



Alabama Department of Revenue

**Alabama Business Privilege Tax Return
and Annual Report**

— FOR PASS-THROUGH ENTITIES ONLY! —

- 1a Calendar Year (Taxable Year 2014 – determination period beginning _____ and ending 12/31/2013)
 1b Fiscal Year (Taxable/Form Year 2014 – determination period beginning _____ and ending _____ / 2014)
 1c Amended Return (Attach Supporting Documentation)
 Type of taxpayer (**check only one**): 2a S Corporation 2b Limited Liability Entity 2c Disregarded Entity 2d LLE taxed as S Corporation

TAXPAYER INFORMATION

3a LEGAL NAME OF BUSINESS ENTITY ● _____ 3b FEIN _____ FEIN NOT REQUIRED (SEE INSTRUCTIONS)
 3c MAILING ADDRESS ● _____ 3d BPT ACCOUNT NO. (SEE INSTRUCTIONS) ● _____
 3e CITY ● _____ 3f STATE ● _____ 3g ZIP CODE ● _____ 3h FEDERAL BUSINESS CODE NO. (NAICS) (SEE WWW.CENSUS.GOV) ● _____
 3i CONTACT PERSON CONCERNING THIS FORM _____ 3j CONTACT PERSON'S PHONE NO. _____
 3k TAXPAYER'S E-MAIL ADDRESS ● _____

RETURN INFORMATION

- 4a Address Change for Taxpayer
 4b S Corporation President Information Change on attached Schedule AL-CAR (Corporation Annual Report)
 4c S Corporation Secretary Information Change on attached Schedule AL-CAR (Corporation Annual Report)
 5a Date of Incorporation or Organization 5b State of Incorporation or Organization 5c County of Incorporation or Organization

COMPUTATION OF AMOUNT DUE OR REFUND DUE

	Amount Due
6 Secretary of State corporate annual report fee \$10 (corporations only)	6 ●
7 Less: Annual report fee previously paid for the taxable year	7 ●
8 Net annual report fee due (line 6 less line 7)	8 ●
9 Privilege tax due (Page 2, Part B, line 19)	9 ●
10 Less: Privilege tax previously paid for the taxable year	10 ●
11 Net privilege tax due (line 9 less line 10)	11 ●
12 Penalty due (see instructions)	12 ●
13 Interest due (see instructions)	13 ●
14 Total privilege tax due (add lines 11, 12 and 13)	14 ●
15 Net tax due (add lines 8 and 14)	15 ●
16 Payment due with return if line 15 is positive. (Form BPT-V must be submitted if payment is made by check.) Full payment of any amount due for a taxable year is due by the original due date of the return (without consideration of any filing extensions in place).	16 ●
17 Amount to be refunded if line 15 is negative	17 ●
18 Family LLE Election attached <input type="checkbox"/> (Signature required below)	
19 Check here if paid electronically <input type="checkbox"/>	

I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.
Please Sign Here 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.
 Owner's/Officer's Signature _____ Title _____ Date _____

Paid Preparer's Use Only
 Preparer's signature _____ Date ● _____
 Firm's name (or yours, if self-employed) and address ● _____ E.I. No. _____
 Phone No. _____ Preparer's SSN/PTIN _____ ZIP Code _____

If you are not making a payment, mail your return to:
Alabama Department of Revenue
Business Privilege Tax Section
P.O. Box 327431
Montgomery, AL 36132-7431
 Telephone Number: (334) 353-7923

If you are making a payment, mail your return, Form BPT-V, and payment to:
Alabama Department of Revenue
Business Privilege Tax Section
P.O. Box 327320
Montgomery, AL 36132-7320
 Web site: www.revenue.alabama.gov



1a. FEIN 1b. LEGAL NAME OF BUSINESS ENTITY 1c. DETERMINATION PERIOD END DATE (BALANCE SHEET DATE)
(MM/DD/YYYY)

