

ALABAMA DEPARTMENT OF REVENUE
**Partnership/Limited Liability
Company Return of Income**

CY
FY
SY

2003

ALSO TO BE FILED BY SYNDICATES, POOLS, JOINT VENTURES, ETC.

Important!

**You Must Check
Applicable Box:**

- Amended Return
- First Return
- Final Return
- General Partnership
- Limited Partnership
- LLC/LLP

For Calendar Year 2003 or Fiscal Year beginning _____, 2003, and ending _____		DEPARTMENT USE ONLY ▶ FN
FEDERAL BUSINESS CODE NUMBER ▶		FEDERAL EMPLOYER IDENTIFICATION NUMBER ▶
Name of Company		Total assets as shown on Form 1065.
Number and Street		Total Federal income as shown on Form 1065, line 8.
City or Town	State	ZIP Code
Does This Company Operate in More Than One State? Yes <input type="checkbox"/> No <input type="checkbox"/>		Total Federal deductions as shown on Form 1065, line 21.
Does This Company Qualify For The Alabama Enterprise Zone Credit or Capital Credit? (If yes, attach required certification and forms.) Yes <input type="checkbox"/> No <input type="checkbox"/>		▶ CN
Number of Members as of End of Year		
State in Which Company Was Formed	Nature of Business	Date Qualified in Alabama
		Number of Non-Resident Members Included in Composite Filing

UNLESS A COPY OF FEDERAL FORM 1065 IS ATTACHED THIS RETURN IS INCOMPLETE

SCHEDULE A

COMPUTATION OF INCOME, DEDUCTIONS, AND EXPENSES

INCOME AND ADJUSTMENTS	1	Ordinary income (loss) from trade or business activities (Federal Form 1065, line 22)	1		
	2	Interest income exempt from Alabama taxation	2	[]
	3	Interest taxable to the State of Alabama that is not included on Federal Form 1065, line 22	3		
	4	Dividends taxable to State of Alabama that are not included on Federal Form 1065, line 22	4		
	5	Depreciation on I.R.C. §179 property placed in service prior to 1990	5	[]
	6	Job credit adjustment	6	[]
	7	Net income (loss) from rental activities	7		
	8	Net gain (loss) under I.R.C. §1231 (other than casualty losses)	8		
	9	Net short-term/long-term capital gains (loss)	9		
	10	Net portfolio income (net of investment interest expense)	10		
	11	Other income (list below or attach schedule)	11		
	12a	Total adjusted income (add lines 1 through 11) (If this partnership operates in more than one state, carry the amount from line 12a to Schedule D, line 1)	12a		
	12b	Alabama apportionment factor from Schedule D, line 4	12b		
	12c	Alabama income or (loss) from Schedule D, line 7	12c		
DEDUCTIONS	13	Charitable contributions	13		
	14	Section 179 expense deduction	14		
	15	Other deductions (attach schedule)	15		
INVESTMENT INTEREST	16	Interest expense on investment debts	16		
	17	Investment income NOT included in lines 9 and 10 above	17		
	18	Investment expenses included in lines 9 and 10 above	18		
CAPITAL CREDIT	19	Total amount of Capital Credit Claimed in 2003. Project ID <input type="text"/> (SEE INSTRUCTIONS)	19		

Please Sign Here

I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of general partner _____ Date _____ Daytime Tel. No. _____ Social Security No. _____

Paid Preparer's Use Only

Preparer's Signature _____ Date _____ Check if self-employed Preparer's Social Security No. _____
Firm's name (or yours, if self-employed) and address _____ Daytime Tel. No. () _____ E.I. No. _____
ZIP Code _____

SCHEDULE B

ALLOCATION OF NONBUSINESS INCOME, LOSS, AND EXPENSE

Identify by account name and amount all items of nonbusiness income, loss, and expense removed from apportionable income and those items which are directly allocable to Alabama. **Adjustment(s) must also be made for any proration of expenses under Alabama Income Tax Regulation 810-27-1-4-.01**, which states, "Any allowable deduction that is applicable to both business and nonbusiness income of the taxpayer shall be prorated to each class of income in determining income subject to tax..." (See instructions.)

