

**FORM  
CEX-1****CORPORATE EXCISE TAX RETURN**  
For the calendar year or taxable year beginning  
and ending

Tax Year

Legal Name of Corporation		Federal Employer Identification Number (FEIN)
Mailing Address (Number and Street)		State or Country of Incorporation
City or Town	State / Province	ZIP / Postal Code

**PART I: COMPUTATION OF EXCISE TAX BASE**

1	Gross receipts or sales	
2	Cost of goods sold	
3	Gross profit (Subtract Line 2 from Line 1)	
4	Total deductions (from authorized schedules)	
5	Net taxable income subject to excise tax (Subtract Line 4 from Line 3)	

**PART II: TAX CALCULATION**

6	Excise tax (Multiply Line 5 by applicable tax rate)	
7	Minimum regulatory tax (if applicable)	
8	Tax Liability (Enter the greater of Line 6 or Line 7)	
9	Total non-refundable credits	
10	Net Excise Tax (Subtract Line 9 from Line 8. Cannot be less than minimum tax)	

**PART III: PAYMENTS AND BALANCE DUE / REFUND**

11	Estimated tax payments made for the taxable year	
12	Amount paid with extension request	
13	Total payments and refundable credits (Add Line 11 and Line 12)	
14	Overpayment (If Line 13 is greater than Line 10, subtract Line 10 from Line 13)	
15	Amount of Line 14 to be credited to next year estimated tax	
16	Refund amount (Subtract Line 15 from Line 14)	
17	Tax Due (If Line 10 is greater than Line 13, subtract Line 13 from Line 10)	
18	Interest and penalties	
19	Total Amount Due (Add Line 17 and Line 18)	

**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.

\_\_\_\_\_  
Signature of Officer\_\_\_\_\_  
Title\_\_\_\_\_  
Date\_\_\_\_\_  
Signature of Paid Preparer\_\_\_\_\_  
Preparer PTIN/ TIN\_\_\_\_\_  
Date