



Partnership/Limited Liability Company Return of Income

Important

Check applicable box:

- PL86-272, Amended Return, Initial Return, Final Return, General Partnership, Limited Partnership, LLC/LLP, Qualified Investment Partnership, Public Housing Project, Publicly Traded, Series LLC

For Calendar Year 2022 or Fiscal Year beginning, 2022, and ending. FEDERAL BUSINESS CODE NUMBER, FEDERAL EMPLOYER IDENTIFICATION NUMBER, Name of Company, Number and Street, Suite, City or Town, State, 9 Digit ZIP Code, Federal Audit Change, Check if the company qualifies for the Alabama Enterprise Zone Credit or the Capital Credit, Number of Members During the Tax Year, State in Which Company Was Formed, Nature of Business, Date Qualified in Alabama, Number of Nonresident Members Included in Composite Filing

Filing Status: (see instructions)

- 1. Company operating only in Alabama. 2. Multistate Company - Apportionment (Sch. C). 3. Multistate Company - Separate Accounting (Prior written approval required and must be attached) or Sch. B non-business allocation only. Electing Pass-Through Entity

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

Caution. Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Table with 3 columns: Description, Line Number, and Amount. Rows include Federal Income (1-8), Federal Deduction (9-21), and Federal ordinary business income (22-33).



SCHEDULE A (NONSEPARATELY STATED RECONCILIATION ADJUSTMENTS)

Additions	1. Related members interest or intangible expenses or costs from Schedule PAB (see instructions)	1	●
	2. Nondeductible Federal Depreciation (Economic Stimulus Act of 2008) (see instructions)	2	●
	3. Other reconciling items (attach schedule)	3	●
	4. State income taxes not deductible	4	●
	5. Contributions not deductible on state income tax return due to an election to claim a state tax credit	5	●
	6. Total additions	6	●
Deductions	7. Expenses not deductible on federal income tax return due to election to claim federal tax credit.	7	●
	8. Adjustments due to the Federal Economic Stimulus Act of 2008 (attach schedule)	8	●
	9. Other reconciling items (attach schedule)	9	●
	10. Total deductions	10	●
	11. Total reconciliation adjustments (subtract line 10 from line 6 above)	11	●

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-.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).

Do not complete if entity operates exclusively in Alabama.

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)
Nonseparately stated items						
1a	●	●	●	●	●	●
1b	●	●	●	●	●	●
1c	●	●	●	●	●	●
1d Total (add lines 1a, 1b, and 1c)					●	●
Separately stated items						
1e	●	●	●	●	●	●
1f	●	●	●	●	●	●
1g	●	●	●	●	●	●
1h Total (add lines 1e, 1f, and 1g)		●		●	●	●

Person to contact for information regarding this return:

Name: ● _____

Telephone Number: ● () _____

Email: ● _____

● I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.

Please Sign Here 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 () _____ Daytime Telephone No. _____ Social Security No. _____

Paid Preparer's Use Only

Preparer's Signature _____ Date _____ Check if self-employed Preparer's PTIN _____
 Firm's name (or yours, if self-employed) and address _____ Telephone No. _____ E.I. No. _____
 _____ ZIP Code _____
 Email Address _____



SCHEDULE C

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

SALES		ALABAMA	EVERYWHERE	
1. Gross receipts from sales	1 ●	●	●	
2. Dividends	2 ●	●	●	
3. Interest	3 ●	●	●	
4. Rents	4 ●	●	●	
5. Royalties	5 ●	●	●	
6. Gross proceeds from capital and ordinary gains	6 ●	●	●	
7. Other ● _____ (Federal 1065, line ● _____)	7 ●	●	●	
8. Total Sales (add lines 1-7)	8a ●	8b ●		
9. 8a/8b = ALABAMA APPORTIONMENT FACTOR (Enter here and on line 27, page 1)			9 ●	%

SCHEDULE D

Full Ownership List the disregarded entities in which the taxpayer holds full ownership of 100%

Name of Entity	FEIN	Income (Loss) From All Sources	AL Source Income (Loss)
●	●	●	●
●	●	●	●
●	●	●	●
●	●	●	●
●	●	●	●
●	●	●	●
●	●	●	●
●	●	●	●
●	●	●	●
●	●	●	●
●	●	●	●
●	●	●	●
●	●	●	●
●	●	●	●
●	●	●	●

