



Alabama Department of Revenue
**Alabama Business Privilege Tax Return
 and Annual Report**

— FOR C-CORPORATIONS AND OTHER SPECIFIED ENTITIES —

- 1a • Calendar Year (Taxable Year 2011 – determination period beginning _____ and ending 12/31/2010)
 1b • Fiscal Year (Taxable Year 2011 – determination period beginning _____ and ending _____ /2011)
 1c • Amended Return (Attach Supporting Documentation)
- Type of taxpayer (**check only one**):
 2a • C Corporation 2b • Insurance Company (See definitions)
 2c • LLE Taxed as Corporation 2d • Financial Institution Group Member 2e • Real Estate Investment Trust (REIT)
 2f • Business Trust

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 • Corporation President Information Change on attached Schedule AL-CAR (Corporation Annual Report)
 4c • 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.	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 20).	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 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.

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. _____
 ● _____ ZIP Code _____
 Phone No. _____ Preparer's SSN/PTIN _____

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



Alabama Department of Revenue
Alabama Business Privilege Tax
Financial Institution Group Computation Schedule
Schedule G Must be Filed Only by Financial Institution Groups or Group Members

FEIN ▶	LEGAL NAME OF BUSINESS ENTITY
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FILING ELECTION

- Check box if electing to file a consolidated business privilege tax return in accordance with Section 40-14A-22(f), *Code of Alabama 1975*.
- Check box if a member of a Financial Institution Group filing separately.

FEIN of Common Parent: ● _____

TAX COMPUTATION IF ELECTING TO FILE A CONSOLIDATED RETURN

1 Total deposits inside Alabama for the entire Financial Institutional Group	1 ●	
2 Appropriate rate from deposit rate schedule (<i>see instructions</i>)	2 ●	.
3 Alternative Minimum Privilege Tax (<i>multiply line 1 by line 2</i>)	3 ●	
4 Amount of tax liability from consolidated Form CPT, page 2, Part B, line 20 (<i>see instructions</i>)	4 ●	
5 Amount due (<i>the greater of line 3 or 4</i>) Enter this same amount on Form CPT, page 1, line 9 (Privilege Tax Due)	5 ●	

TAX COMPUTATION IF ELECTING TO FILE SEPARATELY

1 Total deposits inside Alabama for the entire Financial Institutional Group	1 ●	
2 Appropriate rate from deposit rate schedule (<i>see instructions</i>)	2 ●	.
3 Alternative Minimum Privilege Tax (<i>multiply line 1 by line 2</i>)	3 ●	
4 This taxpayer's tax liability from Form CPT, page 2, Part B, line 20	4 ●	
5 Sum of all group members' tax liabilities	5 ●	
6 If line 5 is greater than line 3, enter line 4 here and skip to line 9	6 ●	
7 If line 5 is less than line 3, divide line 4 by line 5.	7 ●	. %
8 Multiply line 7 by line 3 and enter the result	8 ●	
9 Amount due (<i>the greater of line 6 or 8</i>) Enter this same amount on Form CPT, page 1, line 9 (Privilege Tax Due)	9 ●	

A listing of all Financial Institution Group members must be completed on page 2, Schedule G.

See the instructions for Schedule G, Financial Institution Group Computation Schedule.

See the instructions for Form CPT, Alabama Business Privilege Tax Return and Annual Report (for C-corporations and Other Specified Tax Entities).

Additional Information Available at www.revenue.alabama.gov



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 TAXPAYERS E-MAIL ADDRESS

2a County of incorporation or organization for all Alabama entities	2a
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3a Date of qualification or registration in Alabama for foreign entities	3a
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4a Name of registered agent in Alabama	4a
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4d City, state and zip code	4d
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5b Social security number	5b
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9 Kind of business done generally	9
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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 10-2B-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.



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