

FORM PTE-C



ALABAMA DEPARTMENT OF REVENUE
INDIVIDUAL & CORPORATE TAX

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2010

Nonresident Composite Payment Return

For the year January 1-December 31, 2010 or other tax year beginning 5/1, 2010, ending 12/31, 2010

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.)

Check applicable box: <input type="checkbox"/> Subchapter K entity <input checked="" type="checkbox"/> S corporation <input type="checkbox"/> Qualified Investment Partnership	FEDERAL EMPLOYER IDENTIFICATION NUMBER ● 63-0000004	FEDERAL BUSINESS CODE ● 541430	DEPARTMENT USE ONLY	
	NAME ● Graphic Design Inc.			
	ADDRESS 75 Graphic Road			
Check if amended: <input type="checkbox"/> Amended return	CITY Designtown	STATE NY	ZIP CODE ● 54139	IF YOU FILED A 2009 RETURN WITH A DIFFERENT ADDRESS, CHECK HERE. <input checked="" type="checkbox"/>
	TOTAL NUMBER OF OWNERS/SHAREHOLDERS IN ENTITY: ● 2	NUMBER OF NONRESIDENT OWNERS/SHAREHOLDERS INCLUDED IN COMPOSITE FILING: ● 2		

DO NOT ATTACH TO OR MAIL WITH FORM 65 OR 20S, THIS FORM MUST BE MAILED SEPARATELY.

1. Amount of tax due (see instructions)	1 ●	18,627,648
2. Interest Due	2 ●	2,000
3. Penalty Due	3 ●	900
4. Total tax, interest, and penalty due	4 ●	18,630,548
5a. Overpayment from 2009	5a ●	100
b. Estimated and automatic extension tax payments	5b ●	150
c. Composite payment made on behalf of this entity. Paid by ● Best Designs FEIN ● 74-1800441	5c ●	180
d. Qualified production company rebate	5d ●	2,000
e. Total of all payments/credits (add lines 5a through 5d)	5e ●	2,430
6. Amount to be remitted or (overpayment) (subtract line 5e from line 4)	6 ●	18,628,118
If paid by check or money order, FORM BIT-V MUST ACCOMPANY PAYMENT. If paid electronically check here <input type="checkbox"/>		
7a. Overpayment to be credited to 2011 return	7a ●	
b. Overpayment amount to be refunded	7b ●	

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: Chief Executive Officer (998) 444-7777 | 01/01/2010
Daytime Telephone No. Date

Preparer's Signature: _____ Date: 01/01/2011 Preparer's Social Security Number: ● 321 ● 23 ● 2345

Preparer's Printed Name ● Suzy Q

Paid Preparer's Use Only

Firm's Name (or yours, if self-employed) and Address: ● Southern Tax Service Date: ● 01/01/2011 E.I. Number: ● 63-1111111
● 1 Mid State Street Montgomery, AL 36111 Telephone Number: ● (334) 222-3333

Email Address suzyq@southerntaxservice.com

Make remittance payable to: **Alabama Department of Revenue**
Write – Form PTE-C, tax year, and FEIN on remittance for verification purposes.
Include with payment Form BIT-V available at www.revenue.alabama.gov.

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



Required Entity Information For Partnerships and LLCs

1. List general partners.

NAME OF GENERAL PARTNER	SSN / FEIN	ADDRESS	PERCENT OF OWNERSHIP
a. ● Lyndon B. Johnson	516339815	10 Johnson Avenue Anywhere, PA 19561	50.00
b. ● Richard Nixon	516883142	10 Nixon Blvd. Richardville, NY 10005	50.00
c. ●			
d. ●			
e. ●			

2. List other states in which the Partnership/LLC operates, if applicable.

Illinois

Michigan

New York

3. At any time during the tax year, did the Partnership/LLC transact business in a foreign country? Yes No
 If yes, complete the information below:

NAME OF COUNTRY	NATURE OF BUSINESS	TAXABLE INCOME REPORTED TO COUNTRY
a. ●		
b. ●		
c. ●		
d. ●		
e. ●		

4. At any time during the tax year, did the Partnership/LLC invest in another Pass-Through entity? Yes No
 If yes, complete the information below:

NAME OF ENTITY	FEIN	PERCENT OF OWNERSHIP
a. ●		
b. ●		
c. ●		
d. ●		
e. ●		

Do not attach the original Qualified Investment Partnership (QIP) Certification to this return! The certification must be filed with the annual Form 65 return for the QIP.

5. Person to contact for information regarding this return:

Name: Suzy Q

Telephone Number: (334) 222-3333

Email: suzyq@southerntaxservice.com

SCHEDULE
PTE-CK1



ALABAMA DEPARTMENT OF REVENUE

2010

Entity's FEIN

For the year January 1 - December 31, 2010 or other tax year beginning 5/1, 20 ending 12/31, 20

	(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 Percentage of Ownership	(E) Owner's/Shareholder's Share of Nonseparately Stated Income + Portfolio Income	(F) Guaranteed Payments	(G) Total Income (Col. E + F)	(H) Owner's/ Shareholder's Share of Tax Due (Col. G X 5%)
1	Lyndon B. Johnson ● 10 Johnson Ave Anywhere, PA 19561	516339815	I	50.0000	186,276,479		186,276,479	9,313,824
2	Richard Nixon ● 10 Nixon Blvd. Richardville, NY 10005	516883142	T	50.0000	186,276,479		186,276,479	9,313,824
3	●							
4	●							
5	●							
6	●							
7	●							
8	●							
9	●							
10	●							
11	●							
12	Totals page 2 [columns (E) through (H)]				372,552,958		372,552,958	18,627,648
13	Summary totals for additional pages [columns (E) through (H)]				0		0	
14	Totals [columns (E) through (G)] (lines 12 + 13)				372,552,958		372,552,958	
14H	Add lines 12 and 13, column (H) and enter here and on page 1, line 1							186,276,479

IF MORE THAN 11 NON-RESIDENT OWNERS/SHAREHOLDERS, ATTACH ADDITIONAL PAGES AND ENTER SUMMARY TOTALS ON LINE 13 ABOVE.