

**SCHEDULE CR  
Form 720**

41A720CR (10-07)  
Department of Revenue



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

**Taxable Year Ending**

\_\_\_/\_\_\_/\_\_\_  
Mo. / Yr.

Common Parent Corporation

Kentucky Corporation/LLET Account Number

\_\_\_-\_\_\_-\_\_\_-\_\_\_-\_\_\_-\_\_\_

|  | Consolidated Totals | Intercompany Eliminations | Parent | Name _____<br>_____<br>FEIN _____<br>KY Corp./LLET Acct. No. _____ | Name _____<br>_____<br>FEIN _____<br>KY Corp./LLET Acct. No. _____ |
|--|---------------------|---------------------------|--------|--|--|
| 1. (a) Gross receipts or sales .....   |                     |                           |        |  |  |
| (b) Less returns and allowances .....  |                     |                           |        |  |  |
| (c) Balance .....  |                     |                           |        |  |  |
| 2. Cost of goods sold .....  |                     |                           |        |  |  |
| 3. Gross profit .....  |                     |                           |        |  |  |
| 4. Dividends .....   |                     |                           |        |  |  |
| 5. Interest .....  |                     |                           |        |  |  |
| 6. Gross rents .....   |                     |                           |        |  |  |
| 7. Gross royalties .....   |                     |                           |        |  |  |
| 8. Capital gain net income .....   |                     |                           |        |  |  |
| 9. Net gain or (loss) from Form 4797 .....   |                     |                           |        |  |  |
| 10. Other income .....   |                     |                           |        |  |  |
| 11. Total income .....   |                     |                           |        |  |  |
| 12. Compensation of officers .....   |                     |                           |        |  |  |
| 13. Salaries and wages .....   |                     |                           |        |  |  |
| 14. Repairs and maintenance .....  |                     |                           |        |  |  |
| 15. Bad debts .....  |                     |                           |        |  |  |
| 16. Rents .....  |                     |                           |        |  |  |
| 17. Taxes and licenses .....   |                     |                           |        |  |  |
| 18. Interest .....   |                     |                           |        |  |  |
| 19. Charitable contributions .....   |                     |                           |        |  |  |
| 20. Depreciation from Form 4562<br>not claimed on Schedule A<br>or elsewhere on return ..... |                     |                           |        |  |  |
| 21. Depletion .....  |                     |                           |        |  |  |
| 22. Advertising .....  |                     |                           |        |  |  |
| 23. Pension, profit-sharing, etc., plans .....   |                     |                           |        |  |  |
| 24. Employee benefit programs .....  |                     |                           |        |  |  |
| 25. Domestic production activities<br>deduction .....  |                     |                           |        |  |  |
| 26. Other deductions .....   |                     |                           |        |  |  |
| 27. Total deductions .....   |                     |                           |        |  |  |
| 28. Taxable income before NOL and<br>special deductions .....                                |                     |                           |        |  |  |



**Schedule CR**  
**Pro Forma Federal Consolidated Return Schedule**

**GENERAL INSTRUCTIONS**

**Purpose of Form**

This schedule must be completed and submitted with the consolidated income tax return (Form 720) to show the federal gross income and deductions for each member of the affiliated group.

**Specific Instructions**

For each subsidiary, enter the name, FEIN and Kentucky Corporation/ LLET account number. If there are more than two subsidiaries in the affiliated group, use Schedule CR-C, Pro Forma Federal Consolidated Return Schedule Continuation Sheet. The Consolidated Total column is the total for each line adjusted for intercompany elimination(s). This form can be duplicated as needed.