

Partnership/Limited Liability Company Return of Income

Important! You Must Check Applicable Box:

- 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 2019 or Fiscal Year beginning... FEDERAL BUSINESS CODE NUMBER, FEDERAL EMPLOYER IDENTIFICATION NUMBER, Name of Company, Number and Street, 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...)

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 32 rows and 4 columns: Line number, Description, Input field, and Output field. Rows include Federal Income (1-8), Federal Deduction (9-21), and Federal Ordinary Business Income (22-32).

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. Total additions	4	●	
Deductions	5. Expenses not deductible on federal income tax return due to election to claim federal tax credit	5	●	
	6. Adjustments due to the Federal Economic Stimulus Act of 2008 (attach schedule)	6	●	
	7. Other reconciling items (attach schedule)	7	●	
	8. Total deductions	8	●	
	9. Total reconciliation adjustments (subtract line 8 from line 4 above)	9	●	

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. _____

Preparer's Signature _____ Date _____ Check if self-employed Preparer's PTIN _____

Paid Preparer's Use Only Firm's name (or yours, if self-employed) and address _____ Telephone No. _____ E.I. No. _____

ZIP Code _____

Email Address _____

SCHEDULE E

OTHER INFORMATION

1. Enter this company's Alabama Withholding Tax Account Number ●
2. Indicate if company has been ● (a) dissolved ● (b) sold ● (c) incorporated
 If company has been dissolved, sold, or incorporated, complete the following:
 Nature of change _____
 Name and address of new company, corporation, or owners _____
3. 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: ● _____
4. Taxpayer's email address _____
5. At the end of the year:
 - a. Did any corporation, partnership, trust, 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.
 - b. Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership?
 ● Yes ● No If Yes, attach a schedule of Partners owning 50% or more of the Partnership.
6. At the end of the tax year, did the partnership:
 - a. Own directly 50% or more of the total voting power of all classes of stock entitled to vote of any corporation?
 ● Yes ● No If Yes, attach a schedule.
 - b. Own directly an interest of 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.	Net short-term capital gain (loss)	8	●	●	Part III, Line K
9.	Net long-term capital gain (loss)	9	●	●	Part III, Line K
10.	Net section 1231 gain (loss) (attach Form 4797)	10	●	●	Part III, Line K
11.	Other income (loss)	11	●	●	Part III, Line L
12.	Nonbusiness items (attach schedule) (Schedule B, Column B, line 1h)	12		●	Part III, Line M
DEDUCTIONS					
13.	Section 179 deduction	13	●	●	Part III, Line N
14.	a. Contributions	14a	●	●	Part III, Line O
	b. Investment interest expense	14b	●	●	Part III, Line P
15.	Other deductions	15	●	●	Part III, Line Q
16.	Oil and gas depletion	16	●	●	Part III, Line R
17.	Casualty losses	17	●	●	Part III, Line S
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.	a. Distributions of cash and marketable securities	20a	●	●	Part III, Line V
	b. Distributions of other property	20b	●	●	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