PART A – NET WORTH COMPUTATION

I. S-Corporations

1	Issued capital stock and additional paid in capital (without reduction for treasury stock) but not less than zero.	1 ●	
2	Retained earnings, but not less than zero, including dividends payable.	2 ●	
3	Gross amount of related party debt exceeding the sums of line 1 and 2.	3 ●	
4	All payments for compensation, distributions, or similar amounts in excess of \$500,000.	4 ●	
5	Total net worth (add lines 1-4). Go to Part B, line 1.	5 ●	

II. Limited Liability Entities (LLE's)

6	Sum of the partners'/members' capital accounts, but not less than zero	6 ●	
7	All compensation, distributions, or similar amounts paid to a partner/member in excess of \$500,000.	7 ●	
8	Gross amount of related party debt exceeding the amount on line 6.	8 ●	
9	Total net worth (add lines 6, 7 and 8). Go to Part B, line 1.	9 ●	

III. Disregarded Entities

10 Single Member Name: ● FEIN/SSN: ●

11 If a disregarded entity has as its single member a taxpayer that is subject to the privilege tax, then the disregarded entity pays the minimum tax. (Go to Part B, line 19.)

12	Assets minus liabilities for all disregarded entities that have as a single member an entity that is not subject to the privilege tax (supporting documentation required).	12 ●	
13	Gross amount of related party debt exceeding the amount on line 12.	13 ●	
14	For disregarded entities, all compensation, distributions, or similar amounts paid to a member in excess of \$500,000.	14 ●	
15	Total net worth (sum of lines 12, 13 and 14). Go to Part B, line 1.	15 ●	

PART B – PRIVILEGE TAX EXCLUSIONS AND DEDUCTIONS

Exclusions (Attach supporting documentation) (See Instructions)

1	Total net worth from Part A – line 5, 9, or 15.	1 ●	
2	Book value of the investments by the taxpayer in the equity of other taxpayers.	2 ●	
3	Unamortized portion of goodwill resulting from a direct purchase.	3 ●	
4	Unamortized balance of properly elected post-retirement benefits pursuant to FASB 106.	4 ●	
5	Total exclusions (sum of lines 2-4)	5 ●	
6	Net worth subject to apportionment (line 1 less line 5).	6 ●	
7	Apportionment factor (see instructions).	7 ●	%
8	Total Alabama net worth (multiply line 6 by line 7).	8 ●	

Deductions (Attach supporting documentation) (See Instructions)

9	Net investment in bonds and securities issued by the State of Alabama or political subdivision thereof, when issued prior to January 1, 2000.	9 ●	
10	Net investment in all air, ground, or water pollution control devices in Alabama.	10 ●	
11	Reserves for reclamation, storage, disposal, decontamination, or retirement associated with a plant, facility, mine or site in Alabama.	11 ●	
12	Book value of amount invested in qualifying low income housing projects (see instructions)	12 ●	
13	30 percent of federal taxable income apportioned to Alabama, but not less than zero	13 ●	
14	Total deductions (add lines 9-13).	14 ●	
15	Taxable Alabama net worth (line 8 less line 14).	15 ●	
16a	Federal Taxable Income Apportioned to AL	16a ●	
16b	Tax rate (see instructions).	16b ●	
17	Gross privilege tax calculated (multiply line 15 by line 16b)	17 ●	
18	Alabama enterprise zone credit (see instructions).	18 ●	
19	Privilege Tax Due (line 17 less line 18) (minimum \$100, for maximum see instructions) Enter also on Form PPT, page 1, line 9, Privilege Tax Due (must be paid by the original due date of the return)	19 ●	

S-corporations must complete and attach an Alabama Schedule AL-CAR, and enter \$10 for the corporate annual report fee on line 6, page 1.
Other (noncorporate) pass-through entities, including Limited Liability Entities taxed as corporations, are not required to file an Alabama Schedule AL-CAR or pay the corporate annual report fee.



