

Form 20S Test 1

Form 20S Schedules Tested:

1. Calendar Year
2. Final return
3. Address Change
4. 100% Alabama
5. Schedule A
6. Schedule B
7. Schedule C
8. Schedule D
9. Schedule E
10. Schedule G
11. Schedule H
12. Schedule K (change to line 15 apportionment factor)

K-1 Issues Tested:

1. Test New Entity Types
2. 3 resident / 1 non resident
3. Line L Credits
4. Testing Line J changes

PTEC Test Issues:

1. Amount Due
2. Composite Payment Made

Revisions:



S Corporation Information/Tax Return

For the year January 1 – December 31, 2014, or other tax year beginning _____, 2014, ending _____

Important Check applicable box: <input type="checkbox"/> Initial Return <input checked="" type="checkbox"/> Final Return <input type="checkbox"/> Amended Return	FEDERAL BUSINESS CODE NUMBER		FEDERAL EMPLOYER IDENTIFICATION NUMBER		Data Summary Total federal income Total federal deductions Total assets as shown on Form 1120S Alabama Apportionment Factor from Schedule C, line 27 100.0000
	NAME				
	ADDRESS				
	CITY	STATE	9-DIGIT ZIP CODE		
	STATE OF INCORPORATION	NATURE OF BUSINESS		DATE QUALIFIED IN ALABAMA	
	CHECK IF THE CORPORATION OPERATES IN MORE THAN ONE STATE <input type="checkbox"/>	NUMBER OF SHAREHOLDERS DURING TAX YEAR 4	NUMBER OF NONRESIDENT SHAREHOLDERS INCLUDED IN COMPOSITE FILING 1	IF YOU FILED A RETURN FOR 2013 AND THE ABOVE NAME OR ADDRESS IS DIFFERENT, CHECK HERE... <input checked="" type="checkbox"/>	

UNLESS A COPY OF FORM 1120S IS ATTACHED, THIS RETURN IS INCOMPLETE

SCHEDULE A – Computation of Separately Stated and Nonseparately Stated Income / Tax			
	1	Federal Ordinary Income or (Loss) from trade or business activities	300,000 00
Reconciliation to Alabama Basis (see instructions)	2	Net short-term and long-term capital gains – income or (loss)	50,000 00
	3	Salaries and wages reduced for federal employment credits	() 00
	4	State and local net income taxes paid/(refund)	(2,000) 00
	5	Net income or (loss) from rental real estate activities	20,000 00
	6	Net income or (loss) from other rental activities	(10,000) 00
	7	Net gain or (loss) under I.R.C. §1231 (other than casualty losses)	00
	8	Adjustments due to the Federal Economic Stimulus Act of 2008 (attach schedule)	00
	9	Other reconciliation items (attach schedule)	(10,000) 00
	10	Net reconciling items (add lines 2 through 9)	48,000 00
	11	Net Alabama nonseparately stated income or (loss) (add line 1 and line 10)	348,000 00
Separately Stated Items (Related to Business Income)	12	Contributions	(1,000) 00
	13	Oil and gas depletion	800 00
	14	I.R.C. §179 expense deduction (complete Schedule K)	(20,000) 00
	15	Casualty losses	(8,000) 00
	16	Portfolio income less expenses (complete Schedule K)	5,000 00
	17	Other separately stated items (attach schedule)	1,000 00
	18	Net separately stated items (add line 12 through 17)	(23,800) 00
	19	Total separately stated and nonseparately stated items (add line 11 and line 18)	324,200 00
20	Nonseparately Stated Income Allocated and Apportioned to Alabama from Schedule E, line 7	340,450 00	
Tax Due, Payments, and Credits	21	ALABAMA INCOME TAX (see instructions and attach schedule)	2,000 00
	22 Tax Payments, Credits, and Deferrals:		
	22a	2014 estimated tax payments and amounts applied from 2013 return	00
	22b	Automatic extension payments (see instructions)	00
	22c	Payments prior to amendment (original return or Department adjustment)	00
	22d	Tax credits (from line 11, Schedule G) (see instructions)	2,000 00
	22e	Total payments (add lines 22a, 22b, 22c and 22d)	2,000 00
	23	NET TAX DUE (subtract line 22e from line 21)	00
	24 Reductions/applications of overpayments:		
	24a	Penalties (see instructions)	00
24b	Interest due (computed on tax due only)	00	
24c	Amount to be credited to 2015 estimated tax	00	
24d	Total reductions/applications (add lines 24a, 24b and 24c)	00	
25	Amount to be refunded (see instructions)	00	
26	TOTAL AMOUNT DUE	00	

