REV-545CT(5-00)PC
PA DEPARTMENT OF REVENUE
BUREAU OF CORPORATION TAXES
TAXING DIVISION - R&D UNIT
DEPT. 280703
HARRISBURG, PA 17128-0703

PENNSYLVANIA
RESEARCH AND DEVELOPMENT
TAX CREDIT

2000 APPLICATION

Commonwealth of Pennsylvania

ENTITY INFORMATION - (PLEASE PRINT OR TYPE)	Account ID (Box Number/SSN)	Entity ID (EIN)

Entity Name

DUE DATE:
September 15, 2000

Street Address

Department Use Only
POST MARK DATE:

City or Town, State, and Zip Code

SEE REVERSE SIDE INSTRUCTIONS
BEFORE COMPLETING

☐ CHECK BLOCK IF A "SMALL BUSINESS"

IF CLAIM IS AS A "SMALL BUSINESS" WITH TOTAL ASSETS OF LESS THAN $5,000,000 AT THE BEGINNING OR END OF THE YEAR SUBMIT A BALANCE SHEET REFLECTING TOTAL ASSETS.

COMPUTATION OF CREDIT

1. Pennsylvania qualified Research & Development Expenditures:

			Use Whole Dollars
Tax Year Beginning MM/DD/YYYY	Tax Year Ending MM/DD/YYYY	Actual	Annualized
__ __/__ __/__ __ __ __	__ __/__ __/__ __ __ __	$_____	1. $_____

2. 50% of Line (1) . . . . 2. $_____

3. Prior years' Pennsylvania Research & Development Expenditures:

Tax Year Beginning MM/DD/YYYY	Tax Year Ending MM/DD/YYYY	Actual	**Annualized**
__ __/__ __/__ __ __ __	__ __/__ __/__ __ __ __	$_____	3A. $_____
__ __/__ __/__ __ __ __	__ __/__ __/__ __ __ __	$_____	3B. $_____
__ __/__ __/__ __ __ __	__ __/__ __/__ __ __ __	$_____	3C. $_____
__ __/__ __/__ __ __ __	__ __/__ __/__ __ __ __	$_____	3D. $_____

4. Total of prior years' **Annualized** Pennsylvania Research & Development Expenditures

   (Sum of Annualized 3A, 3B, 3C, & 3D) . . . . .4. $_____

5. Average of prior years' Pennsylvania Research & Development Expenditures

   (Line (4) divided by number of base years in Line (**3**) with R&D Expenditures). . . . . .5. $_____

6. Line (1) Annualized minus the greater of Line (2) or Line (5). . . . . .6. $_____

7. Tentative Pennsylvania Research & Development Credit (Line (6) x 10%). . . . . 7. $_____

SIGNATURE AND VERIFICATION

Under penalties of perjury, I declare that I have examined this return, including any accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. THIS FORM MUST BE SIGNED BY A CORPORATE OFFICER.

SIGNATURE OF OFFICER OF COMPANY	TITLE	DATE
PRINT OFFICER'S NAME	TELEPHONE NUMBER ( )	
NAME OF PREPARER	PREPARER'S ADDRESS	
TELEPHONE NUMBER ( ) PREPARER'S EIN OR SSN DATE	CITY STATE ZIP CODE	