

FORM CIT-AMENDED
Amended Corporate Excise Tax Return
For Calendar Year or Fiscal Year

TAX YEAR _____

LEGAL NAME OF CORPORATION			FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)	
MAILING ADDRESS (NUMBER AND STREET OR P.O. BOX)			STATE OF INCORPORATION	
CITY OR TOWN	STATE	ZIP CODE	DATE OF INCORPORATION	PRINCIPAL BUSINESS ACTIVITY CODE

REASON FOR AMENDMENT
<input type="checkbox"/> Federal Audit Change <input type="checkbox"/> Net Operating Loss Carryback <input type="checkbox"/> Tax Credit Carryback <input type="checkbox"/> Omission of Income <input type="checkbox"/> Adjustment to Deductions <input type="checkbox"/> Other (attach explanation)

TAX COMPUTATION SCHEDULE				
NO.	TAX CALCULATION ELEMENTS	A. AS ORIGINALLY REPORTED	B. NET CHANGE (+ OR -)	C. CORRECTED AMOUNT
1	Property Measure / Tangible Property Tax			
2	Net Income Measure Tax			
3	Subtotal Excise (Line 1 plus Line 2)			
4	Credits (Specify type: _____)			
5	Excise After Credits (Line 3 less Line 4)			
6	Minimum Excise Tax (if applicable)			
7	Total Excise Tax Due (Greater of Line 5 or Line 6)			
8	Payments made with original return			
9	Overpayment / Refund previously received			
10	Net Payments (Line 8 less Line 9)			
11	Balance Due (If Line 7, Col C is greater than Line 10, Col C)			
12	Overpayment to be Refunded (If Line 10, Col C is greater than Line 7, Col C)			

Officer Signature and Declaration

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 AUTHORIZED OFFICER	TITLE	DATE	PHONE NUMBER
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Paid Preparer's Use Only

SIGNATURE OF PAID PREPARER	PREPARER'S PTIN / SSN	DATE	EIN (IF SELF-EMPLOYED)
FIRM NAME (OR YOURS IF SELF-EMPLOYED)		FIRM ADDRESS & ZIP CODE	