SCHEDULE
B-1

Reset Form

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				
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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				
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41				
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47				
48				

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

ADOR