| FORM C-1120<br>Tax Year<br><br>**20_____** | **CONSOLIDATED CORPORATE TAX RETURN**<br>For Calendar Year or Fiscal Year Beginning _____,<br>20___ and Ending _____, 20___ | **Group Account Number:**<br>_____<br>**Employer ID Number (EIN):**<br>_____ |
|---|---|---|
| **Name of Common Parent Corporation:**<br>_____<br>**Address (Number, Street, Room or Suite):**<br>_____<br>**City, State, and ZIP Code:**<br>_____ | | **Date of Incorporation:**<br>_____<br>**State of Incorporation:**<br>_____ |

**SCHEDULE A: AFFILIATED CORPORATIONS INCLUDED IN CONSOLIDATION**

| No. | Name of Subsidiary Corporation | EIN | % of Voting Stock Owned | Principal Business Activity |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

**PART I: CONSOLIDATED GROSS INCOME**

| Line | Income Category | Gross Combined | Eliminations / Adjustments | Consolidated Total |
|---|---|---|---|---|
| **1** | Gross receipts or sales (less returns and allowances) | | | |
| **2** | Cost of goods sold | | | |
| **3** | **Gross Profit** (Subtract Line 2 from Line 1) | | | |
| **4** | Dividends / Intercompany distributions | | | |
| **5** | Interest income | | | |
| **6** | Gross rents and royalties | | | |
| **7** | Net capital gains | | | |
| **8** | Other income (attach schedule) | | | |
| **9** | **TOTAL CONSOLIDATED INCOME (Add Lines 3 through 8)** | | | |

**PART II: CONSOLIDATED DEDUCTIONS**

| Line | Deduction Category | Gross Combined | Eliminations / Adjustments | Consolidated Total |
|---|---|---|---|---|
| **10** | Compensation of officers | | | |
| **11** | Salaries and wages (less employment credits) | | | |
| **12** | Repairs and maintenance | | | |
| **13** | Rents | | | |
| **14** | Taxes and licenses | | | |

| Line | Deduction Category | Gross Combined | Eliminations / Adjustments | Consolidated Total |
|---|---|---|---|---|
| **15** | Interest expense | | | |
| **16** | Depreciation and amortization | | | |
| **17** | Employee benefit programs and pensions | | | |
| **18** | Other deductions (attach schedule) | | | |
| **19** | **TOTAL CONSOLIDATED DEDUCTIONS (Add Lines 10 through 18)** | | | |

| PART III: TAXABLE INCOME AND TAX COMPUTATION | | |
|---|---|---|
| **20** | **Consolidated Taxable Income before NOL and Special Deductions** (Subtract Line 19 from Line 9) | |
| **21** | Consolidated Net Operating Loss (NOL) deduction | |
| **22** | Consolidated Special deductions | |
| **23** | **CONSOLIDATED TAXABLE INCOME (Subtract Lines 21 and 22 from Line 20)** | |
| **24** | Total Consolidated Tax Liability (Apply statutory rate to Line 23) | |
| **25** | Less: Consolidated Tax Credits (Foreign tax, R&D, etc. - attach schedule) | |
| **26** | **NET CONSOLIDATED TAX DUE / OVERPAYMENT** | |

**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 of Common Parent _____ Date _____ Title _____

Signature of Preparer (if other than taxpayer) _____ Date _____ PTIN _____ Firm EIN _____