

|                              |                                                                                                                                |          |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>FORM</b><br><b>1120-S</b> | <b>STATE OF CORPORATE<br/>FRANCHISE AND INCOME TAX<br/>RETURN</b><br><br>For calendar year or tax year beginning and<br>ending | TAX YEAR |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------|

| TAXPAYER INFORMATION                                                                                                                                                                                              |       |                                   |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------|------------------------|
| Corporation Name                                                                                                                                                                                                  |       | Federal Employer ID Number (FEIN) | State Tax ID Number    |
| Address (Number, Street, and Room or Suite Number)                                                                                                                                                                |       | Principal Business Activity Code  | Date of Incorporation  |
| City or Town                                                                                                                                                                                                      | State | ZIP Code                          | State of Incorporation |
| <b>Filing Status (Check all that apply)</b><br><input type="checkbox"/> Initial Return <input type="checkbox"/> Final Return <input type="checkbox"/> Address Change <input type="checkbox"/> Consolidated Return |       |                                   |                        |

| COMPUTATION OF FRANCHISE AND INCOME TAX |                                                                             |             |
|-----------------------------------------|-----------------------------------------------------------------------------|-------------|
| No.                                     | Tax Computation Description                                                 | Amount (\$) |
| 1                                       | Federal Taxable Income (from Federal Form 1120, Line 28 or equivalent)      |             |
| 2                                       | State Additions (from Schedule A, line 5)                                   |             |
| 3                                       | Total income before subtractions (Add Line 1 and Line 2)                    |             |
| 4                                       | State Subtractions (from Schedule B, line 6)                                |             |
| 5                                       | Apportionable Income (Subtract Line 4 from Line 3)                          |             |
| 6                                       | Apportionment Percentage (from Schedule C, line 4)                          |             |
| 7                                       | Income Apportioned to the State (Multiply Line 5 by Line 6)                 |             |
| 8                                       | State Net Operating Loss Deduction                                          |             |
| 9                                       | State Taxable Income (Subtract Line 8 from Line 7)                          |             |
| 10                                      | State Income Tax (Multiply Line 9 by applicable tax rate)                   |             |
| 11                                      | Franchise Tax Calculation                                                   |             |
| 12                                      | Total Tax Liability (Add Line 10 and Line 11)                               |             |
| 13                                      | Nonrefundable Tax Credits                                                   |             |
| 14                                      | Net Tax Due (Subtract Line 13 from Line 12)                                 |             |
| 15                                      | Estimated Tax Payments / Extensions                                         |             |
| 16                                      | Overpayment / Refund (If Line 15 is greater than Line 14, enter difference) |             |
| 17                                      | Tax Due (If Line 14 is greater than Line 15, enter difference)              |             |

| OFFICER 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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |

|                      |                            |
|----------------------|----------------------------|
| Signature of Officer | Signature of Paid Preparer |
| _____                | _____                      |
| Title                | PTIN                       |
| _____                | _____                      |
| Date                 | Date                       |
| _____                | _____                      |