



## Alabama Department of Revenue

| CY ●L        |     |   |
|--------------|-----|---|
| FY ●□        | 201 | 0 |
| SY●□         | 201 | Ö |
| 2/53 Week ●□ |     |   |

## Partnership/Limited Liability Company Return of Income

| Import                     | ant      | For Calendar Year 2018 or Fiscal Year  |             |   |           |
|----------------------------|----------|--|-------------|---|-----------|
| You Must C                 |          |  |             | Filing Status: (see instructions            | c)        |
| Applicable                 |          |  | 3           | ● ☐ 1. Company operating                    | <i>3)</i> |
| Amended                    | Return   | Name of Company  |             | only in Alabama.                            |           |
| Initial Retu               | ırn      | •  |             | 2. Multistate Company                       |           |
| Final Retu                 | ırn      |  |             | Apportionment (Sch.                         | -         |
| General P                  |          | Number and Street  |             | 3. Multistate Company                       |           |
|                            |          | ·   •  |             | Separate Accounting                         |           |
| ● Limited Pa               | artnersi | City or Town State 9 Digit ZIP Code  |             | (Prior written approve required and must be |           |
| • LLC/LLP                  |          | • • •  |             | attached) or Sch. B                         | 3         |
| Qualified I     Partnershi |          | Federal Audit Change   |             | non-business allocat only.                  | ion       |
| Public Hot                 | using    | Check if the company qualifies for the Alabama Number of Members                               |             | Orny.                                       |           |
| Project                    |          | Enterprise Zone Credit or the Capital Credit   |             |   |           |
| Publicly Tr                |          | State in Which Company Was Formed Nature of Business Date Qualified in Alabama                 | Number of I | Nonresident Members                         | _         |
| Series LL0                 | 0        |  |             | Composite Filing •                          |           |
|                            |          | UNLESS A COPY OF FEDERAL FORM 1065 IS ATTACHED THIS RETURN IS INC                              | OMPLET      | E   |           |
| C                          | autio    | n. Include only trade or business income and expenses on lines 1a through 22 below. See the in | structions  | for more information.                       |           |
|                            | 1.       | a. Gross receipts or sales   |             |   |           |
|                            |          | b. Returns and allowances  |             |   |           |
|                            |          | c. Balance. Subtract line 1b from line 1a  |             | 1c •  |           |
|                            | 2.       | Cost of goods sold (attach Federal Form 1125-A)  |             | 2 •   |           |
| Fodovol Incomo             | 3.       | Gross Profit. Subtract line 2 from line 1c   |             | 3 •   |           |
| Federal Income             | 4.       | Ordinary income (loss) from other partnerships, estates, and trusts (from Schedule P, line 1d) |             | 4 •   |           |
|                            | 5.       | Net farm profit (loss) attach Schedule F (Federal Form 1040)                                   |             | 5 •   |           |
|                            | 6.       | Net gain (loss) from Federal Form 4797, Part II, line 17 (attach Federal Form 4797)            |             | 6 •   |           |
|                            | 7.       | Other income (loss) (attach statement)   |             | 7 •   |           |
|                            | 8.       | Total income (loss). Combine lines 3 through 7.  |             | 8 •   |           |
|                            | 9.       | Salaries and wages (other than to partners) (less employments credits)                         |             | 9 •   |           |
|                            | 10.      | Guaranteed payments to partners  | 1           | 10 ●  |           |
|                            | 11.      | Repairs and maintenance  | 1           | I1 ●  |           |
|                            | 12.      | Bad debts  | 1           | 12 ●  |           |
|                            | 13.      | Rent   | 1           | 13 ●  |           |
| Federal Deductio           | n 14.    | Taxes and licenses   | 1           | 4   ●                                       |           |
| (see the                   | 15.      | Interest.  | 1           | 15 ●  |           |
| instructions               | 16.      | a. Depreciation  |             |   |           |
| for limitations)           |          | b. Less depreciation reported on Federal Form 1125-A and elsewhere on return 16b               | 1           | 6c ●  |           |
|                            | 17.      | Depletion (Do not deduct oil and gas depletion)  | 1           | 17 •  |           |
|                            | 18.      | Retirement plans, etc.   | 1           | 18 •  |           |
|                            | 19.      | Employee benefits programs.  | 1           | 19 •  |           |
|                            | 20.      | Other deductions (attach statement)  | 2           | 20 •  |           |
|                            | 21.      | Total deductions. Add the amounts shown in the far right column for lines 9 through 20         | 2           | 21 •  |           |
| 22. Federal Ordi           | inary b  | usiness income (loss). Subtract line 21 from line 8.   | 2           | 22 •  |           |
| 23. Alabama non            | separa   | tely stated Reconciliations (from Schedule A, line 9)  | 2           | 23 •  |           |
| 24. Federal ordin          | ary bus  | siness income (loss) adjusted to Alabama basis (add lines 22 and 23)                           | 2           | 24 •  |           |
| 25. Net nonbusin           | iess (in | come)/loss – Everywhere (from Schedule B, line 1d, Column E)                                   |             |   |           |
| — please ent               | ter inco | me as a negative amount and losses as a positive amount  |             | 25 ●  |           |
| 26. Apportionable          | e incom  | ne (add lines 24 and 25)   |             | 26 ●  |           |
| 27. Alabama app            | ortionn  | nent factor (from line 27, Schedule C)   |             | 27 •  | %         |
| 28. Income (loss)          | ) appor  | tioned to Alabama (multiply line 27 by line 26)  |             | 28 ●  |           |
|                            |          | come/(loss) – Alabama (from Schedule B, line 1d, Column F)                                     |             | 29 •  |           |
| 30. Small Busine           | ss Hea   | Ith Insurance Premium Deduction (see instructions)   |             | 30 ● (                                      | )         |
| 31. Alabama ordi           | inary in | come (loss) (add lines 28, 29 and 30)  |             | 31 ●  |           |
| 32. Refundable H           | Historic | Tax Credit (from Schedule PC, Part S, line 6)  |             | 32 •  |           |