If paying by check or money order, FORM PTE-V MUST ACCOMPANY PAYMENT.

If you paid electronically check here



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 Rule 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 as provided...” (See instructions).

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 (Col. A less Col. C)	Column F Alabama (Col. B less Col. D)
Nonseparately stated items						
1a Item 1	● 5,000	● 1,000	● 100	● 50	● 4,900	● 950
1b Item 2	● 10,000	● 6,000	● 500	● 100	● 9,500	● 5,900
1c	●					
1d Total (add lines 1a, 1b, and 1c)					● 14,400	● 6,850
Separately stated items						
1e Item 3	● 500	● 100	● 200	● 100	● 300	● 0
1f Item 4	● 8,000	● 7,000	● 5,000	● 4,000	● 3,000	● 3,000
1g	●					
1h Total (add lines 1e, 1f, and 1g)					● 3,300	● 3,000

SCHEDULE C – Apportionment Factor Schedule. Do not complete if entity operates exclusively in Alabama.

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	1 ●			
2 Land	2 ●			
3 Furniture and fixtures	3 ●			
4 Machinery and equipment	4 ●			
5 Buildings and leasehold improvements	5 ●			
6 IDB/IRB property (at cost)	6 ●			
7 Government property (at FMV)	7 ●			
8 ●	8			
9 Less Construction in progress (if included)	9 ●			
10 Totals	10 ●			
11 Average owned property (BOY + EOY ÷ 2)	11	●		●
12 Annual rental expense	12 ●	x8 = ●	●	x8 = ●
13 Total average property (add line 11 and line 12)	13a ●			13b ●
14 Alabama property factor — 13a ÷ 13b = line 14				14 ● %
SALARIES, WAGES, COMMISSIONS AND OTHER COMPENSATION RELATED TO THE PRODUCTION OF BUSINESS INCOME		15a ALABAMA	15b EVERYWHERE	15c
15 Alabama payroll factor — 15a ÷ 15b = 15c		●		%
SALES		ALABAMA	EVERYWHERE	
16 Destination sales	16 ●			
17 Origin sales	17 ●			
18 Total gross receipts from sales	18 ●			
19 Dividends	19 ●			
20 Interest	20 ●			
21 Rents	21 ●			
22 Royalties	22 ●			
23 Gross proceeds from capital and ordinary gains	23 ●			
24 Other ● (Federal 1120S, line ●)	●			
25 Alabama sales factor — 25a ÷ 25b = line 25c	25a ●		25b ●	25c ● %
26 Enter the amount from line 25c				26 %
27 Sum of lines 14, 15c, 25c, and 26 ÷ 4 = ALABAMA APPORTIONMENT FACTOR (Enter here and on line 4, Schedule E, page 3)				27 ● 100.0000 %

NOTE: If any factor is not utilized in the production of business income, it shall be eliminated and the denominator reduced accordingly (810-27-1-4-.09).



