



Corporation Income Tax Return

For the year January 1 – December 31, 2021, or other tax year beginning _____, 2021, ending _____

| | | | | | |
|--|--|--|---|--|---|
| Check applicable box: <input type="checkbox"/> PL 86-272 <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Federal audit change | FEDERAL BUSINESS CODE NUMBER <input type="checkbox"/> | FEDERAL EMPLOYER IDENTIFICATION NUMBER <input type="checkbox"/> | Filing Status: <i>(see instructions)</i> <input type="checkbox"/> 1. Corporation operating only in Alabama. <input type="checkbox"/> 2. Multistate Corporation – Apportionment (Sch. D-1). <input type="checkbox"/> 3. Multistate Corporation – Percentage of Sales (Sch. D-2). <input type="checkbox"/> 4. Multistate Corporation – Separate Accounting (Prior written approval required and must be attached). <input type="checkbox"/> 5. Proforma Return – files as part of Alabama Affiliated Group. | | |
| | NAME <input type="checkbox"/> | | | | |
| | ADDRESS <input type="checkbox"/> SUITE, FLOOR, ETC <input type="checkbox"/> | | | | |
| | CITY <input type="checkbox"/> | STATE <input type="checkbox"/> | | COUNTRY (IF NOT U.S.) <input type="checkbox"/> | 9-DIGIT ZIP CODE <input type="checkbox"/> |
| | CHECK ONLY ONE BOX. The taxpayer files the following form for federal purposes: <input type="checkbox"/> 1120 <input type="checkbox"/> 1120-F <input type="checkbox"/> 1120-REIT <input type="checkbox"/> 990/990T <input type="checkbox"/> Other | | | | |
| | This company files as part of <input type="checkbox"/> consolidated federal group <input type="checkbox"/> consolidated Alabama group | | | | |

| | | |
|--|------------|----------------------------|
| 1 FEDERAL TAXABLE INCOME <i>(see instructions)</i> | 1 | <input type="checkbox"/> |
| 2 Federal Net Operating Loss <i>(included in line 1)</i> | 2 | <input type="checkbox"/> |
| 3 Reconciliation adjustments <i>(from line 26, Schedule A)</i> | 3 | <input type="checkbox"/> |
| 4 Federal taxable income adjusted to Alabama Basis <i>(add lines 1, 2 and 3)</i> | 4 | <input type="checkbox"/> |
| 5 Net nonbusiness (income)/loss – Everywhere <i>(from Schedule C, line 2, col. E)</i> | 5 | <input type="checkbox"/> |
| 6 Apportionable income <i>(add lines 4 and 5)</i> | 6 | <input type="checkbox"/> |
| 7 Alabama apportionment factor <i>(from line 9, Schedule D-1)</i> | 7 | <input type="checkbox"/> % |
| 8 Income apportioned to Alabama <i>(multiply line 6 by line 7)</i> | 8 | <input type="checkbox"/> |
| 9 Net nonbusiness income/(loss) – Alabama <i>(from Schedule C, line 2, col. F)</i> | 9 | <input type="checkbox"/> |
| 10 Alabama income before federal income tax deduction <i>(line 8 plus line 9)</i> | 10 | <input type="checkbox"/> |
| 11a Federal income tax deduction <i>/(refund)</i> <i>(from line 12, Schedule E)</i> | 11a | <input type="checkbox"/> |
| b Small Business Health Insurance Premiums <i>(see instructions)</i> | 11b | <input type="checkbox"/> |
| 12 Alabama income before net operating loss (NOL) carryforward <i>(line 10 less lines 11a and b)</i> | 12 | <input type="checkbox"/> |
| 13 Alabama NOL deduction <i>(see instructions)</i> | 13 | <input type="checkbox"/> |
| 14 Alabama taxable income <i>(line 12 less line 13)</i> | 14 | <input type="checkbox"/> |
| 15 Alabama Income Tax <i>(6.5% of line 14)</i> | 15 | <input type="checkbox"/> |
| 16 LIFO Reserve Tax Deferral <i>(see instructions)</i> | 16 | <input type="checkbox"/> |
| 17 Alabama Income Tax after LIFO Reserve Tax Deferral <i>(line 15 less line 16)</i> | 17 | <input type="checkbox"/> |
| 18 Nonrefundable Credits <i>(from Schedule BC, Section E, line F3)</i> | 18 | <input type="checkbox"/> |
| 19 Net tax due Alabama <i>(line 17 less line 18)</i> | 19 | <input type="checkbox"/> |
| 20 Payments: | | |
| a Carryover from prior year | 20a | <input type="checkbox"/> |
| b Current year's estimated tax payments | 20b | <input type="checkbox"/> |
| c Current year's Composite Payment(s)/Electing Pass-Through Entity Credit(s) from Schedule CP-B, line 3 <i>(see instructions)</i> | 20c | <input type="checkbox"/> |
| d Extension payment | 20d | <input type="checkbox"/> |
| e Payments prior to adjustment | 20e | <input type="checkbox"/> |
| f Refundable credits <i>(from Schedule BC, Section F, line F3)</i> | 20f | <input type="checkbox"/> |
| g Total Payments <i>(add lines 20a through 20f)</i> | 20g | <input type="checkbox"/> |
| 21 Reductions/applications of overpayments | | |
| a Credit to subsequent year's estimated tax | 21a | <input type="checkbox"/> |
| b Penny Trust Fund | 21b | <input type="checkbox"/> |
| c Penalty due <i>(see instructions)</i> Late Payment Estimate <input type="checkbox"/> Other <input type="checkbox"/> | 21c | <input type="checkbox"/> |
| d Interest due <i>(see instructions)</i> Estimate Interest <input type="checkbox"/> Interest on Tax <input type="checkbox"/> | 21d | <input type="checkbox"/> |
| e Total reductions <i>(total lines 21a, b, c and d)</i> | 21e | <input type="checkbox"/> |
| 22 Total amount due/(refund) <i>(line 19 less 20g, plus 21e)</i> | 22 | <input type="checkbox"/> |

UNLESS A COPY OF THE FEDERAL RETURN IS ATTACHED, THIS RETURN WILL BE CONSIDERED INCOMPLETE. (SEE ALSO PAGE 4, OTHER INFORMATION, NO. 5.)

