

**SCHEDULE CR**  
**Form 720**

41A720CR (10-08)

Commonwealth of Kentucky  
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

Name \_\_\_\_\_

Name \_\_\_\_\_

FEIN \_\_\_\_\_

FEIN \_\_\_\_\_

KY Corp./LLET Acct. No. \_\_\_\_\_

KY Corp./LLET Acct. No. \_\_\_\_\_

Consolidated  
Totals

Intercompany  
Eliminations

Parent

		Consolidated Totals	Intercompany Eliminations	Parent						
1. (a) Gross receipts or sales.....	1(a)	00	00	00			00	00	00	00
(b) Less returns and allowances .....	1(b)	00	00	00			00	00	00	00
(c) Balance.....	1(c)	00	00	00			00	00	00	00
2. Cost of goods sold .....	2	00	00	00			00	00	00	00
3. Gross profit.....	3	00	00	00			00	00	00	00
4. Dividends.....	4	00	00	00			00	00	00	00
5. Interest.....	5	00	00	00			00	00	00	00
6. Gross rents .....	6	00	00	00			00	00	00	00
7. Gross royalties .....	7	00	00	00			00	00	00	00
8. Capital gain net income.....	8	00	00	00			00	00	00	00
9. Net gain or (loss) from Form 4797.....	9	00	00	00			00	00	00	00
10. Other income.....	10	00	00	00			00	00	00	00
11. Total income .....	11	00	00	00			00	00	00	00
12. Compensation of officers.....	12	00	00	00			00	00	00	00
13. Salaries and wages.....	13	00	00	00			00	00	00	00
14. Repairs and maintenance.....	14	00	00	00			00	00	00	00
15. Bad debts.....	15	00	00	00			00	00	00	00
16. Rents .....	16	00	00	00			00	00	00	00
17. Taxes and licenses .....	17	00	00	00			00	00	00	00
18. Interest.....	18	00	00	00			00	00	00	00
19. Charitable contributions.....	19	00	00	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	00	00
21. Depletion .....	21	00	00	00			00	00	00	00
22. Advertising .....	22	00	00	00			00	00	00	00
23. Pension, profit-sharing, etc., plans .....	23	00	00	00			00	00	00	00
24. Employee benefit programs .....	24	00	00	00			00	00	00	00
25. Domestic production activities deduction .....	25	00	00	00			00	00	00	00
26. Other deductions .....	26	00	00	00			00	00	00	00
27. Total deductions.....	27	00	00	00			00	00	00	00
28. Taxable income before NOL and special deductions.....	28	00	00	00			00	00	00	00



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