FORM	MUNICIPAL CORPORATE INCOME TAX RETURN MUNICIPALITY OF:	TAX YEAR

Federal Employer Identification Number (FEIN):		Municipal Account Number:	
Legal Name of Corporation:			
Mailing Address (Number, Street, Apt/Suite):			
City:	State:	ZIP Code:	Telephone:
Filing Status (Check one): ☐ C-Corporation ☐ S-Corporation ☐ Other		Method of Accounting: ☐ Cash ☐ Accrual ☐ Other	

TAXABLE INCOME & TAX COMPUTATION		
1.	Federal Taxable Income (from Federal Form 1120 or equivalent)	
2.	Total Items Added Back (from local adjustment schedules)	
3.	Total Items Deducted (from local adjustment schedules)	
4.	Subject Municipal Income (Line 1 plus Line 2 less Line 3)	
5.	Apportionment Percentage (from Apportionment Schedule, or 100.0000%)	%
6.	Municipal Taxable Income (Line 4 multiplied by Line 5)	
7.	Municipal Income Tax Due (Line 6 multiplied by Municipal Tax Rate of _____ %)	

PAYMENTS, CREDITS & ADJUSTMENTS		
8.	Estimated Tax Payments made for this Tax Year	
9.	Carryover Credit from Prior Tax Year	
10.	Other Approved Credits	
11.	Total Payments and Credits (Add Lines 8 through 10)	

BALANCE DUE OR REFUND CALCULATION		
12.	Net Tax Due (Line 7 minus Line 11. If Line 11 is larger, enter 0)	
13.	Late Filing Penalty and/or Interest Charges	
14.	**Total Amount Due** (Add Line 12 and Line 13) - Pay in Full	
15.	Overpayment (If Line 11 is greater than the sum of Line 7 and Line 13)	
16.	Amount of Line 15 to be **Refunded**	
17.	Amount of Line 15 to be **Credited to Next Year**	

DECLARATION AND SIGNATURES

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 Officer: Title: Date:	Signature of Preparer (other than taxpayer): PTIN/EIN: Date: