



Partnership/Limited Liability Company Return of Income

ALSO TO BE FILED BY SYNDICATES, POOLS, JOINT VENTURES, ETC.

Important!
You Must Check Applicable Box:

- Amended Return
- Initial Return
- Final Return
- General Partnership
- Limited Partnership
- LLC/LLP
- Qualified Investment Partnership

For Calendar Year 2010 or Fiscal Year beginning ● _____, 2010, and ending ● _____, _____

FEDERAL BUSINESS CODE NUMBER ● _____		FEDERAL EMPLOYER IDENTIFICATION NUMBER ● _____	
Name of Company ● _____			
Number and Street ● _____			
City or Town ● _____		State ● _____	9 Digit ZIP Code ● _____
Check if the company operates in more than one state ● <input type="checkbox"/>		If above name or address is different from the one shown on your 2009 return, check here ● <input type="checkbox"/>	
Check if the company qualifies for the Alabama Enterprise Zone Credit or the Capital Credit ● <input type="checkbox"/>		Number of Members During The Tax Year ● _____	
State in Which Company Was Formed ● _____	Nature of Business ● _____	Date Qualified in Alabama ● _____	Number of Nonresident Members Included in Composite Filing ... ● _____

DEPARTMENT USE ONLY

FN

Total Federal income as shown on Form 1065, line 8. ● _____

Total Federal deductions as shown on Form 1065, line 21. ● _____

Total assets as shown on Form 1065. ● _____

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UNLESS A COPY OF FEDERAL FORM 1065 IS ATTACHED THIS RETURN IS INCOMPLETE

SCHEDULE A

COMPUTATION OF SEPARATELY STATED AND NONSEPARATELY STATED INCOME

1 Federal Ordinary Income or (Loss) from trade or business activities		1	●	
Reconciliation to Alabama Basis (see instructions)	2 Net short-term and long-term capital gains – income or (loss)	2	●	
	3 Salaries and wages reduced for federal employment credits	3	●	()
	4 Net income or (loss) from rental real estate activities	4	●	
	5 Net income or (loss) from other rental activities	5	●	
	6 Net gain or (loss) under I.R.C. §1231 (other than casualty losses)	6	●	
	7 Adjustments due to the Federal Economic Stimulus Act of 2008 (attach schedule)	7	●	
	8 Other reconciliation items (attach schedule)	8	●	
	9 Net reconciling items (add lines 2 through 8)	9	●	
10 Net Alabama nonseparately stated income or (loss) (add line 1 and line 9)	10	●		
Separately Stated Items (Related to Business Income)	11 Contributions	11	●	()
	12 Oil and gas depletion	12	●	()
	13 I.R.C. §179 expense deduction (complete Schedule K)	13	●	()
	14 Casualty losses	14	●	()
	15 Portfolio income or (loss) less expenses (complete Schedule K)	15	●	
	16 Other separately stated items (attach schedule)	16	●	
	17 Net separately stated items (add line 11 through 16)	17	●	
	18 Total separately stated and nonseparately stated items (add line 10 and line 17)	18	●	
	19 Alabama apportionment factor from Schedule D, line 4	19	●	%
20 Nonseparately Stated Income Allocated and Apportioned to Alabama from Schedule D, line 7	20	●		

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 of general partner _____ Date _____ Daytime Telephone No. _____ Social Security No. _____

Paid Preparer's Use Only

Preparer's Signature _____ Date _____ Check if self-employed Preparer's Social Security No. _____

Firm's name (or yours, if self-employed) and address _____ Telephone No. _____ E.I. No. _____

_____ ZIP Code _____

Email Address _____



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).

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 the 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	●			
2 Land	●			
3 Furniture and fixtures	●			
4 Machinery and equipment	●			
5 Buildings and leasehold improvements	●			
6 IDB/IRB property (at cost)	●			
7 Government property (at FMV)	●			
8 ●				
9 Less Construction in progress (if included)	●			
10 Totals	●			
11 Average owned property (BOY + EOY ÷ 2)		●		●
12 Annual rental expense	●	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		●		
17 Origin sales		●		
18 Total gross receipts from sales		●		
19 Dividends		●		
20 Interest		●		
21 Rents		●		
22 Royalties		●		
23 Gross proceeds from capital and ordinary gains		●		
24 Other ● (Federal 1065, line ●)		●		
25 Alabama sales factor — 25a ÷ 25b = line 25c		25a ●	25b	25c %
26 Sum of lines 14, 15c, and 25c ÷ 3 = ALABAMA APPORTIONMENT FACTOR (Enter here and on line 4, Schedule D, page 3)			26 ●	%



