



FORM  
**20C**



Alabama  
Department of Revenue

•CY ☐  
•FY ☐  
•SY ☐  
•52/53 WK ☐

**2022**

# Corporation Income Tax Return

For the year January 1 – December 31, 2022, or other tax year beginning \_\_\_\_\_, 2022, ending \_\_\_\_\_

|                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                             |                |                                                    |                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------|---------------------------|
| <b>Check applicable box:</b><br><br><input type="checkbox"/> PL 86-272<br><br><input type="checkbox"/> Initial return<br><br><input type="checkbox"/> Final return<br><br><input type="checkbox"/> Amended return<br><br><input type="checkbox"/> Federal audit change | <b>FEDERAL BUSINESS CODE NUMBER</b><br>•                                                                                                                                                                                                                    |                | <b>FEDERAL EMPLOYER IDENTIFICATION NUMBER</b><br>• |                           |
|                                                                                                                                                                                                                                                                        | <b>NAME</b> •                                                                                                                                                                                                                                               |                |                                                    |                           |
|                                                                                                                                                                                                                                                                        | <b>ADDRESS</b> •                                                                                                                                                                                                                                            |                | <b>SUITE, FLOOR, ETC</b> •                         |                           |
|                                                                                                                                                                                                                                                                        | <b>CITY</b> •                                                                                                                                                                                                                                               | <b>STATE</b> • | <b>COUNTRY (IF NOT U.S.)</b> •                     | <b>9-DIGIT ZIP CODE</b> • |
|                                                                                                                                                                                                                                                                        | <b>CHECK ONLY ONE BOX. The taxpayer files the following form for federal purposes:</b><br><input type="checkbox"/> 1120 <input type="checkbox"/> 1120-F <input type="checkbox"/> 1120-REIT <input type="checkbox"/> 990/990T <input type="checkbox"/> Other |                |                                                    |                           |
| <b>This company files as part of</b> <input type="checkbox"/> consolidated federal group <input type="checkbox"/> consolidated Alabama group                                                                                                                           |                                                                                                                                                                                                                                                             |                |                                                    |                           |
| <b>Federal Parent Name:</b> _____ <b>FEIN</b> •                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                             |                |                                                    |                           |
| <b>Alabama Parent Name:</b> _____ <b>FEIN</b> •                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                             |                |                                                    |                           |
| <input type="checkbox"/> 2220AL Attached <input type="checkbox"/> Schedule of Adjustments to FTI                                                                                                                                                                       |                                                                                                                                                                                                                                                             |                |                                                    |                           |

**Filing Status:** *(see instructions)*  
☐ 1. Corporation operating only in Alabama.  
☐ 2. Multistate Corporation – Apportionment (Sch. D-1).  
☐ 3. Multistate Corporation – Percentage of Sales (Sch. D-2).  
☐ 4. Multistate Corporation – Separate Accounting (Prior written approval required and must be attached).  
☐ 5. Proforma Return – files as part of Alabama Affiliated Group.

