

FORM
20C-C



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

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•SY
●52/53 WK

2015
ADOR

For the year January 1 – December 31, 2015, or other tax year beginning ● _____, 2015, ending ● _____

Check applicable box:

Initial return

Final return

Amended return

Address 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 ● _____

Notification of Final IRS change 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 | Tax Payments, Credits, and Deferral: | |
| a | Carryover from prior year (2014)..... | 3a ● _____ |
| b | 2015 estimated tax payments..... | 3b ● _____ |
| c | 2015 composite payment(s) made on behalf of this entity (see instructions) Paid by ● _____ FEIN ● _____ | 3c ● _____ |
| d | Automatic extension payment..... | 3d ● _____ |
| e | Payments prior to adjustment..... | 3e ● _____ |
| f | Credits (sum of all proforma 20C(s), line 16f)..... | 3f ● _____ |
| g | LIFO Reserve Tax Deferral (sum of all proforma 20C(s), line 16g)..... | 3g ● _____ |
| h | Total Payments, Credits, and Deferral (add lines 3a through 3g)..... | 3h ● _____ |
| 4 | Reductions/applications of overpayments | |
| a | Credit to 2016 estimated tax..... | 4a ● _____ |
| b | Penny Trust Fund..... | 4b ● _____ |
| c | Penalty due (see instructions) Late Payment Estimate ● _____ Other ● _____ | 4c ● _____ |
| d | Interest due (see instructions) Estimate Interest ● _____ Interest on Tax ● _____ | 4d ● _____ |
| e | Total reductions (total lines 4a, b, c and d)..... | 4e ● _____ |
| 5 | Total amount due/(refund) (line 2c less 3h, plus 4e)..... | 5 ● _____ |

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. ● _____

● _____ ZIP Code ● _____

Tel. No. ● _____ Preparer's Tax Identification Number ● _____ Check if self-employed:

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

Email address ● _____

Mail Consolidated Returns and Payments to: Alabama Department of Revenue
Consolidated Business Tax Compliance Unit (CBTCU)
PO Box 327437
Montgomery, AL 36132-7437

Telephone (334) 242-1200



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