



ALABAMA DEPARTMENT OF REVENUE INCOME TAX ADMINISTRATION DIVISION

Subchapter K Affidavit of Exemption by Nonresident

	For the tax year beginning	and	ending	
turned to	n is to be completed by a nonresident member to certify en the entity before the original due date of the entity's return each year.	-	_	
	TO BE COMPLETED BY NO	NRESIDI	ENT MEMBER	
NAME OF	NONRESIDENT MEMBER		FEIN OF NONRESIDENT MEMBER	TELEPHONE NUMBER
STREET ADD	RESS			
CITY		STATE		ZIP
	INFORMATION OF ENTITY RE	 :QUESTI	NG EXEMPTION	
NAME			FEIN OF ENTITY	TELEPHONE NUMBER
STREET ADD	RESS			
CITY		STATE		ZIP
	Real Estate Investment Trust (REIT) Must not be a captive REIT pursuant to AL Code §40-18-1 This election is required only once. Copies of original affidaving By checking the box above, the above named member herebers a. Agrees to be subject to the personal jurisdiction in this subject in the personal jurisdiction in the personal jurisdi	it should by certifies state for a he entity of this form nich the cand dividends	s that it: all income tax purposes, files owns property in AL, does be on on or before the due date composite exemption is being s paid deduction entitled to F	s returns and pays all AL tax usiness in AL, or otherwise (without extension) for filing g requested. REITS.
□ • 3.	business taxable income. Insurance company member (annual election required) The above named member hereby certifies that it pays to Ala income tax.			

- 4. Pre-Approved Tiered Structure Exemption (prior written approval required and a copy must be attached each year)

 By checking the box above, the above named member hereby certifies that it:
 - a. Elects to remit a composite payment on behalf of its nonresident members' shares of the taxable income sourced to this state in the same manner and subject to the same requirements as the entity in which it owns a direct interest.
 - b. Agrees to be subject to the personal jurisdiction in this state for all income tax purposes together with related interest and penalties; and
 - c. Has provided the requesting entity the signed original of this form 30 days before the due date (without extension) for filing the entity's income tax return for the taxable year for which the composite exemption is being requested.



Address

NRC-EXEMPT (4/23)

● 5. Capital Credit Exemption (annual election required)					
By checking the box above, the above named member hereb	y certifies that it:				
 a. Has only AL sourced income that is derived from the ca offset by the capital credit. 	apital project, and it ex	cpects all of its po	otential liability to be fully		
b. Agrees to be subject to the personal jurisdiction in this	state for all income ta	y nurnoses toget	her with related interest		
and penalties; and	state for all income to	x purposes toget	nor with related interest		
c. Has provided the requesting entity the signed original of the entity's income tax return for the taxable year for with the entity's income tax return for the taxable year for with losses (annual election required)		·			
By checking the box above, the above named member hereb	ov certifies that it:				
a. Is a C-Corporation that has been in a loss position for t tion for the current.		tax years and ex	pects to be in a loss posi-		
b. Has provided this form to the entity in which it is a mem	nber on or before the	due date (without	t extension) for filing the		
entity's income tax return for the taxable year for which the composite payment is required; and					
c. Will make estimated income tax payments, if required.					
This form is to be completed by a nonresident member to certify					
returned to the entity before the original due date of the entity's re	turn and a copy sho	uld be attached t	to the entity's composite		
and income tax return each year.					
I authorize a representative of the Department of Revenue to disconnection preparer named below.	uss this form with the	entity requesting	exemption and any		
UNDER PENALTIES OF PERJURY, I swear that the above information complete.	n is to the best of my	knowledge and b	elief, true, correct, and		
Circusture of authorized acused (a)		Data			
Signature of authorized person(s)		Date			
Print name(s) and title(s) of the authorized person(s)					
Paid Preparer's Use Only					
Preparer's Signature	Check if self-employed	Date	Preparer's PTIN		
Firm's Name (or yours if self-employed)	Telephone No.	E.I. No.			
and address		ZIP Code			