



2402130003

PRO FORMA FEDERAL
CONSOLIDATED RETURN SCHEDULE
(Attach All Applicable Schedules)

2024

Name of Corporation

FEIN

Kentucky Corporation/LLET Account Number

240213 41A720CR (10-24)

		Consolidated Totals		Adjustments		Intercompany Eliminations		Parent		Name		Name	
										FEIN		FEIN	
1 (a) Gross receipts or sales	1(a)		00		00		00		00		00		00
(b) Less returns and allowances.....	1(b)		00		00		00		00		00		00
(c) Balance	1(c)		00		00		00		00		00		00
2 Cost of goods sold	2		00		00		00		00		00		00
3 Gross profit	3		00		00		00		00		00		00
4 Dividends	4		00		00		00		00		00		00
5 Interest.....	5		00		00		00		00		00		00
6 Gross rents	6		00		00		00		00		00		00
7 Gross royalties	7		00		00		00		00		00		00
8 Capital gain net income	8		00		00		00		00		00		00
9 Net gain or (loss) from Form 4797	9		00		00		00		00		00		00
10 Other income	10		00		00		00		00		00		00
11 Total income	11		00		00		00		00		00		00
12 Compensation of officers	12		00		00		00		00		00		00
13 Salaries and wages	13		00		00		00		00		00		00
14 Repairs and maintenance.....	14		00		00		00		00		00		00
15 Bad debts.....	15		00		00		00		00		00		00
16 Rents	16		00		00		00		00		00		00
17 Taxes and licenses	17		00		00		00		00		00		00
18 Interest.....	18		00		00		00		00		00		00
19 Charitable contributions	19		00		00		00		00		00		00
20 Depreciation from Form 4562 not claimed on Schedule A or elsewhere on return.....	20		00		00		00		00		00		00
21 Depletion.....	21		00		00		00		00		00		00
22 Advertising	22		00		00		00		00		00		00
23 Pension, profit-sharing, etc., plans	23		00		00		00		00		00		00
24 Employee benefit programs.....	24		00		00		00		00		00		00
25 Energy efficient commercial buildings deduction	25		00		00		00		00		00		00
26 Other deductions	26		00		00		00		00		00		00
27 Total deductions	27		00		00		00		00		00		00
28 Taxable income before NOL deduction and special deductions.....	28		00		00		00		00		00		00



Name of Corporation	FEIN	Kentucky Corporation/LLET Account Number

	Name	Name	Name	Name	Name
	_____	_____	_____	_____	_____
	FEIN _____	FEIN _____	FEIN _____	FEIN _____	FEIN _____
	KY Corp./LLET Acct. No. _____	KY Corp./LLET Acct. No. _____	KY Corp./LLET Acct. No. _____	KY Corp./LLET Acct. No. _____	KY Corp./LLET Acct. No. _____

240214 4JA720CR (10-24)

1 (a) Gross receipts or sales	1(a)	00	00	00	00	00	00
(b) Less returns and allowances.....	1(b)	00	00	00	00	00	00
(c) Balance	1(c)	00	00	00	00	00	00
2 Cost of goods sold	2	00	00	00	00	00	00
3 Gross profit	3	00	00	00	00	00	00
4 Dividends	4	00	00	00	00	00	00
5 Interest	5	00	00	00	00	00	00
6 Gross rents	6	00	00	00	00	00	00
7 Gross royalties	7	00	00	00	00	00	00
8 Capital gain net income	8	00	00	00	00	00	00
9 Net gain or (loss) from Form 4797	9	00	00	00	00	00	00
10 Other income	10	00	00	00	00	00	00
11 Total income	11	00	00	00	00	00	00
12 Compensation of officers	12	00	00	00	00	00	00
13 Salaries and wages	13	00	00	00	00	00	00
14 Repairs and maintenance.....	14	00	00	00	00	00	00
15 Bad debts.....	15	00	00	00	00	00	00
16 Rents	16	00	00	00	00	00	00
17 Taxes and licenses	17	00	00	00	00	00	00
18 Interest.....	18	00	00	00	00	00	00
19 Charitable contributions	19	00	00	00	00	00	00
20 Depreciation from Form 4562 not claimed on Schedule A or elsewhere on return.....	20	00	00	00	00	00	00
21 Depletion.....	21	00	00	00	00	00	00
22 Advertising	22	00	00	00	00	00	00
23 Pension, profit-sharing, etc., plans	23	00	00	00	00	00	00
24 Employee benefit programs.....	24	00	00	00	00	00	00
25 Energy efficient commercial buildings deduction	25	00	00	00	00	00	00
26 Other deductions	26	00	00	00	00	00	00
27 Total deductions	27	00	00	00	00	00	00
28 Taxable income before NOL deduction and special deductions	28	00	00	00	00	00	00

GENERAL INSTRUCTIONS

Purpose of Schedule—This schedule must be completed to compute the federal consolidated net income of an affiliated group filing an elective consolidated Kentucky tax return per KRS 141.201. Schedule CR must be attached to Form 720, Kentucky Corporation Income Tax and LLET Return, filed with the Kentucky Department of Revenue.

Specific Instructions—For each subsidiary, enter the name, federal employer identification number (FEIN), and, if applicable, the Kentucky Corporation/LLET Account Number. If there are more than two subsidiaries in the affiliated group, use page 2 Continuation Sheet.

Lines 1–10—Enter the items of federal income for the parent and each subsidiary using the instructions for Form 1120, U.S. Corporation Income Tax Return, Lines 1 through 10. Enter for each line any adjustment or intercompany elimination, and the consolidated total in the respective columns.

Line 11—Enter the total of Lines 1 through 10 in each column.

Lines 12–26—Enter the federal deductions for the parent and each subsidiary using the instructions for Form 1120, U.S. Corporation Income Tax Return, Lines 12 through 26. Enter for each line any adjustment or intercompany elimination, and the consolidated total in the respective columns.

Line 27—Enter the total of Lines 12 through 26 for each column.

Line 28—Enter the amount of Line 11 less Line 27 for each column.

NOTE: When calculating across the columns to arrive at consolidated totals, add the amounts for the parent and all subsidiaries and subtract all adjustments and intercompany eliminations. If there are negative adjustments or intercompany eliminations, consolidated totals are increased. Otherwise, consolidated totals are reduced.