



ALABAMA DEPARTMENT OF REVENUE  
**Alabama Business Privilege Tax**  
**Initial Privilege Tax Return**

**Initial Privilege Tax** – This form is to be completed **ONLY** by taxpayers who incorporated, organized, qualified, registered or started doing business in Alabama during the taxable year. **NOTE: Initial returns must be filed within 2-1/2 months of incorporation, organization or qualification.** See the detailed instructions on the Alabama Department of Revenue Web site ([www.revenue.alabama.gov](http://www.revenue.alabama.gov)).

**Make check payable to: Alabama Department of Revenue**  
*(Payment must be submitted with Form BPT-V, unless payment is made electronically)*  
**Mail to: Alabama Department of Revenue, Business Privilege Tax Section**  
**P.O. Box 327320, Montgomery, AL 36132-7320**

Please enter the date the entity incorporated, organized, qualified or registered in Alabama or started doing business in Alabama, whichever occurred first:

- Type of taxpayer (**check only one**):
- |   |   |   |
|---|---|---|
| 1a. <input type="checkbox"/> Financial Institution Group Member | 1d. <input type="checkbox"/> LLE Taxed as Corporation     | 1b. <input type="checkbox"/> Insurance Company            |
| 1f. <input type="checkbox"/> Business Trust                     | 1g. <input type="checkbox"/> S Corporation                | 1e. <input type="checkbox"/> Real Estate Investment Trust |
| 1i. <input type="checkbox"/> Disregarded Entity                 | 1j. <input type="checkbox"/> Property Owner's Association | 1h. <input type="checkbox"/> Limited Liability Entity     |

2a. Date of Qualification, Incorporation or Organization   
 (mm/dd/yyyy)

**TAXPAYER INFORMATION**

3a. LEGAL NAME OF TAXPAYER		3b. FEIN <input type="checkbox"/> FEIN NOT REQUIRED (SEE INSTRUCTIONS)	3c. BPT ACCOUNT NUMBER (SEE INSTRUCTIONS)
3d. MAILING ADDRESS		3e. SECRETARY OF STATE FILE / ACCOUNT NUMBER (SEE <a href="http://SOS.ALABAMA.GOV">SOS.ALABAMA.GOV</a> )	
3f. CITY	3g. STATE	3h. ZIP CODE	3i. FEDERAL BUSINESS CODE NUMBER (NAICS) (SEE <a href="http://WWW.CENSUS.GOV">WWW.CENSUS.GOV</a> )
4a. CONTACT PERSON CONCERNING THIS FORM		4b. CONTACT PERSON'S PHONE NUMBER	4c. TAXPAYER'S E-MAIL ADDRESS

5a. County of incorporation or organization for all Alabama entities	5a
5b. State or country of incorporation or organization for all foreign entities	5b
6a. Date of qualification or registration in Alabama for foreign entities	6a
6b. Date of incorporation or organization for all entities	6b
6c. Date started doing business in Alabama	6c
6d. Telephone number of the taxpayer	6d
7a. Name of registered agent in Alabama	7a
7b. FEIN or social security number	7b
7c. Street address	7c
7d. City, state and zip code	7d
8a. Name of corporate president or primary member/partner	8a
8b. Social security number	8b
8c. Street address	8c
8d. City, state and zip code	8d
9a. Name of corporate secretary or secondary member/partner	9a
9b. Social security number	9b
9c. Street address	9c
9d. City, state and zip code	9d
10. Kind of business done in Alabama	10
11. Principal place of business in Alabama City, state and zip code	11
12. Kind of business done generally	12
13. Mailing address of the principal place of business if outside State of Alabama City, state and zip code	13

**COMPUTATION OF AMOUNT DUE**

14. Privilege tax due (Page 2, Part B, line 21)	14	<input type="checkbox"/>	Amount Due
15. Penalty due (see instructions)	15	<input type="checkbox"/>	
16. Interest due (see instructions)	16	<input type="checkbox"/>	
17. Total privilege tax due (add lines 14, 15 and 16) (Form BPT-V must be submitted if payment is made by check)	17	<input type="checkbox"/>	
18. Check here if paid electronically: <input type="checkbox"/>			

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**

Your Signature	Title	Date
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**Paid Preparer's Use Only**

