

FORM  
**20C-C**



Alabama Department of Revenue  
**Consolidated Corporate  
Income Tax Return**

•CY   
•FY   
•SY   
52/53 WK   
**2018**  
ADOR

For the year January 1 – December 31, 2018, or other tax year beginning ● \_\_\_\_\_, 2018, ending ● \_\_\_\_\_

**Check applicable box:**

Initial return

Final return

Amended return

Federal audit change

FEDERAL BUSINESS CODE NUMBER ● \_\_\_\_\_

FEDERAL EMPLOYER IDENTIFICATION NUMBER ● \_\_\_\_\_

NAME ● \_\_\_\_\_

ADDRESS ● \_\_\_\_\_

CITY, STATE, COUNTRY (IF NOT U.S.) ● \_\_\_\_\_ 9-DIGIT ZIP CODE ● \_\_\_\_\_

STATE OF INCORPORATION ● \_\_\_\_\_ DATE OF INCORPORATION ● \_\_\_\_\_

DATE QUALIFIED IN ALABAMA ● \_\_\_\_\_ NATURE OF BUSINESS IN ALABAMA ● \_\_\_\_\_

This company files as part of a consolidated federal return.  
Name ● \_\_\_\_\_ FEIN ● \_\_\_\_\_

Federal Form 1120-REIT filed  2220AL Attached

- Filing Status:** (see instructions)
- 1. Corporation operating only in Alabama.
  - 2. Multistate Corporation – Apportionment (Sch. D-1).
  - 3. Multistate Corporation – Percentage of Sales (Sch. D-2).
  - 4. Multistate Corporation – Separate Accounting (Prior written approval required and must be attached).
  - 5. Alabama Consolidated Return. (Caution: see instructions)

Group's total combined assets: ● \_\_\_\_\_

1	Alabama taxable income (sum of all proforma 20C(s), line 14).....	1	●
a	Consolidated NOL.....	1a	●
b	Alabama consolidated taxable income (subtract line 1a from line 1).....	1b	●
2	Alabama Income Tax:		
a	Income Tax (6.5% of line 1b).....	2a	●
b	Consolidated Filing Fee.....	2b	●
c	Total Tax (add lines 2a and 2b).....	2c	●
3	Credits (sum of all proforma 20C(s), line 16).....	3	●
4	LIFO Reserve Tax Deferral (sum of all proforma 20C(s), line 17).....	4	●
5	Net tax due Alabama.....	5	●
6	Payments:		
a	Carryover from prior year (2017).....	6a	●
b	2018 estimated tax payments.....	6b	●
c	2018 composite payment(s) made on behalf of this entity (see instructions) Paid by ● _____ FEIN ● _____	6c	●
d	Extension payment.....	6d	●
e	Payments prior to adjustment.....	6e	●
f	Refundable credit (sum of all proforma 20C(s), line 19f).....	6f	●
g	Total Payments (add lines 6a through 6f).....	6g	●
7	Reductions/applications of overpayments		
a	Credit to 2019 estimated tax.....	7a	●
b	Penny Trust Fund.....	7b	●
c	Penalty due (see instructions) Late Payment Estimate ● _____ Other ● _____	7c	●
d	Interest due (see instructions) Estimate Interest ● _____ Interest on Tax ● _____	7d	●
e	Total reductions (total lines 7a, b, c and d).....	7e	●
8	Total amount due/(refund) (line 5 less 6g, plus 7e).....	8	●

UNLESS A COPY OF THE  
FEDERAL RETURN IS  
ATTACHED, THIS RETURN WILL  
BE CONSIDERED INCOMPLETE.

(SEE FORM 20C-PROFORMA,  
PAGE 4, OTHER INFORMATION,  
NUMBER 5.)

If you paid electronically check here:

I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_ Daytime Telephone No. \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date ● \_\_\_\_\_

Firm's name (or yours, if self-employed) and address ● \_\_\_\_\_ E.I. No. ● \_\_\_\_\_

● \_\_\_\_\_ ZIP Code ● \_\_\_\_\_

Tel. No. ● \_\_\_\_\_ Preparer's Tax Identification Number ● \_\_\_\_\_ Check if self-employed:

Person to contact for information concerning this return: Name ● \_\_\_\_\_ Telephone No. ● \_\_\_\_\_

Email address ● \_\_\_\_\_



**SCHEDULE AS – Affiliations Schedule**

A. NAME OF ALL CORPORATIONS INCLUDED IN ALABAMA CONSOLIDATED INCOME TAX RETURN	B. FEDERAL EMPLOYER IDENTIFICATION NO.	C. FILING PERIOD MM / DD / YYYY	D. PRIOR YEAR SEPARATE AL INCOME TAX RETURN FILED?	E. NEW TO FEDERAL CONSOLIDATED GROUP?	F. AL BUSINESS PRIVILEGE TAX RETURN FILED?
COMMON PARENT			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
•	•	•	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
SUBSIDIARIES			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
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•	•	•	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
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**SCHEDULE B – Alabama Consolidated Net Operating Loss Carryforward Calculation (§§40-18-35.1 and 40-18-39h)**

COLUMN 1 Loss Year End MM / DD / YYYY	COLUMN 2 Amount of Alabama net operating loss	COLUMN 3 Amount used in years prior to this year	COLUMN 4 Amount used this year	COLUMN 5 Remaining unused net operating loss
•	•	•	•	•
•	•	•	•	•
•	•	•	•	•
•	•	•	•	•
•	•	•	•	•
•	•	•	•	•
•	•	•	•	•
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Alabama consolidated net operating loss (enter here and on line 1a, page 1).

**Mail Consolidated Returns & Payments to:** Alabama Department of Revenue  
Individual and Corporate Tax Division  
Corporate Compliance Section  
PO Box 327437  
Montgomery, AL 36132-7437

**Mail Federal Audit Change Returns & Payments to:** Alabama Department of Revenue  
Individual and Corporate Tax Division  
Corporate Compliance Section  
PO Box 327451  
Montgomery, AL 36132-7451