



ALABAMA DEPARTMENT OF REVENUE INCOME TAX ADMINISTRATION DIVISION

CORPORATE INCOME TAX

P.O. Box 327437 • Montgomery, AL 36132-7437 • (334) 242-1170, Option 6

Election To File Consolidated Corporate Income Tax Return

NAME OF AFFILIATED GROUP (COMMON PARENT AND SUBSIDIARIES)			FOR TAXABLE YEAR BEGINNING		
			Mo.	Day	Yr.
ADDRESS			FEDERAL EM	PLOYER IDENTIFICAT	ION NUMBER (FEIN)
CITY	STATE	ZIP	TELEPHONE I	NUMBER	
			()		
EMAIL ADDRESS					
The above named Alabama Affilia 39, <i>Code of Alabama 1975</i> .	ted Group hereby elects to t	file an Alabama Cons	olidated Return,	in accordance	with Section 40-18-
able year in which the 120th	g on both the Alabama Depa with the first month of the fir consecutive calendar mont consolidated return election	rst taxable year of the th expires. The election	election and end	ding upon the co	onclusion of the tax-
 The Alabama Affiliated Gro annual fee shall be comput 	up shall be assessed an an ed in accordance with Section	·	•	Alabama Conso	lidated Return. The
 For each taxable year of the for the Alabama income tax ilege of filing the consolidat 	liability of the affiliated grou				•
Under penalties of perjury, I decord all members of the affiliated group				_	
PRINT NAME AND PROVIDI	E SIGNATURE BELOW	_			
SIGNATURE		TITLE]	DATE
IN	FORMATION AND INSTRU	CTIONS REGARDIN	G THIS ELECTION	ON	

Attach the signed election form directly following the Form 20C-C. This form is only required in the year of the election.

ADOR