SCHEDULE D – Apportionment of Federal Income Tax

1	Enter the federal income tax from Federal Form 1120S	1	●	50,000	00
2	Enter the Alabama income from line 7, Schedule E below, if applicable. (If corporation operates exclusively in Alabama, do not complete lines 2-8.)	2	●	369,250	00
3	Apportionment of separately stated items 3a ● (23,800) 3b x ● 100.0000% =	3c	●	(23,800)	00
Enter in line 3a the amount from line 18, Schedule A Apportionment Factor (line 27, Schedule C)					
4	Separately stated items allocated to Alabama (line 1h, Column F, Schedule B)	4	●	3,000	00
5	Total (add lines 2, 3c and 4)	5	●	348,450	00
6	Adjusted total income (add line 19, Schedule A to line 1h, Column E, Schedule B)	6	●	3,300	00
7	Federal income tax apportionment factor (line 5 divided by line 6)	7	●	100.0000	%
8	Federal income tax apportioned to Alabama (multiply line 1 by the percent on line 7)	8	●	50000	00

SCHEDULE E – Apportionment and Allocation of Income to Alabama

1	Net Alabama nonseparately stated income or (loss) from line 11, Schedule A	1	●	348,000	00
2	Nonseparately stated (income) or loss treated as nonbusiness income (line 1d, Column E, Schedule B) – please enter income as a negative amount and losses as a positive amount	2	●	(14,400)	00
3	Apportionable income or (loss) (add line 1 and line 2)	3	●	333,600	00
4	Apportionment factor from line 27, Schedule C	4	●	100.0000	%
5	Income or (loss) apportioned to Alabama (multiply amount on line 3 by percent on line 4)	5	●	333,600	00
6	Nonseparately stated income or (loss) allocated to Alabama as nonbusiness income (Column F, line 1d, Schedule B)	6	●	6,850	00
7	Nonseparately stated income allocated and apportioned to Alabama (add lines 5 and 6). Also enter this amount on line 2, Schedule D; line 20, Schedule A; and line 1, Schedule K	7	●	340,450	00

SCHEDULE F – Alabama Accumulated Adjustments Account

1	Beginning balance (prior year ending balance)	1	●		00
2	Net Alabama nonseparately stated income or (loss) (line 11, Schedule A)	2	●		00
3	Net separately stated items (line 18, Schedule A)	3	●		00
4	Federal income tax deduction (line 1, Schedule D)	4	●		00
5	Separately stated nonbusiness items (line 1h, Column E, Schedule B)	5	●		00
6	Other additions/(reductions) (Do not include tax exempt income and related expenses)	6	●		00
7	Less distributions	7	●		00
8	Ending balance (total appropriate lines)	8	●		00

SCHEDULE G – Tax Credits (Caution – See Instructions)

1	Employer Education Tax Credit	1	●	100	00
2	Coal Credit	2	●	200	00
3	Capital Credit	3	●	300	00
4	Credit for Taxes Paid to Foreign Country	4	●	400	00
5	Heroes for Hire Credit	5	●	500	00
6	Full Employment Act of 2011 Credit	6	●	600	00
7	AL New Markets Development Credit	7	●	700	00
8	Enterprise Zone Credit	8	●	800	00
9	Irrigation Credit	9	●	900	00
10	Historic Rehabilitation Credit	10	●	1,000	00
11	TOTAL (add lines 1 through 10). Enter here and on line 22d, Schedule A	11	●	5,500	00

SCHEDULE H – The Following Information Must Be Entered For This Return To Be Considered Complete

1 Indicate tax accounting method used: ● Cash ● Accrual ● Other

2 Briefly describe your Alabama operations: ● sales

3 Enter this company's Alabama Withholding Tax Account No.: ●

4 Person to contact for information concerning this return:
 Name ●
 Telephone Number ● () Email Address

5 Location of the corporate records: ●

6 Check if an Alabama business privilege tax return was filed for this entity: ●

7 If the privilege tax return was filed using a different FEIN, please provide the name and FEIN used to file the return:
 FEIN: ● NAME: ●



