



SCHEDULE
CP
 (FORM 40NR)



2020

Alabama Department of Revenue
Composite Payments

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

If you are claiming composite payment(s), 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"/>					•

SECTION B	1. Total Composite Payment. Total of Column G enter here and on Form 40NR, page 1, line 23	1.	•
------------------	--	-----------	---