

# MULTINATIONAL CORPORATION INCOME TAX RETURN

For Foreign Corporations Engaging in Trade or Business Within the Jurisdiction

Form F-1120

Tax Year:

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## SECTION I: CORPORATION IDENTIFICATION

Legal Name of Corporation	
Country of Incorporation	
Taxpayer Identification Number (TIN)	
Registered Office Address (Home Country)	
Principal Place of Business (Local)	
Authorized Local Representative/Agent	

## SECTION II: EFFECTIVELY CONNECTED INCOME (ECI)

No.	Income Category	Amount (USD)
1	Gross Receipts or Sales	
2	Cost of Goods Sold (COGS)	
3	<b>Gross Profit</b> (Subtract Line 2 from Line 1)	
4	Dividends and Interest (Effectively Connected)	
5	Royalties and License Fees	
6	Other Effectively Connected Income	
7	<b>Total Effectively Connected Income</b> (Add Lines 3 through 6)	

## SECTION III: DEDUCTIONS ALLOCABLE TO CONNECTED INCOME

No.	Deduction Category	Amount (USD)
8	Compensation of Officers	
9	Salaries and Wages (Local Operations)	
10	Rent and Utilities	
11	Interest Expense (Allocated under applicable regulations)	
12	Depreciation and Amortization	
13	Allocated Head Office Expenses	
14	Other Deductions	

No.	Deduction Category	Amount (USD)
15	<b>Total Deductions</b> (Add Lines 8 through 14)	

**SECTION IV: TAX COMPUTATION AND TREATY RELIEF**

No.	Calculation Step	Amount (USD)
16	<b>Taxable Income</b> (Subtract Line 15 from Line 7)	
17	Gross Tax Liability (Apply statutory rate to Line 16)	
18	Double Taxation Treaty Relief / Reductions	
19	Foreign Tax Credits	
20	<b>Net Corporate Income Tax Due</b> (Line 17 minus Lines 18 and 19)	
21	Branch Profits Tax (if applicable)	
22	<b>Total Tax and Branch Tax Liability</b> (Add Lines 20 and 21)	

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 OFFICER

TITLE OF OFFICER

DATE (MM/DD/YYYY)

SIGNATURE OF PREPARER (IF OTHER THAN TAXPAYER)

FIRM NAME / ADDRESS

PTIN / PREPARER ID

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