



Alabama Department of Revenue

Composite Payments/Electing PTE Credits

NAME(S) AS SHOWN ON TAX RETURN	YOUR SOCIAL SECURITY NUMBER
--------------------------------	-----------------------------

If you are claiming composite payment(s)/Electing PTE credits, complete the following information.

SECTION A

A Taxpayer's Social Security Number on Schedule K-1	B Check if this Taxpayer is a Disregarded Entity	C Disregarded Entity's Name	D Disregarded Entity's FEIN	E S-Corporation's, Partnership's, Estate's or Trust's Name	F S-Corporation's, Partnership's, Estate's or Trust's FEIN	G Amount of payment made by the S Corporation, Partnership, Estate or Trust on your behalf
•	<input type="checkbox"/>					•
•	<input type="checkbox"/>					•
•	<input type="checkbox"/>					•
•	<input type="checkbox"/>					•
•	<input type="checkbox"/>					•
•	<input type="checkbox"/>					•
•	<input type="checkbox"/>					•
•	<input type="checkbox"/>					•
•	<input type="checkbox"/>					•
•	<input type="checkbox"/>					•
•	<input type="checkbox"/>					•
•	<input type="checkbox"/>					•
•	<input type="checkbox"/>					•
•	<input type="checkbox"/>					•
•	<input type="checkbox"/>					•
•	<input type="checkbox"/>					•
•	<input type="checkbox"/>					•
•	<input type="checkbox"/>					•
•	<input type="checkbox"/>					•
•	<input type="checkbox"/>					•
•	<input type="checkbox"/>					•
•	<input type="checkbox"/>					•
•	<input type="checkbox"/>					•
•	<input type="checkbox"/>					•
•	<input type="checkbox"/>					•
•	<input type="checkbox"/>					•

SECTION B 1. Total Composite Payment/Electing PTE Credits. Total of Column G enter here and on Form 40, page 1, line 26 or Form 40NR, page 1, line 23						1.	•
--------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--	--	--	-----------	---