20C-C

Alabama Department of Revenue Consolidated Corporate Income Tax Return

•CY 🗌	2023
●FY 🔲	2023
•SY 🗌	

	ar January 1 – December 31, <mark>2023</mark> , or other tax ye	ear beginning •			, 2023, ending •		●52/53 WK	
Che			FEDERAL EN	PLOYER II	DENTIFICATION NUMB	ER Filing	Status: (see instructions)	
applic box			•				Corporation operating only in Alabama.	
• Initia						_	O Multistata Ossas anatis a	
retu	ırn				011175 51 000 570		 Multistate Corporation – Apportionment (Sch. D-1). 	
• Fina					SUITE, FLOOR, ETC.		3. Multistate Corporation –	
retu	Irn CITY	STATE	COUNTRY (IF	NOT U.S.)	9-DIGIT ZIP CODE		Percentage of Sales (Sch. D-2).	
● Ame	ended ●	•	•		•		4. Multistate Corporation - Sepa-	
retu	STATE OF INCORPORATION		DATE OF INC	ORPORAT	ON		rate Accounting (Prior written	
● Fed	leral ●		•				approval required and must be attached).	
aud cha	inge DATE QUALIFIED IN ALABAMA NATUR	RE OF BUSINESS	IN ALABAMA			•X	5. Alabama Consolidated Return. (Caution: see instructions)	
	• •						(caarem cee men achene)	
	This company files as par	t of a consolida	ated federal r					
	Name ●			_	IN ●			
	● ☐ Federal Form 1120-REIT		2220AL Atta	ched				
	Year Beginning Date for most recent Forr				Group's total co		S: •	
1 Alabam	na taxable income (sum of all proforma 20C(s), line 14)	<u></u>			1	•	
a Cons	solidated NOL		1	a •				
b Alab	ama consolidated taxable income (subtract	line 1a from line	: 1)	b •				
	na Income Tax:		´ [
a Incor	me Tax (6.5% of line 1b)			a •				
						20	•	
	,							
		•	,					
	*					6	•	
7 Paymer			_					
		r's estimated tax payments. r's Composite Payment(s)/Electing Pass-Through Entity Im of all proforma 20C(s), line 20c] (see instructions) ayment ror to adjustment roredits (sum of all proforma 20C(s), line 20f). 7b • FEDERAL RETURN IS ATTACHED, THIS RETURN WILE BE CONSIDERED INCOMPLETI 7d 7e (SEE FORM 20C-PROFORMA, PAGE 4, OTHER INFORMATION NUMBER 5.)		LINI ESS A CODY OF THE				
b Curr	rent year's estimated tax payments			b •				
c Curr	ent year's Composite Payment(s)/Electing F	ass-Through E	ntity				ATTACHED, THIS RETURN WILL	
Cred	dit(s) [sum of all proforma 20C(s), line 20c] (s	see instructions,)	′c ●			BE CONSIDERED INCOMPLETE.	
d Exte	ension payment		7	'd •				
	Carryover from prior year					(SEE FORM 20C-PROFORMA,		
			_				NUMBER 5.)	
	ions/applications of overpayments			9				
	dit to subsequent year's estimated tax					8a	•	
							•	
	ny Trust Fund					$\overline{}$		
	alty due (see instructions) Late Payment Es	-		Other		8c	•	
	rest due (see instructions) Estimate Interes			Interest o		8d	•	
	ıl reductions (total lines 8a, b, c and d)						•	
9 Total ar	mount due/(refund) (line 6 less 7g, plus 8e) .					9	•	
Please Sign Here	I authorize a representative of the Departm Under penalties of perjury, I declare that I have exa and belief they are true, correct, and complete. Declar	amined this return a	and accompanying	g schedules	and statements, and to d on all information of w	the best of my kno		
	Signature							
Paid							•	
Preparer	r's Firm's name (or yours, if ●					E.I. No.	•	
Use Only	Firm's address					ZIP Cod	e	
•	Tel. No.	Proparor's	a Tay Identification	n Number (•		Check if self-employed:	
	101.110	i lepaiei i	3 Tax Identificatio	ii i taliiboi				
	Person to contact for information concerning this return: Name						unhana Na	

SCHEDULE AS – Affiliations Schedule

A. NAME OF ALL CORPORATIONS INCLUDED IN ALABAMA CONSOLIDATED INCOME TAX RETURN	B. FEDERAL EMPLOYER IDENTIFICATION NO.	C. FILING PERIOD MM/DD/YYYY	D. ALABAMA TAXABLE INCOME	E. NEW TO FEDERAL CONSOLIDATED GROUP?
	•	•	•	●□ Y ●□ N
	•	•	•	●□ Y ●□ N
)	•	•	•	• Y • N
)	•	•	•	• □ Y • □ N
	•	•	•	●□ Y ●□ N
	•	•	•	●□ Y ●□ N
	•	•	•	●□ Y ●□ N
	•	•	•	●□ Y ●□ N
	•	•	•	●□ Y ●□ N
	•	•	•	●□ Y ●□ N
	•	•	•	●□ Y ●□ N
	•	•	•	●□ Y ●□ N
)	•	•	•	• □ Y • □ N
)	•	•	•	● □ Y ● □ N

SCHEDULE B – Alabama Consolidated Net Operating Loss Carryforward Calculation (§§40-18-35.1 and 40-18-39h)

COLUMN 1 Loss Year End MM / DD / YYYY	COLUMN 2 Amount of Alabama net operating loss	COLUMN 3 Amount used in years prior to this year	COLUMN 4 Amount used this year	COLUMN 5 Remaining unused net operating loss
•	•	•	•	•
)	•	•	•	•
•	•	•	•	•
•	•	•	•	•
•	•	•	•	•
•	•	•	•	•
)	•	•	•	•
)	•	•	•	•
)	•	•	•	•
)	•	•	•	•
)	•	•	•	•
)	•	•	•	•
•	•	•	•	•
•	•	•	•	•
)	•	•	•	•
Alabama consolidated net	t operating loss (enter here an	d on line 1a, page 1).	•	

Mail Consolidated

Alabama Department of Revenue Returns & Payments to: Income Tax Administration Division Corporate Tax Section

PO Box 327437

Montgomery, AL 36132-7437

Mail Federal Audit Change Returns & Payments to:

Alabama Department of Revenue Income Tax Administration Division Corporate Tax Section PO Box 327451 Montgomery, AL 36132-7451