SCHEDULE K – Distributive Share Items

	Federal Amount	Apportionment Factor	Apportioned Amount	Enter on Alabama Schedule K-1
1 Alabama nonseparately stated income (Schedule E, line 7) ...			340,450	Part III, Line M
Separately Stated Items:				
2 Contributions	1,000	100.0000	1,000	Part III, Line S
3 Oil and gas depletion	800	100.0000	800	Part III, Line Z
4 I.R.C. §179 expense deduction	20,000	100.0000	20,000	Part III, Line O
5 Casualty losses	8,000	100.0000	8,000	Part III, Line W
6 Portfolio income	6,000	100.0000	6,000	Part III, Line Q
7 Interest expense related to portfolio income	1,000	100.0000	1,000	Part III, Line P
8 Other expenses related to portfolio income (attach schedule)		100.0000		Part III, Line R
9 Other separately stated business items (attach explanation)	1,000	100.0000	1,000	Part III, Line T
10 Small business health insurance premiums (attach explanation)				Part III, Line Y
11 Separately stated nonbusiness items (attach schedule)				Part III, Line AA
12 Composite payment made on behalf of owner/shareholder			1,000	Part III, Line U
13 U.S. taxes paid (attach explanation)	50,000	100.0000	50,000	Part III, Line V
14 Alabama exempt income (attach explanation)		100.0000		Part III, Line AB
Transactions with Owners:				
15 Property distributions to owners	100,000	25.0000	25,000	Part III, Line X

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.

Please Sign Here

Signature of Officer	Date	Daytime Telephone No. ()	Social Security No. : : : :
Title of Officer			

Paid Preparer's Use Only

Preparer's Signature	Check if self-employed <input type="checkbox"/>	Date	Preparer's PTIN : : : :
Firm's Name (or yours if self-employed) and address	Telephone No. • ()	E.I. No. •	ZIP Code •
Email Address			

CHECK LIST

HAVE THE FOLLOWING FORMS BEEN ATTACHED TO THE FORM 20S:

- ALABAMA SCHEDULE K-1 (one for each shareholder)
- ALABAMA SCHEDULE NRA (if applicable)
- FEDERAL FORM 1120S (entire form as filed with IRS)
- FEDERAL FORM 1120S PROFORMA (if applicable)
- FORM PTE-V (if applicable)

Returns without Payments

MAIL TO: Alabama Department of Revenue
Pass Through Entity
PO Box 327441
Montgomery, AL 36132-7441

Returns with Payments

MAIL TO: Alabama Department of Revenue
Pass Through Entity
PO Box 327444
Montgomery, AL 36132-7444



Owner's / Shareholder's Share of
Income, Deductions, Credits, etc.

2014

- Subchapter K entity
- S corporation
- QIP Indicator

SEE INSTRUCTIONS

- Final K-1
- Amended K-1

Tax year beginning 01/01, 2014 and ending 12/31, 2014

PART I Information About the Pass Through Entity		PART III Owner's/Shareholder's Share of Current Year Alabama Income, Deductions, Credit, and Other Items	
A	Entity's Federal Employer Identification Number		Income allocated and apportioned to Alabama
B	Entity's name, address, city, state, and ZIP code 20S Test 1 1 Test Street Montgomery, AL 36132	M	100% Alabama - to be reported by Alabama residents
			Nonseparately stated income
			85,113 M2 87,000
		N	Amount of guaranteed payments to partner to be reported by the partner as Alabama source income (see instructions)
		O	Section 179 expense
			5,000 O2 5,000
		P	Investment interest expense related to portfolio income
			250 P2 250
		Q	Portfolio income
			1,500 Q2 1,500
			<input type="checkbox"/> QIP Exempt Income
		R	Other expenses related to portfolio income - do not include interest expense
		S	Charitable contributions
			250 S2 250
		T	Other separately stated business items (attach schedule)
			250 T2 250
		U	Composite payment made on behalf of owner/shareholder (see instructions)
		V	U.S. income taxes paid (see instructions)
			12,500 V2 12,500
		W	Casualty losses (see instructions)
			2,000 W2 2,000
		X	Withdrawals and distributions
			8,000
		Y	Small business health insurance premiums (attach explanation)
		Z	Oil and gas depletion
			200 Z2 200
		AA	Separately stated nonbusiness items (attach schedule)
		AB	Alabama Exempt Income (attach explanation)
PART II Information About the Owner/Shareholder			
C	Owner's/Shareholder's identifying number		
D	Owner's/Shareholder's name		
E	Owner's/Shareholder's street address		
F	Owner's/Shareholder's city, state, ZIP code		
G	<input type="checkbox"/> General partner or LLC member manager <input type="checkbox"/> Limited partner or other LLC member		
H	What type of entity is this owner/shareholder?		
I	Owner's/Shareholder's percentage of profit and (loss) sharing		
J	Check if owner/shareholder is a nonresident <input type="checkbox"/> Nonresident If a nonresident, provide state of legal residence: _____ Check if the owner is a single member LLC. <input type="checkbox"/> Owner _____ FEIN _____		
K	Owner's basis at end of tax year		
L	1. Credit for taxes paid to foreign country		
	2. Heroes for Hire Credit		
	3. Full Employment Act of 2011		
	4. Capital Credit		
	5. AL New Markets Development Credit		
	6. Enterprise Zone Credit		
	7. Irrigation Credit		
	8. Historic Rehabilitation Credit		

