

FORM
PTE-C

ALABAMA DEPARTMENT OF REVENUE
INDIVIDUAL & CORPORATE TAX
Nonresident Composite Payment Return

CY
FY
SY **2004**

For the year January 1-December 31, 2004 or other tax year beginning _____, 2004, 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 <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 2003 RETURN WITH A DIFFERENT ADDRESS, CHECK HERE. <input type="checkbox"/> |

DO NOT ATTACH 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 prior year | 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 of check | 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 2005 return | 7b | 7b |
| c. Overpayment amount to be refunded | 7c | 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. () |

Make remittance payable to: Alabama Department of Revenue
Write – Form PTE-C, tax year, and FEIN on remittance for verification purposes.

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

Schedule PTE-CK1

9/04

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 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%) | |
|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------|----------------------------|----------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------------|--|
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| 12 | | | | | | | | |
| 13 | Add lines 1 through 12, enter here and on page 2, line 14, columns (D) through (H) | | | | | | | |

Schedule PTE-CK1

9/04

ALABAMA DEPARTMENT OF REVENUE

Entity's FEIN

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

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|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------|----------------------------|----------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------------|
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| 12 | | | | | | | |
| 13 | Totals page 2 [columns (D) through (H)] | | | | | | |
| 14 | Totals from additional pages [columns (D) through (H)] | | | | | | |
| 15 | Totals [columns (D) through (F)] (lines 13 + 14) | | | | | | |
| 15G | Add lines 13 and 14, column (G) and enter here and on page 1, line 1 Non-Corporate owners/shareholders | | | | | | |
| 15H | Add lines 13 and 14, column (H) and enter here and on page 1, line 1 Corporate owners | | | | | | |

IF MORE THAN 12 NON-RESIDENT OWNERS/SHAREHOLDERS, ATTACH ADDITIONAL SHEETS.