



**Electing Pass-Through Entity Payment Return**

For the year January 1-December 31, 2023 or other tax year beginning \_\_\_\_\_, 2023, ending \_\_\_\_\_, \_\_\_\_\_

Form PTE-E must be electronically filed via My Alabama Taxes(MAT) prior to the filing of this form.

|  |   |                            |                                 |
|--|---|----------------------------|---------------------------------|
| <b>Check applicable box:</b><br><input type="checkbox"/> Subchapter K entity<br><input type="checkbox"/> S corporation | FEDERAL EMPLOYER IDENTIFICATION NUMBER<br>● | FEDERAL BUSINESS CODE<br>● |                                 |
|  | NAME<br>●                                   |                            |                                 |
| <b>Check if amended:</b><br><input type="checkbox"/> Amended return  | ADDRESS<br>●                                |                            | SUITE<br>●                      |
|  | CITY<br>●                                   | STATE<br>●                 | ZIP CODE<br>●                   |
| <input type="checkbox"/> 2220AL Attached<br><input type="checkbox"/> Federal Audit Change                              | CONTACT PERSON CONCERNING THIS FORM<br>●    |                            | CONTACT PERSON'S PHONE NO.<br>● |

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

|  |    |   |
|--|----|---|
| 1. Total Pass-Through Entity Income apportioned to Alabama (see instructions, also see Schedule EPT-K1, line 14).....            | 1  | ● |
| 2. Amount of Tax Due (from Schedule EPT-K1, line 15).....  | 2  | ● |
| 3. Nonrefundable Credits (from Schedule EPT-C, Section C, Column 5).....   | 3  | ● |
| 4. Net Tax Due (subtract line 3 from line 2).....  | 4  | ● |
| <b>5. Payments and Credits:</b>  |    |   |
| a. Overpayment from 2022.....  | 5a | ● |
| b. 2023 Estimated Tax Payments.....  | 5b | ● |
| c. Extension and WNR-V Tax Payments.....   | 5c | ● |
| d. Current Year's Composite Payment(s)/Electing Pass-Through Entity Credit(s) from Schedule CP-B, line 3 (see instructions)..... | 5d | ● |
| e. Refundable Credits (from Schedule EPT-C, Section D, line 3).....  | 5e | ● |
| f. Total of all payments/credits (add lines 5a through 5e).....  | 5f | ● |
| 6. Amount to be remitted or (overpayment) (subtract line 5f from line 4).....  | 6  | ● |
| <b>7. Reductions/Application of Overpayment</b>  |    |   |
| a. Overpayment to be credited to 2024 return.....  | 7a | ● |
| b. Penalty due (see instructions) Late Payment Estimate ● _____ Other ● _____  | 7b | ● |
| c. Interest due (see instructions) Estimate Interest ● _____ Interest on Tax ● _____   | 7c | ● |
| d. Total Reductions (total lines 7a, 7b, and 7c).....  | 7d | ● |
| 8. Total Amount Due/(Refund) (line 6 plus line 7d).....  | 8  | ● |

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<br>_____ | Title or Position<br>_____ | ( )<br>_____ | Daytime Telephone No.<br>_____ | Date<br>_____ |
|-------------------------|----------------------------|--------------|--------------------------------|---------------|

|                           |           |   |                      |
|---------------------------|-----------|---|----------------------|
| Preparer's Signature<br>● | Date<br>● | Check if self-employed <input type="checkbox"/> | Preparer's PTIN<br>● |
|---------------------------|-----------|---|----------------------|

Preparer's Printed Name ● \_\_\_\_\_

**Paid Preparer's Use Only**

|  |                                 |
|--|---------------------------------|
| Firm's Name (or yours, if self-employed) ● _____ | E.I. Number<br>●                |
| Firm's Address<br>● _____                        | Telephone Number<br>● ( ) _____ |

Make remittance payable to: **Alabama Department of Revenue**  
Write – Form EPT, tax year, and FEIN on remittance for verification purposes.  
Include with payment Form PTE-V available at [www.revenue.alabama.gov](http://www.revenue.alabama.gov).

