CORPORATE MUNICIPAL INCOME TAX RETURN

Form M-100

TAX YEAR 20_____

1. CORPORATE INFORMATION

Legal Name of Corporation			
Trade Name / DBA			
Street Address			
City, State, Zip Code			
Federal Employer ID (FEIN)		**Municipal Account No.**	
Principal Business Activity		**Contact Phone Number**	
Date of Incorporation		**State of Incorporation**	

2. TAX COMPUTATION

1.	Federal Taxable Income (from Federal Form 1120, Line 28 or equivalent)	
2.	Total Municipal Apportionment Percentage (from Section 3, Line 4)	
3.	Municipal Taxable Income (Multiply Line 1 by Line 2)	
4.	Municipal Tax Rate (%)	
5.	Gross Municipal Tax (Multiply Line 3 by Line 4)	
6.	Estimated Payments & Carryforward Credits	
7.	Other Allowable Credits (Attach Schedule)	
8.	Total Payments and Credits (Add Line 6 and Line 7)	
9.	Net Tax Due (Subtract Line 8 from Line 5. If negative, enter 0)	
10.	Interest and Penalty Charges (for late payment/filing)	
11.	Total Amount Due (Add Line 9 and Line 10)	
12.	Overpayment Amount (If Line 8 is greater than Line 5 plus Line 10)	
13.	Amount of Line 12 to be Credited to Next Year	
14.	Amount of Line 12 to be Refunded	

3. APPORTIONMENT FORMULA (IF APPLICABLE)

Factor	A. Everywhere Cost	B. Municipal Cost	C. Percentage (B / A)
1. Property Factor			
2. Payroll Factor			
3. Sales/Gross Receipts Factor			
4. Average Percentage (Sum of column C divided by number of factors)			

4. 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 Officer: Date:

Title of Officer: Phone:

Paid Preparer Signature:	Date:
Preparer Firm Name:	FEIN/PTIN: