



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 2018. **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

Enter Month of Tax Year End ●

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)
--

- Type of taxpayer (**check only one**):
- | | | |
|---|---|---|
| 1c. <input type="checkbox"/> Financial Institution Group Member | 1a. <input type="checkbox"/> C Corporation | 1b. <input type="checkbox"/> Insurance Company |
| 1f. <input type="checkbox"/> Business Trust | 1d. <input type="checkbox"/> LLE Taxed as Corporation | 1e. <input type="checkbox"/> Real Estate Investment Trust |
| 1i. <input type="checkbox"/> Disregarded Entity | 1g. <input type="checkbox"/> S Corporation | 1h. <input type="checkbox"/> Limited Liability Entity |
- DO NOT FILE FORM BPT-IN AS AN ANNUAL RETURN**

TAXPAYER INFORMATION

3a. LEGAL NAME OF BUSINESS ENTITY ● _____	3b. FEIN ● _____	<input type="checkbox"/> FEIN NOT REQUIRED (SEE INSTRUCTIONS)
3c. BPT ACCOUNT NO. (SEE INSTRUCTIONS) _____	3d. SECRETARY OF STATE ENTITY ID 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	11
City, state, and zip code	
12. Kind of business done generally	12
13. Mailing address of the principal place of business if outside State of Alabama	13
City, state, and zip code	

COMPUTATION OF AMOUNT DUE

14. Privilege tax due (Page 2, Part B, line 20)	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.
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 _____
----------------------	-------------	------------

Paid Preparer's Use Only

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



1a. FEIN 1b. LEGAL NAME OF BUSINESS ENTITY 1c. DATE OF QUALIFICATION, ORGANIZATION OR INCORPORATION (MM/DD/YYYY)

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

I. Corporations & Entities Taxed as Corporations

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	●	

II. Limited Liability Entities (LLE's)

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	●	

III. Disregarded Entities

11. Single Member Name: ● FEIN/SSN: ●

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 20.)

13. Assets minus liabilities for all disregarded entities that have as a single member an entity that is not subject to the privilege tax (attach documentation)	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

Exclusions (Attach supporting documentation) (See instructions)

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	2	●	
3. Financial institutions only – Book value of the investments in other corporations or LLE's 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	●	

Deductions (Attach supporting documentation) (See instructions)

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. Total deductions (add lines 11 - 14)	15	●	
16. Taxable Alabama net worth (line 10 less line 15)	16	●	
17. Tax rate	17	●	.00025
18. Gross privilege tax calculated (multiply line 16 by line 17)	18	●	
19. Ratio of the days remaining in the Tax year divided by 365	19	●	%
20. Privilege Tax Due (multiply line 18 by line 19) (minimum \$100, for maximum see instructions). Enter also on Form BPT-IN, page 1, line 14, Privilege Tax Due	20	●	