A completed Alabama Schedule K-1 for each member in the Subchapter K entity/S corporation must be attached to Form 65/Form 20S.



Owner's / Shareholder's Share of
Income, Deductions, Credits, etc.

2014

- Subchapter K entity
- S corporation
- QIP Indicator

Tax year beginning 01/01, 2014 and ending 12/31, 2014

SEE INSTRUCTIONS

- Final K-1
- Amended K-1

PART I Information About the Pass Through Entity	PART III Owner's/Shareholder's Share of Current Year Alabama Income, Deductions, Credit, and Other Items
A Entity's Federal Employer Identification Number	M Income allocated and apportioned to Alabama 136,180 M2 139,200
B Entity's name, address, city, state, and ZIP code 20S Test 1 1 Test Street Montgomery, AL 36132	N 100% Alabama – to be reported by Alabama residents Nonseparately stated income Amount of guaranteed payments to partner to be reported by the partner as Alabama source income (see instructions)
C Owner's/Shareholder's identifying number	O Section 179 expense 8,000 O2 8,000
D Owner's/Shareholder's name Owner 2	P Investment interest expense related to portfolio income 400 P2 400
E Owner's/Shareholder's street address Johnson Street	Q Portfolio income 2,400 Q2 2,400
F Owner's/Shareholder's city, state, ZIP code Montgomery, AL 36109	R Other expenses related to portfolio income – do not include interest expense
G <input type="checkbox"/> General partner or LLC member manager <input type="checkbox"/> Limited partner or other LLC member	S Charitable contributions 400 S2 400
H What type of entity is this owner/shareholder? <input checked="" type="checkbox"/> I - Individual <input type="checkbox"/> Nominee	T Other separately stated business items (attach schedule) 400 T2 400
I Owner's/Shareholder's percentage of profit and (loss) sharing 40.00%	U Composite payment made on behalf of owner/shareholder (see instructions)
J Check if owner/shareholder is a nonresident <input type="checkbox"/> Nonresident If a nonresident, provide state of legal residence: _____ Check if the owner is a single member LLC. <input type="checkbox"/> Owner _____ FEIN _____	V U.S. income taxes paid (see instructions) 20,000 V2 20,000
K Owner's basis at end of tax year	W Casualty losses (see instructions)
L 1. Credit for taxes paid to foreign country	X Withdrawals and distributions 12,000
2. Heroes for Hire Credit	Y Small business health insurance premiums (attach explanation)
3. Full Employment Act of 2011 40	Z Oil and gas depletion 320 Z2 320
4. Capital Credit	AA Separately stated nonbusiness items (attach schedule)
5. AL New Markets Development Credit 280	AB Alabama Exempt Income (attach explanation)
6. Enterprise Zone Credit 320	
7. Irrigation Credit 360	
8. Historic Rehabilitation Credit 400	

A completed Alabama Schedule K-1 for each member in the Subchapter K entity/S corporation must be attached to Form 65/Form 20S.



Owner's / Shareholder's Share of
Income, Deductions, Credits, etc.