|                                                                                                                                                |            |     |
|------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|
| <b>1 FEDERAL TAXABLE INCOME</b> <i>(see instructions)</i> .....                                                                                | <b>1</b>   | •   |
| <b>2 Federal Net Operating Loss</b> <i>(included in line 1)</i> .....                                                                          | <b>2</b>   | •   |
| <b>3 Reconciliation adjustments</b> <i>(from line 26, Schedule A)</i> .....                                                                    | <b>3</b>   | •   |
| <b>4 Federal taxable income adjusted to Alabama Basis</b> <i>(add lines 1, 2 and 3)</i> .....                                                  | <b>4</b>   | •   |
| <b>5 Net nonbusiness (income)/loss – Everywhere</b> <i>(from Schedule C, line 2, col. E)</i> .....                                             | <b>5</b>   | •   |
| <b>6 Apportionable income</b> <i>(add lines 4 and 5)</i> .....                                                                                 | <b>6</b>   | •   |
| <b>7 Alabama apportionment factor</b> <i>(from line 9, Schedule D-1)</i> .....                                                                 | <b>7</b>   | • % |
| <b>8 Income apportioned to Alabama</b> <i>(multiply line 6 by line 7)</i> .....                                                                | <b>8</b>   | •   |
| <b>9 Net nonbusiness income/(loss) – Alabama</b> <i>(from Schedule C, line 2, col. F)</i> .....                                                | <b>9</b>   | •   |
| <b>10 Alabama income before federal income tax deduction</b> <i>(line 8 plus line 9)</i> .....                                                 | <b>10</b>  | •   |
| <b>11a Federal income tax deduction I/(refund)</b> <i>(from line 12, Schedule E)</i> .....                                                     | <b>11a</b> | •   |
| <b>b Small Business Health Insurance Premiums</b> <i>(see instructions)</i> .....                                                              | <b>11b</b> | •   |
| <b>12 Alabama income before net operating loss (NOL) carryforward</b> <i>(line 10 less lines 11a and b)</i> .....                              | <b>12</b>  | •   |
| <b>13 Alabama NOL deduction</b> <i>(see instructions)</i> .....                                                                                | <b>13</b>  | •   |
| <b>14 Alabama taxable income</b> <i>(line 12 less line 13)</i> .....                                                                           | <b>14</b>  | •   |
| <b>15 Alabama Income Tax</b> <i>(6.5% of line 14)</i> .....                                                                                    | <b>15</b>  | •   |
| <b>16 LIFO Reserve Tax Deferral</b> <i>(see instructions)</i> .....                                                                            | <b>16</b>  | •   |
| <b>17 Alabama Income Tax after LIFO Reserve Tax Deferral</b> <i>(line 15 less line 16)</i> .....                                               | <b>17</b>  | •   |
| <b>18 Nonrefundable Credits</b> <i>(from Schedule BC, Section E, line E3)</i> .....                                                            | <b>18</b>  | •   |
| <b>19 Net tax due Alabama</b> <i>(line 17 less line 18)</i> .....                                                                              | <b>19</b>  | •   |
| <b>20 Payments:</b>                                                                                                                            |            |     |
| <b>a Carryover from prior year</b> .....                                                                                                       | <b>20a</b> | •   |
| <b>b Current year's estimated tax payments</b> .....                                                                                           | <b>20b</b> | •   |
| <b>c Current year's Composite Payment(s)/Electing Pass-Through Entity Credit(s)</b> <i>from Schedule CP-B, line 3 (see instructions)</i> ..... | <b>20c</b> | •   |
| <b>d Extension payment</b> .....                                                                                                               | <b>20d</b> | •   |
| <b>e Payments prior to adjustment</b> .....                                                                                                    | <b>20e</b> | •   |
| <b>f Refundable credits</b> <i>(from Schedule BC, Section F, line F3)</i> .....                                                                | <b>20f</b> | •   |
| <b>g Total Payments</b> <i>(add lines 20a through 20f)</i> .....                                                                               | <b>20g</b> | •   |
| <b>21 Reductions/applications of overpayments</b>                                                                                              |            |     |
| <b>a Credit to subsequent year's estimated tax</b> .....                                                                                       | <b>21a</b> | •   |
| <b>b Penny Trust Fund</b> .....                                                                                                                | <b>21b</b> | •   |
| <b>c Penalty due</b> <i>(see instructions)</i> <b>Late Payment Estimate</b> • _____ <b>Other</b> • _____                                       | <b>21c</b> | •   |
| <b>d Interest due</b> <i>(see instructions)</i> <b>Estimate Interest</b> • _____ <b>Interest on Tax</b> • _____                                | <b>21d</b> | •   |
| <b>e Total reductions</b> <i>(total lines 21a, b, c and d)</i> .....                                                                           | <b>21e</b> | •   |
| <b>22 Total amount due/(refund)</b> <i>(line 19 less 20g, plus 21e)</i> .....                                                                  | <b>22</b>  | •   |

**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.

ADOR

**Schedule A****Reconciliation Adjustments of Federal Taxable Income to Alabama Taxable Income**

§40-18-33, *Code of Alabama 1975*, defines Alabama Taxable Income as federal taxable income without the benefit of the federal net operating loss plus specific additions and less specific deductions. The specific additions and deductions are reflected in the lines provided below. Other reconciliation items include transition adjustments to prevent duplicate deduction or duplicate taxation of items previously deducted or reported on Alabama income tax returns.

