



2502130003

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

2025

Name of Corporation

FEIN

Kentucky Corporation/LLET Account Number
Must be 9 digits. If 6 digits, must lead with zeros.

250213 41A720CR (10-25)

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

SCHEDULE CR
(2025)



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

Page ____ of ____

Name of Corporation

FEIN

Kentucky Corporation/LLET Account Number
Must be 9 digits. If 6 digits, must lead with zeros.

		Name		Name		Name		Name		Name	
		FEIN		FEIN		FEIN		FEIN		FEIN	
		KY Corp./LLET Acct. No.		KY Corp./LLET Acct. No.		KY Corp./LLET Acct. No.		KY Corp./LLET Acct. No.		KY Corp./LLET Acct. No.	
1	(a) Gross receipts or sales	1(a)	00	00	00	00	00	00	00	00	00
	(b) Less returns and allowances.....	1(b)	00	00	00	00	00	00	00	00	00
	(c) Balance	1(c)	00	00	00	00	00	00	00	00	00
2	Cost of goods sold	2	00	00	00	00	00	00	00	00	00
3	Gross profit	3	00	00	00	00	00	00	00	00	00
4	Dividends	4	00	00	00	00	00	00	00	00	00
5	Interest	5	00	00	00	00	00	00	00	00	00
6	Gross rents	6	00	00	00	00	00	00	00	00	00
7	Gross royalties	7	00	00	00	00	00	00	00	00	00
8	Capital gain net income	8	00	00	00	00	00	00	00	00	00
9	Net gain or (loss) from Form 4797	9	00	00	00	00	00	00	00	00	00
10	Other income	10	00	00	00	00	00	00	00	00	00
11	Total income	11	00	00	00	00	00	00	00	00	00
12	Compensation of officers	12	00	00	00	00	00	00	00	00	00
13	Salaries and wages	13	00	00	00	00	00	00	00	00	00
14	Repairs and maintenance	14	00	00	00	00	00	00	00	00	00
15	Bad debts	15	00	00	00	00	00	00	00	00	00
16	Rents	16	00	00	00	00	00	00	00	00	00
17	Taxes and licenses	17	00	00	00	00	00	00	00	00	00
18	Interest	18	00	00	00	00	00	00	00	00	00
19	Charitable contributions	19	00	00	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	00	00
21	Depletion	21	00	00	00	00	00	00	00	00	00
22	Advertising	22	00	00	00	00	00	00	00	00	00
23	Pension, profit-sharing, etc., plans	23	00	00	00	00	00	00	00	00	00
24	Employee benefit programs	24	00	00	00	00	00	00	00	00	00
25	Energy efficient commercial buildings deduction	25	00	00	00	00	00	00	00	00	00
26	Other deductions	26	00	00	00	00	00	00	00	00	00
27	Total deductions	27	00	00	00	00	00	00	00	00	00
28	Taxable income before NOL deduction and special deductions	28	00	00	00	00	00	00	00	00	00

250214 4JA720CR (10-25)

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 any adjustment or intercompany elimination, and the consolidated total in the respective columns.

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

Lines 12–26—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 26. Enter for each line any adjustment or intercompany elimination, and the consolidated total in the respective columns.

Line 27—Enter the total of Lines 12 through 26 for each column.

Line 28—Enter the amount of Line 11 less Line 27 for each column.

NOTE: When calculating across the columns to arrive at consolidated totals, add the amounts for the parent and all subsidiaries and subtract all adjustments and intercompany eliminations. If there are negative adjustments or intercompany eliminations, consolidated totals are increased. Otherwise, consolidated totals are reduced.