2014

- Subchapter K entity
- S corporation
- QIP Indicator

SEE INSTRUCTIONS

- Final K-1
- Amended K-1

Tax year beginning 01/01, 2014 and ending 12/31, 2014

PART I Information About the Pass Through Entity	PART III Owner's/Shareholder's Share of Current Year Alabama Income, Deductions, Credit, and Other Items
A Entity's Federal Employer Identification Number	M Income allocated and apportioned to Alabama 100% Alabama – to be reported by Alabama residents
B Entity's name, address, city, state, and ZIP code 20S Test 1 1 Test Street Montgomery, AL 36132	M Nonseparately stated income 34,045 M2
PART II Information About the Owner/Shareholder	N Amount of guaranteed payments to partner to be reported by the partner as Alabama source income (see instructions) N2
C Owner's/Shareholder's identifying number	O Section 179 expense 2,000 O2
D Owner's/Shareholder's name Sally Sidwell	P Investment interest expense related to portfolio income 100 P2
E Owner's/Shareholder's street address Williamson Street	Q Portfolio income 600 Q2
F Owner's/Shareholder's city, state, ZIP code New York, NY 36109	<input type="checkbox"/> QIP Exempt Income
G <input type="checkbox"/> General partner or LLC member manager <input checked="" type="checkbox"/> Limited partner or other LLC member	R Other expenses related to portfolio income – do not include interest expense R2
H What type of entity is this owner/shareholder? DE - Disregarded Entity <input checked="" type="checkbox"/> Nominee	S Charitable contributions 100 S2
I Owner's/Shareholder's percentage of profit and (loss) sharing 10.00%	T Other separately stated business items (attach schedule) 100 T2
J Check if owner/shareholder is a nonresident <input checked="" type="checkbox"/> Nonresident If a nonresident, provide state of legal residence: <u>New York</u> Check if the owner is a single member LLC. <input checked="" type="checkbox"/> Owner <u>Sally Sidwell</u> FEIN _____	U Composite payment made on behalf of owner/shareholder (see instructions) 1,000
K Owner's basis at end of tax year	V U.S. income taxes paid (see instructions) 5,000 V2
L 1. Credit for taxes paid to foreign country	W Casualty losses (see instructions) W2
2. Heroes for Hire Credit	X Withdrawals and distributions 5,000
3. Full Employment Act of 2011 10	Y Small business health insurance premiums (attach explanation)
4. Capital Credit	Z Oil and gas depletion 320 Z2
5. AL New Markets Development Credit 70	AA Separately stated nonbusiness items (attach schedule)
6. Enterprise Zone Credit 80	AB Alabama Exempt Income (attach explanation) AB2
7. Irrigation Credit 90	
8. Historic Rehabilitation Credit 100	

A completed Alabama Schedule K-1 for each member in the Subchapter K entity/S corporation must be attached to Form 65/Form 20S.



Owner's / Shareholder's Share of Income, Deductions, Credits, etc.

