

Type of business entity (*must check one*):

C Corporation

- Regular C Corporation
- Insurance Company (*See definitions*)
- Financial Institution Group Member
- LLE Taxed as Corporation

S Corporation

- Regular S Corporation
- Insurance Company (*See definitions*)
- Financial Institution Group Member
- LLE Taxed as Corporation

Other

- Real Estate Investment Trust
- Limited Liability Entity
- Business Trust
- Disregarded Entity

For Balance Sheet Year:
Beginning

____/____/____
(mm/dd/yyyy)

Ending

____/____/____
(mm/dd/yyyy)

- CY (Calendar Year)
- FY (Fiscal Year)
- SY (Short Year)

LEGAL ENTITY NAME (PLEASE TYPE OR PRINT)

MAILING ADDRESS

FEIN

CITY, STATE, AND ZIP CODE

(This Space For Use By Alabama Department of Revenue)

FEDERAL BUSINESS CODE NUMBER (NAICS)

DOES THIS REPRESENT A CHANGE
OF ADDRESS? Yes

CHECK BOX IF APPLICABLE

- Initial Return
- Amended Return (see instructions, part IX)

RECEIVING STAMP

ATTACH CHECK HERE

1a County of incorporation or organization for all Alabama entities.	1a		
1b State or country of incorporation or organization for all foreign entities	1b		
2a Date of qualification or registration in Alabama for foreign entities.	2a		
2b Date of incorporation or organization for all entities	2b		
2c Telephone number of the taxpayer	2c	()	
3 Name of registered agent in Alabama.	3		
FEIN or social security number			
Street address			
City, state and zip code			
4 Name of president or primary member/partner (update <input type="checkbox"/>)	4		
Social security number			
Street address			
City, state and zip code			
5 Name of secretary or secondary member/partner (update <input type="checkbox"/>)	5		
Social security number			
Street address			
City, state and zip code			
6 Kind of business done in Alabama	6		
7 Principal place of business in Alabama.	7		
City, state and zip code			
8 Kind of business done generally	8		
9 Principal office and place of business if outside State of Alabama.	9		
City, state and zip code			
10 Secretary of State annual report fee \$10 (<i>corporations only</i>).	10		FOR DEPARTMENT USE ONLY
11 Less: Annual report fee previously paid for this period.	11		
12 Net annual report fee due (<i>line 10 less line 11</i>)	12		
13 Privilege tax due (<i>Schedule B, line 26</i>).	13		
14 Less: Privilege tax previously paid for this period.	14		
15 Net privilege tax due (<i>line 13 less line 14</i>)	15		
16 Privilege tax penalty due (<i>see instructions</i>).	16		
17 Privilege tax interest due (<i>see instructions</i>)	17		
18 Total privilege tax due (<i>add lines 15, 16 and 17</i>)	18		
19 Net tax due (<i>add lines 12 and 18</i>)	19		
20 Payment due with return if line 19 is positive.	20		
21 Amount to be refunded if line 19 is negative	21		
22 If payment made through Electronic Funds Transfer (EFT) check this box and see instructions – Part X. <input type="checkbox"/>			

Make check payable to: **Alabama Department of Revenue**

Telephone number: (334) 353-7923

Web Site: www.ador.state.al.us

Mail to: Alabama Department of Revenue, Business Privilege Tax Section, P.O. Box 327431, Montgomery, AL 36132-7431

Schedule A – Net Worth Computation. Complete I, II or III only.

I. Corporations & Entities Taxed as Corporations

1 Issued capital stock and any additional paid in capital, but without reduction for treasury stock.	1		
2 Retained earnings, but not less than zero, including dividends payable. For LLC's taxed as corporations and non-stock issuing entities, enter assets minus liabilities	2		
3 Amount of related party debt exceeding the sums of line 1 and 2.	3		
4 For C corporations all payments for compensation or similar amounts in excess of \$500,000.	4		
5 For S corporations all payments for compensation, distributions, or similar amounts in excess of \$500,000.	5		
6 Total net worth (add lines 1-5). (If this line is less than \$57,000, go to Schedule B, line 26 and pay minimum tax.)			6

II. Limited Liability Entities (LLE's)

7 Sum of the partners'/members' capital accounts, but not less than zero	7		
8 All compensation, distributions, or similar amounts paid to a partner/member in excess of \$500,000.	8		
9 Amount of related party debt exceeding the amount on line 7.	9		
10 Total net worth (add lines 7, 8 and 9). (If this line is less than \$57,000, go to Schedule B, line 26 and pay minimum tax.)			10

III. Disregarded Entities & Business Trusts

11 Assets minus liabilities for all business trusts. (Go to Schedule B, line 1.)			11
12 If a disregarded entity has as its single member a taxpayer that is subject to the privilege tax, then the disregarded entity pays the minimum tax. (Go to Schedule B, line 26.) (Attach name and FEIN of single member.)			12
13 Assets minus liabilities for all disregarded entities that have as a single member an entity that is not subject to the privilege tax.	13		
14 Amount of related party debt exceeding the amount on line 13.	14		
15 For disregarded entities, all compensation, distributions, or similar amounts paid to a member in excess of \$500,000.	15		
16 Total net worth (sum of lines 13, 14 and 15 and go to Schedule B, line 1.)			16

Schedule B – Privilege Tax Exclusions and Deductions

Exclusions (Attach supporting documentation)