1 DIRECTLY ALLOCABLE ITEMS	ALLOCABLE GROSS INCOME / LOSS		RELATED EXPENSE		NET OF RELATED EXPENSE	
	Column A Everywhere	Column B Alabama	Column C Everywhere	Column D Alabama	Column E Everywhere	Column F Alabama
a						
b						
c						
d						
e						
f						
g						
h						
2 Nonbusiness Income/Loss (total a through h)						

SCHEDULE C

APPORTIONMENT FACTOR SCHEDULE

TANGIBLE PROPERTY AT COST FOR PRODUCTION OF BUSINESS INCOME	ALABAMA		EVERYWHERE	
	BEGINNING OF YEAR	END OF YEAR	BEGINNING OF YEAR	END OF YEAR
1 Inventories				
2 Land				
3 Furniture and fixtures				
4 Machinery and equipment				
5 Buildings and leasehold improvements				
6 IDB/IRB property (at cost)				
7 Government property (at FMV)				
8				
9				
10 Less construction in progress (if included above)				
11 Totals				
12 Average owned property (BOY + EOY ÷ 2)				
13 Annual rental expense for this year		x8 =		x8 =
14 Total average property		14a		14b
15 Alabama property factor — 14a ÷ 14b = line 15				15 %
SALARIES, WAGES, COMMISSIONS, AND OTHER COMPENSATION RELATED TO THE PRODUCTION OF BUSINESS INCOME	16a ALABAMA	16b EVERYWHERE	16c %	
16 Alabama payroll factor — 16a ÷ 16b = 16c			▶ %	
SALES	ALABAMA	EVERYWHERE		
17 Destination sales (see instructions)				
18 Origin sales (see instructions)				
19 Total gross receipts from sales				
20 Capital and ordinary gains gross proceeds				
21 Interest				
22 Rents				
23 Other _____ (Federal 1065, line _____)				
24 Alabama gross receipts factor — 24a ÷ 24b = line 24c	24a	24b	24c %	
25 Sum of lines 15, 16c, and 24c ÷ 3 = ALABAMA APPORTIONMENT FACTOR (enter here and on line 4, Schedule D)			25 %	

Was a Business Privilege Tax Form PSA filed for this entity? Yes No

If the form was filed under a different FEIN than shown on this return, indicate the name and FEIN used to file Form PSA. _____

SCHEDULE D

APPORTIONMENT AND ALLOCATION OF INCOME TO ALABAMA (Complete only if partnership operates in other states)

1	Income or (loss) from line 12a, Schedule A	1		
2	Nonbusiness (income) or loss (Column E, line 2, Schedule B)	2		
3	Apportionable income or (loss) (subtract line 2 from line 1)	3		
4	Apportionment factor from line 25, Schedule C	4		%
5	Income or (loss) apportioned to Alabama (multiply amount on line 3 by the percentage on line 4)	5		
6	Nonbusiness income or (loss) allocated to Alabama (Column F, line 2, Schedule B)	6		
7	Alabama income or (loss) (add lines 5 and 6)	7		

SCHEDULE E

APPORTIONMENT REQUIRED INFORMATION

- Indicate method of accounting (a) cash (b) accrual (c) other
- Is this company currently under IRS audit? yes no If yes, what years are involved? _____
- Has the IRS completed any audits? yes no (If yes, attach copies with this return.)
- Enter this company's Alabama Withholding Tax Account # _____
- Briefly describe your operations _____
- Indicate if company has been (a) dissolved (b) sold (c) incorporated
 If company has been dissolved, sold, or incorporated, complete the following:
 Nature of change _____
 Name and address of new company, corporation, or owner(s) _____
- The books and records of the company are kept at _____

SCHEDULE K

PARTNER'S SHARE OF INCOME, EXPENSES, AND DEDUCTIONS (must be completed — see instructions)

(a) LIST NAME AND COMPLETE ADDRESS (City, State, and ZIP Code) OF EACH MEMBER.	(b) Social Security No. or Corporation F.E.I. Number	(c) Percentage of Profit and (Loss) Sharing	(d) Adjusted Income (from line 12, Sch. A or line 7, Sch D)	(e) Federal "Guaranteed Payments to Members"	(f) Section 179 Expense (from line 14, Sch. A)	(g) Investment Interest Expense (from line 16, Sch. A)	(h) Investment Income (from line 17, Sch. A)	(i) Investment Expenses (from line 18, Sch. A)	(j) Charitable Contributions (from line 13, Sch. A)	(k) Other Deductions (from line 15, Sch. A)	(l) Capital Credit (from line 19, Sch. A)	(m) Composite Payment
1 _____ _____		%										
2 _____ _____		%										
3 _____ _____		%										
4 _____ _____		%										
5 _____ _____		%										
6 _____ _____		%										
7 _____ _____		%										
8 _____ _____		%										
9 _____ _____		%										
10 _____ _____		%										
11 _____ _____		%										
12 _____ _____		%										
TOTALS (add columns c through k)		%										

IF SPACE ABOVE IS INSUFFICIENT FOR LISTING ALL MEMBERS, ATTACH COPIES OF THIS SHEET AS NECESSARY.