



SCHEDULE
B-1



Alabama
Department of Revenue

20 _____

Alabama Net Operating Loss Carryforward Acquisitions

Taxpayer Name: _____ Taxpayer FEIN: _____

For the tax year beginning _____, 20____ and ending _____, 20____.

See Form 20C or ET-1 instructions for details

	Column A Name of Acquired Company	Column B FEIN of Acquired Company	Column C Loss Year End MM / DD / YYYY	Column D Balance of NOL Acquired
1 ●				
2 ●				
3 ●				
4 ●				
5 ●				
6 ●				
7 ●				
8 ●				
9 ●				
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18 ●				
19 ●				
20 ●				
21 ●				
22 ●				
23 ●				
24 ●				

	Column A Name of Acquired Company	Column B FEIN of Acquired Company	Column C Loss Year End MM / DD / YYYY	Column D Balance of NOL Acquired
25 ●				
26 ●				
27 ●				
28 ●				
29 ●				
30 ●				
31 ●				
32 ●				
33 ●				
34 ●				
35 ●				
36 ●				
37 ●				
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39 ●				
40 ●				
41 ●				
42 ●				
43 ●				
44 ●				
45 ●				
46 ●				
47 ●				
48 ●				

THIS FORM MUST BE ATTACHED TO THE FORM 20C OR ET-1