Form 65 — 2018

| SCHEDULE    | Α  | (NONSEPARATELY STATED RECONCILIATION ADJUSTMENTS)  |   |   |  |
|-------------|----|--|---|---|--|
|             | 1. | Related members interest or intangible expenses or costs. From Schedule PAB (see instructions)   | 1 | • |  |
| A al altata | 2. | Nondeductible Federal Depreciation (Economic Stimulus Act of 2008) (see instructions)            | 2 | • |  |
| Additions   | 3. | Other reconciling items (attach schedule)  | 3 | • |  |
|             | 4. | Total additions  | 4 | • |  |
|             | 5. | Expenses not deductible on federal income tax return due to election to claim federal tax credit | 5 | • |  |
|             | 6. | Adjustments due to the Federal Economic Stimulus Act of 2008 (attach schedule)                   | 6 | • |  |
| Deductions  | 7. | Other reconciling items (attach schedule)  | 7 | • |  |
|             | 8. | Total deductions   | 8 | • |  |
|             | 9. | Total reconciliation adjustments (subtract line 8 from line 4 above)                             | 9 | • |  |
|             |    |  |   |   |  |

## 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 GRO          | SS INCOME / LOSS    | RELATED                | EXPENSE             | NET OF RELA                                    | TED 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) |
| Nonseparately stated items          |                        |                     |                        |                     |  |   |
| 1a                                  | •                      | •                   | •                      | •                   | •  | •   |
| 1b                                  | •                      | •                   | •                      | •                   | •  | •   |
| 1c                                  | •                      | •                   | •                      | •                   | •  | •   |
| 1d Total (add lines 1a, 1b, and 1c) |                        |                     |                        |                     | •  | •   |
| Separately stated items             |                        |                     |                        |                     |  |   |
| 1e                                  | •                      | •                   | •                      | •                   | •  | •   |
| 1f                                  | •                      | •                   | •                      | •                   | •  | •   |
| 1g                                  | •                      | •                   | •                      | •                   | •  | •   |
| 1h Total (add lines 1e, 1f, and 1g) |                        | •                   |                        | •                   | •  | •   |

