

FORM CFT-100	STATE CORPORATE FRANCHISE TAX RETURN For Calendar Year or Fiscal Year Beginning and Ending	Tax Year
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I. CORPORATE INFORMATION

Legal Name of Corporation		Federal Employer ID Number (FEIN)	State Incorporated & Date
Mailing Address (Number and Street)		Principal Business Activity Code	Telephone Number
City or Town	State	ZIP Code	Email Address

II. COMPUTATION OF FRANCHISE TAX BASE

Line	Description	Amount
1	Total Issued and Outstanding Capital Stock	
2	Paid-in Capital / Surplus in Excess of Par Value	
3	Retained Earnings (including Deficit)	
4	Total Capital Base (Add Lines 1, 2, and 3)	
5	Apportionment Factor (from Schedule A, Line 4)	
6	Apportioned Taxable Base (Line 4 multiplied by Line 5)	

III. TAX DUE AND PAYMENTS

7	Franchise Tax (Multiply Line 6 by Tax Rate of _____ %)	
8	Minimum Franchise Tax for Jurisdiction	
9	Tax Liability (Greater of Line 7 or Line 8)	
10	Estimated Tax Payments / Prior Year Credits	
11	Extension Payments	
12	Total Payments & Credits (Add Line 10 and Line 11)	
13	Net Tax Due (If Line 9 is greater than Line 12, subtract Line 12 from Line 9)	
14	Interest and Penalties (if applicable)	
15	Total Amount Due (Add Line 13 and Line 14)	
16	Overpayment (If Line 12 is greater than Line 9, subtract Line 9 from Line 12)	

SCHEDULE A - APPORTIONMENT FORMULA

Factors	Within Jurisdiction	Everywhere	Percentage
1. Property Factor			
2. Payroll Factor			

Factors	Within Jurisdiction	Everywhere	Percentage
3. Sales Factor			
4. Average Apportionment Percentage (Sum of Percentages / 3)			

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 Preparer (if other than officer)

Preparer's PTIN

Preparer's Phone