

**FORM
CFT-100**

CORPORATE FRANCHISE TAX RETURN
State Department of Revenue and Taxation

TAX YEAR
20__

CORPORATE INFORMATION

LEGAL NAME OF CORPORATION		FEDERAL EMPLOYER ID NUMBER (FEN)	STATE OF INCORPORATION
MAILING ADDRESS (NUMBER AND STREET)		DATE OF INCORPORATION	CHARTER / ID NUMBER
CITY, TOWN OR POST OFFICE	STATE	ZIP CODE	PRINCIPAL BUSINESS ACTIVITY

PART I: DETERMINATION OF FRANCHISE TAX BASE

Line	Capital Stock & Surplus Items	Amount
1	Issued and outstanding capital stock	
2	Paid-in capital / Capital in excess of par value	
3	Retained earnings (including surplus and undivided profits)	
4	Other additions to capital (attach schedule if required)	
5	Total Capital Base (Add Lines 1 through 4)	
6	Apportionment factor / percentage (if applicable)	
7	Apportioned Tax Base (Multiply Line 5 by Line 6, or enter Line 5 amount)	

PART II: TAX COMPUTATION

8	Franchise Tax (Multiply Line 7 by tax rate, or use rate table)	
9	Minimum Franchise Tax (if applicable)	
10	Gross Franchise Tax Due (Enter the greater of Line 8 or Line 9)	
11	Tax Credits (attach supporting documentation)	
12	Net Franchise Tax (Subtract Line 11 from Line 10)	
13	Penalty for late filing/payment	
14	Interest accrued	
15	Total Amount Due (Add Lines 12, 13, and 14)	

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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

SIGNATURE OF AUTHORIZED OFFICER

TITLE

DATE

SIGNATURE OF PAID PREPARER

PTIN / FEN

PREPARER PHONE NUMBER

