

For the year Jan. 1 – Dec. 31, **2018**, or other tax year beginning • , 2018, ending • , 52/53 Week • **ADOR**

|                                                                                                                                                                                             |                                        |                                                                 |                                        |                                               |                                                                                                                                                                                                                                                                                                                                                  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------|----------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>► Important</b><br><b>Check</b><br><b>applicable box:</b><br><input type="checkbox"/> Initial Return<br><input type="checkbox"/> Final Return<br><input type="checkbox"/> Amended Return | FEDERAL BUSINESS CODE NUMBER           |                                                                 | FEDERAL EMPLOYER IDENTIFICATION NUMBER |                                               | <b>Filing Status: (see instructions)</b><br><input type="checkbox"/> 1. Corporation operating only in Alabama.<br><input type="checkbox"/> 2. Multistate Corporation – Apportionment (Sch. C).<br><input type="checkbox"/> 3. Multistate Corporation – Separate Accounting (Prior written approval required and must be attached) or Schedule B. |  |
|                                                                                                                                                                                             | NAME                                   |                                                                 |                                        |                                               |                                                                                                                                                                                                                                                                                                                                                  |  |
|                                                                                                                                                                                             | ADDRESS                                |                                                                 |                                        |                                               |                                                                                                                                                                                                                                                                                                                                                  |  |
|                                                                                                                                                                                             | CITY                                   | STATE                                                           | 9-DIGIT ZIP CODE                       |                                               |                                                                                                                                                                                                                                                                                                                                                  |  |
|                                                                                                                                                                                             | STATE OF INCORPORATION                 | NATURE OF BUSINESS                                              |                                        | DATE QUALIFIED IN ALABAMA                     |                                                                                                                                                                                                                                                                                                                                                  |  |
|                                                                                                                                                                                             | NUMBER OF SHAREHOLDERS DURING TAX YEAR | NUMBER OF NONRESIDENT SHAREHOLDERS INCLUDED IN COMPOSITE FILING |                                        | FEDERAL AUDIT CHANGE <input type="checkbox"/> | S STATUS ELECTION TERMINATION <input type="checkbox"/>                                                                                                                                                                                                                                                                                           |  |

  

