FORM	CONSOLIDATED CORPORATE INCOME TAX RETURN For Parent-Subsidiary Affiliated Group	Tax Year Beginning: ..... Ending: .....

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

PART I: SCHEDULE OF CONSOLIDATED SUBSIDIARIES INCLUDED IN THIS RETURN

No.	Subsidiary Name & Address	EIN	% of Voting Power	Stock Owned By (Member No.)
1				
2				
3				
4				

PART II: COMPUTATION OF CONSOLIDATED TAXABLE INCOME

Line	Category	Combined Total (Before Eliminations)	Consolidating Adjustments / Eliminations	Consolidated Amount
1	Gross Receipts or Sales			
2	Cost of Goods Sold			
3	**Gross Profit** (Line 1 less Line 2)			
4	Dividends & Interest			
5	Other Income			
6	**Total Income** (Add Lines 3 through 5)			
7	Compensation of Officers			
8	Salaries and Wages			
9	Other Deductions			
10	**Total Deductions** (Add Lines 7 through 9)			
11	**Taxable Income before NOL & Special Deductions** (Line 6 less Line 10)			

PART III: CONSOLIDATED TAX AND PAYMENTS

12	Consolidated Net Operating Loss Deduction	
13	Consolidated Special Deductions	
14	**Consolidated Taxable Income** (Line 11 less Lines 12 and 13)	
15	Total Consolidated Tax	
16	Consolidated Credits (Foreign Tax, R&D, etc.)	
17	**Net Consolidated Tax** (Line 15 less Line 16)	
18	Total Payments and Credits (Estimated Tax, Prior Year Overpayments)	
19	**Tax Due / Overpayment** (Difference between Line 17 and Line 18)	

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 _____ **EIN/PTIN** _____

Paid Preparer _____ **Date** _____