FORM
CLT-100

CORPORATE LOCAL INCOME TAX RETURN

For Local Municipality Jurisdiction Only

TAX YEAR

PART I: CORPORATE INFORMATION			
LEGAL NAME OF CORPORATION		FEDERAL EMPLOYER ID NUMBER (FEIN)	STATE OF INCORPORATION
MAILING ADDRESS (NUMBER AND STREET)		PRINCIPAL BUSINESS ACTIVITY CODE	TELEPHONE NUMBER
CITY, TOWN OR POST OFFICE	STATE	ZIP CODE	LOCAL JURISDICTION NAME

PART II: COMPUTATION OF LOCAL TAXABLE INCOME		
NO.	TAX COMPUTATION ITEMS	AMOUNT
1	Federal Taxable Income (from US Form 1120, Line 28 or equivalent)	
2	Additions to Federal Income (attach schedule)	
3	Subtotal (Add Line 1 and Line 2)	
4	Subtractions from Federal Income (attach schedule)	
5	Adjusted Local Income (Subtract Line 4 from Line 3)	
6	Local Apportionment Factor (from Part III, Line 4, or 100% if fully local)	
7	Local Taxable Income (Multiply Line 5 by Line 6)	

PART III: APPORTIONMENT FORMULA (ASSET, PAYROLL, AND SALES FACTORS)				
NO.	FACTOR CATEGORY	INSIDE JURISDICTION	EVERYWHERE	PERCENTAGE
1	Average Value of Real & Tangible Personal Property			
2	Gross Wages, Salaries, and Other Compensation			
3	Gross Receipts from Sales / Services			
4	**Average Apportionment Factor** (Sum of percentages divided by 3)			

PART IV: TAX LIABILITY, PAYMENTS, AND BALANCE DUE		
8	Local Tax Due (Multiply Part II, Line 7 by Local Tax Rate)	
9	Estimated Tax Payments made for the taxable year	
10	Prior Year Overpayment credited to this year	
11	Total Payments and Credits (Add Line 9 and Line 10)	
12	**Net Tax Due** (Subtract Line 11 from Line 8. If less than zero, enter 0)	
13	Interest and Penalty (if applicable)	
14	**Total Amount Due / Balance Outstanding** (Add Line 12 and Line 13)	
15	**Overpayment Refund Amount** (If Line 11 is greater than Line 8 + Line 13)	

PART V: 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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

SIGNATURE OF OFFICER	TITLE	DATE
SIGNATURE OF PAID PREPARER	PREPARER'S PTIN / EIN	DATE