

FORM
State-CIT

CORPORATE STATE INCOME TAX
RETURN

TAX YEAR

PART I: CORPORATION INFORMATION

Corporation Name

Federal Employer Identification Number (FEIN)

State Tax Identification Number

Mailing Address (Street, Route, or P.O. Box)

City

State

ZIP Code

Principal Business Activity Code (NAICS)

State of Incorporation

Date of Incorporation

PART II: COMPUTATION OF INCOME AND TAX

Line	Taxable Income and Tax Calculation	Amount
1	Federal taxable income (before net operating loss and special deductions)	
2	State additions to federal taxable income (attach schedule)	
3	Total federal income and state additions (Add Line 1 and Line 2)	
4	State subtractions from federal taxable income (attach schedule)	
5	Adjusted income subject to apportionment (Subtract Line 4 from Line 3)	
6	Apportionment percentage (from apportionment schedule, if applicable)	
7	Income apportioned to this state (Multiply Line 5 by Line 6 percentage)	
8	State Net Operating Loss deduction (attach schedule)	
9	State taxable income (Subtract Line 8 from Line 7)	
10	Gross Tax (Multiply Line 9 by current tax rate)	

PART III: NONREFUNDABLE CREDITS AND PAYMENTS

11	Nonrefundable tax credits (attach schedule)	
12	Net Corporate Income Tax (Subtract Line 11 from Line 10. Cannot be less than zero)	
13	Estimated tax payments and extension payments made for this tax year	
14	Other payments or refundable credits	

15	Total payments and refundable credits (Add Line 13 and Line 14)	
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PART IV: REFUND OR BALANCE DUE

16	TAX DUE: If Line 12 is larger than Line 15, enter amount owed	
17	Interest and penalties (if applicable)	
18	TOTAL AMOUNT DUE: (Add Line 16 and Line 17)	
19	OVERPAYMENT: If Line 15 is larger than Line 12, enter amount overpaid	
20	Amount of Line 19 to be credited to next year's estimated tax	
21	REFUND: Amount of Line 19 to be refunded (Subtract Line 20 from Line 19)	

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 Authorized Officer

Title

Date

Signature of Paid Preparer

Preparer PTIN / EN

Date