address	City	State	ZIP Code				
Stockholder Name	Social Security Number.						
Street Address	City	State	ZIP Code				

B. CORPORATIONS WITHDRAWING FROM PA BUT CONTINUING OPERATIONS OUTSIDE OF PA MUST PROVIDE THE FOLLOWING INFORMATION AND/OR DOCUMENT(S).

1. FULL DETAILS OF DISPOSITION OF PA PROPERTY. ATTACH COPIES OF FEDERAL SCHEDULE D AND/OR FEDERAL FORM 4797, IF APPLICABLE.
2. PLEASE INDICATE IF SALES IN PA WILL CONTINUE AFTER DATE OF CESSATION. IF SO, HOW WILL THEY BE NEGOTIATED AND BY WHOM?

**ATTACH STATEMENT CONTAINING THE REQUIRED INFORMATION IF ADDITIONAL SPACE IS NEEDED.
 IF ANY INDIVIDUAL OR CORPORATION OTHER THAN STOCKHOLDERS AND CREDITORS RECEIVED ASSETS, LIST NAMES AND ADDRESSES OF EACH AND AMOUNT OR VALUE RECEIVED BY EACH.**

- IF ANY CONSIDERATION WAS PAID FOR ANY OF THE ASSETS, STATE NAME AND ADDRESS OF INDIVIDUAL OR CORPORATION MAKING SUCH PAYMENT AND EXACT AMOUNT PAID BY EACH.
(ATTACH A SEPARATE SHEET TO THIS FORM.)
- IF ANY MONEY OR PROPERTY REMAINS UNDISTRIBUTED, STATE AMOUNT, NATURE AND VALUE OF SAME, AND STATE WHY IT HAS NOT BEEN DISTRIBUTED.
(ATTACH A SEPARATE SHEET TO THIS FORM.)
- IF ANY REAL ESTATE HAS BEEN DISTRIBUTED OR SOLD WITHIN THE FINAL TAX PERIOD, GIVE THE DATE OF RECORDING TITLE TRANSFER WITH LOCAL RECORDER OF DEEDS. DATE: _____
- E-MAIL: _____

Name of Person Making this Report	Signature
Current Street Address	Title
	Date
	City
	State
	ZIP Code

J H O N F O O O O F W N