**ADDITIONS**

|    |                                                                                                                                                                                                                        |    |   |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|
| 1  | State and local income taxes . . . . .                                                                                                                                                                                 | 1  | • |
| 2  | Federal exempt interest income (other than Alabama) on state, county and municipal obligations (everywhere) . . . . .                                                                                                  | 2  | • |
| 3  | Dividends from corporations in which the taxpayer owns less than 20 percent of stock to the extent properly deducted on federal income tax return ( <i>see instructions</i> ) . . . . .                                | 3  | • |
| 4  | Federal depreciation on pollution control items previously deducted for Alabama ( <i>see instructions</i> ) . . . . .                                                                                                  | 4  | • |
| 5  | Net income from foreclosure property pursuant to §10A-10-1.21 (real estate investment trust) . . . . .                                                                                                                 | 5  | • |
| 6  | Related members interest or intangible expenses or costs. From Schedule AB ( <i>see instructions</i> ).<br>Total Payments <b>6a</b> • <input type="text"/> minus Exempt Amount <b>6b</b> • <input type="text"/> equals | 6c | • |
| 7  | Captive REITS: Dividends Paid Deduction (from federal Form 1120-REIT) . . . . .                                                                                                                                        | 7  | • |
| 8  | Contributions not deductible on state income tax return due to election to claim state tax credit . . . . .                                                                                                            | 8  | • |
| 9  | •                                                                                                                                                                                                                      | 9  | • |
| 10 | •                                                                                                                                                                                                                      | 10 | • |
| 11 | Total additions (add lines 1 through 10) . . . . .                                                                                                                                                                     | 11 | • |

**DEDUCTIONS**

|    |                                                                                                                                                                                                                                                    |    |   |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|
| 12 | Refunds of state and local income taxes (due to overpayment or over accrual on the federal return) . . . . .                                                                                                                                       | 12 | • |
| 13 | Interest income earned on direct obligations of the United States . . . . .                                                                                                                                                                        | 13 | • |
| 14 | Interest income earned on obligations of Alabama or its subdivisions or instrumentalities to extent included in federal income tax return ( <i>see instructions</i> ) . . . . .                                                                    | 14 | • |
| 15 | Aid or assistance provided to the Alabama State Industrial Development Authority pursuant to §41-10-44.8(d) . . . . .                                                                                                                              | 15 | • |
| 16 | Expenses not deductible on federal income tax return due to election to claim a federal tax credit . . . . .                                                                                                                                       | 16 | • |
| 17 | Dividends described in 26 U.S.C. §78 from corporations in which taxpayer owns more than 20% of stock ( <i>see instructions</i> ) . . . . .                                                                                                         | 17 | • |
| 18 | Dividend income – more than 20% stock ownership (including that described in 26 U.S.C. §951) from non-U.S. corporations to the extent the dividend income would be deductible under 26 U.S.C. §243 if received from domestic corporations. . . . . | 18 | • |
| 19 | Dividends received from foreign sales corporations as determined in 26 U.S.C. §922 ( <i>see instructions</i> ) . . . . .                                                                                                                           | 19 | • |
| 20 | Amount of the oil/gas depletion allowance provided by §40-18-16 that exceeds the federal allowance ( <i>see instructions</i> ) . . . . .                                                                                                           | 20 | • |
| 21 | Additional Alabama depreciation related to Economic Stimulus Act of 2008 ( <i>see instructions</i> ) . . . . .                                                                                                                                     | 21 | • |
| 22 | Exemption of gain under §40-18-8.1 (Tech Company) ( <i>see instructions</i> ) . . . . .                                                                                                                                                            | 22 | • |
| 23 | •                                                                                                                                                                                                                                                  | 23 | • |
| 24 | •                                                                                                                                                                                                                                                  | 24 | • |
| 25 | Total deductions (add lines 12 through 24) . . . . .                                                                                                                                                                                               | 25 | • |
| 26 | TOTAL RECONCILIATION ADJUSTMENTS ( <i>subtract line 25 from line 11 above</i> ).<br>Enter here and on line 3, page 1 ( <i>enclose a negative amount in parentheses</i> ) . . . . .                                                                 | 26 | • |

