

Taxpayer FEIN

PART 1: FRANCHISE TAX — Continued

- 17. Add lines 16A, 16B, 16C, 16D and 16E. If less than zero, enter zero here and on line 20; skip to line 20.....
- 18. Net Capital for Current Taxable Year. Divide line 17 by number of tax years reported for lines 10 through 16. (UBGs, see instructions)
- 19. Apportioned Tax Base. Multiply line 18 by percentage on line 9c
- 20. **Tax Liability.** Multiply line 19 by 0.29% (0.0029). If less than zero, enter zero
- 21. Recapture of Certain Business Tax Credits from Form 4902, line 22.....
- 22. **Total Tax Liability.** Add lines 20 and 21. If less than or equal to \$100, enter zero...

	A. As Originally Filed or Previously Amended		B. Correct Amount	
17.	00			00
18.	00			00
19.	00			00
20.	00			00
21.	00			00
22.	00			00

PART 2: PAYMENTS AND TAX DUE

- 23. Overpayment credited from prior return (MBT or CIT)
- 24. Estimated tax payments
- 25. Flow-Through Withholding payments
- 26. Tax paid with request for extension
- 27. Amount paid with original return plus additional tax paid after original return was filed
- 28. Total Payments. Add Column B, lines 23 through 27
- 29. Overpayment, if any, received on the original return or previously amended return
- 30. Subtract line 29 from line 28.....
- 31. **TAX DUE.** Subtract line 30 from line 22. If less than zero, leave blank.....
- 32. Underpaid estimate penalty and interest from Form 4899, line 38.....
- 33. Penalty (see instructions)
- 34. Interest (See instructions).....
- 35. **PAYMENT DUE.** If line 31 is blank, go to line 36. Otherwise, add lines 31, 32, 33 and 34.....

23.	00			00
24.	00			00
25.	00			00
26.	00			00
27.				00
28.				00
29.				00
30.				00
31.				00
32.				00
33.				00
34.				00
35.				00

PART 3: REFUND OR CREDIT FORWARD

- 36. Overpayment. Subtract lines 22, 32, 33 and 34 from line 30. If less than zero, leave blank (see instructions)
- 37. **CREDIT FORWARD.** Amount on line 36 to be credited forward and used as an estimate for next tax year.....
- 38. **REFUND.** Subtract line 37 from line 36.....

36.				00
37.				00
38.				00

Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.		Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.	
<input type="checkbox"/> By checking this box, I authorize Treasury to discuss my return with my preparer.		Preparer's PTIN, FEIN or SSN	
Authorized Signature for Tax Matters		Preparer's Business Name (print or type)	
Authorized Signer's Name (print or type)	Date	Preparer's Business Address and Telephone Number (print or type)	
Title	Telephone Number		

WITHOUT PAYMENT - Mail return to:

Michigan Department of Treasury
 PO Box 30803
 Lansing MI 48909

WITH PAYMENT - Pay amount on line 35 and mail check and return to:

Michigan Department of Treasury
 PO Box 30804
 Lansing MI 48909

Make check payable to "State of Michigan." Print taxpayer's FEIN, the tax year, and "CIT" on the front of the check. Do not staple the check to the return.

Instructions for an amended CIT return

Forms 4892, 4906 and 4909

Purpose

To calculate and file an amended Corporate Income Tax (CIT) return.

Standard taxpayers will file the *CIT Amended Return* (Form 4892); insurance companies will file the *Insurance Company Amended Return for Corporate Income and Retaliatory Taxes* (Form 4906); and financial institutions will file *CIT Amended Return for Financial Institutions* (Form 4909).

Amending a Return

To amend a current or prior year annual return, use the amended return that is applicable for that year and taxpayer type.

Include all schedules filed with the original return, even if not amending that schedule. Do not include a copy of the original return with your amended return.

Current and past year forms are available on Treasury’s Web site at www.michigan.gov/treasuryforms.

To amend a return to claim a refund, file within four years of the due date of the original return (including valid extensions). Interest will be paid beginning 45 days after the claim is filed or the due date, whichever is later.

If amending a return to report a deficiency, penalty and interest may apply from the due date of the original return.

If any changes are made to a federal income tax return that affect CIT tax base, filing an amended return is required. To avoid penalty, file the amended return within 120 days after the final determination by the IRS.

Line-by-Line Instructions

In most cases, the lines on the amended return match the lines on the originally filed return. Unless otherwise noted, use the instructions for the original return to complete the amended return. Follow the instructions for the *CIT Annual Return* (Form 4891) to complete Form 4892; follow the instructions for the *Insurance Company Annual Return for Corporate Income and Retaliatory Taxes* (Form 4905) to complete Form 4906; and follow the instructions for the *CIT Annual Return for Financial Institutions* (Form 4908) to complete Form 4909.

Reason code for amending return: Using the table below, select the two-digit code that best represents the reason for amending the return. Enter the code in the appropriate field in the taxpayer information at the top of page 1. Also include a document providing additional detail on that reason.

REASON CODE FOR AMENDING RETURN	
01	Amending a federal return.
02	Federal audit.
03	Response to a Michigan Notice of Adjustment.
04	Claiming a previously unclaimed credit or payment.

05	Original return missing information/incomplete form.
06	Correcting information/figures originally reported.
07	UBGs: Adding or deleting member(s).
08	Due to litigation.
20	Other. Include a separate document explaining the reason for amending the return.

“As Originally Filed or Previously Amended” and “Correct Amount”: Where the amended return provides a Column A titled “As Originally Filed or Previously Amended,” provide the amount that was used on the taxpayer’s most recent return that the new return will amend. Put the amended amounts in Column B, “Correct Amount.”

NOTE for Standard Taxpayers: On lines 9 through 11, complete only with amended numbers.

NOTE for Insurance Companies: On lines 26 through 39, columns A and B, complete using only the amended numbers.

NOTE for Financial Institutions: On line 9, and lines 10 through 16, columns A through E, complete using only the amended numbers.

Amount paid with original return plus additional tax paid after original return was filed: Enter all payments made with the original return and all previous returns, as well as additional payments made after those returns were filed.

Overpayment, if any, received on the original return or previous amended return: Enter the overpayment received (refund received plus credit forward created) on the original return and all previous returns.

Mailing Addresses

Mail the amended return, and all necessary schedules, to:

With payment:

Michigan Department of Treasury
PO Box 30804
Lansing MI 48909

Without payment:

Michigan Department of Treasury
PO Box 30803
Lansing MI 48909

Make checks payable to “State of Michigan.” Print the taxpayer’s FEIN, the tax year, and “CIT” on the front of the check. Do not staple the check to the return.