|                                                                     |                                                                                                                                                                   |     |    |    |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|
| <b>Federal Income</b>                                               | 1. a. Gross receipts or sales                                                                                                                                     | 1a  | 00 |    |
|                                                                     | b. Returns and allowances                                                                                                                                         | 1b  | 00 |    |
|                                                                     | c. Balance. Subtract line 1b from line 1a                                                                                                                         | 1c  |    | 00 |
|                                                                     | 2. Cost of goods sold (attach Federal Form 1125-A)                                                                                                                | 2   |    | 00 |
|                                                                     | 3. Gross Profit. Subtract line 2 from line 1c                                                                                                                     | 3   |    | 00 |
|                                                                     | 4. Net gain (loss) from Federal Form 4797, Part II, line 17 (attach Federal Form 4797)                                                                            | 4   |    | 00 |
| <b>Federal Deductions</b><br>(see the instructions for limitations) | 5. Other income (loss) (attach statement)                                                                                                                         | 5   |    | 00 |
|                                                                     | 6. Total income (loss). Combine lines 3 through 5.                                                                                                                | 6   |    | 00 |
|                                                                     | 7. Compensation of officers                                                                                                                                       | 7   |    | 00 |
|                                                                     | 8. Salaries and wages (less employment credits)                                                                                                                   | 8   |    | 00 |
|                                                                     | 9. Repairs and maintenance                                                                                                                                        | 9   |    | 00 |
|                                                                     | 10. Bad debts                                                                                                                                                     | 10  |    | 00 |
|                                                                     | 11. Rents                                                                                                                                                         | 11  |    | 00 |
|                                                                     | 12. Taxes and licenses                                                                                                                                            | 12  |    | 00 |
|                                                                     | 13. Interest                                                                                                                                                      | 13  |    | 00 |
|                                                                     | 14. Depreciation not claimed on Federal Form 1125-A or elsewhere on return (attach Federal Form 4562)                                                             | 14  |    | 00 |
|                                                                     | 15. Depletion (Do not deduct oil and gas depletion)                                                                                                               | 15  |    | 00 |
|                                                                     | 16. Advertising                                                                                                                                                   | 16  |    | 00 |
|                                                                     | 17. Pension, profit-sharing, etc., plans                                                                                                                          | 17  |    | 00 |
|                                                                     | 18. Employee benefit programs                                                                                                                                     | 18  |    | 00 |
|                                                                     | 19. Other deductions (attach statement)                                                                                                                           | 19  |    | 00 |
|                                                                     | 20. Total deductions (add lines 7 through 19)                                                                                                                     | 20  |    | 00 |
| <b>Alabama Adjustments</b>                                          | 21. Federal ordinary business income (loss). Subtract line 20 from line 6                                                                                         | 21  |    | 00 |
|                                                                     | 22. Alabama Nonseparately Stated Reconciliations (from Schedule A, line 12)                                                                                       | 22  |    | 00 |
|                                                                     | 23. Federal ordinary business income (loss) adjusted to Alabama basis (add lines 21 and 22)                                                                       | 23  |    | 00 |
|                                                                     | 24. Net nonbusiness (income)/loss – Everywhere (from Schedule B, line 1d, Column E)<br>— please enter income as a negative amount and losses as a positive amount | 24  |    | 00 |
|                                                                     | 25. Apportionable income (add lines 23 and 24)                                                                                                                    | 25  |    | 00 |
|                                                                     | 26. Alabama apportionment factor (from line 27, Schedule C)                                                                                                       | 26  |    | %  |
|                                                                     | 27. Income (loss) apportioned to Alabama (multiply line 25 by line 26)                                                                                            | 27  |    | 00 |
|                                                                     | 28. Net nonbusiness income/(loss) – Alabama (from Schedule B, line 1d, Column F)                                                                                  | 28  |    | 00 |
|                                                                     | 29. Small Business Health Insurance Premium Deduction (see instructions)                                                                                          | 29  |    | 00 |
|                                                                     | 30. Alabama ordinary income (loss) (add lines 27, 28, and 29)                                                                                                     | 30  |    | 00 |
| <b>Tax Due</b>                                                      | 31. Tax Due – <input type="checkbox"/> Excess net passive income, <input type="checkbox"/> LIFO Recapture, or <input type="checkbox"/> Built-in Gains Tax.        | 31  |    | 00 |
|                                                                     | 32. Tax Payments and Credits                                                                                                                                      |     |    |    |
|                                                                     | a. 2018 estimated tax payments and amount applied from 2017 return                                                                                                | 32a |    | 00 |
|                                                                     | b. Extension payments (see instructions)                                                                                                                          | 32b |    | 00 |
|                                                                     | c. Prior payments (original return or department adjustment)                                                                                                      | 32c |    | 00 |
|                                                                     | d. Tax credits                                                                                                                                                    | 32d |    | 00 |
|                                                                     | e. Refundable Historic Tax Credit (from Schedule PC, Part 5, line 6)                                                                                              | 32e |    | 00 |
|                                                                     | f. Total payments/credits (add lines 32a, 32b, 32c, 32d, and 32e)                                                                                                 | 32f |    | 00 |
|                                                                     | 33. NET TAX DUE/(AMOUNT OVERPAID) subtract line 32f from line 31                                                                                                  | 33  |    | 00 |
|                                                                     | 34. Reductions/applications                                                                                                                                       |     |    |    |
|                                                                     | a. Credit to 2019 estimated tax                                                                                                                                   | 34a |    | 00 |
|                                                                     | b. Penalty due (see instructions)                                                                                                                                 | 34b |    | 00 |
|                                                                     | c. Interest due (computed on tax due only)                                                                                                                        | 34c |    | 00 |
|                                                                     | d. Total additions to tax due/applications (add lines 34a through 34c)                                                                                            | 34d |    | 00 |
| 35. Total amount due/(refund) (add lines 33 and 34d)                | 35                                                                                                                                                                |     | 00 |    |

If paying by check or money order, **FORM PTE-V MUST ACCOMPANY PAYMENT**. If you paid electronically, check here ☐