1 Net worth from above.			1
2 Book value of the investments by the taxpayer in the equity of other taxpayers doing business in Alabama.	2		
3 In the case of financial institutions, book value of the investments in other corporations or LLE's that are not doing business in Alabama if the taxpayer owns more than 50 percent of the corporation or LLE's.	3		
4 Unamortized portion of goodwill and core deposit intangibles resulting from a direct purchase.	4		
5 Unamortized balance properly elected pursuant to FASB 106 (post-retirement benefits).	5		
6 In the case of financial institutions, the amount of net worth as adjusted that exceeds six percent of assets.	6		
7 Total exclusions (sum of lines 2-6)			7
8 Net worth subject to apportionment (line 1 less line 7)			8
9 Apportionment factor (see instructions)	9	_____ %	
10 Total Alabama net worth (multiply line 8 by line 9)			10

Deductions (Attach supporting documentation)

11 Net investment in bonds and securities issued by the State of Alabama or political subdivision thereof, when issued prior to January 1, 2000.	11		
12 Net investment in all air, ground, or water pollution control devices in Alabama.	12		
13 Net investment in all airline hub equipment in Alabama.	13		
14 Book value of amount invested under Section 40-14A-24(b)(4) (minimum \$100 million investment)	14		
15 Book value of amount invested under Section 40-14A-24(b)(5) (aluminum manufacturing facility)	15		
16 Reserves for reclamation, storage, disposal, decontamination, or retirement associated with a plant, facility, mine or site in Alabama	16		
17 Book value of amount invested under Section 40-14A-24(b)(7) (low income housing projects)	17		
18 For S corporations and LLE's, 30 percent of Alabama taxable income	18		
19 Total deductions (add lines 11-18)			19
20 Taxable net worth (line 10 less line 19)			20
21 Tax rate (from Tax Rate Schedule, Chart 1, page 3)	21	_____ %	
22 Gross privilege tax calculated (multiply line 20 by line 21)			22
23 Proration percentage (see instructions)	23	_____ %	
24 Net privilege tax (multiply line 22 by line 23)			24
25 Alabama enterprise zone credit	25		
26 Privilege tax due (line 24 less line 25) (minimum \$100, maximum see Tax Rate Schedule, Chart 2, page 3)			26

Tax Rate Schedule

Chart 1 Privilege Tax Rate Schedule

Federal Taxable Income, before net operating loss deduction and special deductions, apportioned and allocated to Alabama: \$ _____

If Taxable Income of The Taxpayer Is:

At Least	But Less Than	The Tax Rate Shall Be
\$ 1	\$ 200,000	.00025 (\$0.25 per \$1,000)
\$ 200,000	\$ 500,000	.00100 (\$1.00 per \$1,000)
\$ 500,000	\$2,500,000	.00125 (\$1.25 per \$1,000)
\$2,500,000		.00150 (\$1.50 per \$1,000)
		.00175 (\$1.75 per \$1,000)

If this entity filed an Alabama Income Tax Return or an Alabama Financial Institution Excise Tax Return using a different FEIN than the one listed on this Form PSA, please enter that number here:

Chart 2 Maximum Privilege Tax Amounts

- \$3,000,000 financial institutions groups, insurance companies subject to Alabama Insurance Premium Tax.
- \$ 15,000 regular C corporations, S corporations, regulated utilities, real estate investment trusts, limited liability entities, business trusts, disregarded entities, and insurance companies not subject to Alabama Insurance Premium Tax.
- \$ 500 electing family limited liability entity.
- \$ 100 certain corporations not engaged in any business other than holding title to property and paying expenses thereof.

Schedule E – Initial Privilege Tax Calculation

THIS SECTION IS TO BE COMPLETED ONLY BY ENTITIES WHO INCORPORATED, ORGANIZED, QUALIFIED, REGISTERED OR STARTED DOING BUSINESS IN ALABAMA DURING THE TAX YEAR. Enter the date the entity incorporated, organized, qualified, registered, or started doing business in Alabama, **whichever occurred first**: mm/dd/yy ____/____/____. Complete Schedule A as of this date.

1 Total Net Worth from Schedule A, line 6, 10, or 16 (see instructions, part IV)	1		
2 Total exclusions from Schedule B, line 7 (see instructions, part IV)	2		
3 Net worth subject to apportionment (line 1 minus line 2)			3
4 Alabama property factor as of the initial day (see instructions, part IV)	4	_____ %	
5 Taxable net worth (line 3 multiplied by line 4)			5
6 Total deductions from Schedule B, line 19 (see instructions, part IV)	6		
7 Taxable Alabama net worth (line 5 minus line 6)			7
8 Tax rate			8 .00025
9 Gross tax due (multiply line 7 by line 8)			9
10 Ratio of the days remaining in the calendar year divided by 365 (see instructions, part IV)	10	_____ %	
11 Tax due (multiply line 9 by line 10) (\$100 minimum)			11

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

<p>Paid Preparer's Use Only</p>	<p>Your Signature**</p>	Title	Date	Phone number	Preparer's social security no.
	<p>Preparer's signature</p>	Date	Phone number	E.I. No.	ZIP Code
<p>Firm's name (or yours, if self-employed) and address</p>					<p>E.I. No.</p> <p>ZIP Code</p>

**Paid preparers may sign in lieu of an officer IF a power of attorney is on file with the Department of Revenue or attached to this return.

CHECK LIST

Have The Following Forms Been Attached To Form PSA?

- Pages 1 through 4 of the unconsolidated federal return.
- For insurance companies, pages 1 through 8 of the federal return and the balance sheet.
- Copy of Alabama income tax apportionment schedule (for multi-state taxpayers).
- Documentation to validate all exclusions and deductions.
- Enclose payment of amount due on line 20 (minimum \$100.00).