



## ALABAMA DEPARTMENT OF REVENUE INCOME TAX ADMINISTRATION DIVISION

## Subchapter K Affidavit of Exemption by Nonresident

	For the tax year beginning	and	ending		
turned to	m is to be completed by a nonresident member to certify en the entity before the original due date of the entity's returned tax return each year.	-			
	TO BE COMPLETED BY NO	NRESIDI	ENT MEMBER		
NAME OF	NONRESIDENT MEMBER		• FEIN OF NONRESIDENT MEMBE	TELEPHONE NUMBER	
STREET ADD	DRESS				
CITY		STATE		ZIP	
	INFORMATION OF ENTITY RE	I QUESTII	NG EXEMPTION		
NAME			FEIN OF ENTITY	TELEPHONE NUMBER	
STREET ADD	DRESS		I		
CITY		STATE		ZIP	
	Real Estate Investment Trust (REIT)  Must not be a captive REIT pursuant to AL Code §40-18-1  This election is required only once. Copies of original affidavi By checking the box above, the above named member hereb  a. Agrees to be subject to the personal jurisdiction in this s liabilities due for all years in which it is a member and the derives income from AL sources.  b. Has provided the requesting entity the signed original of the entity's income tax return for the taxable year for which it is a member and the entity's income tax return for the taxable year for which it is a member and the entity's income tax return for the taxable year for which it is a member and the entity's income tax return for the taxable year for which it is a member and the entity's income tax return for the taxable year for which it is a member and the entity's income tax return for the taxable year for which it is a member and the entity's income tax return for the taxable year for which it is a member and the entity's income tax return for the taxable year for which it is a member and the entity's income tax return for the taxable year for which it is a member and the derives income tax return for the taxable year for which it is a member and the derives income tax return for the taxable year for which it is a member and the derives income tax return for the taxable year for which it is a member and the derives income tax return for the taxable year for which it is a member and the derives income tax return for the taxable year for which it is a member and the derives income tax return for the taxable year for which it is a member and the derives income tax return for the taxable year for which it is a member and the derives income tax return for the taxable year for which it is a member and the derives income tax return for the taxable year for which it is a member and the derives income tax return for the taxable year for which it is a member and the derives income tax return for the taxable year for which it is a member and th	it should by certifies state for a he entity of this form hich the cand	s that it: all income tax purposes, file owns property in AL, does be on on or before the due date composite exemption is beir	es returns and pays all AL ta business in AL, or otherwise e (without extension) for filing ng requested.	
<b>□</b> • 2.	Exempt organization (annual election required) The above named member hereby certifies that its share of tabusiness taxable income.	axable ind	come sourced to Alabama o	does not result in unrelated	
■ • 3.	Insurance company member (annual election required) The above named member hereby certifies that it pays to Alabama a tax on its premium income and is not subject to Alabam income tax.				

- 4. Pre-Approved Tiered Structure Exemption (prior written approval required and a copy must be attached each year)

  By checking the box above, the above named member hereby certifies that it:
  - a. Elects to remit a composite payment on behalf of its nonresident members' shares of the taxable income sourced to this state in the same manner and subject to the same requirements as the entity in which it owns a direct interest.
  - b. Agrees to be subject to the personal jurisdiction in this state for all income tax purposes together with related interest and penalties; and
  - c. Has provided the requesting entity the signed original of this form 30 days before the due date (without extension) for filing the entity's income tax return for the taxable year for which the composite exemption is being requested.

Email Address



C S Comited Constitution (constitution or constitution or constitution)						
S. Capital Credit Exemption (annual election required)     By checking the box above, the above named member hereby certifies that it:						
offset by the capital credit.	a. Has only AL sourced income that is derived from the capital project, and it expects all of its potential liability to be fully					
· · · · · · · · · · · · · · · · · · ·	state for all income tay purpo	sees together with related interest				
<ul> <li>Agrees to be subject to the personal jurisdiction in this state for all income tax purposes together with related interest and penalties; and</li> </ul>						
c. Has provided the requesting entity the signed original of this form on or before the due date (without extension) for filing the entity's income tax return for the taxable year for which the composite exemption is being requested.						
● 6. C Corporations with losses (annual election required)						
By checking the box above, the above named member hereby certifies that it:						
a. Is a C-Corporation that has been in a loss position for the three most recent tax years and expects to be in a loss position for the current.						
b. Has provided this form to the entity in which it is a member on or before the due date (without extension) for filing the						
entity's income tax return for the taxable year for which the composite payment is required; and						
c. Will make estimated income tax payments, if required.						
This form is to be completed by a nonresident member to certify exemption from AL Code §40-18-24.2. This form should be returned to the entity before the original due date of the entity's return and a copy should be attached to the entity's composite and income tax return each year.						
I authorize a representative of the Department of Revenue to discuss this form with the entity requesting exemption and any preparer named below.						
UNDER PENALTIES OF PERJURY, I swear that the above information	n is to the best of my knowled	dge and belief, true, correct, and				
complete.						
Signature of authorized person(s)		Date				
Print name(s) and title(s) of the authorized person(s)						
Paid Preparer's Use Only						
Preparer's Signature	Check if self-employed Date	Preparer's PTIN				
Firm's Name (or yours	Telephone No.	E.I. No.				
if self-employed)	\					
and address		ZIP Code				