

Form: 65 & PTEC

Test Number: 65-2 And PTEC-1

Company Name: TV LP

Filing Type: Apportionment, Calendar Year Filer

Items for Testing:

1. Final Return
2. Schedule C
3. Schedule D
4. Schedule A, Line 8 "Other Reconciliation Items", Schedule PAB
5. Composite Payments on Schedule K and allocated to K-1s
6. PTEC – Test 1
7. Tax Exempt K-1
8. Non-Resident K-1

**Revisions:**

11/16/2012 – (1) Schedule C Line 3, amount changed from \$200,000 to \$100,000 (2) Schedule C Line 15a, amount changed from \$400,000 to \$4,000,000. (3) Page 1, line 20, Amount changed from \$2,960,504 to \$2,988,194 (4) Schedule D, Lines 5 and 7, Changed Amount from \$2,960,504 to \$2,988,194

12/10/2012 – (1) Schedule K, Line 1, Amount changed from \$2,960,504 to \$2,988,194 (2) Schedule K, Line 12, Composite Payment Amount changed from \$149,964 to \$145,409 (3) K-1 for 8MM Productions: PartIII, line M – amount changed from \$1,776,302 to \$1,792,916, Line U – Amount Changed from \$44,989 to \$87,245 (4) (3) K-1 for Welcome Back LLC: PartIII, line M – amount changed from \$888,151 to \$896,458, Line U – Amount Changed from \$89,978 to \$43,623 (5) K-1 for Cajun Cooking Network : PartIII, line M – amount changed from \$296,051 to \$298,819, Line U – Amount Changed from \$14,996 to \$14,541 (6) PTEC – Amounts adjusted on the PTECK-1 and page 1 for all changes made to the form 65.

12/13/2012 – The composite payments reported on the Schedule K and K-1s should be the total amount of tax reported on the PTE-CK1. (1) Form 65, schedule K, line 12 changed from \$145,409 to \$151,348. (2) K-1 for 8MM Productions: PartIII, Line U – Amount Changed from \$87,245 to \$90,809 (3) K-1 for Welcome Back LLC: PartIII, Line U – Amount Changed from \$43,623 to \$45,404 (4) K-1 for Cajun Cooking Network : PartIII, Line U – Amount Changed from \$14,541 to \$15,135 (6) PTEC – Amounts adjusted on the PTECK-1 and page 1 for all changes made to the form 65. (7) FEIN on PTEC line 5c updated to 9 digits.

1/5/2013 – Removed composite payment amounts for tax exempt K-1s. Revised PTEC calculations.



Partnership/Limited Liability Company Return of Income

ALSO TO BE FILED BY SYNDICATES, POOLS, JOINT VENTURES, ETC.

**Important!**  
You Must Check Applicable Box:

- Amended Return
- Initial Return
- Final Return
- General Partnership
- Limited Partnership
- LLC/LLP
- Qualified Investment Partnership
- Public Housing Project

For Calendar Year 2012 or Fiscal Year beginning 1/1/2012, 2012, and ending 12/31, 2012

FEDERAL BUSINESS CODE NUMBER ● 51700		FEDERAL EMPLOYER IDENTIFICATION NUMBER ●	
Name of Company ● TV LP			
Number and Street 1 TV Lane			
City or Town TV Land		State TX	9 Digit ZIP Code 77478-0000
Check if the company operates in more than one state <input type="checkbox"/>		If above name or address is different from the one shown on your 2011 return, check here <input type="checkbox"/>	
Check if the company qualifies for the Alabama Enterprise Zone Credit or the Capital Credit <input type="checkbox"/>		Number of Members During The Tax Year <input type="text" value="3"/>	
State in Which Company Was Formed ● TX	Nature of Business ● Telecom	Date Qualified in Alabama ● 01/01/1998	Number of Nonresident Members Included in Composite Filing ... <input type="text" value="3"/>

