| FORM L-CIT | CORPORATE LOCAL INCOME TAX RETURN<br>MUNICIPALITY / LOCAL TAXING JURISDICTION | TAX YEAR<br>..... |
|---|---|---|

**PART I: CORPORATE INFORMATION**

| | | | |
|---|---|---|---|
| Legal Name of Corporation | | Federal Employer Identification Number (FEIN) | |
| Mailing Address (Number, Street, Apt/Suite) | | | |
| City | State | ZIP Code | State of Incorporation |
| Principal Business Activity Code (NAICS) | | Telephone Number | |

Method of Accounting: ☐ Cash ☐ Accrual ☐ Other

**PART II: APPORTIONMENT FORMULA (IF APPLICABLE)**

| Factor | Everywhere (A) | Local Jurisdiction (B) | Percentage (B / A) |
|---|---|---|---|
| 1. Property Factor | | | |
| 2. Payroll Factor | | | |
| 3. Sales Factor | | | |
| **4. Average Apportionment Percentage** (Sum of lines 1-3 divided by number of factors) | | | |

**PART III: TAX COMPUTATION**

| | | |
|---|---|---|
| **1** | Federal Alternative Minimum Taxable Income / Net Income before NOL | |
| **2** | Total Additions (from local schedule) | |
| **3** | Total Subtractions (from local schedule) | |
| **4** | Adjusted Income (Line 1 plus Line 2 less Line 3) | |
| **5** | Apportionment Percentage (from Part II, Line 4 - if 100%, enter 1.000000) | |
| **6** | Local Taxable Income (Line 4 multiplied by Line 5) | |
| **7** | Local Income Tax Rate | |
| **8** | Gross Local Income Tax Liability (Line 6 multiplied by Line 7) | |
| **9** | Non-refundable Tax Credits | |
| **10** | Net Local Income Tax due (Line 8 less Line 9) | |
| **11** | Estimated payments and/or carryover credits from prior year | |
| **12** | Tax Due (If Line 10 is greater than Line 11, enter difference here) | |
| **13** | Overpayment (If Line 11 is greater than Line 10, enter difference here) | |
| **14** | Refund Amount (Portion of Line 13 to be refunded) | |
| **15** | Credit to Next Year (Portion of Line 13 to be credited to next year) | |

**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.

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