2014

- Subchapter K entity
- S corporation
- QIP Indicator

Tax year beginning 01/01, 2014 and ending 12/31, 2014

SEE INSTRUCTIONS

- Final K-1
- Amended K-1

PART I Information About the Pass Through Entity	PART III Owner's/Shareholder's Share of Current Year Alabama Income, Deductions, Credit, and Other Items
A Entity's Federal Employer Identification Number	M Income allocated and apportioned to Alabama 100% Alabama – to be reported by Alabama residents
B Entity's name, address, city, state, and ZIP code 20S Test 1 1 Test Street Montgomery, AL 36132	M Nonseparately stated income ● 85,113 M2 ● 87,000
PART II Information About the Owner/Shareholder	N Amount of guaranteed payments to partner to be reported by the partner as Alabama source income (see instructions) ● N2 ●
C Owner's/Shareholder's identifying number ●	O Section 179 expense ● 5,000 O2 ● 5,000
D Owner's/Shareholder's name ● Owner 4	P Investment interest expense related to portfolio income ● 250 P2 ● 250
E Owner's/Shareholder's street address ● Smith Street	Q Portfolio income ● 1,500 Q2 ● 1,500
F Owner's/Shareholder's city, state, ZIP code ● Montgomery, AL 36109	<input type="checkbox"/> QIP Exempt Income Q2 ● 1,500
G ● <input type="checkbox"/> General partner or LLC member manager ● <input type="checkbox"/> Limited partner or other LLC member	R Other expenses related to portfolio income – do not include interest expense ● R2 ●
H What type of entity is this owner/shareholder? ● F - Estate <input type="checkbox"/> Nominee	S Charitable contributions ● 250 S2 ● 250
I Owner's/Shareholder's percentage of profit and (loss) sharing ● 25.00%	T Other separately stated business items (attach schedule) ● 250 T2 ● 250
J Check if owner/shareholder is a nonresident ● <input type="checkbox"/> Nonresident If a nonresident, provide state of legal residence: _____ Check if the owner is a single member LLC. ● <input type="checkbox"/> Owner _____ ● FEIN _____	U Composite payment made on behalf of owner/shareholder (see instructions) ●
K Owner's basis at end of tax year ●	V U.S. income taxes paid (see instructions) ● 12,500 V2 ● 12,500
L 1. Credit for taxes paid to foreign country ● 2. Heroes for Hire Credit ● 3. Full Employment Act of 2011 ● 25 4. Capital Credit ● 5. AL New Markets Development Credit ● 175 6. Enterprise Zone Credit ● 200 7. Irrigation Credit ● 225 8. Historic Rehabilitation Credit ● 250	W Casualty losses (see instructions) ● 2,000 W2 ● 2,000
	X Withdrawals and distributions ●
	Y Small business health insurance premiums (attach explanation) ●
	Z Oil and gas depletion ● 200 Z2 ● 200
	AA Separately stated nonbusiness items (attach schedule) ●
	AB Alabama Exempt Income (attach explanation) ● AB2 ●

A completed Alabama Schedule K-1 for each member in the Subchapter K entity/S corporation must be attached to Form 65/Form 20S.

FORM PTE-C



Alabama Department of Revenue CY
 Individual & Corporate Tax FY
 SY

2014

Nonresident Composite Payment Return

For the year January 1-December 31, 2014 or other tax year beginning 01/01, 2014, ending 12/31, 2014

Form PTE-C is used to report Alabama taxable income for all or some of the nonresident owners/shareholders from reported Subchapter K entity or S corporation income and to make payment on behalf of the owners/shareholders in lieu of individual reporting. (CAUTION: Do not include losses on this form.)

Check applicable box: <input type="checkbox"/> Subchapter K entity <input checked="" type="checkbox"/> S corporation <input type="checkbox"/> Qualified Investment Partnership	FEDERAL EMPLOYER IDENTIFICATION NUMBER ●		FEDERAL BUSINESS CODE ●		DEPARTMENT USE ONLY
	NAME ● 20S test 1				
	ADDRESS ● 1 Test Street				
Check if amended: <input type="checkbox"/> Amended return	CITY ● Montgomery		STATE ● AL	ZIP CODE ● 36132	IF YOU FILED A 2013 RETURN WITH A DIFFERENT ADDRESS, CHECK HERE. <input checked="" type="checkbox"/>
	TOTAL NUMBER OF OWNERS/SHAREHOLDERS IN ENTITY: ● 4		NUMBER OF NONRESIDENT OWNERS/SHAREHOLDERS INCLUDED IN COMPOSITE FILING: ● 1		

DO NOT ATTACH TO OR MAIL WITH FORM 65 OR 20S, THIS FORM MUST BE MAILED SEPARATELY.