DEPARTMENT USE ONLY

FN

Total Federal income.  
●

Total Federal deductions.  
●

Total assets as shown on Form 1065.  
●

CN

UNLESS A COPY OF FEDERAL FORM 1065 IS ATTACHED THIS RETURN IS INCOMPLETE

**SCHEDULE A**

**COMPUTATION OF SEPARATELY STATED AND NONSEPARATELY STATED INCOME**

1 Federal Ordinary Income or (Loss) from trade or business activities		1	●	9,500,500
2 Net short-term and long-term capital gains – income or (loss)		2	●	410,100
3 Salaries and wages reduced for federal employment credits		3	●	( )
4 Net income or (loss) from rental real estate activities		4	●	
5 Net income or (loss) from other rental activities		5	●	
6 Net gain or (loss) under I.R.C. §1231 (other than casualty losses)		6	●	880,000
7 Adjustments due to the Federal Economic Stimulus Act of 2008 (attach schedule)		7	●	
8 Other reconciliation items (attach schedule)		8	●	1,000
9 Net reconciling items (add lines 2 through 8)		9	●	1,291,100
10 Net Alabama nonseparately stated income or (loss) (add line 1 and line 9)		10	●	10,791,600
11 Contributions		11	●	( 35,500 )
12 Oil and gas depletion		12	●	( )
13 I.R.C. §179 expense deduction		13	●	( 500,000 )
14 Casualty losses		14	●	( )
15 Portfolio income or (loss) less expenses (complete Schedule K)		15	●	130,000
16 Other separately stated items (attach schedule)		16	●	
17 Net separately stated items (add line 11 through 16)		17	●	(405,500)
18 Total separately stated and nonseparately stated items (add line 10 and line 17)		18	●	10,386,100
19 Alabama apportionment factor from Schedule D, line 4		19	●	27.6900%
20 Nonseparately Stated Income Allocated and Apportioned to Alabama from Schedule D, line 7		20	●	2,988,194

Please Sign Here

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.

Signature of general partner: \_\_\_\_\_ Date: 01/01/13 Daytime Telephone No.: (334) 333-3333 Social Security No.: 111 11 1111

Paid Preparer's Use Only

Preparer's Signature	Date ● 01/01/2013	Check if self-employed <input checked="" type="checkbox"/>	Preparer's PTIN ● P11111187
Firm's name (or yours, if self-employed) and address ● Test Tax Service ● 45 Testing Road Montgomery, TX	Telephone No. (334) 444-4444	E.I. No. 22-222222	ZIP Code 77841
Email Address test@yahoo.com			



**SCHEDULE B**

**ALLOCATION OF NONBUSINESS INCOME, LOSS, AND EXPENSE**

Identify by account name and amount all items of nonbusiness income, loss, and expense removed from apportionable income and those items which are directly allocable to Alabama. Adjustment(s) must also be made for any proration of expenses under Alabama Income Tax Rule 810-27-1-4-.01, which states, "Any allowable

deduction that is applicable to both business and nonbusiness income of the taxpayer shall be prorated to each class of income in determining income subject to tax as provided..." (See instructions).

DIRECTLY ALLOCABLE ITEMS	ALLOCABLE GROSS INCOME / LOSS		RELATED EXPENSE		NET OF RELATED EXPENSE	
	Column A Everywhere	Column B Alabama	Column C Everywhere	Column D Alabama	Column E Everywhere (Col. A less Col. C)	Column F Alabama (Col. B less Col. D)
<b>Nonseparately stated items</b>						
1a	●					
1b	●					
1c	●					
<b>1d Total (add lines 1a, 1b, and 1c)</b>					●	
<b>Separately stated items</b>						
1e	●					
1f	●					
1g	●					
<b>1h Total (add lines 1e, 1f, and 1g)</b>					●	

**SCHEDULE C**

**APPORTIONMENT FACTOR SCHEDULE – Do not complete if the entity operates exclusively in Alabama.**

TANGIBLE PROPERTY AT COST FOR PRODUCTION OF BUSINESS INCOME	ALABAMA		EVERYWHERE	
	BEGINNING OF YEAR	END OF YEAR	BEGINNING OF YEAR	END OF YEAR
1 Inventories	1 ● 140,000		5,000,000	6,500,000
2 Land	2 ●			
3 Furniture and fixtures	3 ● 100,000		4,000,000	7,000,000
4 Machinery and equipment	4 ●			
5 Buildings and leasehold improvements	5 ●			
6 IDB/IRB property (at cost)	6 ●			
7 Government property (at FMV)	7 ●			
8 ●	8			
9 Less Construction in progress (if included)	9 ●			
10 Totals	10 ● 240,000		9,000,000	13,500,000
11 Average owned property (BOY + EOY ÷ 2)	11 ● 120,000		● 11,250,000	
12 Annual rental expense	12 ● 8,000 x 8 = 64,000		18,000 x 8 = 144,000	
13 Total average property (add line 11 and line 12)	13a ● 184,000		13b ● 11,394,000	
14 Alabama property factor — 13a ÷ 13b = line 14			14 ● 1.6100 %	
<b>SALARIES, WAGES, COMMISSIONS AND OTHER COMPENSATION RELATED TO THE PRODUCTION OF BUSINESS INCOME</b>		15a ALABAMA	15b EVERYWHERE	15c
15 Alabama payroll factor — 15a ÷ 15b = 15c		● 4,000,000	30,000,000	13.3333 %
<b>SALES</b>		<b>ALABAMA</b>		<b>EVERYWHERE</b>
16 Destination sales	16 ● 1,800,000			
17 Origin sales	17 ●			
18 Total gross receipts from sales	18 ● 1,800,000		2,000,000	
19 Dividends	19 ●		900,000	
20 Interest	20 ●		45,000	
21 Rents	21 ●			
22 Royalties	22 ●			
23 Gross proceeds from capital and ordinary gains	23 ●		800,000	
24 Other ● test (Federal 1065, line ● 1)	24 ●		12,200	
25 Alabama sales factor — 25a ÷ 25b = line 25c	25a ● 1,800,000	25b 3,757,200	25c 47.9100 %	
26 Enter the amount from line 25c			26 47.9100 %	
27 Sum of lines 14, 15c, 25c, and 26 ÷ 4 = ALABAMA APPORTIONMENT FACTOR (Enter here and on line 4, Schedule D, page 3)			27 ● 27.6900 %	

