

FORM 	STATE CORPORATE INCOME TAX RETURN DEPARTMENT OF REVENUE	TAXABLE YEAR Beginning _____ Ending
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PART I: CORPORATE IDENTIFICATION		
LEGAL NAME OF CORPORATION 		FEDERAL EMPLOYER ID NUMBER (FEIN)
MAILING ADDRESS (NUMBER AND STREET OR P.O. BOX) 		STATE OF INCORPORATION
CITY 	STATE 	ZIP CODE

PART II: COMPUTATION OF INCOME AND TAX		
Line	Tax Computation Description	Amount (\$)
1	Federal Taxable Income (from US Form 1120)	
2	State Additions (from schedule)	
3	Total Income (Add Line 1 and Line 2)	
4	State Subtractions (from schedule)	
5	Net Income Before Apportionment (Subtract Line 4 from Line 3)	
6	Apportionment Percentage (from apportionment schedule)	
7	Income Apportioned to this State (Multiply Line 5 by Line 6)	
8	State Net Operating Loss Deduction	
9	State Taxable Income (Subtract Line 8 from Line 7)	
10	Gross Tax Liability (Multiply Line 9 by Tax Rate)	

PART III: PAYMENTS, CREDITS, AND REFUND OR TAX DUE		
11	Non-Refundable Tax Credits (from schedule)	
12	Net Tax Liability (Subtract Line 11 from Line 10; not less than minimum tax)	
13	Estimated Tax Payments & Extension Payments	
14	Other Payments / Refundable Credits	
15	Total Payments and Credits (Add Line 13 and Line 14)	
16	Tax Due (If Line 12 is greater than Line 15, subtract Line 15 from Line 12)	
17	Interest & Penalties	
18	Total Balance Due (Add Line 16 and Line 17)	
19	Overpayment (If Line 15 is greater than Line 12, subtract Line 12 from Line 15)	
20	Refund Amount (Amount of Line 19 to be refunded)	

PART IV: SIGNATURES AND DECLARATIONS

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

PTIN

DATE
