

Department of Revenue

**PART I: CORPORATE INFORMATION**

LEGAL NAME OF CORPORATION _____		FEDERAL EMPLOYER ID NUMBER (FEIN) _____	STATE CORPORATION NUMBER _____
MAILING ADDRESS (NUMBER, STREET, APT/SUITE) _____		DATE OF INCORPORATION _____	STATE OF INCORPORATION _____
CITY _____	STATE _____	ZIP CODE _____	PRINCIPAL BUSINESS ACTIVITY CODE _____

**CHECK ALL APPLICABLE BOXES:**

- Initial Return  
  Final Return  
  Amended Return  
  Address Change

**PART II: TAX COMPUTATION**

Line	Description	Amount (\$)
1	Federal taxable income (from US Form 1120, Line 28)	
2	State additions to federal income (attach schedule)	
3	Total State Income (Add Line 1 and Line 2)	
4	State subtractions from federal income (attach schedule)	
5	Adjusted State Income (Subtract Line 4 from Line 3)	
6	Apportionment percentage (if applicable, from Form AP-1)	
7	Income apportioned to this State (Multiply Line 5 by Line 6)	
8	Net operating loss deduction (attach schedule)	
9	State taxable income (Subtract Line 8 from Line 7)	
10	Excise Tax (Multiply Line 9 by the statutory rate)	
11	Minimum excise tax liability (\$)	
12	Excise Tax Due (Enter the greater of Line 10 or Line 11)	
13	Non-refundable credits (attach schedule)	
14	Net Excise Tax (Subtract Line 13 from Line 12)	
15	Estimated tax payments / prepayments	
16	Tax Due (Subtract Line 15 from Line 14, if greater than zero)	
17	Overpayment (Subtract Line 14 from Line 15, if greater than zero)	

**PART III: SIGNATURES AND DECLARATIONS**

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.

<p><b>SIGNATURE OF OFFICER</b></p> <p>_____</p> <p>Title: _____ Date: _____</p>	<p><b>SIGNATURE OF PAID PREPARER</b></p> <p>_____</p> <p>PTIN: _____ Date: _____</p>
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