SCHEDULE E

OTHER INFORMATION

- Indicate if company has been ● dissolved ● sold ● incorporated
 If company has been dissolved, sold, or incorporated, complete the following:
 Nature of change _____
 Name and address of new company, corporation, or owners _____
- Check if an Alabama business privilege tax return was filed for this entity ● Check this box, if entity is exempt from BPT ●
 Enter entity's net worth _____
 If the privilege tax return was filed using a different FEIN, please provide the name and FEIN used to file the return.
 FEIN: ● _____ NAME: ● _____
- Taxpayer's email address _____
- Did any corporation, partnership, trust, individual, estate, or tax-exempt organization own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership?
 ● Yes ● No If Yes, attach schedule of Partners owning 50% or more of the Partnership.
- At the end of the tax year, did the partnership own directly 50% or more of the total voting power of all classes of stock entitled to vote of any corporation, or own 50% or more directly or indirectly, in the profit, loss, or capital in any partnership or in the beneficial interest of a trust?
 ● Yes ● No If Yes, attach a schedule.



Multistate entities should not use Schedule K to allocate separately stated income. See instructions for Schedule B.

SCHEDULE K	Partners' Distributive Share Items		Federal Amount (A)	Apportionment Factor (B)	Apportioned Amount (C)	Enter on Alabama Schedule K-1
INCOME (LOSS)						
1.	Alabama Ordinary income (loss) (page 1, line 31)	1			●	Part III, Line G
2.	Net rental real estate income (loss) (attach Form 8825)	2	●	●	●	Part III, Line H
3.	a. Other gross rental income (loss)	3a	●			
	b. Expenses from other rental activities (attach statement)	3b	●			
	c. Other net rental income (loss). Subtract 3b from line 3a	3c	●	●	●	Part III, Line H
4.	Guaranteed payments	4	●	●	●	Part III, Line I
5.	Interest income	5	●	●	●	Part III, Line J
6.	Dividends	6	●	●	●	Part III, Line J
7.	Royalties	7	●	●	●	Part III, Line J
8.	a. Short-term and long-term capital gain(loss)	8a	●			
	b. Opportunity Zone Investment(from Schedule OZ, line 4)	8b	●			
	c. Exemption of gain under 40-18-8.1(Tech Company).....	8c	● ()			
	d. Net short-term and long-term capital gain(loss) Add lines 8a, 8b and 8c.....	8d	●	●	●	Part III, Line K
9.	Net section 1231 gain (loss) (attach Form 4797)	9	●	●	●	Part III, Line K
10.	Other income (loss)	10	●	●	●	Part III, Line L
11.	Nonbusiness items (attach schedule) (Schedule B, Column B, line 1h)	11			●	Part III, Line M
DEDUCTIONS						
12.	Section 179 deduction	12	●	●	●	Part III, Line N
13.	a. Contributions	13a	●	●	●	Part III, Line O
	b. Investment interest expense	13b	●	●	●	Part III, Line P
14.	Other deductions	14	●	●	●	Part III, Line Q
15.	Oil and gas depletion	15	●	●	●	Part III, Line R
16.	Casualty losses	16	●	●	●	Part III, Line S
17.	Nonbusiness items (attach schedule) (Schedule B, Column D, line 1h)	17			●	Part III, Line M
OTHER						
18.	a. Tax-exempt interest income	18a	●	●	●	Part III, Line T
	b. Other tax-exempt income	18b	●	●	●	Part III, Line T
	c. Nondeductible expenses	18c	●	●	●	Part III, Line U
19.	a. Distributions of cash and marketable securities	19a	●	●	●	Part III, Line V
	b. Distributions of other property	19b	●	●	●	Part III, Line V
20.	a. Investment income	20a	●	●	●	Part III, Line W
	b. Investment expenses	20b	●	●	●	Part III, Line X
	c. Other items and amounts (attach statement)	20c	●	●	●	Part III, Line Y
21.	Total credits (attach Schedule PC)	21			●	Part II, Line F
22.	Composite payment made on behalf of owner	22			●	Part III, Line Z
23.	Electing Pass-Through Entity Tax (Form EPT, line 2)	23			●	Part III, Line Z



SCHEDULE P

PARTNERSHIPS, TRUSTS, AND ESTATES

(a) Ordinary income or (loss) from Partnerships, Trusts and Estates. Name and Address	(b) Check One	Partnership	Estate or Trust	(c) Employer Identification Number	(d) Ordinary Income From All Sources	(e) Ordinary Income From Alabama Sources
•	•	•	•	•	•	•
•	•	•	•	•	•	•
•	•	•	•	•	•	•
•	•	•	•	•	•	•
•	•	•	•	•	•	•
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•	•	•	•	•	•	•
•	•	•	•	•	•	•
1 TOTAL INCOME OR (LOSS). Add the amounts in columns (d) and (e). Enter the total here and include the amount from line 1d on page 1, line 4. ▶	1	•	•			