

<b>FORM</b>  <b>CIT-1</b>	<b>ANNUAL CORPORATE EXCISE TAX RETURN</b> State Department of Revenue and Taxation	<b>CALENDAR OR FISCAL YEAR</b> Beginning: _____ Ending: _____
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PART I: CORPORATE IDENTIFICATION AND INFORMATION			
Legal Name of Corporation		Federal Employer ID Number (FEIN)	State of Incorporation
Mailing Address (Number and Street, Suite or Room)		Date of Incorporation	NAICS Business Code
City or Town	State	ZIP Code	Telephone Number

PART II: COMPUTATION OF EXCISE TAX		
No.	Tax Calculation Schedule	Amount
1	Total Gross Receipts (less returns and allowances)	
2	Total Assets in State	
3	Net Worth Subject to Apportionment	
4	Apportionment Percentage (from Schedule Apportionment, Line 5)	
5	Taxable Net Worth (Multiply Line 3 by Line 4)	
6	Excise Tax Rate on Net Worth (0.25%)	
7	<b>Tax on Net Worth</b> (Multiply Line 5 by Line 6)	
8	Taxable Income (from Federal Form 1120, Line 30)	
9	Excise Tax Rate on Income (6.5%)	
10	<b>Tax on Income</b> (Multiply Line 8 by Line 9)	
11	Total Excise Tax (Enter the greater of Line 7 or Line 10, but not less than minimum tax)	
12	Minimum Corporate Excise Tax (\$456.00)	
13	<b>Gross Excise Tax Liability</b> (Enter the greater of Line 11 or Line 12)	

PART III: CREDITS, PAYMENTS AND BALANCE DUE		
14	Allowable Tax Credits (Attach Schedule TC)	
15	Net Excise Tax Liability (Subtract Line 14 from Line 13)	
16	Estimated Tax Payments and Extension Payments	
17	Total Payments/Credits (Add Line 16)	
18	<b>Tax Due</b> (If Line 15 is greater than Line 17, subtract Line 17 from Line 15)	
19	Interest and Penalties	
20	<b>Total Amount Due with Return</b> (Add Line 18 and Line 19)	
21	<b>Overpayment</b> (If Line 17 is greater than Line 15, subtract Line 15 from Line 17)	
22	Amount of Line 21 to be Credited to Next Year's Estimated Tax	
23	Amount of Line 21 to be Refunded to Corporation	

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 Authorized Corporate Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Paid Preparer

\_\_\_\_\_  
PTIN / EIN

\_\_\_\_\_  
Date