

FORM
20C-C



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

•CY **2021**
•FY
•SY
•52/53 WK

For the year January 1 – December 31, 2021, or other tax year beginning _____, 2021, ending _____

Check applicable box:

Initial return

Final return

Amended return

Federal audit change

FEDERAL BUSINESS CODE NUMBER _____

FEDERAL EMPLOYER IDENTIFICATION NUMBER _____

NAME _____

ADDRESS _____ SUITE, FLOOR, ETC. _____

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 | 7a | ● |
| b | Current year's estimated tax payments | 7b | ● |
| c | Current year's Composite Payment(s)/Electing Pass-Through Entity Credit(s) [sum of all proforma 20C(s), line 20c] (see instructions) | 7c | ● |
| d | Extension payment | 7d | ● |
| e | Payments prior to adjustment | 7e | ● |
| f | Refundable credits (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 subsequent year's estimated tax | 8a | ● |
| b | Penny Trust Fund | 8b | ● |
| c | Penalty due (see instructions) Late Payment Estimate <input type="checkbox"/> Other <input type="checkbox"/> | 8c | ● |
| d | Interest due (see instructions) Estimate Interest <input type="checkbox"/> Interest on Tax <input type="checkbox"/> | 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:

I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.

Please Sign Here

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

Table with 5 columns: 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? Rows contain dots for data entry.

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

Table with 5 columns: 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. Rows contain dots for data entry.

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

Mail Consolidated Returns & Payments to: Alabama Department of Revenue 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