



PRO FORMA FEDERAL CONSOLIDATED RETURN SCHEDULE

(Attach All Applicable Schedules)

2020

lame of Corporation			Federal	dentification Number	Kentucky Corporation/LLET Account Numbe		
					Name	Name	

		Consolidated			Name	Name FEIN KY Corp./LLET Acct. No.	
		Totals	Intercompany Eliminations	Parent	FEINKY Corp./LLET Acct. No.		
1 (a) Gross	receipts or sales 1(a)	00	00	00	00	00	
	eturns and allowances 1(b)	00	00	00	00	00	
(c) Balanc	ce1(c)	00	00	00	00	00	
2 Cost of goo	ods sold2	00	00	00	00	00	
3 Gross prof	it3	00	00	00	00	00	
4 Dividends.	4	00	00	00	00	00	
5 Interest	5	00	00	00	00	00	
6 Gross rent	s6	00	00	00	00	00	
7 Gross roya	ılties 7	00	00	00	00	00	
8 Capital gai	n net income 8	00	00	00	00	00	
9 Net gain o	r (loss) from Form 4797 9	00	00	00	00	00	
10 Other inco	me 10	00	00	00	00	00	
11 Total incom	ne 11	00	00	00	00	00	
12 Compensa	tion of officers12	00	00	00	00	00	
13 Salaries ar	nd wages13	00	00	00	00	00	
14 Repairs an	d maintenance14	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	contributions19	00	00	00	00	00	
20 Depreciation	on from Form 4562						
not claime	ed on Schedule A						
or elsewhe	ere on return	00	00	00	00	00	
21 Depletion .	21	00	00	00	00	00	
22 Advertising	g 22	00	00	00	00	00	
23 Pension, p	rofit-sharing, etc., plans 23	00	00	00	00	00	
24 Employee	benefit programs24	00	00	00	00	00	
25 Other dedu	uctions 25	00	00	00	00	00	
26 Total dedu	ctions 26	00	00	00	00	00	
27 Taxable inc	come before NOL deduction						
and specia	I deductions27	00	00	00	00	00	

SCHEDULE CR (2020)



PRO FORMA FEDERAL CONSOLIDATED RETURN SCHEDULE Continuation Sheet

(Attach All Applicable Schedules)

Page of

Name of Corporation			Federal Identification Number			Kentucky Corpo	Kentucky Corporation/LLET Account Number			
					·					
	Name		Name	•	Name		Name		Name	
	FEIN		FEIN		FEIN		FEIN		FEIN	
	KY Corp./LLET Ac	cct. No.	KY Corp./LLET A	cct. No.	KY Corp./LLET Acct. N	0.	KY Corp./LLET Acct. No.		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

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 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.