FORM 1120-C Consolidated Corporate Income Tax Return	CONSOLIDATED CORPORATE INCOME TAX RETURN For calendar year or tax year beginning _____, and ending _____	Tax Year

Name of Common Parent Corporation	Employer Identification Number (EIN)
Number, Street, and Room or Suite Number	Date of Incorporation
City or Town, State, and ZIP Code	Total Assets (Consolidated)

SCHEDULE A: LIST OF AFFILIATED CORPORATIONS INCLUDED IN CONSOLIDATION

No.	Name of Subsidiary Corporation	Employer Identification Number (EIN)	% of Voting Power	% of Value Held
1				
2				
3				
4				
5				

PART II: CONSOLIDATED TAXABLE INCOME AND DEDUCTIONS

	Income / Deduction Line Items	Code	Consolidated Total
1	Gross receipts or sales (less returns and allowances)	1a	
2	Cost of goods sold	2a	
3	**Gross Profit (Subtract Line 2 from Line 1)**	3a	
4	Dividends and inclusions	4a	
5	Interest income	5a	
6	Gross rents and royalties	6a	
7	Net capital gains	7a	
8	**Total Consolidated Income (Add Lines 3 through 7)**	8a	
9	Compensation of officers	9a	
10	Salaries and wages (less employment credits)	10a	
11	Repairs and maintenance	11a	
12	Rents paid	12a	
13	Taxes and licenses	13a	
14	Interest expense	14a	
15	Depreciation and amortization	15a	
16	Other deductions (attach schedule)	16a	
17	**Total Consolidated Deductions (Add Lines 9 through 16)**	17a	
18	**Consolidated Taxable Income Before NOL (Subtract Line 17 from Line 8)**	18a	
19	Net Operating Loss (NOL) deduction	19a	
20	**Consolidated Taxable Income (Subtract Line 19 from Line 18)**	20a	

PART III: TAX COMPUTATION, CREDITS, AND PAYMENTS

21	Total Income Tax (calculated on Consolidated Taxable Income)	21a	
22	Alternative Minimum Tax (if applicable)	22a	
23	Foreign Tax Credit	23a	
24	General Business Credit	24a	
25	**Total Tax After Credits (Subtract Lines 23 and 24 from Lines 21 and 22)**	25a	
26	Estimated tax payments made for the year	26a	
27	Tax deposited with Form 7004 (Extension)	27a	
28	**Total Payments (Add Lines 26 and 27)**	28a	
29	**Estimated Tax Penalty (if applicable)**	29a	

30	**TAX DUE (If Line 25 plus Line 29 is larger than Line 28, enter amount owed)**	**30a**	
31	**OVERPAYMENT (If Line 28 is larger than Line 25 plus Line 29, enter refund)**	**31a**	

DECLARATION AND SIGNATURES

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	Phone Number
Signature of Preparer (other than taxpayer)	Date
Preparer Firm Name	PTIN / EIN