SCHEDULE D		APPORTIONMENT AND ALLOCATION OF INCOME TO ALABAMA	
1	Net Alabama nonseparately stated income or (loss) from line 10, Schedule A	1	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
3	Apportionable income or (loss) – add line 1 and line 2	3	<input checked="" type="checkbox"/>
4	Apportionment factor from line 26, Schedule C	4	<input checked="" type="checkbox"/> %
5	Income or (loss) apportioned to Alabama (<i>multiply amount on line 3 by the percentage on line 4</i>)	5	<input checked="" type="checkbox"/>
6	Nonseparately stated income or (loss) allocated to Alabama as nonbusiness income (Column F, line 1d, Schedule B)	6	<input checked="" type="checkbox"/>
7	Nonseparately Stated Income Allocated and Apportioned to Alabama (<i>add lines 5 and 6</i>). Enter this amount on line 20, Schedule A and line 1, Schedule K – Alabama Amount	7	<input checked="" type="checkbox"/>

SCHEDULE E		OTHER INFORMATION	
1	Indicate method of accounting	(a) <input checked="" type="checkbox"/> cash	(b) <input checked="" type="checkbox"/> accrual
2	Check if the company is currently being audited by the IRS	<input checked="" type="checkbox"/> What years are involved? _____	
3	Check if the IRS has completed any audits	<input checked="" type="checkbox"/>	
4	Enter this company's Alabama Withholding Tax Account Number <input checked="" type="checkbox"/>		
5	Briefly describe your operations <input checked="" type="checkbox"/>		
6	Indicate if company has been	(a) <input checked="" type="checkbox"/> dissolved	(b) <input checked="" type="checkbox"/> sold
If company has been dissolved, sold, or incorporated, complete the following:			
Nature of change <input checked="" type="checkbox"/>			
Name and address of new company, corporation, or owner(s) <input checked="" type="checkbox"/>			
7	Location of the partnership records <input checked="" type="checkbox"/>		
8	Check if an Alabama business privilege tax return was filed for this entity <input checked="" type="checkbox"/>		
If the privilege tax return was filed using a different FEIN, please provide the name and FEIN used to file the return.			
FEIN: <input checked="" type="checkbox"/> NAME: <input checked="" type="checkbox"/>			
9	Taxpayer's email address: _____		

SCHEDULE K		DISTRIBUTIVE SHARE ITEMS			
	Federal Amount	Apportionment Factor	Alabama Amount	Enter on Alabama Schedule K-1	
1	Alabama Nonseparately Stated Income (Schedule D, line 7)			Part III, Line M	
Separately Stated Items:					
2	Contributions			Part III, Line S	
3	Oil and gas depletion			Part III, Line Z	
4	I.R.C. §179 expense deduction				
a.	Amount allowed on 1065				
b.	Adjustments required (<i>see instructions</i>)				
c.	Amount to be apportioned			Part III, Line O	
5	Casualty losses			Part III, Line W	
6	Portfolio income			Part III, Line Q	
7	Interest expense related to portfolio income			Part III, Line P	
8	Other expenses related to portfolio income (attach schedule)			Part III, Line R	
9	Other separately stated business items (attach explanation)			Part III, Line T	
10	Small business health insurance premiums (attach explanation) ...			Part III, Line Y	
11	Separately stated nonbusiness items (attach schedule)			Part III, Line AA	
12	Composite payment made on behalf of owner/shareholder			Part III, Line U	
13	U.S. taxes paid (attach explanation)			Part III, Line V	
14	Alabama exempt income (attach explanation)			Part III, Line AB	
Transactions with Owners:					
15	Property distributions to owners		100%	Part III, Line X	
16	Guaranteed payments to partners			Part III, Line N	

CHECK LIST

HAVE THE FOLLOWING FORMS BEEN ATTACHED TO THE FORM 65?

ALABAMA SCHEDULE K-1 (one for each owner)

ALABAMA SCHEDULE NRA (if applicable)

FEDERAL FORM 1065 (entire form as filed with the IRS)



Required Entity Information For Partnerships and LLCs

1. List general partners.

NAME OF GENERAL PARTNER	SSN / FEIN	ADDRESS	PERCENT OF OWNERSHIP
a. ●			
b. ●			
c. ●			
d. ●			
e. ●			

2. List other states in which the Partnership/LLC operates, if applicable.

3. At any time during the tax year, did the Partnership/LLC transact business in a foreign country? Yes No
 If yes, complete the information below:

NAME OF COUNTRY	NATURE OF BUSINESS	TAXABLE INCOME REPORTED TO COUNTRY
a. ●		
b. ●		
c. ●		
d. ●		
e. ●		

4. At any time during the tax year, did the Partnership/LLC invest in another Pass-Through entity? Yes No
 If yes, complete the information below:

NAME OF ENTITY	FEIN	PERCENT OF OWNERSHIP
a. ●		
b. ●		
c. ●		
d. ●		
e. ●		

5. Person to contact for information regarding this return:

Name: _____

Telephone Number: (_____) _____

Email: _____