NOTE: If any factor is not utilized in the production of business income, it shall be eliminated and the denominator reduced accordingly (Administrative Rule 810-27-1-4-.09).



<b>SCHEDULE D</b>		<b>APPORTIONMENT AND ALLOCATION OF INCOME TO ALABAMA</b>	
1	Net Alabama nonseparately stated income or (loss) from line 10, Schedule A	1	● 10,791,600
2	Nonseparately stated (income) or loss treated as nonbusiness income (line 1d, Column E, Schedule B) – please enter income as a negative amount and losses as a positive amount	2	●
3	Apportionable income or (loss) – add line 1 and line 2	3	● 10,791,600
4	Apportionment factor from line 27, Schedule C	4	● 27.6900 %
5	Income or (loss) apportioned to Alabama (multiply amount on line 3 by the percentage on line 4)	5	● 2,988,194
6	Nonseparately stated income or (loss) allocated to Alabama as nonbusiness income (Column F, line 1d, Schedule B)	6	●
7	Nonseparately Stated Income Allocated and Apportioned to Alabama (add lines 5 and 6). Enter this amount on line 20, Schedule A and line 1, Schedule K – Alabama Amount	7	● 2,988,194

<b>SCHEDULE E</b>		<b>OTHER INFORMATION</b>	
1	Indicate method of accounting	(a) ● <input type="checkbox"/> cash	(b) ● <input checked="" type="checkbox"/> accrual
		(c) ● <input type="checkbox"/> other	
2	Check if the company is currently being audited by the IRS	● <input type="checkbox"/> What years are involved? _____	
3	Check if the IRS has completed any audits	● <input type="checkbox"/>	
4	Enter this company's Alabama Withholding Tax Account Number	● 0000443311	
5	Briefly describe your operations	● TV Telecommunications Company	
6	Indicate if company has been	(a) ● <input type="checkbox"/> dissolved	(b) ● <input type="checkbox"/> sold
		(c) ● <input type="checkbox"/> incorporated	
	If company has been dissolved, sold, or incorporated, complete the following:		
	Nature of change	●	
	Name and address of new company, corporation, or owner(s)	●	
7	Location of the partnership records	● 15 TV Land Street TV World, TX 87481	
8	Check if an Alabama business privilege tax return was filed for this entity	● <input checked="" type="checkbox"/>	
	If the privilege tax return was filed using a different FEIN, please provide the name and FEIN used to file the return.		
	FEIN:	● 11-0000001	
	NAME:	● ABC TV	
9	Taxpayer's email address:	test@yahoo.com	