If you paid electronically check here:

Please Sign Here

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.

Signature

Title

Date

Daytime Telephone No.



Schedule C

Allocation of Nonbusiness Income, Loss, and Expense – Use only if you checked Filing Status 2, page 1

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.)

| DIRECTLY ALLOCABLE ITEMS OF NONBUSINESS INCOME OR LOSS | 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 | Column F Alabama |
| 1a ● | ● | ● | ● | ● | ● | ● |
| b ● | ● | ● | ● | ● | ● | ● |
| c ● | ● | ● | ● | ● | ● | ● |
| d ● | ● | ● | ● | ● | ● | ● |
| e ● | ● | ● | ● | ● | ● | ● |
| 2 NET NONBUSINESS INCOME / LOSS Enter Column E total ((income)/loss) on line 5 of page 1. Enter Column F total (income/(loss)) on line 9 of page 1 | | | | | Column E ● | Column F ● |

Schedule D-1

Apportionment Factor – Use only if Filing Status 2 or Filing Status 5, page 1 with Multi-State Operations – Amounts must be Positive (+) Values

| SALES | ALABAMA | | EVERYWHERE | |
|---|---------|------|------------|---|
| | ● | ● | ● | ● |
| 1 Gross receipts from sales | ● | ● | ● | ● |
| 2 Dividends | ● | ● | ● | ● |
| 3 Interest | ● | ● | ● | ● |
| 4 Rents | ● | ● | ● | ● |
| 5 Royalties | ● | ● | ● | ● |
| 6 Gross proceeds from capital and ordinary gains | ● | ● | ● | ● |
| 7 Other ● _____ (Federal 1120, line ● _____) | ● | ● | ● | ● |
| 8 Total Sales | 8a ● | 8b ● | ● | ● |
| 9 Line 8a/8b = ALABAMA APPORTIONMENT FACTOR (Enter here and on line 7, page 1) | | | 9 ● | % |

Schedule D-2

Percentage of Sales – Use only if you checked Filing Status 3, page 1 – See instructions

DO NOT USE THIS SCHEDULE IF ALABAMA SALES EXCEED \$100,000.

| | ALABAMA | EVERYWHERE |
|---|---------|------------|
| 1 Gross receipts from sales | ● | ● |
| 2 Tax due (multiply line 1, Alabama by .0025) (enter here and on page 1, line 15) | ● | |

Schedule E Federal Income Tax (FIT) Deduction/(Refund)

Only method 1552(a)(1) can be used to calculate the Federal Income Tax Deduction.

enter the amount of federal income tax paid during the year.

(a) If this corporation is an accrual-basis taxpayer and files a separate (nonconsolidated) federal income tax return with the IRS, skip to line 6 and enter the amount of federal income tax liability shown on Form 1120.

(c) If this corporation is a member of an affiliated group which files a consolidated federal return, enter the separate company income from line 30 of the proforma 1120 for this company on line 1. You must complete lines 1-5 before moving on to line 6.

(b) If this corporation is a cash-basis taxpayer and files a separate (nonconsolidated) federal income tax return with the IRS, skip to line 6 and

Items excluded from Alabama Taxable Income must be added to adjusted total income on line 8b to calculate the Federal Income Tax deduction. (This includes any amounts listed on Schedule A lines 13, 14, 17, 18, and 19).

Table with 12 rows for tax calculations and 12 columns for line numbers and input fields.

Other Information

- 1. Briefly describe your Alabama operations.
2. List locations of property within Alabama (cities and counties).
3. List other states in which corporation operates, if applicable.
4. Indicate your tax accounting method:
5. If this corporation is a member of an affiliated group which files a consolidated federal return, the following information must be provided:
6. Enter this corporation's federal net income for the last three (3) years.
7. Check if currently being audited by the IRS.
8. Location of the corporate records:
9. Person to contact for information concerning this return:
10. Files Business Privilege Tax Return.
11. State of Incorporation:
Nature of business in Alabama:

Preparer's signature, Date, Check if self-employed, Preparer's Tax Identification Number, Firm's name, Tel. No., E.I. No., ZIP Code.



**Non-payment returns,
mail to:**

Alabama Department of Revenue
Income Tax Administration Division
Corporate Tax Section
PO Box 327430
Montgomery, AL 36132-7430

**Payment returns, mail with
payment voucher (Form BIT-V) to:**

Alabama Department of Revenue
Income Tax Administration Division
Corporate Tax Section
PO Box 327435
Montgomery, AL 36132-7435

**Federal audit change
returns, mail to:**

Alabama Department of Revenue
Income Tax Administration Division
Corporate Tax Section
PO Box 327451
Montgomery, AL 36132-7451