1. Amount of tax due (see instructions)	1 ●	1,732
2. Interest Due	2 ●	
3. Penalty Due	3 ●	
4. Total tax, interest, and penalty due	4 ●	
5a. Overpayment from 2013	5a ●	
b. Estimated and automatic extension tax payments	5b ●	
c. Composite payment made on behalf of this entity. Paid by ● 20S Test 1 FEIN ●	5c ●	1,000
d. Total of all payments/credits (add lines 5a through 5c)	5d ●	1,000
6. Amount to be remitted or (overpayment) (subtract line 5d from line 4)	6 ●	732
If paid by check or money order, FORM PTE-V MUST ACCOMPANY PAYMENT. If paid electronically check here <input checked="" type="checkbox"/>		
7a. Overpayment to be credited to 2015 return	7a ●	
b. Overpayment amount to be refunded	7b ●	

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.

Please Sign Here

Your Signature _____	Title or Position _____	() Daytime Telephone No.	Date _____
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Paid Preparer's Use Only

Preparer's Signature _____	Date ●	Check if self-employed <input type="checkbox"/> ●	Preparer's PTIN ● ● ●
Preparer's Printed Name ● _____		E.I. Number ●	
Firm's Name (or yours, if self-employed) and Address ● _____		Telephone Number ● ()	
Email Address _____			

Make remittance payable to: **Alabama Department of Revenue**
 Write – Form PTE-C, tax year, and FEIN on remittance for verification purposes.
 Include with payment Form PTE-V available at www.revenue.alabama.gov.

Mail to: **Alabama Department of Revenue – PTE-C**
P.O. Box 327444
Montgomery, AL 36132-7444



Required Entity Information For Partnerships and LLCs

1. List general partners.

NAME OF GENERAL PARTNER	SSN / FEIN	ADDRESS	PERCENT OF OWNERSHIP
a. ●			
b. ●			
c. ●			
d. ●			
e. ●			

2. List other states in which the Partnership/LLC operates, if applicable.

3. At any time during the tax year, did the Partnership/LLC transact business in a foreign country? Yes No
 If yes, complete the information below:

NAME OF COUNTRY	NATURE OF BUSINESS	TAXABLE INCOME REPORTED TO COUNTRY
a. ●		
b. ●		
c. ●		
d. ●		
e. ●		

4. At any time during the tax year, did the Partnership/LLC invest in another Pass-Through entity? Yes No
 If yes, complete the information below:

NAME OF ENTITY	FEIN	PERCENT OF OWNERSHIP
a. ●		
b. ●		
c. ●		
d. ●		
e. ●		

Do not attach the original Qualified Investment Partnership (QIP) Certification to this return! The certification must be filed with the annual Form 65 return for the QIP.

5. Person to contact for information regarding this return:

Name: _____

Telephone Number: (_____) _____

Email: _____

**SCHEDULE
PTE-CK1**



ALABAMA DEPARTMENT OF REVENUE

2014

Entity's FEIN

For the year January 1 - December 31, 2014 or other tax year beginning 01/01, 2014 ending 12/31, 2014

	(A) Non-Resident Owner's/Shareholder's Name, Street Address, City, State, and ZIP	(B) Social Security Number/FEIN	(C) Entity Type	(D) Owner's/ Shareholder's Percentage of Ownership	(E) Owner's/Shareholder's Share of Nonseparately Stated Income + Portfolio Income	(F) Guaranteed Payments	(G) Total Income (Col. E + F)	(H) Owner's/ Shareholder's Share of Tax Due (Col. G X 5%)
1	Sally Sidwell ● Williamson Street New York, NY		DE	10.0000	34,645		34,645	1,732
2	●							
3	●							
4	●							
5	●							
6	●							
7	●							
8	●							
9	●							
10	●							
11	●							
12	Totals page 3 [columns (E) through (H)]							
13	Summary totals for additional pages [columns (E) through (H)]							
14	Totals [columns (E) through (G)] (lines 12 + 13)							
14H	Add lines 12 and 13, column (H) and enter here and on page 1, line 1							
					34,645		34,645	1,732
					34,645		34,645	1,732

IF MORE THAN 11 NON-RESIDENT OWNERS/SHAREHOLDERS, ATTACH ADDITIONAL PAGES AND ENTER SUMMARY TOTALS ON LINE 13 ABOVE.