<b>SCHEDULE K</b>		<b>DISTRIBUTIVE SHARE ITEMS</b>			
		Federal Amount	Apportionment Factor	Apportioned Amount	Enter on Alabama Schedule K-1
1	Alabama Nonseparately Stated Income (Schedule D, line 7)			● 2,988,194	Part III, Line M
<b>Separately Stated Items:</b>					
2	Contributions	● 35,500	27.6900	9,830	Part III, Line S
3	Oil and gas depletion	●	27.6900		Part III, Line Z
4	I.R.C. §179 expense deduction	● 500,000	27.6900	138,450.0000	Part III, Line O
5	Casualty losses	●	27.6900		Part III, Line W
6	Portfolio income	● 140,000	27.6900	38,766	Part III, Line Q
7	Interest expense related to portfolio income	● 5,000	27.6900	1,385	Part III, Line P
8	Other expenses related to portfolio income (attach schedule)	● 5,000	27.6900	1,385	Part III, Line R
9	Other separately stated business items (attach explanation)	●	27.6900		Part III, Line T
10	Small business health insurance premiums (attach explanation)	●			Part III, Line Y
11	Separately stated nonbusiness items (attach schedule)	●			Part III, Line AA
12	Composite payment made on behalf of owner/shareholder	●		90,809	Part III, Line U
13	U.S. taxes paid (attach explanation)	●	27.6900		Part III, Line V
14	Alabama exempt income (attach explanation)	●	27.6900		Part III, Line AB
15	Reemployment Act of 2010 deduction (attach explanation)	●		5,000	Part III, Line AC
<b>Transactions with Owners:</b>					
16	Property distributions to owners	● 5,000,000	100%	5,000,000	Part III, Line X
17	Guaranteed payments to partners	●	27.6900		Part III, Line N

### CHECK LIST

HAVE THE FOLLOWING FORMS BEEN ATTACHED TO THE FORM 65?

ALABAMA SCHEDULE K-1 (one for each owner)

FEDERAL FORM 1065 (entire form as filed with the IRS)



**SCHEDULE CR**

*(Credits will not be allowed without required documentation)*

a. Credit for taxes paid to foreign country . . . . .	a	●	
b. Heroes for Hire Credit . . . . .	b	●	
c. Full Employment Act of 2011 . . . . .	c	●	
d. Capital Credit . . . . .	d	●	
e. AL New Markets Development Credit . . . . .	e	●	
f. Enterprise Zone Credit . . . . .	f	●	
g. Irrigation Credit . . . . .	g	●	

**Required Entity Information For Partnerships and LLCs**

1. List general partners.

NAME OF GENERAL PARTNER	SSN / FEIN	ADDRESS	PERCENT OF OWNERSHIP
a. ● 8MM Productions	8888888888	88 Production Place Atlanta, GA 32415	60.00
b. ●			
c. ●			
d. ●			
e. ●			

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

LA, GA, NC, SC

3. Person to contact for information regarding this return:

Name: Mr. TV

Telephone Number: ( 334 ) 878-4112

Email: MRTV@yahoo.com

**This schedule does not eliminate the Schedule K-1 filing requirement.**



TAXPAYER NAME: TV LP

TAXPAYER FEIN: \_\_\_\_\_

FOR THE TAX PERIOD 01-01, 20 12 through 12-31, 20 12

**Related member is defined to include a corporation, association, disregarded entity, or subchapter K entity (Alabama Code section 40-18-1(13) and (15)). Disregarded entities and subchapter K entities are related members separate and apart from their owner. A column must be completed for each recipient related member.**

Recipient related member who received interest/intangible income from the taxpayer:	Related Member 1	Related Member 2	Related Member 3	Related Member 4
1 a. Recipient related member FEIN.....	1a ● 11-1111111	22-2222222	33-3333333	
b. Recipient related member name.....	1b ● Channel A TV	Channel B TV	Channel C TV	
2 List the intangible expense amounts paid to the recipient related member.....	2 ● 5,000		10,000	
3 List the interest expense amounts paid to the recipient related member.....	3 ●	2,000	50,000	
4 Total intangible/interest expenses paid (total lines 2 and 3).....	4 ● 5,000	2,000	60,000	

To determine the exempt amount of intangible/interest expense, complete the applicable section(s) below.

5 Exemption related to §40-18-35(b)(1) and §40-18-24(b):				
a. Jurisdiction(s) where recipient related member income is "subject to tax":.....	5a ●	GA, NC, LA, SC		
b. Amount of Line 4 expense not added back.....	5b ●	2,000		
c. Recipient related member's corresponding intangible/interest income allocated to jurisdiction.....	5c ●			
d. Adjusted intangible/interest amount (Line 5b minus Line 5c).....	5d ●	2,000		
e. Recipient related member's total apportionment percentage in the above jurisdiction(s).....	5e ●	%	50.0000%	%
f. Adjusted interest/intangible amount (multiply Line 5d by Line 5e).....	5f ●		1,000	
g. Add Line 5c and Line 5f.....	5g ●		1,000	
6 Exemption related to §40-18-35(b)(2), §40-18-35(b)(4), §40-18-24(d) and §40-18-24(f) - Amount of Line 4 expense not added back.....	6 ●			

**NOTE:** For Section 7, 8, 9, and 10 the receipts of a disregarded entity/subchapter K entity, which may be a related entity in and unto itself, may not be combined with receipts of its owner for purposes of this schedule.