|                        |                                  |                              |   |                        |                      | I                      |                |                                 |
|------------------------|----------------------------------|------------------------------|---|------------------------|----------------------|------------------------|----------------|---------------------------------|
| 1f                     |                                  | •                            | •   | •                      | •                    | •                      |                | •                               |
| 1g                     |                                  | •                            | •   | •                      | •                    | •                      |                | •                               |
| 1h Total (add lines    | 1e, 1f, and 1g)                  |                              | •   |                        | •                    | •                      |                | •                               |
| Person to conta        | act for informati                | on regarding this retur      | n:  |                        |                      |                        |                |                                 |
| Telephone Num          | ıber: ● (                        | )                            |   |                        |                      |                        |                |                                 |
| Email: ●               |                                  |                              |   |                        |                      |                        |                |                                 |
|                        |                                  |                              |   |                        |                      |                        |                |                                 |
| Please<br>Sign<br>Here | Under penalties                  | s of perjury, I declare that | Department of Revenue to coll have examined this return arer (other than taxpayer) is | and accompanying sched | ules and statements  | s, and to the bes      | t of my knowle | edge and belief, they are true, |
| Here                   |                                  |                              |   |                        |                      | )                      |                |                                 |
|                        | Signature of Ge                  | neral Partner                |   |                        |                      | ytime Telephone        | No.            | Social Security No.             |
|                        | Preparer's<br>Signature          |                              |   |                        | Date<br>●            | Check if self-employed | □ •            | Preparer's PTIN                 |
| Paid<br>Preparer's     | Firm's name (or if self-employed | yours, •                     |   |                        | Telephone No.  ● ( ) |                        | E.I. No.       |                                 |
| Use Only               | and address                      | •                            |   |                        |                      |                        | ZIP Code       |                                 |
|                        | Email Address                    |                              |   |                        | <u>.</u>             |                        |                |                                 |
|                        |                                  |                              |   |                        |                      |                        |                |                                 |





| TANGIBLE PROPERTY AT COST FOR PRODUCTION OF BUSINESS INCOME |    | BEGINNING OF YEAR |     | BAMA<br>END OF YEAR | EVERY<br>BEGINNING OF YEAR | WHERE<br>END OF Y | EAR |
|---|----|-------------------|-----|---------------------|----------------------------|-------------------|-----|
| 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              | 3 = | •                   | • x8 =                     | •                 |     |
| 13. Total average property (add line 11 and line 12)        |    |                   | 13a | •                   | 13b                        | •                 |     |
| 14. Alabama property factor — 13a ÷ 13b = line 14           |    |                   |     |                     | 14                         | •                 | %   |
| SALARIES, WAGES, COMMISSIONS<br>RELATED TO THE PRODUCTIO    |    |                   |     | 15a ALABAMA         | 15b EVERYWHERE             | 15c               |     |
| 15. Alabama payroll factor — 15a ÷ 15b = 15c                |    |                   |     | •                   | •                          | •                 | %   |
| SALES   |    |                   |     | 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 •   |    |                   | 24  | •                   | •                          |                   |     |
| 25. Alabama sales factor — 25a ÷ 25b = line 25c             |    |                   |     | 25a ●               | 25b ●                      | 25c ●             | %   |
| 26. Enter the amount from line 25c                          |    |                   |     |                     | -                          | 26 ●              | %   |

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

| SCHEDULE D Full Ownership List the disregarded entities | s in which the taxpayer holds t | full ownership of 100%            |                            |
|---|---------------------------------|-----------------------------------|----------------------------|
| Name of Entity  | FEIN                            | Income (Loss) From<br>All Sources | AL<br>Source Income (Loss) |
| •   | •                               | •                                 | •                          |
| •   | •                               | •                                 | •                          |
| •   | •                               | •                                 | •                          |
| •   | •                               | •                                 | •                          |
| •   | •                               | •                                 | •                          |
| •   | •                               | •                                 | •                          |
| •   | •                               | •                                 | •                          |
| •   | •                               | •                                 | •                          |
| •   | •                               | •                                 | •                          |
| •   | •                               | •                                 | •                          |
| •   | •                               | •                                 | •                          |
| •   | •                               | •                                 | •                          |