**Schedule B****Alabama Net Operating Loss Carryforward Calculation (§40-18-35.1, *Code of Alabama 1975*)**

| Column 1                                                        | Column 2                                | Column 3                                   | Column 4                 | Column 5                               | Column 6                   |
|-----------------------------------------------------------------|-----------------------------------------|--------------------------------------------|--------------------------|----------------------------------------|----------------------------|
| Loss Year End<br>MM / DD / YYYY                                 | Amount of Alabama<br>net operating loss | Amount used in years<br>prior to this year | Amount used<br>this year | Remaining unused<br>net operating loss | Acquired<br>NOL            |
| •                                                               | •                                       | •                                          | •                        | •                                      | • <input type="checkbox"/> |
| •                                                               | •                                       | •                                          | •                        | •                                      | • <input type="checkbox"/> |
| •                                                               | •                                       | •                                          | •                        | •                                      | • <input type="checkbox"/> |
| •                                                               | •                                       | •                                          | •                        | •                                      | • <input type="checkbox"/> |
| •                                                               | •                                       | •                                          | •                        | •                                      | • <input type="checkbox"/> |
| •                                                               | •                                       | •                                          | •                        | •                                      | • <input type="checkbox"/> |
| •                                                               | •                                       | •                                          | •                        | •                                      | • <input type="checkbox"/> |
| •                                                               | •                                       | •                                          | •                        | •                                      | • <input type="checkbox"/> |
| •                                                               | •                                       | •                                          | •                        | •                                      | • <input type="checkbox"/> |
| •                                                               | •                                       | •                                          | •                        | •                                      | • <input type="checkbox"/> |
| •                                                               | •                                       | •                                          | •                        | •                                      | • <input type="checkbox"/> |
| •                                                               | •                                       | •                                          | •                        | •                                      | • <input type="checkbox"/> |
| •                                                               | •                                       | •                                          | •                        | •                                      | • <input type="checkbox"/> |
| •                                                               | •                                       | •                                          | •                        | •                                      | • <input type="checkbox"/> |
| •                                                               | •                                       | •                                          | •                        | •                                      | • <input type="checkbox"/> |
| •                                                               | •                                       | •                                          | •                        | •                                      | • <input type="checkbox"/> |
| •                                                               | •                                       | •                                          | •                        | •                                      | • <input type="checkbox"/> |
| •                                                               | •                                       | •                                          | •                        | •                                      | • <input type="checkbox"/> |
| •                                                               | •                                       | •                                          | •                        | •                                      | • <input type="checkbox"/> |
| •                                                               | •                                       | •                                          | •                        | •                                      | • <input type="checkbox"/> |
| Alabama net operating loss (enter here and on line 13, page 1). |                                         |                                            | • <input type="text"/>   |                                        |                            |

**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<br>NONBUSINESS INCOME OR LOSS                                                                                                          | ALLOCABLE GROSS INCOME / LOSS |                     | RELATED EXPENSE        |                     | NET OF RELATED EXPENSE |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------|------------------------|---------------------|------------------------|---------------------|
|                                                                                                                                                                    | Column A<br>Everywhere        | Column B<br>Alabama | Column C<br>Everywhere | Column D<br>Alabama | Column E<br>Everywhere | Column F<br>Alabama |
| 1a ●                                                                                                                                                               | ●                             | ●                   | ●                      | ●                   | ●                      | ●                   |
| b ●                                                                                                                                                                | ●                             | ●                   | ●                      | ●                   | ●                      | ●                   |
| c ●                                                                                                                                                                | ●                             | ●                   | ●                      | ●                   | ●                      | ●                   |
| d ●                                                                                                                                                                | ●                             | ●                   | ●                      | ●                   | ●                      | ●                   |
| e ●                                                                                                                                                                | ●                             | ●                   | ●                      | ●                   | ●                      | ●                   |
| <b>2 NET NONBUSINESS INCOME / LOSS</b><br>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<br>●          | Column F<br>●       |

**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 = <b>ALABAMA APPORTIONMENT FACTOR</b> (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.**

(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.

