

FORM
1120-C

STATE DEPARTMENT OF REVENUE
**CONSOLIDATED CORPORATE
INCOME TAX RETURN**

For calendar year or tax year beginning _____
and ending _____

TAX YEAR
20

Common Parent Corporation Name			Federal Employer ID Number (FEIN)
Number and Street Address			State of Incorporation
City	State	ZIP Code	Principal Business Activity Code
Check applicable boxes: ☐ Initial Return ☐ Final Return ☐ Address Change ☐ Amended Return ☐ Federal Audit Change			

SCHEDULE A - AFFILIATED MEMBERS INCLUDED IN CONSOLIDATED RETURN

Legal Name of Subsidiary	FEIN	State of Inc.	% of Voting Stock Owned

PART I - COMPUTATION OF STATE CONSOLIDATED TAXABLE INCOME

1	Federal consolidated taxable income (from Federal Form 1120)	
2	State income taxes deducted on Federal Return	
3	Interest on obligations of other states and local governments	
4	Other additions (attach schedule)	
5	Total Additions (Add lines 2 through 4)	
6	Interest on obligations of the United States	
7	Other subtractions (attach schedule)	
8	Total Subtractions (Add lines 6 and 7)	
9	Consolidated Taxable Income (Line 1 plus Line 5, less Line 8)	

PART II - APPORTIONMENT AND ALLOCATION

10	Non-apportionable income (allocated directly to this State)	
11	Apportionable income (Line 9 less Line 10)	
12	State Apportionment Factor (from Schedule B, Line 4)	
13	Income apportioned to this State (Multiply Line 11 by Line 12)	

14	Income allocated to this State (from Line 10)	
15	State Consolidated Taxable Income (Add Line 13 and Line 14)	

SCHEDULE B - APPORTIONMENT FORMULA (THREE-FACTOR)

Apportionment Factors	Everywhere	Within State	Percentage
1. Property Factor			
2. Payroll Factor			
3. Sales Factor			
4. Average Apportionment Percentage (Sum of factors / 3)			

PART III - TAX COMPUTATION, CREDITS, AND PAYMENTS

16	Tax Amount (Multiply Part II, Line 15 by State Tax Rate)	
17	Allowable Tax Credits (attach Schedule CR)	
18	Net State Tax (Line 16 less Line 17. Cannot be less than minimum tax)	
19	Estimated Tax Payments and Extension Payments	
20	Tax Paid with Original Return (if filing an amended return)	
21	Total Payments (Add Line 19 and Line 20)	
22	Tax Due (If Line 18 is greater than Line 21, enter difference)	
23	Interest and Penalty	
24	Total Amount Due (Add Line 22 and Line 23)	
25	Overpayment (If Line 21 is greater than Line 18, enter difference)	

SIGNATURES AND DECLARATIONS

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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of Officer	Title	Date
Paid Preparer's Signature	Preparer's PTIN / FEIN	Date