7 Exemption related to §40-18-35(b)(3) and §40-18-24(e) - Amount of Line 4 expense not added back.....	7 ●	5,000		60,000
8 Recipient related member receipts by category:				
a. Intangible receipts.....	8a ●	5,000		
b. Interest receipts.....	8b ●			60,000
9 a. <u>sales</u>	9a ●	100,000		
b. <u>net gain income</u>	9b ●			1,000
c. <u>income</u>	9c ●			100,000
d. <u>Other</u>	9d ●			1,000
e. _____	9e ●			
10 a. If either Lines 8a or 8b are greater than Lines 9a, 9b, 9c, 9d or 9e, enter zero.....	10a ●			
b. If Lines 9a, 9b, 9c, 9d or 9e are greater than Lines 8a or 8b, enter amount from Line 7.....	10b ●	5,000		60,000
11 Exempt Amount. Enter the greater of Lines 5g, 6, 10a or 10b.....	11 ●	5,000	1,000	60,000
12 Total Intangible/Interest expenses paid to all related members. (Sum all Line 4 for all related members from all pages).....	12	67,000		
13 Total Exempt Amount. (Sum Line 11 for all related members from all pages. The net amount from Lines 12 and 13 should be entered on Form 65, Schedule A, Line 8 or Form 20S, Schedule A, Line 9).....	13	66,000		

**Attach additional pages as needed and enter the totals of Lines 4 and Lines 11 for all related members from all pages on Page 1, Line 12 and 13.**

In order to qualify for the exemption presented in §40-18-35(b)(3) and §40-18-24(e), Line 10b must be greater than zero and an informed corporate officer must sign the statement below, executed under penalty of perjury. With respect to the transaction(s) giving rise to the related member's interest/intangible expenses and costs, including both the direct interest/intangible expense transaction(s) between the taxpayer and the related member and any prior organizational restructuring transaction(s) that facilitated such direct interest/intangible expense transactions, tax avoidance (which included the avoidance of a meaningful amount of Alabama tax) was not a principal motivating factor.

Signature \_\_\_\_\_

Title CFO Date 12/31/2012



Owner's/Shareholder's Share of  
Income, Deductions, Credits, etc.

**2012**

- Subchapter K entity
- S corporation
- QIP Indicator

SEE INSTRUCTIONS

- Final K-1
- Amended K-1

Tax year beginning 1/1/2012, 2012 and ending 12/31, 2012

PART I Information About the Pass Through Entity	PART III Owner's/Shareholder's Share of Current Year Alabama Income, Deductions, Credit, and Other Items
<b>A</b> Entity's Federal Employer Identification Number	<b>M</b> Income allocated and apportioned to Alabama <b>100% Alabama – to be reported by Alabama residents</b>
<b>B</b> Entity's name, address, city, state, and ZIP code TV LP 1 TV Lane TV Land, TX 77478-0000	<b>M</b> Nonseparately stated income ● 1,792,916   <b>M2</b> ●
<b>PART II Information About the Owner/Shareholder</b>	<b>N</b> Amount of guaranteed payments to partner to be reported by the partner as Alabama source income (see instructions) ●   <b>N2</b> ●
<b>C</b> Owner's/Shareholder's identifying number ● 888888888	<b>O</b> Section 179 expense ● 83,070   <b>O2</b> ●
<b>D</b> Owner's/Shareholder's name ● 8MM Productions	<b>P</b> Investment interest expense related to portfolio income ● 831   <b>P2</b> ●
<b>E</b> Owner's/Shareholder's street address ● 88 Production Place	<b>Q</b> Portfolio income ● 23,259   <b>Q2</b> ●
<b>F</b> Owner's/Shareholder's city, state, ZIP code ● Atlanta, GA 32415	<b>R</b> Other expenses related to portfolio income – do not include interest expense ● 831   <b>R2</b> ●
<b>G</b> ● <input checked="" type="checkbox"/> General partner or LLC member manager ● <input type="checkbox"/> Limited partner or other LLC member	<b>S</b> Charitable contributions ● 5,898   <b>S2</b> ●
<b>H</b> What type of entity is this owner/shareholder? ● S-Corp <input type="checkbox"/> Tax exempt entity	<b>T</b> Other separately stated business items (attach schedule) ●   <b>T2</b> ●
<b>I</b> Owner's/Shareholder's percentage of profit and (loss) sharing ● 60.00%	<b>U</b> Composite payment made on behalf of owner/shareholder (see instructions) ● 90,809
<b>J</b> Check if owner/shareholder is a nonresident ● <input checked="" type="checkbox"/> Nonresident If a nonresident, provide state of legal residence: <u>Georgia</u> Check if the owner is a single member LLC. ● <input type="checkbox"/> Owner _____	<b>V</b> U.S. income taxes paid (see instructions) ●   <b>V2</b> ●
<b>K</b> Owner's basis at end of tax year ● 5,000,000	<b>W</b> Casualty losses (see instructions) ●   <b>W2</b> ●
<b>L</b> 1. Credit for taxes paid to foreign country ●	<b>X</b> Withdrawals and distributions ● 5,000,000
2. Heroes for Hire Credit ●	<b>Y</b> Small business health insurance premiums (attach explanation) ●
3. Full Employment Act of 2011 ●	<b>Z</b> Oil and gas depletion ●   <b>Z2</b> ●
4. Capital Credit ●	<b>AA</b> Separately stated nonbusiness items (attach schedule) ●
5. AL New Markets Development Credit ●	<b>AB</b> Alabama exempt income (attach explanation) ●   <b>AB2</b> ●
6. Enterprise Zone Credit ●	<b>AC</b> Reemployment Act of 2010 Deduction (attach explanation) ● 5,000
7. Irrigation Credit ●	

