

FORM
CIT-100STATE CORPORATE INCOME TAX RETURN
STATE DEPARTMENT OF REVENUE

TAX YEAR

CORPORATE INFORMATION

Legal Name of Corporation		Federal Employer ID Number (FEIN)	State Tax File Number
Address (Number, Street, and Room/Suite Number)		Principal Business Activity Code	State of Incorporation
City	State	ZIP Code	Date of Incorporation
Filing Method (Check only one) ☐ Separate Return ☐ Combined Return ☐ Consolidated Return			

COMPUTATION OF TAXABLE INCOME

Line	Description	Amount
1	Federal Taxable Income (from Federal Form 1120, Line 28 or equivalent)	
2	State Additions (from Schedule A, Line 5)	
3	Total Additions (Add Lines 1 and 2)	
4	State Subtractions (from Schedule B, Line 6)	
5	Adjusted Income (Subtract Line 4 from Line 3)	
6	Apportionment Percentage (from Schedule C, Line 4)	
7	State Apportioned Taxable Income (Multiply Line 5 by Line 6)	
8	Net Operating Loss (NOL) Carryforward deduction	
9	State Taxable Income (Subtract Line 8 from Line 7)	

COMPUTATION OF TAX AND PAYMENTS

10	Gross Tax Liability (Multiply Line 9 by current tax rate)	
11	Nonrefundable Tax Credits (from Schedule CR, Line 10)	
12	Net Tax Liability (Subtract Line 11 from Line 10; cannot be less than minimum tax)	
13	Estimated Tax Payments and Credits	
14	Extension Payments	
15	Total Payments (Add Lines 13 and 14)	
16	NET TAX DUE (If Line 12 is greater than Line 15, subtract Line 15 from Line 12)	
17	OVERPAYMENT (If Line 15 is greater than Line 12, subtract Line 12 from Line 15)	
18	Amount of Overpayment to be Refunded	
19	Amount of Overpayment 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_____
PTIN / FEIN_____
Date_____
Firm's Name and Address_____
Phone Number