**SCHEDULE A – (Nonseparately Stated Reconciliation Adjustments)**

|                   |                                                                                                           |    |   |  |
|-------------------|-----------------------------------------------------------------------------------------------------------|----|---|--|
| <b>Additions</b>  | 1. State and Local income taxes paid .....                                                                | 1  | ● |  |
|                   | 2. Related members interest and intangible expenses or costs. From Schedule PAB (see instructions) .....  | 2  | ● |  |
|                   | 3. Other reconciling items (attach schedule) .....                                                        | 3  | ● |  |
|                   | 4. Nondeductible Federal Depreciation (Economic Stimulus Act of 2008) (see instructions) .....            | 4  | ● |  |
|                   | 5. Total Additions .....                                                                                  | 5  | ● |  |
| <b>Deductions</b> | 6. Expenses not deductible on federal income tax return due to election to claim federal tax credit ..... | 6  | ● |  |
|                   | 7. Refunds of state and local income taxes (due to overpayment or over accrual on federal return) .....   | 7  | ● |  |
|                   | 8. Aid or assistance provided to Alabama State Industrial Development Authority (§41-10-44.8(d)) .....    | 8  | ● |  |
|                   | 9. Other reconciling items (attach schedule) .....                                                        | 9  | ● |  |
|                   | 10. Adjustments due to Federal Economic Stimulus Act .....                                                | 10 | ● |  |
|                   | 11. Total Deductions .....                                                                                | 11 | ● |  |
|                   | 12. Total Reconciliation Adjustments (subtract line 11 from line 5 above) .....                           | 12 | ● |  |

**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-.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).

**Do not complete if entity operates exclusively in Alabama.**

| DIRECTLY ALLOCABLE ITEMS                   | 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<br>(Col. A less Col. C) | Column F<br>Alabama<br>(Col. B less Col. D) |
| <b>Nonseparately stated items</b>          |                               |                     |                        |                     |                                                |                                             |
| 1a                                         | ●                             | ●                   | ●                      | ●                   | ●                                              | ●                                           |
| 1b                                         | ●                             | ●                   | ●                      | ●                   | ●                                              | ●                                           |
| 1c                                         | ●                             | ●                   | ●                      | ●                   | ●                                              | ●                                           |
| <b>1d Total (add lines 1a, 1b, and 1c)</b> |                               |                     |                        |                     | ●                                              | ●                                           |
| <b>Separately stated items</b>             |                               |                     |                        |                     |                                                |                                             |
| 1e                                         | ●                             | ●                   | ●                      | ●                   | ●                                              | ●                                           |
| 1f                                         | ●                             | ●                   | ●                      | ●                   | ●                                              | ●                                           |
| 1g                                         | ●                             | ●                   | ●                      | ●                   | ●                                              | ●                                           |
| <b>1h Total (add lines 1e, 1f, and 1g)</b> |                               | ●                   |                        | ●                   | ●                                              | ●                                           |

☐ 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**

|                      |      |                              |                              |
|----------------------|------|------------------------------|------------------------------|
| Signature of Officer | Date | Daytime Telephone No.<br>( ) | Social Security No.<br>: : : |
|----------------------|------|------------------------------|------------------------------|

Title of Officer

|                      |                                                 |           |                          |
|----------------------|-------------------------------------------------|-----------|--------------------------|
| Preparer's Signature | Check if self-employed <input type="checkbox"/> | Date<br>● | Preparer's PTIN<br>: : : |
|----------------------|-------------------------------------------------|-----------|--------------------------|

**Paid  
Preparer's  
Use Only**

|                                                     |                        |            |
|-----------------------------------------------------|------------------------|------------|
| Firm's Name (or yours if self-employed) and address | Telephone No.<br>● ( ) | E.I. No. ● |
| Email Address                                       | ZIP Code ●             |            |

**CHECK LIST**

HAVE THE FOLLOWING FORMS BEEN ATTACHED TO THE FORM 20S:

