



S Corporation Information/Tax Return

For the year January 1 – December 31, 2015, or other tax year beginning _____, 2015, ending _____

Important Check applicable box: <input type="checkbox"/> Initial Return <input type="checkbox"/> Final Return <input type="checkbox"/> Amended Return	FEDERAL BUSINESS CODE NUMBER ●		FEDERAL EMPLOYER IDENTIFICATION NUMBER ●			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).
	NAME ●					
	ADDRESS ●					
	CITY ●		STATE ●	9-DIGIT ZIP CODE ●		
	STATE OF INCORPORATION ●		NATURE OF BUSINESS ●		DATE QUALIFIED IN ALABAMA ●	
	NUMBER OF SHAREHOLDERS DURING TAX YEAR ●	NUMBER OF NONRESIDENT SHAREHOLDERS INCLUDED IN COMPOSITE FILING ●	IF YOU FILED A RETURN FOR 2014 AND THE ABOVE NAME OR ADDRESS IS DIFFERENT, CHECK HERE <input type="checkbox"/>			

UNLESS A COPY OF FORM 1120S IS ATTACHED, THIS RETURN IS INCOMPLETE

SCHEDULE A – Computation of Separately Stated and Nonseparately Stated Income / Tax

	1 Federal Ordinary Income or (Loss) from trade or business activities	1 ●	00
Reconciliation to Alabama Basis (see instructions)	2 Net short-term and long-term capital gains – income or (loss)	2 ●	00
	3 Salaries and wages reduced for federal employment credits	3 ●	(00)
	4 State and local net income taxes paid/(refund)	4 ●	00
	5 Net income or (loss) from rental real estate activities	5 ●	00
	6 Net income or (loss) from other rental activities	6 ●	00
	7 Net gain or (loss) under I.R.C. §1231 (other than casualty losses)	7 ●	00
	8 Adjustments due to the Federal Economic Stimulus Act of 2008 (attach schedule)	8 ●	00
	9 Other reconciliation items (attach schedule)	9 ●	00
	10 Net reconciling items (add lines 2 through 9)	10 ●	00
	11 Net Alabama nonseparately stated income or (loss) (add line 1 and line 10)	11 ●	00
Separately Stated Items (Related to Business Income)	12 Contributions	12 ●	(00)
	13 Oil and gas depletion	13 ●	(00)
	14 I.R.C. §179 expense deduction (complete Schedule K)	14 ●	(00)
	15 Casualty losses	15 ●	(00)
	16 Portfolio income less expenses (complete Schedule K)	16 ●	00
	17 Other separately stated items (attach schedule)	17 ●	00
	18 Net separately stated items (add lines 12 through 17)	18 ●	00
	19 Total separately stated and nonseparately stated items (add line 11 and line 18)	19 ●	00
20 Nonseparately Stated Income Allocated and Apportioned to Alabama from Schedule E, line 7	20 ●	00	
21 ALABAMA INCOME TAX (see instructions and attach schedule)	21 ●	00	
Tax Due, Payments, and Credits	22 Tax Payments, Credits, and Deferrals:		
	a. 2015 estimated tax payments and amounts applied from 2014 return	22a ●	00
	b. Automatic extension payments (see instructions)	22b ●	00
	c. Payments prior to amendment (original return or Department adjustment)	22c ●	00
	d. Tax credits (from line 4, Schedule G) (see instructions)	22d ●	00
	e. Total payments (add lines 22a, 22b, 22c and 22d)	22e ●	00
	23 NET TAX DUE (subtract line 22e from line 21)	23 ●	00
	24 Reductions/applications of overpayments:		
	a. Penalties (see instructions)	24a ●	00
	b. Interest due (computed on tax due only)	24b ●	00
c. Amount to be credited to 2016 estimated tax	24c ●	00	
d. Total reductions/applications (add lines 24a, 24b and 24c)	24d ●	00	
25 Amount to be refunded (see instructions)	25 ●	00	
26 TOTAL AMOUNT DUE	26 ●	00	

If paying by check or money order, FORM PTE-V MUST ACCOMPANY PAYMENT.

If you paid electronically check here



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 810-27-1-4-.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)					●	●

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 ●	x8 = ●	●	x8 = ●
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 4, Schedule E, page 3)			27 ●	%

NOTE: If any factor is not utilized in the production of business income, it shall be eliminated and the denominator reduced accordingly (810-27-1-4-.09).



