

FORM
GR-1A

DEPARTMENT OF REVENUE
Amended Corporate Gross Receipts Tax Return
 For Taxable Years or Periods Beginning and Ending on the Dates
 Below

TAX YEAR

LEGAL NAME OF CORPORATION		FEDERAL EMPLOYER ID NUMBER (FEIN)	STATE TAX ACCOUNT NUMBER
MAILING ADDRESS (NUMBER AND STREET OR P.O. BOX)		TAX PERIOD BEGINNING DATE	TAX PERIOD ENDING DATE
CITY OR TOWN	STATE	ZIP CODE	TELEPHONE NUMBER
REASON FOR AMENDMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> IRS Audit / Federal Adjustment <input type="checkbox"/> Net Operating Loss Carryback <input type="checkbox"/> Calculation Error <input type="checkbox"/> Other			

LINE	TAX COMPUTATION	COLUMN A As Originally Reported	COLUMN B Net Change (+ or -)	COLUMN C Corrected Amount
1	Gross sales, services, and receipts			
2	Less: Allowable exemptions / exclusions			
3	Taxable Gross Receipts (Line 1 minus Line 2)			
4	Tax Rate (%)			
5	Gross Tax Due (Line 3 multiplied by Line 4)			
6	Less: Non-refundable tax credits			
7	Net Tax Liability (Line 5 minus Line 6)			
8	Payments previously made for this tax period			
9	Less: Refunds previously received for this tax period			
10	Net Tax Paid (Line 8 minus Line 9)			
11	Overpayment / Refund Claimed (If Line 10 is greater than Line 7, Col C)			
12	Balance Due (If Line 7, Col C is greater than Line 10)			
13	Interest and Penalties			
14	Total Amount Due (Line 12 plus Line 13)			

EXPLANATION OF CHANGES: PROVIDE A DETAILED EXPLANATION FOR EACH CHANGE MADE IN COLUMN B.

DECLARATION AND SIGNATURE (AUTHORIZED CORPORATE OFFICER MUST SIGN BELOW)		
_____ SIGNATURE OF OFFICER	_____ TITLE	_____ DATE
_____ PRINTED NAME OF OFFICER	_____ CONTACT TELEPHONE NUMBER	_____ EMAIL ADDRESS

PAID PREPARER'S USE ONLY

SIGNATURE OF PREPARER

DATE

PTIN

FIRM'S NAME (OR YOURS IF SELF-EMPLOYED)

FIRM'S EIN

FIRM'S TELEPHONE NUMBER