(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

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

(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.

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).

|    |                                                                                                                           |    |     |
|----|---------------------------------------------------------------------------------------------------------------------------|----|-----|
| 1  | This company's separate federal taxable income .....                                                                      | 1  | ●   |
| 2  | Total positive consolidated federal taxable income .....                                                                  | 2  | ●   |
| 3  | This company's percentage (divide line 1 by line 2) .....                                                                 | 3  | ● % |
| 4  | Consolidated federal income tax (liability/payment) .....                                                                 | 4  | ●   |
| 5  | Federal income tax for this company (multiply line 3 by line 4) .....                                                     | 5  | ●   |
| 6  | Federal income tax to be apportioned .....                                                                                | 6  | ●   |
| 7  | Alabama income, page 1, line 10 .....                                                                                     | 7  | ●   |
| 8a | Adjusted total income, page 1, line 4 .....                                                                               | 8a | ●   |
| 8b | Income excluded from Alabama Taxable Income (include any amounts listed on Schedule A lines 13, 14, 17, 18, and 19) ..... | 8b | ●   |
| 8c | Adjusted Total Income including items excluded from Alabama Taxable Income (Add lines 8a and 8b) .....                    | 8c | ●   |
| 9  | Federal income tax ratio (divide line 7 by line 8c) .....                                                                 | 9  | ● % |
| 10 | Federal income tax apportioned to Alabama (multiply line 6 by line 9) .....                                               | 10 | ●   |
| 11 | Less refunds or adjustments .....                                                                                         | 11 | ●   |
| 12 | Net federal income tax deduction / <refund> (enter here and on Page 1, line 11a) .....                                    | 12 | ●   |

## Other Information

- Briefly describe your Alabama operations. ●
- List locations of property within Alabama (cities and counties). ●
- List other states in which corporation operates, if applicable. ●
- Indicate your tax accounting method:  
☐ Accrual ☐ Cash ☐ Other ●
- If this corporation is a member of an affiliated group which files a consolidated federal return, the following information **must be provided**:
  - Copy of Federal Form 851, Affiliations Schedule.** Identify by asterisk or underline the names of those corporations subject to tax in Alabama.
  - Signed copy of consolidated Federal Form 1120, pages 1-6,** as filed with the IRS.
  - Copy of the spreadsheet of income statements; all supporting schedules for all legal entities that file as part of the consolidated federal group** including (but not limited to) a copy of the spreadsheet of income statements (which includes a separate column that identifies the eliminations and adjustments used in completing the federal consolidated return), beginning and ending balance sheets, Schedule M-3 for the entire federal consolidated group.
  - Copy of federal Schedule K-1** for each tax entity that the corporation holds an interest in at any time during the taxable year.
  - Copy of federal Schedule(s) UTP.**
- Enter this corporation's federal net income (see instructions for page 1, line 1) for the last three (3) years, as last determined (e.g.: per amended federal return or IRS audit).  
 2021 ● 2020 ● 2019 ●
- Check if currently being audited by the IRS. ☐ If so, enter the periods: ●
- Location of the corporate records: Street address: ●  
 City: ● State: ● ZIP: ●
- Person to contact for information concerning this return:  
 Name: ● Email Address: ● Telephone: ● ( )
- Files Business Privilege Tax Return. ☐ FEIN: ●
- State of Incorporation: ● Date of Incorporation: ● / / Date Qualified in Alabama: ● / /

Paid  
Preparer's  
Use Only

|                                                      |              |                                                 |                                      |
|------------------------------------------------------|--------------|-------------------------------------------------|--------------------------------------|
| Preparer's signature                                 | Date         | Check if self-employed <input type="checkbox"/> | Preparer's Tax Identification Number |
| Firm's name (or yours, if self-employed) and address | 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