A completed Alabama Schedule K-1 for each member in the Subchapter K entity/S corporation must be attached to Form 65/Form 20S.



Owner's/Shareholder's Share of  
Income, Deductions, Credits, etc.

**2012**

Subchapter K entity

S corporation

QIP Indicator

Tax year beginning 1/1/2012, 2012 and ending 12/31, 2012

SEE INSTRUCTIONS

Final K-1

Amended K-1

PART I Information About the Pass Through Entity		PART III Owner's/Shareholder's Share of Current Year Alabama Income, Deductions, Credit, and Other Items	
A	Entity's Federal Employer Identification Number		Income allocated and apportioned to Alabama
B	Entity's name, address, city, state, and ZIP code TV LP 1 TV Lane TV Land, TX 77478-0000		100% Alabama – to be reported by Alabama residents
PART II Information About the Owner/Shareholder		M	Nonseparately stated income 896,458 M2
C	Owner's/Shareholder's identifying number 999999999	N	Amount of guaranteed payments to partner to be reported by the partner as Alabama source income (see instructions) N2
D	Owner's/Shareholder's name Welcome Back LLC	O	Section 179 expense 41,535 O2
E	Owner's/Shareholder's street address Welcome Street	P	Investment interest expense related to portfolio income 416 P2
F	Owner's/Shareholder's city, state, ZIP code Charleston, NC 87418	Q	Portfolio income 11,630 Q2
G	<input type="checkbox"/> General partner or LLC member manager <input checked="" type="checkbox"/> Limited partner or other LLC member	R	Other expenses related to portfolio income – do not include interest expense 416 R2
H	What type of entity is this owner/shareholder? <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Tax exempt entity	S	Charitable contributions 2,949 S2
I	Owner's/Shareholder's percentage of profit and (loss) sharing 30.00%	T	Other separately stated business items (attach schedule) T2
J	Check if owner/shareholder is a nonresident <input checked="" type="checkbox"/> Nonresident If a nonresident, provide state of legal residence: North Carolina Check if the owner is a single member LLC. <input checked="" type="checkbox"/> Owner Mr. Kotter LLC	U	Composite payment made on behalf of owner/shareholder (see instructions)
K	Owner's basis at end of tax year 100,000	V	U.S. income taxes paid (see instructions) V2
L	1. Credit for taxes paid to foreign country	W	Casualty losses (see instructions) W2
	2. Heroes for Hire Credit	X	Withdrawals and distributions
	3. Full Employment Act of 2011	Y	Small business health insurance premiums (attach explanation)
	4. Capital Credit	Z	Oil and gas depletion Z2
	5. AL New Markets Development Credit	AA	Separately stated nonbusiness items (attach schedule)
	6. Enterprise Zone Credit	AB	Alabama exempt income (attach explanation) AB2
	7. Irrigation Credit	AC	Reemployment Act of 2010 Deduction (attach explanation)

A completed Alabama Schedule K-1 for each member in the Subchapter K entity/S corporation must be attached to Form 65/Form 20S.



Owner's/Shareholder's Share of  
Income, Deductions, Credits, etc.

