



Alabama Department of Revenue  
Alabama Secretary of State Corporation Annual Report

1a FEIN 1b LEGAL NAME OF BUSINESS ENTITY (PLEASE TYPE OR PRINT)

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1c CONTACT PERSON CONCERNING THIS FORM 1d CONTACT PERSON'S PHONE NUMBER

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1e TAXPAYER'S E-MAIL ADDRESS

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|--|----|---|
| 2a County of incorporation or organization for all Alabama entities . . . . .      | 2a |   |
| 2b State or country of incorporation or organization for all foreign entities. . . | 2b |   |
| 3a Date of qualification or registration in Alabama for foreign entities . . . . . | 3a |   |
| 3b Date of incorporation or organization for all entities . . . . .                | 3b |   |
| 3c Telephone number of the taxpayer . . . . .                                      | 3c |   |
| 4a Name of registered agent in Alabama . . . . .                                   | 4a |   |
| 4b FEIN or social security number . . . . .  | 4b |   |
| 4c Street address . . . . .  | 4c |   |
| 4d City . . . . .  | 4d |   |
| 4e State . . . . .   | 4e |   |
| 4f Zip . . . . .   | 4f |   |
| 5a Name of corporate president. . . . . ● (Update <input type="checkbox"/> )       | 5a | ● |
| 5b Social security number . . . . .  | 5b | ● |
| 5c Street address . . . . .  | 5c | ● |
| 5d City . . . . .  | 5d | ● |
| 5e State . . . . .   | 5e | ● |
| 5f Zip . . . . .   | 5f | ● |
| 6a Name of corporate secretary. . . . . ● (Update <input type="checkbox"/> )       | 6a | ● |
| 6b Social security number . . . . .  | 6b | ● |
| 6c Street address . . . . .  | 6c | ● |
| 6d City . . . . .  | 6d | ● |
| 6e State . . . . .   | 6e | ● |
| 6f Zip . . . . .   | 6f | ● |
| 7 Kind of business done in Alabama . . . . .                                       | 7  |   |
| 8 Street address of the principal place of business in Alabama . . . . .           | 8  |   |
| City, state, and zip code . . . . .  |    |   |
| 9 Kind of business done generally . . . . .  | 9  |   |
| 10 Mailing address of the principal office and place of business if . . . . .      | 10 |   |
| outside State of Alabama . . . . .   |    |   |
| City, state, and zip code . . . . .  |    |   |

Schedule AL-CAR must be completed by C-corporations and S-corporations and is a required attachment to Form CPT or PPT pursuant to the Code of Alabama 1975, Section 10A-2A-16.11. Limited Liability Entities are not required to complete Schedule AL-CAR.

In addition, there is a \$10 Secretary of State fee for C-corporations and S-corporations that should be recorded on page 1, line 6 of Form CPT or PPT.

Taxpayers filing an initial return (Form BPT-IN) are not required to complete Schedule AL-CAR or pay the \$10 Secretary of State fee.

**Schedule AL-CAR is NOT a standalone form. It must be submitted with Form CPT or Form PPT.**

Limited Liability Entities taxed as corporations are not subject to the \$10 Secretary of State fee and are not required to complete Schedule AL-CAR.