**FORM 1120-EX**
Department of Revenue

# CORPORATE EXCISE TAX RETURN

**Annual Return for Domestic and Foreign Corporations**

**Calendar Year 20___**
or fiscal year ending
_____

| TAXPAYER INFORMATION | | | |
|---|---|---|---|
| **Corporation Name** | | **Federal Employer ID Number (FEIN)** | **State of Incorporation** |
| **Mailing Address (Number, Street, Apt/Suite No.)** | | **Principal Business Activity Code** | **Date of Incorporation** |
| **City or Town** | **State** | **ZIP Code** | **Contact Telephone Number** |

| PART I: EXCISE TAX COMPUTATION | | |
|---|---|---|
| **No.** | **Taxable Measure / Calculation Line Items** | **Amount** |
| **1** | Total Gross Receipts or Sales (less returns and allowances) | |
| **2** | Cost of Goods Sold | |
| **3** | **Gross Profit** (Subtract Line 2 from Line 1) | |
| **4** | Total Dividends, Interest, and Other Taxable Income | |
| **5** | **Total Income** (Add Line 3 and Line 4) | |
| **6** | Total Deductions (from schedule of allowable expenses) | |
| **7** | **Net Taxable Income** (Subtract Line 6 from Line 5) | |
| **8** | Income Measure Excise Tax (Multiply Line 7 by applicable rate) | |
| **9** | Property / Tangible Wealth Measure Excise Tax (if applicable) | |
| **10** | **Total Excise Tax** (Add Line 8 and Line 9, or Minimum Tax, whichever is greater) | |

| PART II: PAYMENTS, CREDITS, AND TAX DUE | | |
|---|---|---|
| **11** | Estimated Tax Payments made for the Tax Year | |
| **12** | Carryover Credit from Prior Year | |
| **13** | Other Non-Refundable Credits | |
| **14** | **Total Payments and Credits** (Add Lines 11 through 13) | |
| **15** | **Balance Due** (Subtract Line 14 from Line 10. If Line 14 is less than Line 10) | |
| **16** | **Overpayment** (Subtract Line 10 from Line 14. If Line 14 is greater than Line 10) | |
| **17** | Amount of Line 16 to be Credited to Next Year's Estimated Tax | |
| **18** | **Refund Amount** (Subtract Line 17 from Line 16) | |

**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.

| Signature of Officer | Title | Date |
|---|---|---|
| Paid Preparer's Signature | PTIN / EIN | Date |