Preparer's signature	Date	Phone number	Preparer's social security no.
Firm's name (or yours, if self-employed) and address	E.I. No.	ZIP Code	



**1c. Date of Qualification,  
Organization or Incorporation**  
\_\_\_\_\_  
(mm/dd/yyyy)

**1a. FEIN**  
▶

**1b. TAXPAYER NAME**

**Part A – Net Worth Computation. Complete I, II or III only.**

<b>I. Corporations &amp; Entities Taxed as Corporations</b>			
1. Issued capital stock and any additional paid in capital, but without reduction for treasury stock	1	●	
2. Retained earnings, but not less than zero, including dividends payable. For LLC's taxed as corporations and non-stock issuing entities such as business trusts, enter assets minus liabilities	2	●	
3. Gross amount of related party debt exceeding the sum of lines 1 and 2	3	●	
4. For C corporations all payments for compensation or similar amounts in excess of \$500,000.	4	●	
5. For S corporations all payments for compensation, distributions or similar amounts in excess of \$500,000	5	●	
6. Total net worth (add lines 1 - 5)	6	●	

<b>II. Limited Liability Entities (LLE's)</b>			
7. Sum of the partners'/members' capital accounts, but not less than zero.	7	●	
8. All compensation, distributions, or similar amounts paid to a partner/member in excess of \$500,000	8	●	
9. Gross amount of related party debt exceeding the amount of line 7	9	●	
10. Total net worth (add lines 7, 8 and 9)	10	●	

<b>III. Disregarded Entities</b>			
11. (Reserved for future use.)	11		
12. If a disregarded entity has as its single member a taxpayer that is subject to the privilege tax, then the disregarded entity pays the minimum tax. (Go to Part B, line 21.) Single Member Name: ● FEIN: ●	12		
13. Assets minus liabilities for all disregarded entities that have as a single member an entity that is not subject to the privilege tax	13	●	
14. Gross amount of related party debt exceeding the amount on line 13	14	●	
15. For disregarded entities, all compensation, distributions, or similar amounts paid to a member in excess of \$500,000.	15	●	
16. Total net worth (add lines 13, 14, and 15 and go to Part B, line 1.)	16	●	

**Part B – Privilege Tax Exclusions and Deductions**

<b>Exclusions (Attach supporting documentation) (See instructions)</b>			
1. Net worth from Part A – line 6, 10, or 16	1	●	
2. Book value of the investments by the taxpayer in the equity of other taxpayers doing business in Alabama	2	●	
3. Financial institutions only – Book value of the investments in other corporations or LLE's that are not doing business in Alabama if the taxpayer owns more than 50% of the corporation or LLE.	3	●	
4. Unamortized portion of goodwill and core deposit intangibles resulting from a direct purchase	4	●	
5. Unamortized balance of properly elected post-retirement benefits pursuant to FASB 106	5	●	
6. Financial institutions only – The amount adjusted net worth that exceeds 6% of assets	6	●	
7. Total exclusions (sum of lines 2 - 6)	7	●	
8. Net worth subject to apportionment (line 1 less line 7)	8	●	
9. Alabama Property Factor as of date of organization, incorporation or qualification	9	●	_____ %
10. Total Alabama net worth (multiply line 8 by line 9)	10	●	

<b>Deductions (Attach supporting documentation) (See instructions)</b>			
11. Net investment in bonds and securities issued by the State of Alabama or political subdivision thereof, when issued prior to January 1, 2000.	11	●	
12. Net investment in all air, ground or water pollution control devices in Alabama	12	●	
13. Reserves for reclamation, storage, disposal, decontamination, or retirement associated with a plant, facility, mine or site in Alabama	13	●	
14. Book value of amount invested in qualifying low income housing projects (see instructions)	14	●	
15. For S corporations and LLE's, 30 percent of Alabama taxable income	15	●	
16. Total deductions (add lines 11 - 15)	16	●	
17. Taxable Alabama net worth (line 10 less line 16)	17	●	
18. Tax rate	18	●	.00025
19. Gross privilege tax calculated (multiply line 17 by line 18)	19	●	
20. Ratio of the days remaining in the calendar year divided by 365	20	●	_____ %
21. Privilege Tax Due (multiply line 19 by line 20) (minimum \$100, for maximum see instructions). Enter also on Form BPT-IN, page 1, line 14, Privilege Tax Due.	21	●	