

FORM CGR-100

CORPORATE GROSS INCOME AND RECEIPTS TAX RETURN

Department of Revenue
Tax Administration Division
State Revenue Office

Taxable Period: _____

TAXPAYER IDENTIFICATION AND INFORMATION

LEGAL NAME OF CORPORATION		FEDERAL EMPLOYER ID NUMBER (FEIN)	STATE TAX ACCOUNT NUMBER
MAILING ADDRESS (NUMBER AND STREET OR P.O. BOX)		TELEPHONE NUMBER	DATE OF INCORPORATION
CITY OR TOWN	STATE	ZIP CODE	FILING STATUS / RETURN TYPE (CHECK ALL THAT APPLY) <input type="checkbox"/> Initial Return <input type="checkbox"/> Amended Return <input type="checkbox"/> Final Return

SCHEDULE A: COMPUTATION OF GROSS RECEIPTS

Line	Gross Receipts Categories	Amount (USD)
1	Gross sales of tangible personal property (less returns and allowances)	
2	Gross receipts from services performed within the jurisdiction	
3	Gross rentals and royalties from properties located within the jurisdiction	
4	Gross interest and dividend income	
5	Gross proceeds from the sale of real property or capital assets	
6	Other taxable gross income (attach detailed schedule)	
7	TOTAL GROSS RECEIPTS (Add Lines 1 through 6)	

SCHEDULE B: TAX COMPUTATION

8	Total Gross Receipts (from Line 7)	
9	Allowable statutory exclusions/deductions (attach explanation)	
10	Taxable Gross Receipts (Subtract Line 9 from Line 8)	
11	Tax Rate (Enter current statutory rate)	
12	Gross Tax Due (Multiply Line 10 by Line 11)	
13	Allowable tax credits (attach documentation)	
14	Net Tax Due (Subtract Line 13 from Line 12)	
15	Interest and penalty for late payment (if applicable)	
16	TOTAL AMOUNT DUE (Add Line 14 and Line 15)	

DECLARATION AND SIGNATURE

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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

SIGNATURE OF CORPORATE OFFICER _____	TITLE	DATE
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SIGNATURE OF PAID PREPARER

PREPARER PTIN

DATE