|     | Form 65 — 2018   |         |                                       |         |                          |                        |                        | ADOR         | Page 4 |
|-----|--|---------|---------------------------------------|---------|--------------------------|------------------------|------------------------|--------------|--------|
|     | SCHEDULE E   |         | OTHER INFORM                          | ATIC    | N                        |                        |                        |              |        |
| 1.  | Enter this company's Alabama Withholding Tax Account Number                                  |         |                                       |         |                          |                        |                        |              |        |
| 2.  | Indicate if company has been • $\square$ (a) dissolved • $\square$ (b) sold                  | •       | (c) incorporated                      |         |                          |                        |                        |              |        |
|     | If company has been dissolved, sold, or incorporated, complete the follow                    | ving:   |                                       |         |                          |                        |                        |              |        |
|     | Nature of change   |         |                                       |         |                          |                        |                        |              |        |
|     | Name and address of new company, corporation, or owners                                      |         |                                       |         |                          |                        |                        |              |        |
|     |  |         |                                       |         |                          |                        |                        |              |        |
| 3.  | Check if an Alabama business privilege tax return was filed for this entity                  | • [     | Check this box,                       | if ent  | ty is exempt from BPT    | • 🗌                    |                        |              |        |
|     | Enter entity's net worth   |         |                                       |         |                          |                        |                        |              |        |
|     | If the privilege tax return was filed using a different FEIN, please provide t               | the n   | ame and FEIN used to                  | file th | e return.                |                        |                        |              |        |
|     | FEIN: ● NAME: ●  |         |                                       |         |                          |                        |                        |              |        |
| 4.  | Taxpayer's email address   |         |                                       |         |                          |                        |                        |              |        |
| 5.  | At the end of the year:  |         |                                       |         |                          |                        |                        |              |        |
|     | a. Did any corporation, partnership, trust, or tax-exempt organization own                   | n, dir  | ectly or indirectly, an in            | terest  | of 50% or more in the    | profit, loss, or capit | al of the partnership? |              |        |
|     | <ul> <li>■ Yes</li> <li>■ No</li> <li>If Yes, attach schedule of Partners owning</li> </ul>  |         |                                       |         |                          |                        |                        |              |        |
|     | <b>b.</b> Did any individual or estate own, directly or indirectly, an interest of 50°       |         |                                       |         | pital of the partnership | o?                     |                        |              |        |
|     | <ul> <li>■ Yes</li> <li>■ No</li> <li>If Yes, attach a schedule of Partners ownir</li> </ul> |         |                                       |         |                          |                        |                        |              |        |
| 6.  | At the end of the tax year, did the partnership:   | Ū       |                                       | ,       |                          |                        |                        |              |        |
|     | a. Own directly 50% or more of the total voting power of all classes of sto                  | ock e   | ntitled to vote of any co             | orpora  | tion?                    |                        |                        |              |        |
|     | <ul><li>■ Yes</li><li>■ No If Yes, attach a schedule.</li></ul>                              |         | ,                                     | '       |                          |                        |                        |              |        |
|     | <b>b.</b> Own directly an interest of 50% or more, directly or indirectly, in the pro        | ofit. I | oss, or capital in any pa             | artner  | ship or in the beneficia | I interest of a trust? |                        |              |        |
|     | <ul><li>■ Yes</li><li>■ No If Yes, attach a schedule.</li></ul>                              |         | , ,                                   |         | '                        |                        |                        |              |        |
|     | Multistate entities should not use Sche  | edule   | K to allocate separa                  | tely s  | tated income. See in     | structions for Sch     | edule B.               |              |        |
|     |  |         | · · · · · · · · · · · · · · · · · · · |         | Federal                  | Apportionment          | Apportioned            | Enter on A   | lahama |
| 5   | Partners' Distributive Share Items   |         |                                       |         | Amount (A)               | Factor (B)             | Amount (C)             | Schedul      |        |
| NC  | OME (LOSS)   |         |                                       |         |                          |                        | . ,                    |              |        |
|     | Alabama Ordinary income (loss) (page 1, line 31)   |         |                                       | 1       |                          |                        | •                      | Part III, L  | ine G  |
|     | Net rental real estate income (loss) (attach Form 8825)                                      |         |                                       | 2       | •                        | •                      | •                      | Part III, I  |        |
|     | a. Other gross rental income (loss)  |         |                                       |         |                          |                        | _                      | r art iii, i |        |
| ٠.  | b. Expenses from other rental activities (attach statement)                                  |         |                                       |         |                          |                        |                        |              |        |
|     | c. Other net rental income (loss). Subtract 3b from line 3a                                  |         |                                       | 3c      | •                        | •                      | •                      | Part III. L  | ine H  |
| 4   | Guaranteed payments  |         |                                       | 4       | •                        | •                      | •                      | Part III, I  |        |
|     | Interest income.   |         | -                                     | 5       | •                        | •                      | •                      | Part III, L  |        |
| -   | Dividends  |         | -                                     | 6       | •                        | •                      | •                      | Part III, L  |        |
|     | Royalties  |         | -                                     | 7       | •                        | •                      | •                      | Part III, L  |        |
|     | Net short-term capital gain (loss)   |         |                                       | 8       | •                        | •                      | •                      | Part III, L  |        |
|     | Net long-term capital gain (loss)  |         |                                       | 9       | •                        | •                      | •                      | Part III, L  |        |
|     | Net section 1231 gain (loss) (attach Form 4797)  |         |                                       | 10      | •                        | •                      | •                      | Part III, L  |        |
|     | Other income (loss)  |         |                                       | 11      | •                        | •                      | •                      | Part III, L  |        |
|     | Nonbusiness items (attach schedule) (Schedule B, Column B, line 1h)                          |         |                                       | 12      |                          |                        | •                      | Part III, L  |        |
|     | DUCTIONS   |         |                                       |         |                          |                        |                        | r art iii, i |        |
|     | Section 179 deduction  |         |                                       | 13      | •                        | •                      | •                      | Part III, L  | ine N  |
|     | a. Contributions.  |         | -                                     | 14a     | •                        | •                      | •                      | Part III, I  |        |
|     | b. Investment interest expense   |         | -                                     | 14b     | •                        | •                      | •                      | Part III, I  |        |
| 15. | Other deductions   |         | ŀ                                     | 15      | •                        | •                      | •                      | Part III, L  |        |
|     | Oil and gas depletion  |         | -                                     | 16      | •                        | •                      | •                      | Part III, L  |        |
|     | Casualty losses  |         | -                                     | 17      | •                        | •                      | •                      | Part III, L  |        |
|     | Nonbusiness items (attach schedule) (Schedule B, Column D, line 1h)                          |         |                                       | 18      |                          |                        | •                      | Part III, L  |        |
|     | IER  |         |                                       |         |                          |                        |                        | 2            |        |
|     | a. Tax-exempt interest income  |         |                                       | 19a     | •                        | •                      | •                      | Part III, L  | ine T  |
|     | b. Other tax-exempt income.  |         | -                                     | 19b     |                          | •                      | •                      | Part III, L  |        |

