20C-C



Alabama Department of Revenue Consolidated Corporate Income Tax Return

CY _	2018
SY	ADOF

	nuary 1 – December 31, 2018, or other tax year begin	ning •		, 201	8, ending ●		●52/53 WK □		
Check	FEDERAL BUSINESS CODE NUMBER	FEDERAL F	FEDERAL EMPLOYER IDENTIFICATION NUMBER			Filing	Filing Status: (see instructions)		
applicable box:	e NAME	<u> </u>					1. Corporation operating only in Alabama.		
● Initial return	● ADDRESS						2. Multistate Corporation – Apportionment (Sch. D-1).		
● Final return	•						Multistate Corporation – Percentage of Sales (Sch. D-2).		
• Amende	CITY, STATE, COUNTRY (IF NOT U.S.) ed			9-DIC	GIT ZIP CODE		4. Multistate Corporation – Sepa-		
• Federal	return STATE OF INCORPORATION DATE OF INCORPORATION Federal						rate Accounting (Prior written approval required and must be attached).		
audit change	DATE QUALIFIED IN ALABAMA NATURE OF BU	JSINESS IN ALABAMA				•X	5. Alabama Consolidated Return. <i>(Caution: see instructions)</i>		
	This company files as part of a company files and a company files and a company files as part of	onsolidated federa	l retu			_			
	Name •	• D 2000 A1 A:	ttoob	FEIN ●			_		
	● ☐ Federal Form 1120-REIT filed	• 2220AL A	ııacr		oun's total combin	ad aaaata			
1 Alahama ta	vable income (aum et all proferme 200(a) line	14)			oup's total combine		ı		
	xable income (sum of all proforma 20C(s), line ated NOL					1	•		
			-						
2 Alabama Ind	consolidated taxable income (subtract line 1a t	rom line 1)	10	•					
			20						
	Fax (6.5% of line 1b)								
	ated Filing Fee					20	•		
	(add lines 2a and 2b) n of all proforma 20C(s), line 16)						•		
•	rve Tax Deferral (sum of all proforma 20C(s), line						•		
	Alabama						•		
6 Payments:	Alabama								
-	er from prior year (2017)		60	•					
-			-	•			UNLESS A COPY OF THE		
b 2018 estimated tax payments						FEDERAL RETURN IS			
Paid by		,	UC	FEIN •			ATTACHED, THIS RETURN WILL		
•			64	• I LIIV	<u>'</u>	_	BE CONSIDERED INCOMPLETE.		
d Extension payment				•			(SEE FORM 20C-PROFORMA,		
e Payments prior to adjustment						PAGE 4, OTHER INFORMATION,			
	ments (add lines 6a through 6f)			•			NUMBER 5.)		
	/applications of overpayments		og	•					
	2019 estimated tax					72	•		
	rust Fund								
	due (see instructions) Late Payment Estimate		7	her		7c	•		
•	, ,	•	1	erest on Tax	•	7d	•		
	uctions (total lines 7a, b, c and d)		,				•		
	nt due/(refund) (line 5 less 6g, plus 7e)						•		
						0			
	ectronically check here:		••••			8	•		
Diagon Und	I authorize a representative of the Department of Re der penalties of perjury, I declare that I have examined th					st of my kno	wledge		
and	belief they are true, correct, and complete. Declaration of	preparer (other than tax)	payer)		information of which pre		ıny knowledge.		
Sign Here Sign		Ti	tle		Date		Daytime Telephone No.		
Sign	nature								
Paid						_ Date	•		
Preparer's	Firm's name (or yours, if self-employed) and address					_			
Use Only						_			
	Person to contact for information	Preparer's Tax Identifica	tion N	lumber			Check if self-employed: ● ☐		
	concerning this return: Name					Tele	phone No. ●		
	Email address						ADOF		



SCHEDULE AS – Affiliations Schedule

	ALL CORPORATIONS CONSOLIDATED INCOME TAX RETURN	B. FEDERAL EMPLOYER IDENTIFICATION NO.	C. FILING PERIOD MM / DD / YYYY	D. PRIOR YEAR SEPARATE AL INCOME TAX RETURN FILED?	E. NEW TO FEDERAL CONSOLIDATED GROUP?	F. AL BUSINESS PRIVILEGE TAX RETURN FILED?
COMMON PARENT						
•		•	•		●□ Y ●□ N	●□Y ●□N
SUBSIDIARIES •		•	•	•	•□ 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 – Alabar	na Consolidated Net Opera	ting Loss Carryforward C	alculation (§§40-18-3	5.1 and 40-1	8-39h)	
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	
	•	•	•	•	•	
•	•	•	•		<u> </u>	
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Mail Consolidated

Alabama Department of Revenue Returns & Payments to: Individual and Corporate Tax Division Corporate Compliance Section PO Box 327437 Montgomery, AL 36132-7437

Alabama consolidated net operating loss (enter here and on line 1a, page 1).

Mail Federal Audit Change Returns & Payments to:

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Alabama Department of Revenue Individual and Corporate Tax Division Corporate Compliance Section PO Box 327451 Montgomery, AL 36132-7451