**2012**

- Subchapter K entity
- S corporation
- QIP Indicator

SEE INSTRUCTIONS

- Final K-1
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Tax year beginning 1/1/2012, 2012 and ending 12/31, 2012

PART I Information About the Pass Through Entity	PART III Owner's/Shareholder's Share of Current Year Alabama Income, Deductions, Credit, and Other Items								
<b>A</b> Entity's Federal Employer Identification Number	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Income allocated and apportioned to Alabama</th> <th style="width: 50%;">100% Alabama – to be reported by Alabama residents</th> </tr> </table>	Income allocated and apportioned to Alabama	100% Alabama – to be reported by Alabama residents						
Income allocated and apportioned to Alabama	100% Alabama – to be reported by Alabama residents								
<b>B</b> Entity's name, address, city, state, and ZIP code  TV LP 1 TV Lane TV Land, TX 77478-0000	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>M</b> Nonseparately stated income</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: right;">298,819</td> <td style="text-align: center;"><b>M2</b> ●</td> </tr> <tr> <td colspan="2">Amount of guaranteed payments to partner to be reported by the partner as Alabama source income (see instructions)</td> </tr> <tr> <td style="text-align: center;"><b>N</b> ●</td> <td style="text-align: center;"><b>N2</b> ●</td> </tr> </table>	<b>M</b> Nonseparately stated income		298,819	<b>M2</b> ●	Amount of guaranteed payments to partner to be reported by the partner as Alabama source income (see instructions)		<b>N</b> ●	<b>N2</b> ●
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<b>N</b> ●	<b>N2</b> ●								
PART II Information About the Owner/Shareholder									
<b>C</b> Owner's/Shareholder's identifying number ● 222222222	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>O</b> Section 179 expense</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: right;">13,845</td> <td style="text-align: center;"><b>O2</b> ●</td> </tr> </table>	<b>O</b> Section 179 expense		13,845	<b>O2</b> ●				
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<b>E</b> Owner's/Shareholder's street address ● Cajun Lane	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>Q</b> Portfolio income</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: right;">3,877</td> <td style="text-align: center;"><b>Q2</b> ●</td> </tr> </table>	<b>Q</b> Portfolio income		3,877	<b>Q2</b> ●				
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<b>F</b> Owner's/Shareholder's city, state, ZIP code ● New Orleans, LA 15487	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>R</b> Other expenses related to portfolio income – do not include interest expense</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: right;">139</td> <td style="text-align: center;"><b>R2</b> ●</td> </tr> </table>	<b>R</b> Other expenses related to portfolio income – do not include interest expense		139	<b>R2</b> ●				
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<b>G</b> ● <input type="checkbox"/> General partner or LLC member manager ● <input checked="" type="checkbox"/> Limited partner or other LLC member	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>S</b> Charitable contributions</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: right;">983</td> <td style="text-align: center;"><b>S2</b> ●</td> </tr> </table>	<b>S</b> Charitable contributions		983	<b>S2</b> ●				
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983	<b>S2</b> ●								
<b>H</b> What type of entity is this owner/shareholder? ● Corporation <input checked="" type="checkbox"/> Tax exempt entity	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>T</b> Other separately stated business items (attach schedule)</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;"><b>T</b> ●</td> <td style="text-align: center;"><b>T2</b> ●</td> </tr> </table>	<b>T</b> Other separately stated business items (attach schedule)		<b>T</b> ●	<b>T2</b> ●				
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<b>I</b> Owner's/Shareholder's percentage of profit and (loss) sharing ● 10.00%	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>U</b> Composite payment made on behalf of owner/shareholder (see instructions)</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;"><b>U</b> ●</td> <td style="text-align: center;"><b>U</b> ●</td> </tr> </table>	<b>U</b> Composite payment made on behalf of owner/shareholder (see instructions)		<b>U</b> ●	<b>U</b> ●				
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<b>U</b> ●	<b>U</b> ●								
<b>J</b> Check if owner/shareholder is a nonresident ● <input checked="" type="checkbox"/> Nonresident If a nonresident, provide state of legal residence: <u>Louisiana</u> Check if the owner is a single member LLC. ● <input type="checkbox"/> Owner _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>V</b> U.S. income taxes paid (see instructions)</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;"><b>V</b> ●</td> <td style="text-align: center;"><b>V2</b> ●</td> </tr> </table>	<b>V</b> U.S. income taxes paid (see instructions)		<b>V</b> ●	<b>V2</b> ●				
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<b>K</b> Owner's basis at end of tax year ●	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>W</b> Casualty losses (see instructions)</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;"><b>W</b> ●</td> <td style="text-align: center;"><b>W2</b> ●</td> </tr> </table>	<b>W</b> Casualty losses (see instructions)		<b>W</b> ●	<b>W2</b> ●				
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<b>W</b> ●	<b>W2</b> ●								
<b>L</b> 1. Credit for taxes paid to foreign country ● 2. Heroes for Hire Credit ● 3. Full Employment Act of 2011 ● 4. Capital Credit ● 5. AL New Markets Development Credit ● 6. Enterprise Zone Credit ● 7. Irrigation Credit ●	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>X</b> Withdrawals and distributions</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;"><b>X</b> ●</td> <td style="text-align: center;"><b>X</b> ●</td> </tr> </table>	<b>X</b> Withdrawals and distributions		<b>X</b> ●	<b>X</b> ●				
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<b>AC</b> ●	<b>AC</b> ●								

A completed Alabama Schedule K-1 for each member in the Subchapter K entity/S corporation must be attached to Form 65/Form 20S.