19c ●

20a 🗨

21a •

21b

21c •

20. a. Distributions of cash and marketable securities .....

c. Other items and amounts (attach statement).....

22. Total credits (attach Schedule PC).....

•

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•

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•

Part III, Line U

Part III, Line V

Part III, Line V

Part III, Line W

Part III, Line X

Part III, Line Y

Part II, Line F Part III, Line Z



Form 65 — 2018

| SCHEDULE P  | PARTNERSHIPS, TRUSTS, AND ESTATES   | -  |   |  |  |  |
|---|---|--|---|--|--|--|
| (a) Ordinary income o   | Ordinary income or (loss) from Partnerships, Trusts and Estates.  Name and Address  | (b) Opposite the control of the control of the control opposite the cont |   | (c)<br>Employer<br>Identification Number | (d)<br>Ordinary Income From<br>All Sources | (e)<br>Ordinary Income From<br>Alabama Sources |
|   |   | •  | • |  | •  | •  |
|   |   | •  | • |  | •  | •  |
|   |   | •  | • |  | •  | •  |
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|   |   | •  | • |  | •  | •  |
|   |   | •  | • |  | •  | •  |
|   |   | •  | • |  | •  | •  |
|   |   | •  | • |  | •  | •  |
|   |   | •  | • |  | •  | •  |
| 1 TOTAL INCOME OR (LOSS). Ad Enter the total here and include the | <b>TOTAL INCOME OR (LOSS).</b> Add the amounts in columns (d) and (e). Enter the total here and include the amount from line 1d on page 1, line 4 |  |   | A  | •  | •  |