

For the year January 1 – December 31, 2003, or other tax year beginning _____, 2003, ending _____.

Form 20SC is used to report Alabama taxable income for all or some of the nonresident shareholders from reported S corporation income and to make payment on behalf of the shareholders. (CAUTION: Do not include losses on this form – see instructions.)

<p>▶ Important Check applicable box:</p> <p><input type="checkbox"/> Extension</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Refund due</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">FEDERAL EMPLOYER IDENTIFICATION NUMBER</td> </tr> <tr> <td colspan="2">▶</td> </tr> <tr> <td colspan="2">NAME</td> </tr> <tr> <td colspan="2">▶</td> </tr> <tr> <td colspan="2">ADDRESS</td> </tr> <tr> <td colspan="2">▶</td> </tr> <tr> <td>CITY, STATE, COUNTRY (IF NOT U.S.)</td> <td>9-DIGIT ZIP CODE</td> </tr> <tr> <td>▶</td> <td>▶</td> </tr> </table>	FEDERAL EMPLOYER IDENTIFICATION NUMBER		▶		NAME		▶		ADDRESS		▶		CITY, STATE, COUNTRY (IF NOT U.S.)	9-DIGIT ZIP CODE	▶	▶	<p>DEPARTMENT USE ONLY</p> <p>Add'l Tax _____ Penalty/Int. _____</p> <p>Audited By _____ K-1's _____</p> <p>Reviewed By _____</p> <p>CN</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <p>If you filed a return for 2002 and above name or address is different, check here <input type="checkbox"/></p> </div>
FEDERAL EMPLOYER IDENTIFICATION NUMBER																		
▶																		
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ADDRESS																		
▶																		
CITY, STATE, COUNTRY (IF NOT U.S.)	9-DIGIT ZIP CODE																	
▶	▶																	

	(A) Nonresident Shareholder's Name, Street Address, City, State, and ZIP	(B) Social Security Number	(C) Shareholder's Share of Income	(D) Shareholder's Share of Tax Due (Col. C x 5%)
1				
2				
3				
4				
5				

IF MORE THAN FIVE SHAREHOLDERS, CONTINUE ON PAGE 2

6 Total tax due on this page and from page 2 (see instructions)				
7a Payment made with extension (see instructions)	7a			
b Composite payment made on behalf of this entity (see instructions)	7b			
Paid by _____ FEIN _____				
c Tax credits (see instructions)	7c			
If claiming capital credit, enter Project ID here <input style="width: 100px;" type="text"/>				
d Total payment and credits (add lines 7a, 7b, and 7c)				
8 Penalties and interest due (see instructions)				
9a Total amount due and remitted with this return				
b If payment made through Electronic Funds Transfer (EFT) check this box				<input type="checkbox"/>
10 Overpayment and amount to be refunded				
11 Amount of line 10 to be applied to your 2004 composite payment				
12 Amount to be refunded (subtract line 11 from line 10 and enter result here)				
13 Refund warrant amount/date/number (Department Use Only)				

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.

Your Signature	Title or Position	Date
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Paid Preparer's Use Only

Preparer's signature	Date	Preparer's social security no.
Firm's name (or yours, if self-employed) and address	E.I. No.	
	ZIP Code	

Make Remittance Payable To: **ALABAMA DEPARTMENT OF REVENUE**
Write — Form 20SC, tax year, and FEIN on remittance for verification purposes

Mail To: **ALABAMA DEPARTMENT OF REVENUE**
PTE UNIT
P.O. BOX 327444
MONTGOMERY, AL 36132-7444

CAUTION: Do not attach to or mail with Form 20C or 20S

