



ALABAMA DEPARTMENT OF REVENUE

Application For Tax Extension Request, Permit Application, and Annual Report

1997

If a completed Franchise Tax Return cannot be timely filed, a completed Application For Extension Request, Permit Application and Annual Report must be filed with the Alabama Department of Revenue, Corporate Tax Division, on or before March 15, 1997.

RECEIVING STAMP	LEGAL CORPORATION NAME (PLEASE TYPE OR PRINT)	
	MAILING ADDRESS	EXTENSION CODE
	CITY, STATE, AND ZIP CODE	(This Space For Use By Alabama Department of Revenue)
	ALABAMA FRANCHISE TAX ACCOUNT NO.	
FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)		FEDERAL STANDARD INDUSTRIAL CLASSIFICATION CODE
		PLEASE INCLUDE SOCIAL SECURITY NUMBERS FOR ALL CORPORATE OFFICERS

1 State or country of incorporation	▶ 1	
2 Date of Qualification in Alabama	▶ 2	
3 Name of registered agent in Alabama*	▶ 3	
FEIN or Social Security No. of registered agent		
Street address of registered office in Alabama		
City, State and Zip Code		
4 Name of president of corporation	▶ 4	
Social Security Number		
Street Address		
City, State and Zip Code		
5 Name of secretary of corporation	▶ 5	
Social Security Number		
Street Address		
City, State and Zip Code		
6 Kind of business done in Alabama	▶ 6	
7 Principal place of business in Alabama	▶ 7	
City, State and Zip Code		
8 Kind of business done generally	▶ 8	
9 Principal office and place of business in state or country of incorporation	▶ 9	
10 Date of incorporation	▶ 10	

* If the Registered Office or Registered Agent has changed, a Statement of Change of Registered Office or Registered Agent Form should be filed with the Secretary of State's Office. (Required by Section 10-2B-15.08 Code of Alabama 1975) (334) 242-5324.

11 EXECUTION AND VERIFICATION (Required by Sections 10-2B-1.20 and 40-14-44, Code of Alabama 1975)

I _____ the _____, do hereby swear (or affirm),
NAME OF OFFICER TITLE OF OFFICER
 depose, and say that the foregoing statement made to the Department of Revenue for the annual report and the collection of the franchise tax and permit fee of said corporation, is true, full and correct and also, if a professional corporation, that all the shareholders, at least one director and the president of said corporation are qualified persons or otherwise legally authorized to practice his profession in the State of Alabama.

Date _____
SIGNATURE OF OFFICER TELEPHONE NUMBER

			DEPARTMENT USE ONLY
12 Secretary of State Annual Report Fee (Prior year's credit cannot be used to pay this fee)	12	\$10.00	SSAR
13 1997 Permit Fee (minimum \$5.00) (Prior year's credit cannot be used to pay this fee)	13		
14 1997 Franchise Tax (minimum \$25.00) (At least 80% of the 1997 Franchise Tax)	14		TPR
15 Less prior year's Franchise Tax credit (Attach Letter of Credit, if available)	15 ▶		TFR
16 1997 Franchise Tax due (Line 14 minus Line 15)	16		TAR
17 Total amount due (Add Lines 12, 13 and 16)	17		

Make check payable to:
Alabama Department of Revenue

Mail to:
**Alabama Department of Revenue, Foreign Franchise Tax Section,
P. O. Box 327330, Montgomery, AL 36132-7330**

CHECK THIS BOX IF PAYMENT MADE THROUGH ELECTRONIC FUNDS TRANSFER (EFT)
(See EFT Instructions Page 2)

18 In accordance with Section 40-14-43, Code of Alabama 1975, a portion, 6.65%, of the corporation's franchise tax payment is distributed to the Alabama county(ies) in which the corporation owns property. Therefore, in order to accurately distribute the payment to the proper Alabama county(ies), list below the Alabama county(ies) where the corporation holds title to any property, real and/or personal, and the assessed value in each county as of October 1, 1996. If all property is located in one Alabama county, list the county and indicate "All" or "100%." (Use attachment if additional space is required.)

COUNTY NAME	ASSESSED VALUE	COUNTY NAME	ASSESSED VALUE
	\$		\$
			Total Alabama Assessment. \$

Electronic Funds Transfer Payment and Filing

Section 41-1-20, Code of Alabama 1975 requires the use of Electronic Funds Transfer (EFT) for all tax payments of \$25,000 or more made during the calendar year 1997. Taxpayers must register to use EFT, and substantial penalties can be assessed for noncompliance. Call the Alabama Department of Revenue EFT Hotline at 1-800-322-4106 or (334) 242-0192 for further information.

If payment made through EFT, mail completed return to:

**Alabama Department of Revenue
Information Processing Division
EFT Unit
P.O. Box 327950
Montgomery, AL 36132-7950**

Extension Request

1. An extension request must be filed on or before the statutory filing date of March 15.
2. Payment of the Permit Fee, the Secretary of State Fee, and at least 80% of the taxpayer's Franchise Tax liability for the reporting period must be made with the extension request. No extension will be granted for the Permit Fee or Secretary of State Fee.

Reason for extension: _____

Under the above conditions, request is hereby made for an extension of time until _____
in which to file the 1997 Foreign Corporation Franchise Tax Return, Permit Application, and Annual Report.

DATE

SIGNATURE OF OFFICER

COMPUTATION OF PERMIT FEE

FEE - The fee to be paid, based on Total Alabama Capital is as follows:

Less than \$1,000.00	\$ 5.00
\$1,000.00 and up to and including \$10,000.00	\$ 10.00
Over \$10,000.00 and up to and including \$25,000.00	\$ 20.00
Over \$25,000.00 and up to and including \$50,000.00	\$ 50.00
Over \$50,000.00	\$100.00

For Department Use Only

- EXTENSION REQUEST DENIED. The extension is denied for the following reason(s):
- | | |
|---|--|
| <input type="checkbox"/> 1. Corporation has not qualified to do business in Alabama. | <input type="checkbox"/> 8. The corporation is no longer registered in Alabama due to: Withdrawal, Merger, Revocation. |
| <input type="checkbox"/> 2. The State of Incorporation has changed. The new corporation must qualify to do business in Alabama. | <input type="checkbox"/> 9. The corporation failed to report the Federal Employer Identification Number (FEIN). |
| <input type="checkbox"/> 3. The corporation is not in good standing in Alabama. | <input type="checkbox"/> 10. A name change has been noted on the extension, but the corporation has failed to procure an amended Certificate of Authority from the Alabama Secretary of State. |
| <input type="checkbox"/> 4. Delinquent prior year return(s). | <input type="checkbox"/> 11. Secretary of State's Annual Report Fee not received. |
| <input type="checkbox"/> 5. Payment of the permit fee and/or franchise tax was not received with the extension request. | <input type="checkbox"/> 12. Delinquent postmark date. |
| <input type="checkbox"/> 6. Our records indicate this corporation has no prior years' Franchise Tax credit. | <input type="checkbox"/> 13. Other _____ |
| <input type="checkbox"/> 7. Payment of at least 80% of the 1997 franchise tax must be submitted before the corporation can receive the desired extension. | _____ |
| | _____ |
| | _____ |