

FORM 20C-C



Alabama Department of Revenue Consolidated Corporate Income Tax Return

CY 2023 FY SY 52/53 WK

For the year January 1 - December 31, 2023, or other tax year beginning, 2023, 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)

Taxable Year Beginning Date for most recent Form 20C-CRE filed: Group's total combined assets:

Table with 9 main rows and sub-rows (a-g) for tax calculations. Includes columns for line numbers and amounts. Includes a warning box: 'UNLESS A COPY OF THE FEDERAL RETURN IS ATTACHED, THIS RETURN WILL BE CONSIDERED INCOMPLETE.'

Please Sign Here I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer. 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) E.I. No. Firm's address 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. ALABAMA TAXABLE INCOME	E. NEW TO FEDERAL CONSOLIDATED GROUP?
•	•	•	•	• <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
Income Tax Administration Division
Corporate Tax Section
PO Box 327437
Montgomery, AL 36132-7437

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