Alabama Department of Revenue
Alabama Secretary of State Corporation Annual Report

1a FEIN 1b LEGAL NAME OF BUSINESS ENTITY (PLEASE TYPE OR PRINT)

●

1c CONTACT PERSON CONCERNING THIS FORM 1d CONTACT PERSON'S PHONE NUMBER

1e TAXPAYER'S E-MAIL ADDRESS

●

2a County of incorporation or organization for all Alabama entities.	2a	
2b State or country of incorporation or organization for all foreign entities . .	2b	
3a Date of qualification or registration in Alabama for foreign entities.	3a	
3b Date of incorporation or organization for all entities.	3b	
3c Telephone number of the taxpayer.	3c	
4a Name of registered agent in Alabama.	4a	
4b FEIN or social security number	4b	
4c Street address.	4c	
4d City, state, and zip code.	4d	
5a Name of corporate president (update ● <input type="checkbox"/>)	5a	
5b Social security number.	5b	
5c Street address.	5c	
5d City, state, and zip code.	5d	
6a Name of corporate secretary (update ● <input type="checkbox"/>)	6a	
6b Social security number.	6b	
6c Street address.	6c	
6d City, state, and zip code.	6d	
7 Kind of business done in Alabama	7	
8 Street address of the principal place of business in Alabama	8	
City, state, and zip code.		
9 Kind of business done generally.	9	
10 Mailing address of the principal office and place of business if	10	
outside State of Alabama		
City, state, and zip code.		

Schedule AL-CAR must be completed by C-corporations and S-corporations and is a required attachment to Form CPT or PPT pursuant to the Code of Alabama 1975, Section 10A-2-16.22. Limited Liability entities are not required to complete Schedule AL-CAR.

In addition, there is a \$10 Secretary of State fee for C-corporations and S-corporations that should be recorded on page 1, line 6 of form CPT or PPT.

Taxpayers filing an initial return are not required to complete Schedule AL-CAR or pay the \$10 Secretary of State fee.

If there are any updates or changes to the corporate president or corporate secretary then please check boxes 4b or 4c on Form CPT or PPT.

Schedule AL-CAR is NOT a standalone form. It must be submitted with Form CPT or Form PPT.

Limited Liability Entities taxed as corporations are not subject to the \$10 Secretary of State fee and are not required to complete Schedule AL-CAR.

ADOR



Alabama Department of Revenue Family Limited Liability Entity Election Form (DISREGARDED ENTITIES DO NOT QUALIFY FOR THE FAMILY LIMITED LIABILITY ENTITY ELECTION)

1a FEIN

1b ELECTING FAMILY LIMITED LIABILITY ENTITY

1c Determination Period End Date (Balance Sheet Date): (mm/dd/yyyy)

The following information must be provided in order for this election to be effective.

PART 1 - 80% OWNERSHIP TEST

Partners' capital account from Form 1065, Schedule L: \$

Percentages of partners' capital accounts that are directly or constructively owned by:

- Individual: %
Spouse: %
Parents: %
Grandparents: %
Lineal descendants of grandparents: %
Total: %

PART 2 - TAXPAYER MUST COMPLETE AT LEAST ONE OF THE FOLLOWING.

(a) Gross Receipts Test: 90% or more of the gross receipts of the entity consist of any combination of the following:

- (i) Interest %
(ii) Dividends/distributions/payments on stock or securities %
(iii) Rents, license fees or other fees for use of property %
(iv) Receipts from sale or leasing of timber or timberland %
(v) Royalties %
(vi) Annuity payments %
(vii) Proceeds from sale of asset not in ordinary course of business %
Total: %

(b) Assets Test: The aggregate adjusted basis of the following assets constitutes at least 90% of the adjusted basis of all of the entity's assets:

- (i) Cash or cash equivalents %
(ii) Stocks, bonds, debentures, notes or other securities %
(iii) Timber or timberlands %
(iv) Annuities %
(v) Assets held principally for appreciation and not production of income %
(vi) Mutual funds %
(vii) Assets not used directly in the conduct of the entity's business %
(viii) Royalty interests %
Total: %

This entity is making an election to be an electing family limited liability entity as described in Code of Alabama 1975, §40-14A-1(h). The signature on page 1 of Form PPT or Form BPT-IN is certification that the profits and capital interests of the entity were calculated using the constructive ownership rules of 26 U.S.C. §318, without regard to the 50% limitation contained in 26 U.S.C. §318(a)(2)(C) and 26 U.S.C. §318(a)(3)(C).