FORM	CORPORATE LOCAL INCOME TAX RETURN	Tax Year
LCT-1120	For Municipal/Local Jurisdiction of: _____ For Calendar Year _____ or Tax Year Beginning _____, Ending _____	

Legal Name of Corporation	Federal Employer Identification Number (FEIN)
Trade Name / DBA (if applicable)	Local Tax Account Number
Address (Number, Street, and Suite/Room Number)	Principal Business Activity Code (NAICS)
City, State, and ZIP Code	Telephone Number

PART I: COMPUTATION OF LOCAL TAXABLE INCOME		
1	Federal Taxable Income (Form 1120, Line 28 or equivalent)	
2	Taxes based on income added back (from local schedules)	
3	Other non-deductible items (submit detailed schedule)	
4	Total Additions (Add Lines 2 and 3)	
5	Interest income on U.S. obligations	
6	Other non-taxable income / deductions (submit detailed schedule)	
7	Total Subtractions (Add Lines 5 and 6)	
8	Adjusted Income (Line 1 plus Line 4, minus Line 7)	
9	Apportionment Formula Percentage (from Page 2 Schedule, or 100%)	
10	Local Taxable Income (Multiply Line 8 by Line 9)	

PART II: TAX, PAYMENTS, AND CREDITS		
11	Local Income Tax (Multiply Line 10 by _____ %)	
12	Estimated Tax Payments and/or Prior Year Carryforwards	
13	Other Credits (specify: _____)	
14	Total Payments and Credits (Add Lines 12 and 13)	
15	Net Tax Due (If Line 11 is greater than Line 14, enter difference)	
16	Interest and Penalty (Interest: _____ Penalty: _____)	
17	Total Amount Due (Add Lines 15 and 16) - **Pay in Full**	
18	Overpayment (If Line 14 is greater than the sum of Lines 11 and 16)	
19	Amount of Line 18 to be: **Credited to Next Year** _____ **Refunded** _____	

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	Title	Date
Signature of Preparer (other than taxpayer)	PTIN / EIN	Date