FORM	Consolidated Corporate Income Tax Return	TAX YEAR
1120-C	**For Calendar Year or Tax Year Beginning / Ending** _____ / _____	

Name of Common Parent Corporation: _____

Address (Number, Street, Room or Suite no.): _____

City, State, and ZIP Code: _____

Employer ID Number (EIN): _____

Date of Incorporation: _____

SCHEDULE A - PARENT AND SUBSIDIARY MEMBERS OF CONSOLIDATED GROUP

No.	Subsidiary Company Name & Address	EIN	% Voting Power Owned	Stock Value Owned (%)
1				
2				
3				
4				

SCHEDULE B - CONSOLIDATED TAXABLE INCOME COMPUTATION

Line Item Description	Common Parent	Subsidiaries Total	Eliminations / Adjustments	Consolidated Total
1. Gross Receipts or Sales				
2. Cost of Goods Sold				
3. Gross Profit (Subtract Line 2 from Line 1)				
4. Dividends and Share of Earnings				
5. Interest & Other Financial Income				
6. Net Capital Gains				
7. Total Consolidated Income (Sum of Lines 3 through 6)				
8. Compensation of Officers				
9. Salaries and Wages (less employment credits)				
10. Repairs and Maintenance				
11. Rents & Leases				
12. Taxes and Licenses				
13. Interest Expense				
14. Depreciation & Amortization				
15. Other Deductions (Attach Schedule)				
16. Total Deductions (Sum of Lines 8 through 15)				

Line Item Description	Common Parent	Subsidiaries Total	Eliminations / Adjustments	Consolidated Total
17. Taxable Income Before NOL and Special Deductions				
18. Consolidated Net Operating Loss Deduction				
19. Special Deductions (e.g., Dividends Received)				
20. Consolidated Taxable Income (Line 17 less Lines 18 and 19)				

SCHEDULE C - TAX COMPUTATION, CREDITS, AND PAYMENTS

1. Income Tax (Calculate based on Consolidated Taxable Income on Schedule B, Line 20)	
2. Consolidated Alternative Minimum Tax (if applicable)	
3. Total Tax Before Credits (Add Lines 1 and 2)	
4. Foreign Tax Credit	
5. General Business Credit	
6. Other Credits (Attach Schedule)	
7. Total Credits (Add Lines 4 through 6)	
8. Net Consolidated Tax (Subtract Line 7 from Line 3; cannot be less than zero)	
9. Overpayment from prior year applied as a credit	
10. Estimated tax payments made for the current tax year	
11. Tax deposited with Form 7004 (Extension of Time to File)	
12. Total Payments (Add Lines 9 through 11)	
13. Tax Due (If Line 8 is larger than Line 12, enter amount owed)	
14. Overpayment (If Line 12 is larger than Line 8, enter excess)	

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 _____ Date _____ Title _____

Signature of Paid Preparer _____ Date _____ PTIN / EIN _____

Firm's Name: _____ Phone No: _____