

FORM
20C-C



Alabama Department of Revenue
**Consolidated Corporate
Income Tax Return**

•CY
•FY
•SY
●52/53 WK
2019
ADOR

For the year January 1 – December 31, 2019, or other tax year beginning ● _____, 2019, ending ● _____

Check applicable box:

Initial return

Final return

Amended return

Federal audit change

FEDERAL BUSINESS CODE NUMBER ● _____

FEDERAL EMPLOYER IDENTIFICATION NUMBER ● _____

NAME ● _____

ADDRESS ● _____

CITY, STATE, COUNTRY (IF NOT U.S.) ● _____ 9-DIGIT ZIP CODE ● _____

STATE OF INCORPORATION ● _____ DATE OF INCORPORATION ● _____

DATE QUALIFIED IN ALABAMA ● _____ NATURE OF BUSINESS IN ALABAMA ● _____

This company files as part of a consolidated federal return.
Name ● _____ FEIN ● _____

Federal Form 1120-REIT filed 2220AL Attached

- Filing Status:** (see instructions)
- 1. Corporation operating only in Alabama.
 - 2. Multistate Corporation – Apportionment (Sch. D-1).
 - 3. Multistate Corporation – Percentage of Sales (Sch. D-2).
 - 4. Multistate Corporation – Separate Accounting (Prior written approval required and must be attached).
 - 5. Alabama Consolidated Return. (Caution: see instructions)

Group's total combined assets: ● _____

1	Alabama taxable income (sum of all proforma 20C(s), line 14)	1	●
a	Consolidated NOL	1a	●
b	Alabama consolidated taxable income (subtract line 1a from line 1)	1b	●
2	Alabama Income Tax:		
a	Income Tax (6.5% of line 1b)	2a	●
b	Consolidated Filing Fee	2b	●
c	Total Tax (add lines 2a and 2b)	2c	●
3	LIFO Reserve Tax Deferral (sum of all proforma 20C(s), line 16)	3	●
4	Alabama Income Tax after LIFO Reserve Tax Deferral (line 2c less line 3)	4	●
5	Nonrefundable Credits (sum of all proforma 20C(s), line 18)	5	●
6	Net tax due Alabama (line 4 less line 5)	6	●
7	Payments:		
a	Carryover from prior year (2018)	7a	●
b	2019 estimated tax payments	7b	●
c	2019 composite payment(s) made on behalf of this entity (see instructions)	7c	●
	Paid by ● _____ FEIN ● _____		
d	Extension payment	7d	●
e	Payments prior to adjustment	7e	●
f	Refundable credit (sum of all proforma 20C(s), line 20f)	7f	●
g	Total Payments (add lines 7a through 7f)	7g	●
8	Reductions/applications of overpayments		
a	Credit to 2020 estimated tax	8a	●
b	Penny Trust Fund	8b	●
c	Penalty due (see instructions) Late Payment Estimate ● _____ Other ● _____	8c	●
d	Interest due (see instructions) Estimate Interest ● _____ Interest on Tax ● _____	8d	●
e	Total reductions (total lines 8a, b, c and d)	8e	●
9	Total amount due/(refund) (line 6 less 7g, plus 8e)	9	●

**UNLESS A COPY OF THE
FEDERAL RETURN IS
ATTACHED, THIS RETURN WILL
BE CONSIDERED INCOMPLETE.**

(SEE FORM 20C-PROFORMA,
PAGE 4, OTHER INFORMATION,
NUMBER 5.)

If you paid electronically check here:

Please Sign Here

I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature _____ Title _____ Date _____ Daytime Telephone No. _____

Paid Preparer's Use Only

Preparer's signature _____ Date ● _____

Firm's name (or yours, if self-employed) and address ● _____ E.I. No. ● _____

Tel. No. ● _____ Preparer's Tax Identification Number ● _____ ZIP Code ● _____

Person to contact for information concerning this return: Name ● _____ Telephone No. ● _____

Email address ● _____ Check if self-employed:



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. PRIOR YEAR SEPARATE AL INCOME TAX RETURN FILED?	E. NEW TO FEDERAL CONSOLIDATED GROUP?	F. AL BUSINESS PRIVILEGE TAX RETURN FILED?
COMMON PARENT					
•	•	•	• <input type="checkbox"/> Y • <input type="checkbox"/> N	• <input type="checkbox"/> Y • <input type="checkbox"/> N	• <input type="checkbox"/> Y • <input type="checkbox"/> N
SUBSIDIARIES					
•	•	•	• <input type="checkbox"/> Y • <input type="checkbox"/> N	• <input type="checkbox"/> Y • <input type="checkbox"/> N	• <input type="checkbox"/> Y • <input type="checkbox"/> N
•	•	•	• <input type="checkbox"/> Y • <input type="checkbox"/> N	• <input type="checkbox"/> Y • <input type="checkbox"/> N	• <input type="checkbox"/> Y • <input type="checkbox"/> N
•	•	•	• <input type="checkbox"/> Y • <input type="checkbox"/> N	• <input type="checkbox"/> Y • <input type="checkbox"/> N	• <input type="checkbox"/> Y • <input type="checkbox"/> N
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•	•	•	• <input type="checkbox"/> Y • <input type="checkbox"/> N	• <input type="checkbox"/> Y • <input type="checkbox"/> N	• <input type="checkbox"/> Y • <input type="checkbox"/> 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
•	•	•	•	•
•	•	•	•	•
•	•	•	•	•
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•	•	•	•	•
•	•	•	•	•
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Alabama consolidated net operating loss (enter here and on line 1a, page 1).

Mail Consolidated Returns & Payments to: Alabama Department of Revenue
Individual and Corporate Tax Division
Financial Institution Excise Unit
PO Box 327437
Montgomery, AL 36132-7437

Mail Federal Audit Change Returns & Payments to: Alabama Department of Revenue
Individual and Corporate Tax Division
Corporate Tax Section
PO Box 327451
Montgomery, AL 36132-7451