- |                                                                             |                                                                      |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> ALABAMA SCHEDULE K-1 (one for each shareholder)    | <input type="checkbox"/> FEDERAL FORM 1120S PROFORMA (if applicable) |
| <input type="checkbox"/> ALABAMA SCHEDULE NRA (if applicable)               | <input type="checkbox"/> FORM PTE-V (if applicable)                  |
| <input type="checkbox"/> FEDERAL FORM 1120S (entire form as filed with IRS) |                                                                      |

**Returns without Payments**

**MAIL TO:** Alabama Department of Revenue  
Pass Through Entity  
PO Box 327441  
Montgomery, AL 36132-7441

**Returns with Payments**

**MAIL TO:** Alabama Department of Revenue  
Pass Through Entity  
PO Box 327444  
Montgomery, AL 36132-7444

**SCHEDULE C – Apportionment Factor Schedule. Do not complete if 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 .....                                                                                               | 1   | ●                 | ●           | ●                 | ●           |
| 2. Land .....                                                                                                      | 2   | ●                 | ●           | ●                 | ●           |
| 3. Furniture and fixtures .....                                                                                    | 3   | ●                 | ●           | ●                 | ●           |
| 4. Machinery and equipment .....                                                                                   | 4   | ●                 | ●           | ●                 | ●           |
| 5. Buildings and leasehold improvements .....                                                                      | 5   | ●                 | ●           | ●                 | ●           |
| 6. IDB/IRB property (at cost) .....                                                                                | 6   | ●                 | ●           | ●                 | ●           |
| 7. Government property (at FMV) .....                                                                              | 7   | ●                 | ●           | ●                 | ●           |
| 8. ●                                                                                                               | 8   | ●                 | ●           | ●                 | ●           |
| 9. Less Construction in progress (if included) .....                                                               | 9   | ●                 | ●           | ●                 | ●           |
| 10. Totals .....                                                                                                   | 10  | ●                 | ●           | ●                 | ●           |
| 11. Average owned property (BOY + EOY ÷ 2) .....                                                                   | 11  | ●                 | ●           | ●                 | ●           |
| 12. Annual rental expense .....                                                                                    | 12  | ●                 | x8 = ●      | ●                 | x8 = ●      |
| 13. Total average property (add line 11 and line 12) .....                                                         | 13a | ●                 | ●           | 13b               | ●           |
| 14. Alabama property factor — 13a ÷ 13b = line 14 .....                                                            | 14  | ●                 | ●           | 14                | ● %         |
| <b>SALARIES, WAGES, COMMISSIONS AND OTHER COMPENSATION RELATED TO THE PRODUCTION OF BUSINESS INCOME</b>            |     | 15a               | ALABAMA     | 15b               | EVERYWHERE  |
| 15. Alabama payroll factor — 15a ÷ 15b = 15c .....                                                                 |     | ●                 | ●           | ●                 | 15c %       |
| <b>SALES</b>                                                                                                       |     | ALABAMA           |             | EVERYWHERE        |             |
| 16. Destination sales .....                                                                                        | 16  | ●                 | ●           | ●                 |             |
| 17. Origin sales .....                                                                                             | 17  | ●                 | ●           | ●                 |             |
| 18. Total gross receipts from sales .....                                                                          | 18  | ●                 | ●           | ●                 |             |
| 19. Dividends .....                                                                                                | 19  | ●                 | ●           | ●                 |             |
| 20. Interest .....                                                                                                 | 20  | ●                 | ●           | ●                 |             |
| 21. Rents .....                                                                                                    | 21  | ●                 | ●           | ●                 |             |
| 22. Royalties .....                                                                                                | 22  | ●                 | ●           | ●                 |             |
| 23. Gross proceeds from capital and ordinary gains .....                                                           | 23  | ●                 | ●           | ●                 |             |
| 24. Other ● (Federal 1120S, line ●) .....                                                                          | ●   | ●                 | ●           | ●                 |             |
| 25. Alabama sales factor — 25a ÷ 25b = line 25c .....                                                              | 25a | ●                 | 25b         | 25c               |             |
| 26. Enter the amount from line 25c .....                                                                           | 26  | ●                 | ●           | 26                | ● %         |
| 27. Sum of lines 14, 15c, 25c, and 26 ÷ 4 = ALABAMA APPORTIONMENT FACTOR (Enter here and on line 26, page 1) ..... | 27  | ●                 | ●           | 27                | ● %         |

NOTE: If any factor is not utilized in the production of business income, it shall be eliminated and the denominator reduced accordingly (810-27-1-.09).

