



For the year Jan. 1 – Dec. 31, 2018, or other tax year beginning _____, 2018, ending _____, 52/53 Week **ADOR**

► Important Check applicable box: <input type="checkbox"/> Initial Return <input type="checkbox"/> Final Return <input type="checkbox"/> Amended Return	FEDERAL BUSINESS CODE NUMBER <input type="checkbox"/>	FEDERAL EMPLOYER IDENTIFICATION NUMBER <input type="checkbox"/>		Filing Status: (see instructions) <input type="checkbox"/> 1. Corporation operating only in Alabama. <input type="checkbox"/> 2. Multistate Corporation – Apportionment (Sch. C). <input type="checkbox"/> 3. Multistate Corporation – Separate Accounting (Prior written approval required and must be attached) or Schedule B.		
	NAME <input type="checkbox"/>					
	ADDRESS <input type="checkbox"/>					
	CITY <input type="checkbox"/>		STATE <input type="checkbox"/>	9-DIGIT ZIP CODE <input type="checkbox"/>		
	STATE OF INCORPORATION <input type="checkbox"/>		NATURE OF BUSINESS <input type="checkbox"/>		DATE QUALIFIED IN ALABAMA <input type="checkbox"/>	
	NUMBER OF SHAREHOLDERS DURING TAX YEAR <input type="checkbox"/>		NUMBER OF NONRESIDENT SHAREHOLDERS INCLUDED IN COMPOSITE FILING <input type="checkbox"/>		FEDERAL AUDIT CHANGE <input type="checkbox"/>	S STATUS ELECTION TERMINATION <input type="checkbox"/>

Federal Income	1. a. Gross receipts or sales	1a <input type="checkbox"/>	00	
	b. Returns and allowances	1b <input type="checkbox"/>	00	
	c. Balance. Subtract line 1b from line 1a	1c <input type="checkbox"/>	00	
	2. Cost of goods sold (attach Federal Form 1125-A)	2 <input type="checkbox"/>	00	
	3. Gross Profit. Subtract line 2 from line 1c	3 <input type="checkbox"/>	00	
	4. Net gain (loss) from Federal Form 4797, Part II, line 17 (attach Federal Form 4797)	4 <input type="checkbox"/>	00	
Federal Deductions <small>(see the instructions for limitations)</small>	5. Other income (loss) (attach statement)	5 <input type="checkbox"/>	00	
	6. Total income (loss). Combine lines 3 through 5.	6 <input type="checkbox"/>	00	
	7. Compensation of officers	7 <input type="checkbox"/>	00	
	8. Salaries and wages (less employment credits)	8 <input type="checkbox"/>	00	
	9. Repairs and maintenance	9 <input type="checkbox"/>	00	
	10. Bad debts	10 <input type="checkbox"/>	00	
	11. Rents	11 <input type="checkbox"/>	00	
	12. Taxes and licenses	12 <input type="checkbox"/>	00	
	13. Interest	13 <input type="checkbox"/>	00	
	14. Depreciation not claimed on Federal Form 1125-A or elsewhere on return (attach Federal Form 4562)	14 <input type="checkbox"/>	00	
	15. Depletion (Do not deduct oil and gas depletion)	15 <input type="checkbox"/>	00	
	16. Advertising	16 <input type="checkbox"/>	00	
	17. Pension, profit-sharing, etc., plans	17 <input type="checkbox"/>	00	
	18. Employee benefit programs	18 <input type="checkbox"/>	00	
	19. Other deductions (attach statement)	19 <input type="checkbox"/>	00	
	20. Total deductions (add lines 7 through 19)	20 <input type="checkbox"/>	00	
Alabama Adjustments	21. Federal ordinary business income (loss). Subtract line 20 from line 6	21 <input type="checkbox"/>	00	
	22. Alabama Nonseparately Stated Reconciliations (from Schedule A, line 12)	22 <input type="checkbox"/>	00	
	23. Federal ordinary business income (loss) adjusted to Alabama basis (add lines 21 and 22)	23 <input type="checkbox"/>	00	
	24. Net nonbusiness (income)/loss – Everywhere (from Schedule B, line 1d, Column E) — please enter income as a negative amount and losses as a positive amount	24 <input type="checkbox"/>	00	
	25. Apportionable income (add lines 23 and 24)	25 <input type="checkbox"/>	00	
	26. Alabama apportionment factor (from line 27, Schedule C)	26 <input type="checkbox"/>	%	
	27. Income (loss) apportioned to Alabama (multiply line 25 by line 26)	27 <input type="checkbox"/>	00	
	28. Net nonbusiness income/(loss) – Alabama (from Schedule B, line 1d, Column F)	28 <input type="checkbox"/>	00	
	29. Small Business Health Insurance Premium Deduction (see instructions)	29 <input type="checkbox"/>	00	
	30. Alabama ordinary income (loss) (add lines 27, 28, and 29)	30 <input type="checkbox"/>	00	
Tax Due	31. Tax Due – <input type="checkbox"/> Excess net passive income, <input type="checkbox"/> LIFO Recapture, or <input type="checkbox"/> Built-in Gains Tax	31 <input type="checkbox"/>	00	
	32. Tax Payments and Credits			
	a. 2018 estimated tax payments and amount applied from 2017 return	32a <input type="checkbox"/>	00	
	b. Extension payments (see instructions)	32b <input type="checkbox"/>	00	
	c. Prior payments (original return or department adjustment)	32c <input type="checkbox"/>	00	
	d. Tax credits (from Schedule PC, Part S, line 4)	32d <input type="checkbox"/>	00	
	e. Refundable Historic Tax Credit (from Schedule PC, Part S, line 6)	32e <input type="checkbox"/>	00	
	f. Total payments/credits (add lines 32a, 32b, 32c, 32d, and 32e)	32f <input type="checkbox"/>	00	
	33. NET TAX DUE/(AMOUNT OVERPAID) subtract line 32f from line 31	33 <input type="checkbox"/>	00	
	34. Reductions/applications			
a. Credit to 2019 estimated tax	34a <input type="checkbox"/>	00		
b. Penalty due (see instructions)	34b <input type="checkbox"/>	00		
c. Interest due (computed on tax due only)	34c <input type="checkbox"/>	00		
d. Total additions to tax due/applications (add lines 34a through 34c)	34d <input type="checkbox"/>	00		
35. Total amount due/(refund) (add lines 33 and 34d)	35 <input type="checkbox"/>	00		

