



## 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                 | IPLOYER IDENTIFICAT | TION NUMBER (FEIN)    |
|  |   |  |                            |                     |                       |
| CITY   | STATE   | ZIP  | ZIP TELEPHONE NUMBER       |                     |                       |
|  |   |  | ( )                        |                     |                       |
| EMAIL ADDRESS  |   |  |                            |                     |                       |
| The above named Alabama Affilia 39, <i>Code of Alabama 1975</i> .  | ated Group hereby elects to                             | o file an Alabama Con                              | solidated Return,          | in accordance       | with Section 40-18-   |
| <ul> <li>The election shall be bindir<br/>calendar months, beginning<br/>able year in which the 120t<br/>or termination of the federa</li> </ul> | g with the first month of the h consecutive calendar mo | first taxable year of the onth expires. The electi | e election and end         | ding upon the co    | onclusion of the tax- |
| <ul> <li>The Alabama Affiliated Gro<br/>annual fee shall be computed</li> </ul>  |   | =  | -                          |                     | lidated Return. The   |
| <ul> <li>For each taxable year of the<br/>for the Alabama income tax<br/>ilege of filing the consolidat</li> </ul>                               | cliability of the affiliated gro                        |  |                            |                     | •                     |
| Under penalties of perjury, I dea<br>of all members of the affiliated gro  |   | •  |                            | _                   |                       |
| PRINT NAME AND PROVID  | E SIGNATURE BELOW                                       |  |                            |                     |                       |
| SIGNATURE  |   | TITLE  |                            |                     | DATE                  |
| ——————————————————————————————————————   | IFORMATION AND INSTR                                    | RUCTIONS REGARDIN                                  | IG THIS ELECTI             | ON .                |                       |
|  |   |  |                            |                     |                       |

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

ADOR