

STATE/JURISDICTION

CORPORATE INCOME TAX RETURN
Multi-State Apportionment Form

TAX YEAR

LEGAL NAME OF CORPORATION		FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)
IN-CARE-OF NAME (IF APPLICABLE)		STATE OF INCORPORATION
NUMBER AND STREET ADDRESS	CITY	STATE & ZIP CODE
PRINCIPAL BUSINESS ACTIVITY CODE	DATE OF INCORPORATION	FILING STATUS (CHECK ALL THAT APPLY) ☐ Single Entity ☐ Consolidated ☐ Combined/Unitary ☐ Initial Return ☐ Final Return

SCHEDULE A: COMPUTATION OF STATE TAXABLE INCOME		
Line	Description	Amount
1	Federal Taxable Income (from Form 1120, Line 28 or equivalent)	
2	State Income Taxes Deducted on Federal Return	
3	Interest on State and Local Obligations (other than this State)	
4	Other Additions (Attach schedule)	
5	Total Additions (Add Lines 2 through 4)	
6	Interest on U.S. Government Obligations	
7	Other Subtractions (Attach schedule)	
8	Total Subtractions (Add Lines 6 and 7)	
9	Apportionable Income (Line 1 plus Line 5, less Line 8)	

SCHEDULE B: APPORTIONMENT FORMULA			
Apportionment Factor	Column A Within State	Column B Everywhere	Column C Percentage (A / B)
1. Average Value of Property			
2. Payroll / Compensation			
3. Gross Sales / Receipts			
4. Total Apportionment Percentage (See Instructions)			

SCHEDULE C: TAX COMPUTATION AND NET DUE		
Line	Description	Amount
10	Income Apportioned to State (Schedule A, Line 9 multiplied by Schedule B, Line 4)	
11	Nonbusiness Income Allocated Directly to State	
12	State Taxable Income (Add Lines 10 and 11)	
13	Tax Liability (State Tax Rate % x Line 12)	
14	Non-Refundable Tax Credits (Attach schedule)	
15	Net Tax Due (Line 13 less Line 14, not less than minimum tax)	
16	Estimated Payments / Payments with Extension	
17	Balance Due (If Line 15 is greater than Line 16, subtract Line 16 from Line 15)	
18	Overpayment Refund (If Line 16 is greater than Line 15, subtract Line 15 from Line 16)	

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

TITLE

DATE

PHONE NUMBER

PAID PREPARER'S SIGNATURE

PREPARER PTIN

DATE

EIN