SCHEDULE UB-1

List of Members in Unitary Combined Group

- 4

.00

(FORM CNI	F-120) W (Only use the UB form	s & schedules wh	en filing	a combir	ned report		
NAME				FEIN			
Commo	on year ending for the unitary bu	ısiness aroup:					
	,	g	MM		DD	YYYY	
	List all	members (See spe	cific Instru	ctions)			
Group # (1 – 3)	Name	FEIN	Year ending		Total Payments & P		r Year
			MM	YYYY	Credits		
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NOTE: After completing this schedule, see Schedule UB Instructions for Completing Form CNF-120