



# ALABAMA DEPARTMENT OF REVENUE Rail Credit Certification of Qualified Rehabilitation Expenditure Under Chapter 11C, Title 37, Code of Alabama 1975

Following the completion of the application year, the eligible rail carrier shall notify the Department of Revenue that the rehabilitation has been completed and shall certify the qualified railroad expenditures incurred with respect to the rehabilitation plan. This form should be submitted with the "Rail Credit" claim through My Alabama Taxes (MAT) by clicking on "Submit a credit claim" link under "Tax incentives".

APPLICATION PERIOD: Beginning Date: January 1, 20\_\_\_\_ Ending Date: December 31, 20\_\_\_\_

### SECTION 1. ELIGIBLE RAIL CARRIER INFORMATION

NAME OF ELIGIBLE RAIL CARRIER	DBA: (IF APPLICABLE)		
FEIN	NUMBER OF RAILROAD TRACK MILES OWNED OR LEASED WITHIN ALABAMA AS OF DECEMBER 31ST OF THE APPLICATION YEAR _____		
NAME OF PARENT/REGARDED ENTITY: (IF ELIGIBLE CARRIER IS A DISREGARDED ENTITY)	FEIN OF PARENT/REGARDED ENTITY: (IF APPLICABLE)		
PHYSICAL ADDRESS OF RAIL CARRIER:	CITY:	STATE:	ZIP CODE:

### SECTION 2. PROJECT INFORMATION

PROJECT COMPLETION DATE:	PROJECT PLACED IN SERVICE DATE:
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### SECTION 3. QUALIFIED RAILROAD REHABILITATION EXPENDITURES

Please attach an itemized list of expenditures to support the information provided below:

EXPENDITURE COST	MAINTENANCE	DEDUCTIBLE MAINTENANCE OF WAY EXPENSES	RECONSTRUCTION/REPLACEMENT OF RAILROAD INFRASTRUCTURE	NEW CONSTRUCTIONS	OTHER (PLEASE SPECIFY BELOW)

IF OTHER, PLEASE SPECIFY:

IF ANY OF THE EXPENSES LISTED ABOVE IS USED AS A DEDUCTIBLE EXPENSE ON EITHER THE FEDERAL OR ALABAMA TAX RETURN, PLEASE SPECIFY BELOW:

Federal Return  State Return

"Qualified Railroad Rehabilitation Expenditures" are expenditures for the maintenance, deductible maintenance of way expenses, reconstruction, or replacement of railroad infrastructure within the state that is owned or leased by an eligible rail carrier. The term includes new construction of industrial leads, switches, spurs, sidings, and extensions of existing sidings by an eligible rail carrier. The term does not include expenditures for which an Alabama income tax deduction has been claimed. Only expenditures incurred during the calendar year during which the application was submitted shall be eligible. At its own risk, the rail carrier may include incurred qualified railroad rehabilitation expenditures made in the six-month period prior to the submission of the Rail Credit Application. Any qualified rehabilitation expenditure that has been included in the expenses on the Alabama return should be omitted in the calculation of the Rail Credit qualified rehabilitation expenditure. Any qualified rehabilitation expenditure that has been included in the expenses on the federal return must be added back on the Alabama return:

- For corporations filing Form 20C, the expense should be added back on Schedule FTI.
- For pass-through entities filing Form 20S or Form 65, the expense should be added back on Schedule A.

Within 90 days after receipt and approval of this certification, the Department shall issue a tax credit certificate in an amount equivalent to the amount of the qualified railroad rehabilitation expenditures incurred with respect to the rehabilitation plan as certified by the rail carrier, not to exceed the amount of the tax credit reservation issued for the project.

### SECTION 4. ELIGIBLE RAIL CARRIER CERTIFICATION

I, the undersigned, hereby certify that all information reported in this certification and any accompanying document or other information is true and correct to the best of my knowledge and belief, and that I am duly authorized to submit this information on behalf of the Eligible Rail Carrier. I agree that the Alabama Department of Revenue or its designee shall be permitted, at its discretion, to audit or otherwise examine the records upon which this certification is based, including, but not limited to, records regarding the Rehabilitation Plan, Qualified Rehabilitation Expenditures, and Eligible Rail Carrier Information.

Signature of Signatory: \_\_\_\_\_

Printed Name of Signatory: \_\_\_\_\_

Title of Signatory: \_\_\_\_\_

Date: \_\_\_\_\_