**SCHEDULE D – Apportionment of Federal Income Tax (“FIT”) (LIFO Recapture Tax Only)**

|                                                                                                                        |   |   |   |
|------------------------------------------------------------------------------------------------------------------------|---|---|---|
| 1. Enter the LIFO recapture tax from Federal Form 1120S, line 22 .....                                                 | 1 | ● |   |
| 2. Alabama Apportionment Factor (Schedule C, line 27) .....                                                            | 2 | ● | % |
| 3. Federal income tax apportioned to Alabama (multiply line 1 by line 2) Enter here and on line 17 of Schedule K ..... | 3 | ● |   |

**SCHEDULE E – Alabama Accumulated Adjustments Account**

|                                                                  |   |       |  |
|------------------------------------------------------------------|---|-------|--|
| 1. Balance at beginning of tax year .....                        | 1 | ●     |  |
| 2. Apportionable Income (page 1, line 23) .....                  | 2 | ●     |  |
| 3. Other additions .....                                         | 3 | ●     |  |
| 4. Other reductions .....                                        | 4 | ●     |  |
| 5. Combine lines 1 through 4 .....                               | 5 | ●     |  |
| 6. Less distributions (page 4, line 20 federal amount) .....     | 6 | ● ( ) |  |
| 7. Balance at end of tax year. Subtract line 6 from line 5 ..... | 7 | ●     |  |

**SCHEDULE DE – Q-Sub/Disregarded Entity Schedule**

List all qualified subchapter S subsidiaries (Q-Sub) and/or disregarded entities. Attach additional schedule(s) if needed.

| Entity Name | FEIN | Income (Loss) From All Sources | Alabama Source Income (Loss) |
|-------------|------|--------------------------------|------------------------------|
| 1. ●        | ●    | ●                              | ●                            |
| 2. ●        | ●    | ●                              | ●                            |
| 3. ●        | ●    | ●                              | ●                            |
| 4. ●        | ●    | ●                              | ●                            |
| 5. ●        | ●    | ●                              | ●                            |

**SCHEDULE G – Other Information**

1. Indicate tax accounting method used:    ☐ Cash    ☐ Accrual    ☐ Other
2. Briefly describe your Alabama operations: ●
3. Enter this company's Alabama Withholding Tax Account No.: ●
4. Person to contact for information concerning this return:  
Name: ●  
Telephone Number: ● (    )    Email Address: ●
5. Location of the corporate records: ●
6. Check if an Alabama business privilege tax return was filed for this entity: ● ☐
7. If the privilege tax return was filed using a different FEIN, please provide the name and FEIN used to file the return:  
FEIN: ●    NAME: ●
8. If the corporation (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of the C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years \$ ●
9. Enter the accumulated earnings and profits of the corporation at the end of the tax year. \$ ●
10. During the tax year, did the corporation have any non-shareholder debt that was canceled, forgiven, or modified terms so as to reduce the principal amount of the debt? ☐ Yes ☐ No
11. During the tax year, was a qualified subchapter S election terminated or revoked? ● ☐ Yes    ● ☐ No
12. Did the corporation make any payments in 2018 that would require it to file Form(s) 1099? ● ☐ Yes    ● ☐ No

Will add keying dots to  
Email address(4) and name  
fields(7).