SCHEDULE D – Apportionment of Federal Income Tax

1	Enter the federal income tax from Federal Form 1120S	1	●	00
2	Enter the Alabama income from line 7, Schedule E below, if applicable. (If corporation operates exclusively in Alabama, do not complete lines 2-8.)	2	●	00
3	Apportionment of separately stated items <input type="checkbox"/> 3a ● <input type="checkbox"/> 3b x ● <input type="checkbox"/> % =	3c	●	00
Enter in line 3a the amount from line 18, Schedule A Apportionment Factor (line 27, Schedule C)				
4	Separately stated items allocated to Alabama (line 1h, Column F, Schedule B)	4	●	00
5	Total (add lines 2, 3c and 4)	5	●	00
6	Adjusted total income (add line 19, Schedule A to line 1h, Column E, Schedule B)	6	●	00
7	Federal income tax apportionment factor (line 5 divided by line 6)	7	●	%
8	Federal income tax apportioned to Alabama (multiply line 1 by the percent on line 7)	8	●	00

SCHEDULE E – Apportionment and Allocation of Income to Alabama

1	Net Alabama nonseparately stated income or (loss) from line 11, Schedule A	1	●	00
2	Nonseparately stated (income) or loss treated as nonbusiness income (line 1d, Column E, Schedule B) – please enter income as a negative amount and losses as a positive amount	2	●	00
3	Apportionable income or (loss) (add line 1 and line 2)	3	●	00
4	Apportionment factor from line 27, Schedule C	4	●	%
5	Income or (loss) apportioned to Alabama (multiply amount on line 3 by percent on line 4)	5	●	00
6	Nonseparately stated income or (loss) allocated to Alabama as nonbusiness income (Column F, line 1d, Schedule B)	6	●	00
7	Nonseparately stated income allocated and apportioned to Alabama (add lines 5 and 6). Also enter this amount on line 2, Schedule D; line 20, Schedule A; and line 1, Schedule K	7	●	00

SCHEDULE F – Alabama Accumulated Adjustments Account

1	Beginning balance (prior year ending balance)	1	●	00
2	Net Alabama nonseparately stated income or (loss) (line 11, Schedule A)	2	●	00
3	Net separately stated items (line 18, Schedule A)	3	●	00
4	Federal income tax deduction (line 1, Schedule D)	4	●	00
5	Separately stated nonbusiness items (line 1h, Column E, Schedule B)	5	●	00
6	Other additions/(reductions) (Do not include tax exempt income and related expenses)	6	●	00
7	Less distributions	7	●	00
8	Ending balance (total appropriate lines)	8	●	00

SCHEDULE G – Tax Credits

1	Total credits allowable per Schedule PC, Part N, Line 1	1	●	00								
2	Tax Due (Form 20S, Line 21)	2	●	00								
3	Credits used on Schedule A, Line 22d.	<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 60%;">Credit</th> <th style="width: 40%;">Amount</th> </tr> </thead> <tbody> <tr> <td>3a ● _____ ● _____</td> <td>_____</td> </tr> <tr> <td>3b ● _____ ● _____</td> <td>_____</td> </tr> <tr> <td>3c ● _____ ● _____</td> <td>_____</td> </tr> </tbody> </table>			Credit	Amount	3a ● _____ ● _____	_____	3b ● _____ ● _____	_____	3c ● _____ ● _____	_____
Credit	Amount											
3a ● _____ ● _____	_____											
3b ● _____ ● _____	_____											
3c ● _____ ● _____	_____											
4	Total credits used (add Lines 3a, 3b, and 3c)	4	●	00								
5	Amount allocated to Shareholder (Subtract Line 4 from Line 1). Enter this amount here and on Schedule K, Line 15	5	●	00								

SCHEDULE H – The Following Information Must Be Entered For This Return To Be Considered Complete

- Indicate tax accounting method used: ● Cash ● Accrual ● Other
- Briefly describe your Alabama operations: ● _____
- Enter this company's Alabama Withholding Tax Account No.: ● _____
- Person to contact for information concerning this return:

Name ● _____

Telephone Number ● (_____) _____ Email Address _____
- Location of the corporate records: ● _____
- Check if an Alabama business privilege tax return was filed for this entity: ●
- If the privilege tax return was filed using a different FEIN, please provide the name and FEIN used to file the return:

FEIN: ● _____ NAME: _____



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 From All Sources	Alabama Source Income
1 ●	●	●	●
2 ●	●	●	●
3 ●	●	●	●
4 ●	●	●	●
5 ●	●	●	●

SCHEDULE K – Distributive Share Items

	Federal Amount	Apportionment Factor	Apportioned Amount	Enter on Alabama Schedule K-1
1 Alabama nonseparately stated income (Schedule E, line 7)	1		●	Part III, Line M
Separately Stated Items:				
2 Contributions	2 ●			Part III, Line S
3 Oil and gas depletion	3 ●			Part III, Line Z
4 I.R.C. §179 expense deduction	4 ●			Part III, Line O
5 Casualty losses	5 ●			Part III, Line W
6 Portfolio income	6 ●			Part III, Line Q
7 Interest expense related to portfolio income	7 ●			Part III, Line P
8 Other expenses related to portfolio income (attach schedule)	8 ●			Part III, Line R
9 Other separately stated business items (attach explanation)	9 ●			Part III, Line T
10 Small business health insurance premiums (attach explanation)	10		●	Part III, Line Y
11 Separately stated nonbusiness items (attach schedule)	11 ●		●	Part III, Line AA
12 Composite payment made on behalf of owner/shareholder	12		●	Part III, Line U
13 U.S. taxes paid (attach explanation)	13 ●			Part III, Line V
14 Alabama exempt income (attach explanation)	14 ●			Part III, Line AB
15 Total credits (attach Schedule PC)	15		●	Part III, Line L
Transactions with Owners:				
16 Property distributions to owners	16 ●		●	Part III, Line X

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