| Schedule |  |
|----------|--|
| UB       |  |

## w LIST OF MEMBERS IN UNITARY COMBINED GROUP 2023

| CORPORATION NAME                                   | FEIN |
|--|------|
|  |      |
|  |      |
| Common year ending for the unitary business group: |      |

| List all members (See specific Instructions) |      |      |  |          |                                 |     |  |  |
|--|------|------|--|----------|---------------------------------|-----|--|--|
| Group#<br>(1 – 3)                            | Name | FEIN |  | r ending | Total Tax from UB-CR, Column C4 |     | Total Payments & Prior Year<br>Credits |  |
|  |      |      |  |          |                                 | .00 | .00                                    |  |
|  |      |      |  |          |                                 | .00 | .00                                    |  |
|  |      |      |  |          |                                 | .00 | .00.                                   |  |
|  |      |      |  |          |                                 | .00 | .00                                    |  |
|  |      |      |  |          |                                 | .00 | .00.                                   |  |
|  |      |      |  |          |                                 | .00 | .00.                                   |  |
|  |      |      |  |          |                                 | .00 | .00.                                   |  |
|  |      |      |  |          |                                 | .00 | .00.                                   |  |
|  |      |      |  |          |                                 | .00 | .00.                                   |  |
|  |      |      |  |          |                                 | .00 | .00.                                   |  |
|  |      |      |  |          |                                 | .00 | .00.                                   |  |
|  |      |      |  |          |                                 | .00 | .00.                                   |  |
|  |      |      |  |          |                                 | .00 | .00                                    |  |
|  |      |      |  |          |                                 | .00 | .00                                    |  |
|  |      |      |  |          |                                 | .00 | .00                                    |  |
|  |      |      |  |          |                                 | .00 | .00                                    |  |
|  |      |      |  |          |                                 | .00 | .00                                    |  |
|  |      |      |  |          |                                 | .00 | .00                                    |  |
|  |      |      |  |          |                                 | .00 | .00                                    |  |
|  |      |      |  |          |                                 | .00 | .00                                    |  |
|  |      |      |  |          |                                 | .00 | .00.                                   |  |

NOTE: After completing this schedule, see Schedule UB Instructions for Completing Form CIT-120