**FORM PTE-C**



Alabama Department of Revenue CY   
 Individual & Corporate Tax FY   
 SY  **2012**

**Nonresident Composite Payment Return**

For the year January 1-December 31, 2012 or other tax year beginning \_\_\_\_\_, 2012, 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.)

<b>Check applicable box:</b> <input checked="" type="checkbox"/> Subchapter K entity <input type="checkbox"/> S corporation <input type="checkbox"/> Qualified Investment Partnership	FEDERAL EMPLOYER IDENTIFICATION NUMBER ●		FEDERAL BUSINESS CODE ● 51700		DEPARTMENT USE ONLY
	NAME ● TV LP				
	ADDRESS 1 TV Lane				
<b>Check if amended:</b> <input type="checkbox"/> Amended return	CITY TV Land		STATE TX	ZIP CODE ● 77478	IF YOU FILED A 2011 RETURN WITH A DIFFERENT ADDRESS, CHECK HERE. <input type="checkbox"/>
	TOTAL NUMBER OF OWNERS/SHAREHOLDERS IN ENTITY: ● 3		NUMBER OF NONRESIDENT OWNERS/SHAREHOLDERS INCLUDED IN COMPOSITE FILING: ● 3		

**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 ●	90,809
2. Interest Due .....	2 ●	
3. Penalty Due .....	3 ●	
4. Total tax, interest, and penalty due .....	4 ●	90,809
5a. Overpayment from 2011 .....	5a ●	3,000
b. Estimated and automatic extension tax payments .....	5b ●	
c. Composite payment made on behalf of this entity. Paid by ● Vintage TV Company FEIN ● 12-3456781 .....	5c ●	1,000
d. Total of all payments/credits (add lines 5a through 5c) .....	5d ●	4,000
6. Amount to be remitted or (overpayment) (subtract line 5d from line 4) .....	6 ●	86,809
If paid by check or money order, <b>FORM BIT-V MUST ACCOMPANY PAYMENT.</b> If paid electronically check here <input checked="" type="checkbox"/>		
7a. Overpayment to be credited to 2013 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: CFO Daytime Telephone No.: (334) 333-3333 Date: 01/01/2013

Preparer's Signature: \_\_\_\_\_ Date: 01/01/2013 Preparer's PTIN: P11 11 1187

Preparer's Printed Name ● Ms. Preparer

**Paid Preparer's Use Only**

Firm's Name (or yours, if self-employed) and Address: ● Test Tax Service  
 ● 45 Testing Road Montgomery, TX 77841  
 E.I. Number: ● 22-222222  
 Telephone Number: ● (334) 444-4444

Email Address: test@yahoo.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](http://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. ● 8MM Production	8888888888	88 Production Place Atlanta, GA 32415	60.00
b. ●			
c. ●			
d. ●			
e. ●			

\*Additional information is not a substitute for Schedule K-1.

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

LA< GA, NC, SC

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: Mr. TV

Telephone Number: ( 334 ) 878-4112

Email: MRTV@yahoo.com

**SCHEDULE**  
**PTE-CK1**



ALABAMA DEPARTMENT OF REVENUE

**2012**

Entity's FEIN

For the year January 1 - December 31, 2012 or other tax year beginning \_\_\_\_\_, 20\_\_\_\_ ending \_\_\_\_\_, 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	8MM Productions ● 88 Production Place Atlanta, GA 32415	88-8888888	S	60.0000	1,816,175		1,816,175	90,809
2	●							
3	●							
4	●							
5	●							
6	●							
7	●							
8	●							
9	●							
10	●							
11	●							
12	Totals page 2 [columns (E) through (H)] .....							
13	Summary totals for additional pages [columns (E) through (H)] .....							
14	Totals [columns (E) through (G)] (lines 12 + 13) .....							
14H	Add lines 12 and 13, column (H) and enter here and on page 1, line 1 .....							90,809

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

Form PTE-C, Page 3