

**FORM CFT-100**

State Department of Revenue

**CORPORATE FRANCHISE TAX RETURN**

Taxable Year Beginning \_\_\_\_\_ Ending \_\_\_\_\_

20\_\_

LEGAL NAME OF CORPORATION			FEDERAL EMPLOYER ID NUMBER (FEIN)
MAILING ADDRESS (NUMBER AND STREET OR P.O. BOX)			STATE CORPORATION CHARTER NUMBER
CITY	STATE	ZIP CODE	STATE OF INCORPORATION

**PART I: CAPITAL STOCK & SURPLUS (COMPUTATION OF TAX BASE)**

No.	Description	Amount
1	Value of issued and outstanding capital stock	
2	Paid-in capital surplus / Retained earnings (Do not enter less than zero)	
3	Deferred unrealized gains and other capital reserves	
4	Total Capital Base (Add Lines 1, 2, and 3)	
5	Apportionment Factor (From schedule or 100% if applicable)	
6	Taxable Capital Base (Multiply Line 4 by Line 5)	

**PART II: TAX COMPUTATION**

7	Franchise Tax (Multiply Line 6 by Tax Rate of 0.25% or minimum tax, whichever is greater)	
8	Surtax / Local Franchise Surcharges (if applicable)	
9	Total Franchise Tax Liability (Add Line 7 and Line 8)	
10	Estimated tax payments / Credits from prior year	
11	Net Tax Due (Subtract Line 10 from Line 9. If less than zero, enter 0)	
12	Interest and Penalty (If filing or paying late)	
13	Total Balance Due (Add Line 11 and Line 12)	
14	Overpayment / Refund Requested (If Line 10 is greater than Line 9)	

**PART III: SIGNATURE AND DECLARATION**

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	DATE
SIGNATURE OF PAID PREPARER	PTIN / FEIN	DATE
PREPARER'S FIRM NAME AND ADDRESS		PHONE NUMBER