**SCHEDULE K – Shareholder's Distributive Share Items**

Multistate entities should not use Schedule K to allocate separately stated business income.  
See instructions for Schedule B.

|                                                                               |     | Federal Amount | Apportionment Factor | Apportioned Amount | Enter on Alabama Schedule K-1 |
|-------------------------------------------------------------------------------|-----|----------------|----------------------|--------------------|-------------------------------|
| <b>INCOME (LOSS)</b>                                                          |     |                |                      |                    |                               |
| 1. Ordinary income (loss) (page 1, line 30) .....                             | 1   |                | ●                    |                    | Part III, Line G              |
| 2. Net rental real estate income (loss) (attach Form 8825) .....              | 2   | ●              | ●                    | ●                  | Part III, Line H              |
| 3. a. Other gross rental income (loss) .....                                  | 3a  | ●              |                      |                    |                               |
| b. Expenses from other rental activities (attach statement) .....             | 3b  | ●              |                      |                    |                               |
| c. Other net rental income (loss). Subtract line 3b from line 3a.....         | 3c  | ●              | ●                    | ●                  | Part III, Line H              |
| 4. Interest income .....                                                      | 4   | ●              | ●                    | ●                  | Part III, Line J              |
| 5. Dividends .....                                                            | 5   | ●              | ●                    | ●                  | Part III, Line J              |
| 6. Royalties .....                                                            | 6   | ●              | ●                    | ●                  | Part III, Line J              |
| 7. Net short-term capital gain (loss) .....                                   | 7   | ●              | ●                    | ●                  | Part III, Line K              |
| 8. Net long-term capital gain (loss) .....                                    | 8   | ●              | ●                    | ●                  | Part III, Line K              |
| 9. Net section 1231 gain (loss) (attach Form 4797) .....                      | 9   | ●              | ●                    | ●                  | Part III, Line K              |
| 10. Other income (loss) .....                                                 | 10  | ●              | ●                    | ●                  | Part III, Line L              |
| 11. Nonbusiness items (attach schedule) (Schedule B, Column B, line 1h) ..... | 11  |                | ●                    |                    | Part III, Line M              |
| <b>DEDUCTIONS</b>                                                             |     |                |                      |                    |                               |
| 12. Section 179 deduction .....                                               | 12  | ●              | ●                    | ●                  | Part III, Line N              |
| 13. a. Contributions .....                                                    | 13a | ●              | ●                    | ●                  | Part III, Line O              |
| b. Investment interest expense .....                                          | 13b | ●              | ●                    | ●                  | Part III, Line P              |
| 14. Other deductions .....                                                    | 14  | ●              | ●                    | ●                  | Part III, Line Q              |
| 15. Oil and gas depletion .....                                               | 15  | ●              | ●                    | ●                  | Part III, Line R              |
| 16. Casualty losses .....                                                     | 16  | ●              | ●                    | ●                  | Part III, Line S              |
| 17. U.S. taxes paid .....                                                     | 17  |                | ●                    |                    | Part III, Line AA             |
| 18. Nonbusiness items (attach schedule) (Schedule B, Column D, line 1h) ..... | 18  |                | ●                    |                    | Part III, Line M              |
| <b>OTHER</b>                                                                  |     |                |                      |                    |                               |
| 19. a. Tax-exempt interest income .....                                       | 19a | ●              | ●                    | ●                  | Part III, Line T              |
| b. Other tax-exempt income .....                                              | 19b | ●              | ●                    | ●                  | Part III, Line T              |
| c. Nondeductible expenses .....                                               | 19c | ●              | ●                    | ●                  | Part III, Line U              |
| 20. Distributions (attach statements if required) .....                       | 20  | ●              | ●                    | ●                  | Part III, Line V              |
| 21. a. Investment income .....                                                | 21a | ●              | ●                    | ●                  | Part III, Line W              |
| b. Investment expenses .....                                                  | 21b | ●              | ●                    | ●                  | Part III, Line X              |
| c. Other items and amounts (attach statement) .....                           | 21c | ●              | ●                    | ●                  | Part III, Line Y              |
| 22. Total credits (attach Schedule PC) .....                                  | 22  |                | ●                    |                    | Part II, Line F               |
| 23. Composite payment made on behalf of owner .....                           | 23  |                | ●                    |                    | Part III, Line Z              |
| 24. Repayment of loans from shareholders .....                                | 24  | ●              | ●                    | ●                  | Part III, Line AB             |
| 25. Dividend distributions paid from accumulated earnings and profits .....   | 25  | ●              | ●                    | ●                  | Part III, Line AC             |

Keying dots added to sch K.