

State of Rhode Island Division of Taxation
RI-1120C - CGM Schedule
 Combined Group Member Listing

Name	Federal employer identification number

This schedule is to be filed with Form RI-1120C.

If this filing is based on a Federal Consolidated return, check the "Federal consolidated election" checkbox to the right.

List the name, federal employer identification number and address for each Combined Group Member.

	Combined Group Member (CGM)	CGM FEIN	CGM Address <small>Top row: street address Bottom row: city, state, ZIP</small>
1			
	If this Combined Group Member has nexus, check this box: <input type="checkbox"/>		
2			
	If this Combined Group Member has nexus, check this box: <input type="checkbox"/>		
3			
	If this Combined Group Member has nexus, check this box: <input type="checkbox"/>		
4			
	If this Combined Group Member has nexus, check this box: <input type="checkbox"/>		
5			
	If this Combined Group Member has nexus, check this box: <input type="checkbox"/>		
6			
	If this Combined Group Member has nexus, check this box: <input type="checkbox"/>		
7			
	If this Combined Group Member has nexus, check this box: <input type="checkbox"/>		
8			
	If this Combined Group Member has nexus, check this box: <input type="checkbox"/>		
9			
	If this Combined Group Member has nexus, check this box: <input type="checkbox"/>		
10			
	If this Combined Group Member has nexus, check this box: <input type="checkbox"/>		

Combined schedules must be attached to the return.