



Alabama Department of Revenue

TAXPAYER NAME:

Add-Back Form

TAXPAYER NAME:			TAXPAYER FEIN:	FOR THE TAX PERIOD	, 20 through	1 , 20
Related member is defined to include a corporation, association entities are related members separate and apart from their owner.				entity (Alabama Code section	_	
Recipient related member who received interest/intangible income from the taxpayer:			Related Member 1	Related Member 2	Related Member 3	Related Member 4
1 a. Recipient related member FEIN.	. 1	a •				
b. Recipient related member name.	. 1	b				
2 List the intangible expense amounts paid to the recipient related member	. 2	•				
3 List the interest expense amounts paid to the recipient related member	. 3					
4 Total intangible/interest expenses paid (total lines 2 and 3)	. 4					
To determine the exempt amount of intangible/interest expense, complete the applicable section(s) below.						
5 Exemption related to §40-18-35(b)(1) and §40-18-24(b):						
a. Jurisdiction(s) where recipient related member income is "subject to tax":	. 5	a •				
b. Amount of Line 4 expense not added back.	. 5	b				
c. Recipient related member's corresponding intangible/interest income allocated to						
jurisdiction	. 5	c •				
d. Adjusted intangible/interest amount (Line 5b minus Line 5c)	. 5	d •				
e. Recipient related member's total apportionment percentage in the above jurisdiction(s)	5	е •	%	%	%	%
f. Adjusted interest/intangible amount (multiply Line 5d by Line 5e)	. 5	f •				
g. Add Line 5c and Line 5f.	- 5	g •				
6 Exemption related to §40-18-35(b)(2), §40-18-35(b)(4), §40-18-24(d) and §40-18-24(f)						
- Amount of Line 4 expense not added back.	. 6	•				
NOTE: For Section 7, 8, 9, and 10 the receipts of a disregarded entity/subchapter K entity, which may be a rela	ated er	ntity in a	nd unto itself, may not be combined with receipts	s of its owner for purposes of this schedule.		
7 Exemption related to §40-18-35(b)(3) and §40-18-24(e) – Amount of Line 4 expense not added back	. 7	•				
8 Recipient related member receipts by category: a. Intangible receipts	. 8	a •				
b. Interest receipts	. 8	b				
9 a. ●	9	a •				
b. ●	91	b				
c. ●	9	c •				
d. ●	9	d •				
e. ●	9	е •				
10 a. If either Lines 8a or 8b are greater than Lines 9a, 9b, 9c, 9d or 9e, enter zero	10	a •				
b. If Lines 9a, 9b, 9c, 9d or 9e are greater than Lines 8a or 8b, enter amount from Line 7	10	b				
11 Exempt Amount. Enter the greater of Lines 5g, 6, 10a or 10b.	. 11	•				
12 Total Intangible/Interest expenses paid to all related members. (Sum all Line 4 for						
all related members from all pages.)	12	:		Attach additional page	es as needed and enter the totals of L	ines 4 and Lines 11 for all
13 Total Exempt Amount. (Sum Line 11 for all related members from all pages. Subtract Line 13 from				related m	nembers from all pages on Page 1, Lin	e 12 and 13.
Line 12 and enter the difference on Form 65, Schedule A, Line 8 or Form 20S, Schedule A, Line 9)	13	3		In order to qualify for the everytion	procented in \$40.19.25(b)/2) and \$40.1	(9.24(a) Line 10h must be greater
					presented in §40-18-35(b)(3) and §40-1 e officer must sign the statement below,	
Signature				With respect to the transaction(s) g	iving rise to the related member's interes	st/intangible expenses and costs, in-
					gible expense transaction(s) between th turing transaction(s) that facilitated such	
Title			Date		ruring transaction(s) that facilitated such included the avoidance of a meaningful a	
THIS FORM MUST BE ATTACHED TO FORI	M 65	or 20)S.	cipal motivating factor.		





Alabama Department of Revenue Add-Back Form

2014

(Form 65, 20S) TAXPAYER NAME: A column must be completed for each recipient related member. Attach addition Recipient related member who received interest/intangible income from the taxpayer:	TAXPAYER FEIN: al pages as needed and enter the totals of L Related Member 1 1a			
· · · · · · · · · · · · · · · · · · ·	Related Member 1	Lines 4 and Lines 11 for all related m	embers from all pages on Page 1, Line	
Recipient related member who received interest/intangible income from the taxpayer:		Related Member 2		
	1a ●		Related Member 3	Related Member 4
1 a. Recipient related member FEIN.				
b. Recipient related member name	1b •			
2 List the intangible expense amounts paid to the recipient related member	2 •			
3 List the interest expense amounts paid to the recipient related member	3 •			
4 Total intangible/interest expenses paid (total lines 2 and 3).	4 •			
To determine the exempt amount of intangible/interest expense, complete the applicable section(s) below.				
5 Exemption related to §40-18-35(b)(1) and §40-18-24(b):				
a. Jurisdiction(s) where recipient related member income is "subject to tax":	5a ●			
b. Amount of Line 4 expense not added back.	5b ●			
c. Recipient related member's corresponding intangible/interest income allocated to				
jurisdiction	5c ●			
d. Adjusted intangible/interest amount (Line 5b minus Line 5c)	5d ●			
e. Recipient related member's total apportionment percentage in the above jurisdiction(s)	5e ● %	%	%	%
f. Adjusted interest/intangible amount (multiply Line 5d by Line 5e)	5f ●			
g. Add Line 5c and Line 5f.	5g ●			
6 Exemption related to §40-18-35(b)(2), §40-18-35(b)(4), §40-18-24(d) and §40-18-24(f)				
- Amount of Line 4 expense not added back	6 •			
NOTE: For Section 7, 8, 9, and 10 the receipts of a disregarded entity/subchapter K entity, which may be a related	entity in and unto itself, may not be combined with receipts of	f its owner for purposes of this schedule.	·	
7 Exemption related to §40-18-35(b)(3) and §40-18-24(e) – Amount of Line 4 expense not added back	7 •			
8 Recipient related member receipts by category: a. Intangible receipts	8a •			
b. Interest receipts	8b •			
9 a. ●	9a ●			
b. •	9b ●			
c. ●	9c ●			
d. •	9d ●			
e. •	9e ●			
10 a. If either Lines 8a or 8b are greater than Lines 9a, 9b, 9c, 9d or 9e, enter zero	0a •			
b. If Lines 9a, 9b, 9c, 9d or 9e are greater than Lines 8a or 8b, enter amount from Line 7	0b ●			
11 Exempt Amount. Enter the greater of Lines 5g, 6, 10a or 10b.	11 •			
FOR DECIDIENT DELATER MEMBERS WILD DECEIVED INTERESTINITANCIDI E II				<u> </u>

FOR RECIPIENT RELATED MEMBERS WHO RECEIVED INTEREST/INTANGIBLE INCOME FROM THE TAXPAYER, PLEASE ATTACH ADDITIONAL SCHEDULES PAB. (ONLY USE THIS PAGE FOR ADDITIONAL MEMBERS)

Page	of	
- 3		