

**FORM PTE-C**



ALABAMA DEPARTMENT OF REVENUE  
INDIVIDUAL & CORPORATE TAX

CY   
FY   
SY

**2007**

**Nonresident Composite Payment Return**

For the year January 1-December 31, 2007 or other tax year beginning \_\_\_\_\_, 2007, 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.)

<b>Check applicable box:</b> <input type="checkbox"/> Subchapter K entity <input type="checkbox"/> S corporation	FEDERAL EMPLOYER IDENTIFICATION NUMBER	FEDERAL BUSINESS CODE	<b>DEPARTMENT USE ONLY</b> ▶ FN
	NAME		
<b>Check if amended:</b> <input type="checkbox"/> Amended return	ADDRESS		▶ CN
	CITY, STATE, COUNTRY (IF NOT U.S.)	ZIP CODE	
TOTAL NUMBER OF OWNERS/SHAREHOLDERS IN ENTITY:		NUMBER OF NONRESIDENT OWNERS/SHAREHOLDERS INCLUDED IN COMPOSITE FILING:	IF YOU FILED A 2006 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 2006 .....	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 is less than \$750 and remitted by check or money order, place payment along with Form BIT-V loose in mailing envelope. (Form BIT-V MUST Accompany Payment.) If payment made through Electronic Funds Transfer (EFT), check this box <input type="checkbox"/>		
7a. Total overpayment .....	7a	
b. Overpayment to be credited to 2008 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 \_\_\_\_\_

**Paid Preparer's Use Only** ▶

Preparer's Signature \_\_\_\_\_ Date \_\_\_\_\_ Preparer's social security no. \_\_\_\_\_  
 Preparer's Printed Name \_\_\_\_\_  
 Firm's Name (or yours, if self-employed) and Address \_\_\_\_\_ Date \_\_\_\_\_ E.I. No. \_\_\_\_\_  
 Telephone No. ( ) \_\_\_\_\_

**SCHEDULE**  
**PTE-CK1**  
6/07



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 .....							

IF MORE THAN 11 NON-RESIDENT OWNERS/SHAREHOLDERS, ATTACH ADDITIONAL SHEETS.

**SCHEDULE**  
**PTE-CK1**

6/07



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							
13 Add lines 1 through 12, enter here and on page 2, line 13, columns (D) through (H) .....							