

FORM CPT-100 Department of Revenue	CORPORATE PAYROLL TAX RETURN Annual / Quarterly Tax Return for Employer's Payroll	Tax Year Quarter (1st - 4th)
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SECTION 1: CORPORATE IDENTIFICATION			
Legal Name of Corporation		Employer Identification Number (EIN)	
Trade Name / DBA (if applicable)			
Street Address			Suite / Room
City	State	ZIP Code	

SECTION 2: PAYROLL STATISTICS	
1. Number of employees who received compensation in the pay period	

SECTION 3: TAXABLE COMPENSATION & CALCULATIONS			
No.	Tax Category Description	Computation / Rate	Tax Amount
2	Total Gross Corporate Wages, Tips, and Other Compensation	Gross Payroll	
3	Wages subject to National Insurance / Social Security	x 6.2%	
4	Wages subject to Healthcare / Medicare Tax	x 1.45%	
5	Withholding Income Tax (deducted from employees)	Actual Withheld	
6	Employer Corporate Payroll Levy (if applicable)	x 0.5%	
7	Total Taxes Before Adjustments (Add Lines 3, 4, 5, and 6)		
8	Adjustments (e.g., prior period corrections, attach documentation)	+/- Adjustments	
9	Total Adjusted Payroll Tax Liability (Combine Line 7 and Line 8)		

SECTION 4: DEPOSIT SUMMARY & PAYMENTS			
10	Total tax deposits made for the filing period (including overpayments applied)		
11	Balance Due (If Line 9 is greater than Line 10, subtract Line 10 from Line 9)		
12	Overpayment (If Line 10 is greater than Line 9, subtract Line 9 from Line 10)		

SECTION 5: DECLARATION & SIGNATURES

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.

<hr/> Signature of Corporate Officer / Authorized Representative	<hr/> Printed Name and Title	<hr/> Date (MM/DD/YYYY)
<hr/> Signature of Paid Preparer (if applicable)	<hr/> Preparer Firm Name	<hr/> Preparer PTIN / ID