If paying by check or money order, **FORM PTE-V MUST ACCOMPANY PAYMENT**. If you paid electronically, check here



SCHEDULE A – (Nonseparately Stated Reconciliation Adjustments)

Additions	1. State and Local income taxes paid.....	1	●	
	2. Related members interest and intangible expenses or costs. From Schedule PAB (see instructions).....	2	●	
	3. Other reconciling items (attach schedule).....	3	●	
	4. Nondeductible Federal Depreciation (Economic Stimulus Act of 2008) (see instructions).....	4	●	
	5. Total Additions.....	5	●	
Deductions	6. Expenses not deductible on federal income tax return due to election to claim federal tax credit.....	6	●	
	7. Refunds of state and local income taxes (due to overpayment or over accrual on federal return).....	7	●	
	8. Aid or assistance provided to Alabama State Industrial Development Authority (§41-10-44.8(d)).....	8	●	
	9. Other reconciling items (attach schedule).....	9	●	
	10. Adjustments due to Federal Economic Stimulus Act.....	10	●	
	11. Total Deductions.....	11	●	
	12. Total Reconciliation Adjustments (subtract line 11 from line 5 above).....	12	●	

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)		●		●	●	●

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

Signature of Officer	Date	Daytime Telephone No. ()	Social Security No. : : : :
Title of Officer			

Paid Preparer's Use Only

Preparer's Signature	Check if self-employed <input type="checkbox"/>	Date	Preparer's PTIN : : : :
Firm's Name (or yours if self-employed) and address	Telephone No. ● ()	E.I. No. ●	
Email Address	ZIP Code ●		

CHECK LIST

HAVE THE FOLLOWING FORMS BEEN ATTACHED TO THE FORM 20S:

- ALABAMA SCHEDULE K-1 (one for each shareholder)
- ALABAMA SCHEDULE NRA (if applicable)
- FEDERAL FORM 1120S (entire form as filed with IRS)
- FEDERAL FORM 1120S PROFORMA (if applicable)
- FORM PTE-V (if applicable)

Returns without Payments

MAIL TO: Alabama Department of Revenue
Pass Through Entity
PO Box 327441
Montgomery, AL 36132-7441

Returns with Payments

MAIL TO: Alabama Department of Revenue
Pass Through Entity
PO Box 327444
Montgomery, AL 36132-7444



SCHEDULE C – Apportionment Factor Schedule. Do not complete if entity operates exclusively in Alabama.

TANGIBLE PROPERTY AT COST FOR PRODUCTION OF BUSINESS INCOME	ALABAMA		EVERYWHERE			
	BEGINNING OF YEAR	END OF YEAR	BEGINNING OF YEAR	END OF YEAR		
1. Inventories	1	●	●	●		
2. Land	2	●	●	●		
3. Furniture and fixtures	3	●	●	●		
4. Machinery and equipment	4	●	●	●		
5. Buildings and leasehold improvements	5	●	●	●		
6. IDB/IRB property (at cost)	6	●	●	●		
7. Government property (at FMV)	7	●	●	●		
8. ●	8	●	●	●		
9. Less Construction in progress (if included)	9	●	●	●		
10. Totals	10	●	●	●		
11. Average owned property (BOY + EOY ÷ 2)	11	●	●	●		
12. Annual rental expense	12	●	●	●		
13. Total average property (add line 11 and line 12)	13a	●	13b	●		
14. Alabama property factor — 13a ÷ 13b = line 14			14	● %		
SALARIES, WAGES, COMMISSIONS AND OTHER COMPENSATION RELATED TO THE PRODUCTION OF BUSINESS INCOME	15a	ALABAMA	15b	EVERYWHERE	15c	
15. Alabama payroll factor — 15a ÷ 15b = 15c		●	●	●	●	%
SALES		ALABAMA		EVERYWHERE		
16. Destination sales	16	●				
17. Origin sales	17	●				
18. Total gross receipts from sales	18	●	●			
19. Dividends	19	●	●			
20. Interest	20	●	●			
21. Rents	21	●	●			
22. Royalties	22	●	●			
23. Gross proceeds from capital and ordinary gains	23	●	●			
24. Other ● (Federal 1120S, line ●)		●	●			
25. Alabama sales factor — 25a ÷ 25b = line 25c	25a	●	25b	●	25c	● %
26. Enter the amount from line 25c					26	● %
27. Sum of lines 14, 15c, 25c, and 26 ÷ 4 = ALABAMA APPORTIONMENT FACTOR (Enter here and on line 26, page 1)					27	● %

