

FORM
CGR-1

**CONSOLIDATED CORPORATE GROSS
RECEIPTS TAX RETURN**

TAX YEAR

Department of Revenue and Taxation

- Original Return
 Amended Return

TAXPAYER INFORMATION		
NAME OF PARENT CORPORATION		FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)
MAILING ADDRESS (NUMBER, STREET, AND APT. OR SUITE NO.)		TELEPHONE NUMBER
CITY, TOWN OR POST OFFICE	STATE	ZIP CODE
TAXABLE PERIOD BEGIN DATE	TAXABLE PERIOD END DATE	

SCHEDULE A: CONSOLIDATED SUBSIDIARIES INCLUDED IN THIS RETURN			
Subsidiary Legal Name	FEIN	State of Inc.	Activity Code

SCHEDULE B: GROSS RECEIPTS COMPUTATION		
NO.	GROSS RECEIPTS CATEGORY	AMOUNT
1	Gross sales of tangible personal property	
2	Gross receipts from services, performance, or rentals	
3	Other taxable consolidated gross receipts	
4	Total Gross Receipts (Add Lines 1 through 3)	
5	Less: Intercompany transactions eliminated in consolidation	
6	Less: Allowable statutory exemptions/deductions (Attach schedule)	
7	Net Taxable Gross Receipts (Line 4 minus Lines 5 and 6)	

SCHEDULE C: TAX COMPUTATION		
8	Net Taxable Gross Receipts (from Line 7)	
9	Tax Rate (%)	
10	Gross Tax Due (Multiply Line 8 by Line 9)	
11	Less: Allowable Credits (Attach documentation)	
12	Net Tax Due (Line 10 minus Line 11)	
13	Interest	
14	Penalties	

15	Total Amount Due (Add Lines 12, 13, and 14)	
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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 AUTHORIZED OFFICER	TITLE	DATE
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SIGNATURE OF PAID PREPARER	PREPARER PTIN	DATE
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