

FORM CIT-100 Tax Year	ANNUAL CORPORATE INCOME TAX RETURN	Federal EIN: State Tax ID:
Corporation Name: Address: City: State: ZIP Code:		Date of Incorporation: State of Incorporation: Business Activity Code:

PART I: GROSS INCOME

Line	Income Category	Amount (USD)
1	Gross receipts or sales (less returns and allowances)	
2	Cost of goods sold	
3	Gross profit (Subtract Line 2 from Line 1)	
4	Dividends	
5	Interest	
6	Gross rents	
7	Gross royalties	
8	Capital gain net income	
9	Other income (attach schedule)	
10	Total Income (Add Lines 3 through 9)	

PART II: DEDUCTIONS AND EXPENSES

Line	Deduction Category	Amount (USD)
11	Compensation of officers	
12	Salaries and wages (less employment credits)	
13	Repairs and maintenance	
14	Rents	
15	Taxes and licenses	
16	Interest expense	
17	Charitable contributions	
18	Depreciation (attach Form 4562 if required)	
19	Advertising	

Line	Deduction Category	Amount (USD)
20	Employee benefit programs	
21	Other deductions (attach schedule)	
22	Total Deductions (Add Lines 11 through 21)	

PART III: TAX COMPUTATION AND PAYMENT

23	Taxable Income before Net Operating Loss (Subtract Line 22 from Line 10)	
24	Net Operating Loss deduction	
25	Taxable Income (Subtract Line 24 from Line 23)	
26	Total Tax (Apply applicable corporate tax rate to Line 25)	
27	Nonrefundable credits (attach schedule)	
28	Net Tax Liability (Subtract Line 27 from Line 26)	
29	Total payments and refundable credits (Estimated tax payments, overpayment from prior year)	
30	Tax Due (If Line 28 is larger than Line 29, enter difference)	
31	Overpayment (If Line 29 is larger than Line 28, enter difference)	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of Officer:

Date:

Title:

.....

Paid Preparer's Signature:

Preparer's PTIN:

Date:

.....

Firm's Name (or yours if self-employed):

Firm's EIN: