



Nonresident Composite Payment Return

For the year January 1-December 31, 2006 or other tax year beginning _____, 2006, ending _____, _____

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 – see instructions on page 2.)

Check applicable box: <input type="checkbox"/> Subchapter K entity <input type="checkbox"/> S corporation	FEDERAL EMPLOYER IDENTIFICATION NUMBER	FEDERAL BUSINESS CODE	DEPARTMENT USE ONLY ▶ FN
	NAME		
Check applicable box: <input type="checkbox"/> Extension (6 months) <input type="checkbox"/> Amended return <input type="checkbox"/> Refund due	ADDRESS		▶ CN
	CITY, STATE, COUNTRY (IF NOT U.S.)		
	TOTAL NUMBER OF OWNERS/SHAREHOLDERS IN ENTITY:	NUMBER OF NONRESIDENT OWNERS/SHAREHOLDERS INCLUDED IN COMPOSITE FILING:	IF YOU FILED A 2005 RETURN WITH A DIFFERENT ADDRESS, CHECK HERE. <input type="checkbox"/>

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

	NON-CORPORATE OWNERS/SHAREHOLDERS	CORPORATE OWNERS
1. Amount of tax due (see instructions)	1	1
2. Interest Due	2	2
3. Penalty Due	3	3
4. Total tax, interest, and penalty due	4	4
5a. Overpayment from 2005	5a	5a
b. Estimated and extension tax payments	5b	5b
c. Composite payment made on behalf of this entity. Paid by _____ FEIN _____	5c	5c
d. Total of all payments/credits (add lines 5a-5c and allocate per instructions)	5d	5d
6a. Amount to be remitted (subtract line 5d from line 4 in each column)	6a	6a
b. Amount remitted	6b	
If payment made through Electronic Funds Transfer (EFT), check this box <input type="checkbox"/>		
7a. Total overpayment	7a	
b. Overpayment to be credited to 2007 return	7b	
c. Overpayment amount to be refunded	7c	

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 _____

Preparer's Signature _____ Date _____ Preparer's social security no. _____

Paid Preparer's Use Only ▶ Preparer's Printed Name _____

Firm's Name (or yours, if self-employed) and Address _____ Date _____ E.I. No. _____

Telephone No. () _____

SCHEDULE
PTE-CK1

9/06



ALABAMA DEPARTMENT OF REVENUE

Entity's FEIN

For the year January 1 - December 31, 200__ or other tax year beginning _____, 200__ ending _____, 200__

	(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 Share of Nonseparately Stated Income + Portfolio Income	(E) Guaranteed Payments	(F) Total Income (Col. D + E)	(G) Non-Corporate Owner's/Shareholder's Share of Tax Due (Col. F X 5%)	(H) Corporate Owner's Share of Tax Due (Col. F X 6.5%)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12	Totals page 2 [columns (D) through (H)]							
13	Totals from additional pages [columns (D) through (H)]							
14	Totals [columns (D) through (F)] (lines 12 + 13)							
14G	Add lines 12 and 13, column (G) and enter here and on page 1, line 1 Non-Corporate owners/shareholders							
14H	Add lines 12 and 13, column (H) and enter here and on page 1, line 1 Corporate owners							

SCHEDULE
PTE-CK1

9/06



ALABAMA DEPARTMENT OF REVENUE

Entity's FEIN

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1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13 Add lines 1 through 12, enter here and on page 2, line 13, columns (D) through (H)							