



Nonresident Composite Payment Return

For the year January 1-December 31, 2017 or other tax year beginning _____, 2017, ending _____, _____

Form PTE-C is used to report Alabama taxable income for all or some of the nonresident owners/shareholders from reported Subchapter K entity or S corporation income and to make payment on behalf of the owners/shareholders in lieu of individual reporting. (CAUTION: Do not include losses on this form.)

Check applicable box: <input type="checkbox"/> Subchapter K entity <input type="checkbox"/> S corporation <input type="checkbox"/> Qualified Investment Partnership <input type="checkbox"/> Series LLC	FEDERAL EMPLOYER IDENTIFICATION NUMBER ●		FEDERAL BUSINESS CODE ●		DEPARTMENT USE ONLY
	NAME ●				
	ADDRESS ●				
	CITY ●	STATE ●	ZIP CODE ●		
Check if amended: <input type="checkbox"/> Amended return	TOTAL NUMBER OF OWNERS/SHAREHOLDERS IN ENTITY: ●	NUMBER OF NONRESIDENT OWNERS/SHAREHOLDERS INCLUDED IN COMPOSITE FILING: ●		IF YOU FILED A 2016 RETURN WITH A DIFFERENT ADDRESS, CHECK HERE. ● <input type="checkbox"/>	

DO NOT ATTACH TO OR MAIL WITH FORM 65 OR 20S, THIS FORM MUST BE MAILED SEPARATELY.

1. Amount of tax due (see instructions)	1	●
2. Interest Due	2	●
3. Penalty Due	3	●
4. Total tax, interest, and penalty due	4	●
5a. Overpayment from 2016	5a	●
b. Estimated, extension, and WNR-V tax payments	5b	●
c. Composite payment made on behalf of this entity. Paid by ● _____ FEIN ● _____	5c	●
d. Total of all payments/credits (add lines 5a through 5c)	5d	●
6. Amount to be remitted or (overpayment) (subtract line 5d from line 4)	6	●
If paid by check or money order, FORM PTE-V MUST ACCOMPANY PAYMENT. If paid electronically check here <input type="checkbox"/>		
7a. Overpayment to be credited to 2018 return	7a	●
b. Overpayment amount to be refunded	7b	●

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 or Position	()	Daytime Telephone No.	Date
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Paid Preparer's Use Only

Preparer's Signature	Date ●	Check if self-employed <input type="checkbox"/>	Preparer's PTIN ● ● ●
Preparer's Printed Name ●		E.I. Number ●	
Firm's Name (or yours, if self-employed) and Address ●		Telephone Number ● ()	
Email Address			

Make remittance payable to: **Alabama Department of Revenue**
Write – Form PTE-C, tax year, and FEIN on remittance for verification purposes.
Include with payment Form PTE-V available at www.revenue.alabama.gov.

Mail to: **Alabama Department of Revenue – PTE-C**
P.O. Box 327444
Montgomery, AL 36132-7444



Required Entity Information For Partnerships and LLCs

1. List general partners.

NAME OF GENERAL PARTNER	SSN / FEIN	ADDRESS	PERCENT OF OWNERSHIP
a. ●			
b. ●			
c. ●			
d. ●			
e. ●			

2. List other states in which the Partnership/LLC operates, if applicable.

3. At any time during the tax year, did the Partnership/LLC transact business in a foreign country? Yes No
 If yes, complete the information below:

NAME OF COUNTRY	NATURE OF BUSINESS	TAXABLE INCOME REPORTED TO COUNTRY
a. ●		
b. ●		
c. ●		
d. ●		
e. ●		

4. At any time during the tax year, did the Partnership/LLC invest in another Pass-Through entity? Yes No
 If yes, complete the information below:

NAME OF ENTITY	FEIN	PERCENT OF OWNERSHIP
a. ●		
b. ●		
c. ●		
d. ●		
e. ●		

Do not attach the original Qualified Investment Partnership (QIP) Certification to this return! The certification must be filed with the annual Form 65 return for the QIP.

5. Person to contact for information regarding this return:

Name: _____

Telephone Number: (_____) _____

Email: _____