



SCHEDULE

B-1

Alabama
Department of Revenue

20_____

Alabama Net Operating Loss Carryforward Acquisitions

Taxpayer Name: _____ Taxpayer FEIN: _____

For the tax year beginning _____, 20____ and ending _____, 20____.

See Form 20C or ET-1 instructions for details

Column A		Column B	Column C	Column D
Name of Acquired Company		FEIN of Acquired Company	Loss Year End MM / DD / YYYY	Balance of NOL Acquired
1	●	●	●	●
2	●	●	●	●
3	●	●	●	●
4	●	●	●	●
5	●	●	●	●
6	●	●	●	●
7	●	●	●	●
8	●	●	●	●
9	●	●	●	●
10	●	●	●	●
11	●	●	●	●
12	●	●	●	●
13	●	●	●	●
14	●	●	●	●
15	●	●	●	●
16	●	●	●	●
17	●	●	●	●
18	●	●	●	●
19	●	●	●	●
20	●	●	●	●
21	●	●	●	●
22	●	●	●	●
23	●	●	●	●
24	●	●	●	●

Column A		Column B	Column C	Column D
Name of Acquired Company		FEIN of Acquired Company	Loss Year End MM / DD / YYYY	Balance of NOL Acquired
25	●	●	●	●
26	●	●	●	●
27	●	●	●	●
28	●	●	●	●
29	●	●	●	●
30	●	●	●	●
31	●	●	●	●
32	●	●	●	●
33	●	●	●	●
34	●	●	●	●
35	●	●	●	●
36	●	●	●	●
37	●	●	●	●
38	●	●	●	●
39	●	●	●	●
40	●	●	●	●
41	●	●	●	●
42	●	●	●	●
43	●	●	●	●
44	●	●	●	●
45	●	●	●	●
46	●	●	●	●
47	●	●	●	●
48	●	●	●	●

THIS FORM MUST BE ATTACHED TO THE FORM 20C OR ET-1

ADOR