

FORM
1120-SProSTATE CORPORATE INCOME TAX
RETURN
Pro Forma TemplateTAX YEAR
20

LEGAL NAME OF CORPORATION	FEDERAL EMPLOYER ID NUMBER (FEIN)	STATE TAX ACCOUNT NUMBER
TRADE NAME / DOING BUSINESS AS (DBA)	NAICS BUSINESS CODE	STATE OF INCORPORATION
STREET ADDRESS	TELEPHONE NUMBER	DATE OF INCORPORATION
CITY, STATE, AND ZIP CODE	FILING METHOD (CHECK ALL THAT APPLY) ☐ Separate ☐ Combined / Unitary ☐ Consolidated	

PART I: COMPUTATION OF STATE TAXABLE INCOME

No.	Description	Amount (\$)
1	Federal Taxable Income (from Form 1120, Line 28 or equivalent)	
2	State Income Taxes Deducted on Federal Return	
3	Interest Income on State & Local Obligations (Other than this State)	
4	Other Additions (Attach schedule)	
5	Total Additions (Add Lines 2 through 4)	
6	Interest on US Government Obligations (Less related expenses)	
7	State Tax Refunds Included in Federal Taxable Income	
8	Other Subtractions (Attach schedule)	
9	Total Subtractions (Add Lines 6 through 8)	
10	Adjusted State Taxable Income (Line 1 plus Line 5, less Line 9)	

PART II: APPORTIONMENT FORMULA (IF APPLICABLE)

Factor	Property / Payroll / Sales	Within State	Everywhere	Percentage (%)
11a	Average Value of Real & Tangible Property			
11b	Wages, Salaries, and Compensation			
11c	Gross Receipts / Sales			
11d	Apportionment Percentage (Average or weighted factor)			

PART III: TAX COMPUTATION AND PAYMENTS

No.	Description	Amount (\$)
12	Apportioned Income (Multiply Line 10 by Line 11d percentage, or enter Line 10 if 100% State)	
13	State Net Operating Loss Carryover (Attach schedule)	
14	Net State Taxable Income (Line 12 less Line 13)	
15	State Corporate Tax (Multiply Line 14 by Tax Rate %)	
16	Non-Refundable Tax Credits (Attach schedule)	
17	Net Corporate Tax Due (Line 15 less Line 16; cannot be less than minimum tax)	
18	Estimated Tax Payments / Extension Payments	
19	Other Payments / Credits	

No.	Description	Amount (\$)
20	Total Payments/Credits (Add Lines 18 and 19)	
21	Balance Due (If Line 17 is greater than Line 20, enter difference)	
22	Overpayment Refund (If Line 20 is greater than Line 17, enter difference)	

SIGNATURES 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.

SIGNATURE OF OFFICER	TITLE	DATE
PAID PREPARER'S SIGNATURE	PTIN / EIN	DATE