NOTE: If any factor is not utilized in the production of business income, it shall be eliminated and the denominator reduced accordingly (810-27-1-.09).

SCHEDULE D – Apportionment of Federal Income Tax (“FIT”) (LIFO Recapture Tax Only)

1. Enter the LIFO recapture tax from Federal Form 1120S, line 22a	1	●	
2. Alabama Apportionment Factor (Schedule C, line 27)	2		%
3. Federal income tax apportioned to Alabama (multiply line 1 by line 2) Enter here and on line 17 of Schedule K	3	●	

SCHEDULE E – Alabama Accumulated Adjustments Account

1. Balance at beginning of tax year	1	●	
2. Apportionable Income (page 1, line 23)	2	●	
3. Other additions	3	●	
4. Other reductions	4	●	
5. Combine lines 1 through 4	5	●	
6. Less distributions (page 4, line 20 federal amount)	6	● ()	
7. Balance at end of tax year. Subtract line 6 from line 5	7	●	

SCHEDULE DE – Q-Sub/Disregarded Entity Schedule

List all qualified subchapter S subsidiaries (Q-Sub) and/or disregarded entities. Attach additional schedule(s) if needed.

Entity Name	FEIN	Income (Loss) From All Sources	Alabama Source Income (Loss)
1. ●	●	●	●
2. ●	●	●	●
3. ●	●	●	●
4. ●	●	●	●
5. ●	●	●	●



SCHEDULE G – Other Information

1. Indicate tax accounting method used: • Cash • Accrual • Other
2. Briefly describe your Alabama operations: ● _____
3. Enter this company's Alabama Withholding Tax Account No.: ● _____
4. Person to contact for information concerning this return:
Name: ● _____
Telephone Number: ● () Email Address: ● _____
5. Location of the corporate records: ● _____
6. Check if an Alabama business privilege tax return was filed for this entity: ●
7. If the privilege tax return was filed using a different FEIN, please provide the name and FEIN used to file the return:
FEIN: ● _____ NAME: ● _____
8. If the corporation (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of the C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years \$ ● _____
9. Enter the accumulated earnings and profits of the corporation at the end of the tax year. \$ ● _____
10. During the tax year, did the corporation have any non-shareholder debt that was canceled, forgiven, or modified terms so as to reduce the principal amount of the debt? Yes No
11. During the tax year, was a qualified subchapter S election terminated or revoked? ● Yes ● No
12. Did the corporation make any payments in 2018 that would require it to file Form(s) 1099? ● Yes ● No

SCHEDULE K – Shareholder's Distributive Share Items

Multistate entities should not use Schedule K to allocate separately stated business income. See instructions for Schedule B.		Federal Amount	Apportionment Factor	Apportioned Amount	Enter on Alabama Schedule K-1
INCOME (LOSS)					
1. Ordinary income (loss) (page 1, line 30)	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 line 3b from line 3a.	3c	●	●	●	Part III, Line H
4. Interest income	4	●	●	●	Part III, Line J
5. Dividends	5	●	●	●	Part III, Line J
6. Royalties	6	●	●	●	Part III, Line J
7. Net short-term capital gain (loss)	7	●	●	●	Part III, Line K
8. Net long-term capital gain (loss)	8	●	●	●	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. U.S. taxes paid	17			●	Part III, Line AA
18. Nonbusiness items (attach schedule) (Schedule B, Column D, line 1h)	18			●	Part III, Line M
OTHER					
19. a. Tax-exempt interest income	19a	●	●	●	Part III, Line T
b. Other tax-exempt income	19b	●	●	●	Part III, Line T
c. Nondeductible expenses	19c	●	●	●	Part III, Line U
20. Distributions (attach statements if required)	20	●	●	●	Part III, Line V
21. a. Investment income	21a	●	●	●	Part III, Line W
b. Investment expenses	21b	●	●	●	Part III, Line X
c. Other items and amounts (attach statement)	21c	●	●	●	Part III, Line Y
22. Total credits (attach Schedule PC)	22			●	Part II, Line F
23. Composite payment made on behalf of owner	23			●	Part III, Line Z
24. Repayment of loans from shareholders	24	●	●	●	Part III, Line AB
25. Dividend distributions paid from accumulated earnings and profits	25	●	●	●	Part III, Line AC