

FORM
PTE-C

ALABAMA DEPARTMENT OF REVENUE
INDIVIDUAL & CORPORATE TAX
Nonresident Composite Payment Return

CY
FY
SY **2005**

For the year January 1-December 31, 2005 or other tax year beginning _____, 2005, 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 on page 2.)

Check applicable box: <input type="checkbox"/> Subchapter K entity <input type="checkbox"/> S corporation	FEDERAL EMPLOYER IDENTIFICATION NUMBER	FEDERAL BUSINESS CODE	DEPARTMENT USE ONLY ▶ FN
	NAME		
Check applicable box: <input type="checkbox"/> Extension (6 months) <input type="checkbox"/> Amended return <input type="checkbox"/> Refund due	ADDRESS		▶ CN
	CITY, STATE, COUNTRY (IF NOT U.S.)	ZIP CODE	
	TOTAL NUMBER OF OWNERS/SHAREHOLDERS IN ENTITY:	NUMBER OF NONRESIDENT OWNERS/SHAREHOLDERS INCLUDED IN COMPOSITE FILING:	IF YOU FILED A 2004 RETURN WITH A DIFFERENT ADDRESS, CHECK HERE. <input type="checkbox"/>

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

	NON-CORPORATE OWNERS/SHAREHOLDERS	CORPORATE OWNERS
1. Amount of tax due (see instructions)	1	1
2. Interest Due	2	2
3. Penalty Due	3	3
4. Total tax, interest, and penalty due	4	4
5a. Overpayment from 2004	5a	5a
b. Estimated and extension tax payments	5b	5b
c. Composite payment made on behalf of this entity. Paid by _____ FEIN _____	5c	5c
d. Total of all payments/credits (add lines 5a-5c and allocate per instructions)	5d	5d
6a. Amount to be remitted (subtract line 5d from line 4 in each column)	6a	6a
b. Amount remitted	6b	
If payment made through Electronic Funds Transfer (EFT), check this box <input type="checkbox"/>		
7a. Total overpayment	7a	
b. Overpayment to be credited to 2006 return	7b	
c. Overpayment amount to be refunded	7c	

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	Daytime Telephone No.	Date
	Preparer's Signature	Date	Preparer's social security no.	
Paid Preparer's Use Only	Preparer's Printed Name	Date	E.I. No.	
	Firm's Name (or yours, if self-employed) and Address	Date	E.I. No.	
			Telephone No. ()	

Make remittance payable to: Alabama Department of Revenue
Write – Form PTE-C, tax year, and FEIN on remittance for verification purposes.

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

Schedule PTE-CK1

10/05

ALABAMA DEPARTMENT OF REVENUE

Entity's FEIN

For the year January 1 - December 31, 200__ or other tax year beginning _____, 200__ ending _____, 200__

	(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 Share of Nonseparately Stated Income + Portfolio Income	(E) Guaranteed Payments	(F) Total Income (Col. D + E)	(G) Non-Corporate Owner's/Shareholder's Share of Tax Due (Col. F X 5%)	(H) Corporate Owner's Share of Tax Due (Col. F X 6.5%)	
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11									
12									
13	Totals page 2 [columns (D) through (H)]								
14	Totals from additional pages [columns (D) through (H)]								
15	Totals [columns (D) through (F)] (lines 13 + 14)								
15G	Add lines 13 and 14, column (G) and enter here and on page 1, line 1 Non-Corporate owners/shareholders								
15H	Add lines 13 and 14, column (H) and enter here and on page 1, line 1 Corporate owners								

IF MORE THAN 12 NON-RESIDENT OWNERS/SHAREHOLDERS, ATTACH ADDITIONAL SHEETS.

Schedule PTE-CK1

10/05

ALABAMA DEPARTMENT OF REVENUE

Entity's FEIN _____

For the year January 1 - December 31, 200__ or other tax year beginning _____, 200__ ending _____, 200__

(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 Share of Nonseparately Stated Income + Portfolio Income	(E) Guaranteed Payments	(F) Total Income (Col. D + E)	(G) Non-Corporate Owner's/Shareholder's Share of Tax Due (Col. F X 5%)	(H) Corporate Owner's Share of Tax Due (Col. F X 6.5%)
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13	Add lines 1 through 12, enter here and on page 2, line 14, columns (D) through (H)						