

**FORM  
CPT-1****CORPORATE PAYROLL TAX RETURN**

Annual/Quarterly Employer's Tax Filing Document

TAX YEAR / QUARTER

**EMPLOYER IDENTIFICATION**

EMPLOYER IDENTIFICATION NUMBER (EIN)

LEGAL BUSINESS NAME

TRADE NAME (DOING BUSINESS AS)

BUSINESS ADDRESS (STREET, CITY, STATE, ZIP)

**PART 1: TAX COMPUTATION**

No.	Tax Calculation Items	Taxable Amount / Base	Tax Amount
1	Total number of employees paid during the period		
2	Total wages, tips, and other compensation		
3	Total income tax withheld from wages, tips, and other compensation		
4	Taxable Social Security wages		
5	Taxable Medicare wages and tips		
6	Additional Medicare Tax withholding		
7	Total taxes before adjustments (Add lines 3, 4, 5, and 6)		
8	Adjustments (Fractions of cents, sick pay, group-term life insurance)		
9	<b>Total Taxes after adjustments</b>		

**PART 2: PAYMENTS, DEPOSITS, AND BALANCE DUE**

10	Total deposits for this tax period (including overpayment applied from prior period)	
11	Total eligible tax credits (if applicable)	
12	Total payments and credits (Add lines 10 and 11)	
13	<b>Balance Due</b> (If line 9 is greater than line 12, enter difference)	
14	<b>Overpayment</b> (If line 12 is greater than line 9, enter difference)	

**PART 3: AUTHORIZATION 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.

Authorized Signature	Date (MM/DD/YYYY)	Daytime Phone
Print Name	Title (e.g., President, Treasurer, Partner)	