

<b>FORM F-100</b>	<b>BUSINESS FRANCHISE TAX RETURN</b> STATE OF _____  <input type="checkbox"/> Original Return <input type="checkbox"/> Amended Return <input type="checkbox"/> Final Return	<b>TAX YEAR</b> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
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LEGAL NAME OF BUSINESS		FEDERAL EMPLOYER ID NUMBER (FEIN)	
MAILING ADDRESS (NUMBER, STREET, APT/SUITE)		STATE / FILE NUMBER	
CITY, TOWN OR POST OFFICE	STATE	ZIP CODE	
STATE OF INCORPORATION	DATE OF INCORPORATION	PRINCIPAL BUSINESS ACTIVITY CODE	

**PART I: COMPUTATION OF CAPITAL BASE**

1	Total assets (from Balance Sheet, Schedule L)	
2	Total liabilities (from Balance Sheet, Schedule L)	
3	Total capital stock and surplus (Subtract Line 2 from Line 1)	
4	Apportionment percentage (if applicable)	
5	Taxable capital base (Multiply Line 3 by Line 4, if applicable)	

**PART II: COMPUTATION OF TAX DUE**

6	Franchise Tax (Multiply Line 5 by tax rate, or enter flat fee if applicable)	
7	Minimum Franchise Tax requirement	
8	Tax due (Enter the greater of Line 6 or Line 7)	
9	Late filing / Payment penalties	
10	Interest accrued	
11	Total amount due (Add Lines 8, 9, and 10)	
12	Prepayments / Credits applied	
13	Net Balance Due (Subtract Line 12 from Line 11)	
14	Overpayment Refund requested (If Line 12 is greater than Line 11)	

**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 AUTHORIZED OFFICER	TITLE	DATE
SIGNATURE OF PAID PREPARER	PREPARER PTIN / EIN	PREPARER PHONE