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



**SCHEDULE**  
**EPT-K1**



ALABAMA DEPARTMENT OF REVENUE

**2023**

|               |
|---------------|
| Entity's FEIN |
|---------------|

(FORM EPT)

For the year January 1 - December 31, 2023 or other tax year beginning \_\_\_\_\_, 20\_\_\_\_ ending \_\_\_\_\_, 20\_\_\_\_

|    | (A) Owner's/Shareholder's Name,<br>Street Address, City, State, and ZIP           | (B) Social Security<br>Number/FEIN | (C) Entity<br>Type | (D) Percent<br>Ownership | (E) Taxable Income | (F) Owner's/Shareholder's<br>Share of Tax Due<br>(Col. E X 5%) |
|----|---|------------------------------------|--------------------|--------------------------|--------------------|--|
| 1  |   | •                                  | •                  | •                        | •                  | •  |
| 2  |   | •                                  | •                  | •                        | •                  | •  |
| 3  |   | •                                  | •                  | •                        | •                  | •  |
| 4  |   | •                                  | •                  | •                        | •                  | •  |
| 5  |   | •                                  | •                  | •                        | •                  | •  |
| 6  |   | •                                  | •                  | •                        | •                  | •  |
| 7  |   | •                                  | •                  | •                        | •                  | •  |
| 8  |   | •                                  | •                  | •                        | •                  | •  |
| 9  |   | •                                  | •                  | •                        | •                  | •  |
| 10 |   | •                                  | •                  | •                        | •                  | •  |
| 11 |   | •                                  | •                  | •                        | •                  | •  |
| 12 | Totals page 2 [columns (E) through (F)] .....                                     |                                    |                    |                          |                    |  |
| 13 | Summary totals for additional pages [columns (E) through (F)] .....               |                                    |                    |                          |                    |  |
| 14 | Add lines 12 and 13, column (E). Enter here and on Form EPT, page 1, line 1 ..... |                                    |                    |                          |                    |  |
| 15 | Add lines 12 and 13, column (F). Enter here and on Form EPT, page 1, line 2 ..... |                                    |                    |                          |                    |  |

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



SCHEDULE  
**EPT-K1**  
(FORM EPT)



ALABAMA DEPARTMENT OF REVENUE

**2023**

Entity's FEIN

For the year January 1 - December 31, 2023 or other tax year beginning \_\_\_\_\_, 20\_\_ ending \_\_\_\_\_, 20\_\_

| (A) Owner's/Shareholder's Name,<br>Street Address, City, State, and ZIP                       | (B) Social Security<br>Number/FEIN | (C) Entity<br>Type | (D) Percent<br>Ownership | (E) Taxable Income | (F) Owner's/Shareholder's<br>Share of Tax Due<br>(Col. E X 5%) |
|---|------------------------------------|--------------------|--------------------------|--------------------|--|
| 1   | •                                  | •                  | •                        | •                  | •  |
| 2   | •                                  | •                  | •                        | •                  | •  |
| 3   | •                                  | •                  | •                        | •                  | •  |
| 4   | •                                  | •                  | •                        | •                  | •  |
| 5   | •                                  | •                  | •                        | •                  | •  |
| 6   | •                                  | •                  | •                        | •                  | •  |
| 7   | •                                  | •                  | •                        | •                  | •  |
| 8   | •                                  | •                  | •                        | •                  | •  |
| 9   | •                                  | •                  | •                        | •                  | •  |
| 10  | •                                  | •                  | •                        | •                  | •  |
| 11  | •                                  | •                  | •                        | •                  | •  |
| 12  | •                                  | •                  | •                        | •                  | •  |
| 13 Add lines 1 through 12, column (E) and column (F). Enter here and on Page 2, line 13 ..... |                                    |                    |                          |                    |  |