



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

2018

Name of Corporation _____

Federal Identification Number

Kentucky Corporation/LLET Account Number

DRAFT
7/27/18

		Consolidated Totals	Intercompany Eliminations	Parent	Name FEIN KY Corp./LLET Acct. No.	Name FEIN KY Corp./LLET Acct. No.
1	(a) Gross receipts or sales.....	1(a) 00	00	00	00	00
	(b) Less returns and allowances.....	1(b) 00	00	00	00	00
	(c) Balance.....	1(c) 00	00	00	00	00
2	Cost of goods sold.....	2 00	00	00	00	00
3	Gross profit.....	3 00	00	00	00	00
4	Dividends.....	4 00	00	00	00	00
5	Interest.....	5 00	00	00	00	00
6	Gross rents.....	6 00	00	00	00	00
7	Gross royalties.....	7 00	00	00	00	00
8	Capital gain net income.....	8 00	00	00	00	00
9	Net gain or (loss) from Form 4797.....	9 00	00	00	00	00
10	Other income.....	10 00	00	00	00	00
11	Total income	11 00	00	00	00	00
12	Compensation of officers.....	12 00	00	00	00	00
13	Salaries and wages.....	13 00	00	00	00	00
14	Repairs and maintenance.....	14 00	00	00	00	00
15	Bad debts.....	15 00	00	00	00	00
16	Rents.....	16 00	00	00	00	00
17	Taxes and licenses.....	17 00	00	00	00	00
18	Interest.....	18 00	00	00	00	00
19	Charitable contributions.....	19 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
21	Depletion.....	21 00	00	00	00	00
22	Advertising.....	22 00	00	00	00	00
23	Pension, profit-sharing, etc., plans.....	23 00	00	00	00	00
24	Employee benefit programs.....	24 00	00	00	00	00
25	Other deductions.....	25 00	00	00	00	00
26	Total deductions	26 00	00	00	00	00
27	Taxable income before NOL deduction and special deductions.....	27 00	00	00	00	00



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

Name of Corporation	Federal Identification Number ____ - ____ - ____ - ____	Kentucky Corporation/LLET Account Number ____ - ____ - ____ - ____
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		Name _____ FEIN _____ KY Corp./LLET Acct. No. _____	00	Name _____ FEIN _____ KY Corp./LLET Acct. No. _____	00	Name _____ FEIN _____ KY Corp./LLET Acct. No. _____	00	Name _____ FEIN _____ KY Corp./LLET Acct. No. _____	00	Name _____ FEIN _____ KY Corp./LLET Acct. No. _____	00
1 (a) Gross receipts or sales	1(a)		00		00		00		00		00
(b) Less returns and allowances.....	1(b)		00		00		00		00		00
(c) Balance	1(c)		00		00		00		00		00
2 Cost of goods sold	2		00		00		00		00		00
3 Gross profit.....	3		00		00		00		00		00
4 Dividends.....	4		00		00		00		00		00
5 Interest	5		00		00		00		00		00
6 Gross rents	6		00		00		00		00		00
7 Gross royalties	7		00		00		00		00		00
8 Capital gain net income.....	8		00		00		00		00		00
9 Net gain or (loss) from Form 4797.....	9		00		00		00		00		00
10 Other income.....	10		00		00		00		00		00
11 Total income	11		00		00		00		00		00
12 Compensation of officers.....	12		00		00		00		00		00
13 Salaries and wages.....	13		00		00		00		00		00
14 Repairs and maintenance.....	14		00		00		00		00		00
15 Bad debts.....	15		00		00		00		00		00
16 Rents	16		00		00		00		00		00
17 Taxes and licenses	17		00		00		00		00		00
18 Interest	18		00		00		00		00		00
19 Charitable contributions.....	19		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
21 Depletion	21		00		00		00		00		00
22 Advertising	22		00		00		00		00		00
23 Pension, profit-sharing, etc., plans.....	23		00		00		00		00		00
24 Employee benefit programs	24		00		00		00		00		00
25 Other deductions	25		00		00		00		00		00
26 Total deductions	26		00		00		00		00		00
27 Taxable income before NOL deduction and special deductions.....	27		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 a mandatory nexus consolidated Kentucky tax return per KRS 141.200(11). 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 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 the intercompany elimination in the Intercompany Eliminations column and the consolidated total in the Consolidated Totals column.

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

Lines 12–25—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 25. Enter for each line the intercompany elimination in the Intercompany Eliminations column and the consolidated total in the Consolidated Totals column.

Line 26—Enter the total of Lines 12 through 25 for each column.

Line 27—Enter the amount of Line 11 less Line 26 for each column.