FORM **20C-C** [redacted]

Alabama Department of Revenue
Consolidated Corporate
Income Tax Return

●CY ☐ ●FY ☐ ●SY ☐ ●52/53 WK ☐

2019
ADOR

For the year January 1 – December 31, 2019, or other tax year beginning ● ______ , 2019, 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 ● ______

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)***

● ☐ This company files as part of a consolidated federal return.
Name ● ______ FEIN ● ______

● ☐ Federal Form 1120-REIT filed ● ☐ 2220AL Attached

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 LIFO Reserve Tax Deferral (sum of all proforma 20C(s), line 16)			3 ●
4 Alabama Income Tax after LIFO Reserve Tax Deferral (sum of all Proforma 20C(s), line 17)			4 ●
5 Nonrefundable Credits (sum of all proforma 20C(s), line 18)			5 ●
6 Net tax due Alabama (line 4 less line 5)			6 ●
7 Payments:			
a Carryover from prior year (2018)	7a ●		
b 2019 estimated tax payments	7b ●		
c 2019 composite payment(s) made on behalf of this entity *(see instructions)*	7c ●		
Paid by ● ______ FEIN ●			
d Extension payment	7d ●		
e Payments prior to adjustment	7e ●		
f Refundable credit (sum of all proforma 20C(s), line 20f)	7f ●		
g Total Payments (add lines 7a through 7f)	7g ●		
8 Reductions/applications of overpayments			
a Credit to 2020 estimated tax			8a ●
b Penny Trust Fund			8b ●
c Penalty due *(see instructions)* Late Payment Estimate ●		Other ●	8c ●
d Interest due *(see instructions)* Estimate Interest ●		Interest on Tax ●	8d ●
e Total reductions *(total lines 8a, b, c and d)*			8e ●
9 Total amount due/(refund) *(line 6 less 7g, plus 8e)*			9 ●

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: ☐

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) 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 ●	●	●	● ☐ Y ● ☐ N	● ☐ Y ● ☐ N	● ☐ Y ● ☐ N
SUBSIDIARIES ●	●	●	● ☐ Y ● ☐ N	● ☐ Y ● ☐ N	● ☐ Y ● ☐ N
●	●	●	● ☐ Y ● ☐ N	● ☐ Y ● ☐ N	● ☐ Y ● ☐ N
●	●	●	● ☐ Y ● ☐ N	● ☐ Y ● ☐ N	● ☐ Y ● ☐ N
●	●	●	● ☐ Y ● ☐ N	● ☐ Y ● ☐ N	● ☐ Y ● ☐ N
●	●	●	● ☐ Y ● ☐ N	● ☐ Y ● ☐ N	● ☐ Y ● ☐ N
●	●	●	● ☐ Y ● ☐ N	● ☐ Y ● ☐ N	● ☐ Y ● ☐ N
●	●	●	● ☐ Y ● ☐ N	● ☐ Y ● ☐ N	● ☐ Y ● ☐ N
●	●	●	● ☐ Y ● ☐ N	● ☐ Y ● ☐ N	● ☐ Y ● ☐ N
●	●	●	● ☐ Y ● ☐ N	● ☐ Y ● ☐ N	● ☐ Y ● ☐ N
●	●	●	● ☐ Y ● ☐ N	● ☐ Y ● ☐ N	● ☐ Y ● ☐ N
●	●	●	● ☐ Y ● ☐ N	● ☐ Y ● ☐ N	● ☐ Y ● ☐ N
●	●	●	● ☐ Y ● ☐ N	● ☐ Y ● ☐ N	● ☐ Y ● ☐ N
●	●	●	● ☐ Y ● ☐ N	● ☐ Y ● ☐ N	● ☐ Y ● ☐ N

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	COLUMN 6 Acquired NOL
●	●	●	●	●	● ☐
●	●	●	●	●	● ☐
●	●	●	●	●	● ☐
●	●	●	●	●	● ☐
●	●	●	●	●	● ☐
●	●	●	●	●	● ☐
●	●	●	●	●	● ☐
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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