



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 in 2011. **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).

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

- Type of taxpayer (**check only one**):
- 1a. C Corporation 1b. Insurance Company
 1c. Financial Institution Group Member 1d. LLE Taxed as Corporation 1e. Real Estate Investment Trust
 1f. Business Trust 1g. S Corporation 1h. Limited Liability Entity
 1i. Disregarded Entity

DO NOT FILE FORM BPT-IN AS AN ANNUAL RETURN

Please enter the date the entity incorporated, organized, qualified or registered in Alabama or started doing business in Alabama, whichever occurred first:
 2a. Date of Qualification, Incorporation or Organization ● _____
 (mm/dd/yyyy)

TAXPAYER INFORMATION

- 3a. LEGAL NAME OF BUSINESS ENTITY ● _____ 3b. FEIN FEIN NOT REQUIRED (SEE INSTRUCTIONS)
 3c. BPT ACCOUNT NO. _____ 3d. SECRETARY OF STATE FILE / ACCOUNT NO. (SEE SOS.ALABAMA.GOV) ● _____ 3e. FEDERAL BUSINESS CODE NO. (NAICS) (SEE WWW.CENSUS.GOV) ● _____
 3f. MAILING ADDRESS _____
 3g. CITY _____ 3h. STATE _____ 3i. ZIP CODE _____
 4a. CONTACT PERSON CONCERNING THIS FORM _____ 4b. CONTACT PERSON'S PHONE NO. _____
 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 ●		Amount Due
15. Penalty due (see instructions)	15 ●		
16. Interest due (see instructions)	16 ●		
17. Total privilege tax due (add lines 14, 15 and 16) (Form BPT-V must be submitted if payment is made by check)	17 ●		
18. Check here if paid electronically: <input type="checkbox"/> 19. Family LLE Election: <input type="checkbox"/> (Signature required below)			

● I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.

Please Sign Here

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.

Your Signature _____ Title _____ Date _____

Paid Preparer's Use Only

Preparer's signature _____ Date ● _____
 Firm's name (or yours, if self-employed) and address ● _____ E.I. No. _____
 ● _____ ZIP Code _____
 Phone No. _____ Preparer's SSN/PTIN _____

