FORM CON-1120 Department of the Treasury Internal Revenue Service	**CONSOLIDATED CORPORATE INCOME TAX RETURN** **For calendar year or tax year period**	**Tax Year** 20_____

Name of Common Parent Corporation: .....

Employer Identification Number (EIN): .....

Address (Number, street, and room or suite no.): .....

State of Incorporation: .....

City or town, state, and ZIP code: .....

Date of Incorporation: .....

SCHEDULE OF AFFILIATED CORPORATIONS INCLUDED IN CONSOLIDATION

No.	Name of Subsidiary Corporation	EIN	% of Voting Power	% of Value Held
1	.....	.....	.....	.....
2	.....	.....	.....	.....
3	.....	.....	.....	.....
4	.....	.....	.....	.....

PART I: CONSOLIDATED INCOME

1	Gross receipts or sales (less returns and allowances)	.....
2	Cost of goods sold	.....
3	**Gross profit** (Subtract line 2 from line 1)	.....
4	Dividends and share of earnings	.....
5	Interest income	.....
6	Gross rents	.....
7	Gross royalties	.....
8	Net capital gains	.....
9	Other income (attach statement)	.....
10	**Total Consolidated Income** (Add lines 3 through 9)	.....

PART II: CONSOLIDATED DEDUCTIONS

11	Compensation of officers	.....
12	Salaries and wages (less employment credits)	.....
13	Repairs and maintenance	.....
14	Rents paid	.....
15	Taxes and licenses	.....
16	Interest expense	.....
17	Charitable contributions	.....
18	Depreciation / Amortization	.....
19	Advertising	.....
20	Employee benefit programs	.....
21	Other deductions (attach schedule)	.....

22	**Total Consolidated Deductions** (Add lines 11 through 21)	
23	**Taxable Income Before NOL** (Subtract line 22 from line 10)	
24	Net operating loss deduction	
25	**Consolidated Taxable Income** (Subtract line 24 from line 23)	

PART III: TAX, PAYMENTS, AND BALANCE DUE

26	Total income tax liability	
27	Consolidated tax credits (Foreign Tax, R&D, etc.)	
28	Net tax liability (Subtract line 27 from line 26)	
29	Estimated tax payments made for the year	
30	**Overpayment** (If line 29 is larger than line 28, enter difference)	
31	**Balance Due** (If line 28 is larger than line 29, enter difference)	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of Officer: _____ Date: _____ Title: _____

Paid Preparer's Signature: _____ Date: _____ PTIN: _____

Firm's Name: _____ Firm's EIN: _____