

Alabama Department of Revenue

CY ●□	
FY ●□	2021
SY ●□	ZUZI
2/53 Week ●□	

Partnership/Limited Liability Company Return of Income

Import			beginning ●	For Calendar Year 20					1	ng Status: (see	
You Must (FEDERAL BUSINESS CODE NUMBER	, – , – , – , , , , , , , , , , , , , ,			R IDENTIFICATION NUMB		┦●└	1. Company	
Applicable	Box	(:	CODE NUMBER		•	/IFLOTE	THE IDENTIFICATION NOWE	EN	_	only in Ala	
Amended	Returr	n	Name of Company		1-				• [Company – nent (Sch. C).
Initial Retu	urn		•							3. Multistate	` ,
• Final Retu									• -		Accounting
General F		ohin	Number and Street			Suite			1		en approval
		. 1	•			•					nd must be
• Limited Pa	artners	hip -	City or Town		State	9 Digit	ZIP Code		1	attached)	or Sch. B
• LLC/LLP			•		•	•				non-busin	ess allocation
• Qualified		nent								only.	
Partnersh			Federal Audit Change	• ∐							
Public Ho Project	using		Check if the company qualifies for the	e Alabama	Number of Me				• [Electing Pas	s-Through
			Enterprise Zone Credit or the Capital	Credit ● L	During The Ta	ax Year	●			Entity	
Publicly T			State in Which Company Was Formed	Nature of Business			Date Qualified in Alabama	Number of N	lonresio	dent Members	
Series LL	С		•	•			•			site Filing ● [
			UNLESS A COPY OF	FEDERAL FORM 106	55 IS ATTAC	HED T	HIS RETURN IS IN	COMPLET	Ξ		
			nclude only trade or business ir	<u> </u>		_ <u> </u>	22 below. See the i	nstructions	for mo	ore information.	
	1.		iross receipts or sales								
			eturns and allowances		ш	b •					
			alance. Subtract line 1b from line 1a .						c •		
	2.	Cost	of goods sold (attach Federal Form 1	125-A)					2 •		
Fodoval Income	3.	Gros	ss Profit. Subtract line 2 from line 1c						3 •		
Federal Income	4.	Ordi	nary income (loss) from other partners	ships, estates, and trusts (fro	om Schedule P	, line 1	d)(d		4 •		
	5.	Net	farm profit (loss) attach Schedule F (Fe	ederal Form 1040)					5 •		
	6.	Net	gain (loss) from Federal Form 4797, P	art II, line 17 (attach Federa	al Form 4797) .				6		
			er income (loss) (attach statement)	•					7 •		
			I income (loss). Combine lines 3 throu					-	8 •		
			ries and wages (other than to partners						9 •		
			ranteed payments to partners	, ,	,				-		
			airs and maintenance					_	-		
									_		
			debts					<u> </u>	_		
			L					<u>⊢</u>	-		
			es and licenses					F-	_		
(see the			est		_			1	5 •		
instructions	16.		epreciation			_					
for limitations)			ess depreciation reported on Federal						ic •		
	17.	Dep	etion (Do not deduct oil and gas deple	etion)				1	7 •		
	18.	Reti	rement plans, etc						8 •		
	19.	Emp	loyee benefits programs					1	9 •		
	20.	Othe	er deductions (attach statement)					2	0		
	21.	Tota	I deductions. Add the amounts shown	in the far right column for li	nes 9 through 2	20		2	1 •		
22. Federal Ord			ess income (loss). Subtract line 21 fr						2 •		
			stated Reconciliations (from Schedule					_	3 •		
			s income (loss) adjusted to Alabama b						4 •		
	-		e)/loss – Everywhere (from Schedule E	,					-		
			dd lines 24 and 25)								
			actor (from line 9, Schedule C)					_	-		%
			d to Alabama (multiply line 27 by line 2						_		70
			(loss) – Alabama (from Schedule B, li					_	-		
			surance Premium Deduction (see inst					_		<u> </u>	
			e (loss) (add lines 28, 29 and 30)							()
								_	_		
			ehabilitation Tax Credit (from Schedul .ct Credit (from Schedule PC, Part T, li					_	2 • 3 •		

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Page	•

Form	GE.	-	2	4
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SCHEDULE	Α	(NONSEPARATELY STATED RECONCILIATION ADJUSTMENTS)		
	1.	Related members interest or intangible expenses or costs. From Schedule PAB (see instructions)	1	•
Additions	2.	Nondeductible Federal Depreciation (Economic Stimulus Act of 2008) (see instructions)	2	•
Additions	3.	Other reconciling items (attach schedule)	3	•
	4.	State income taxes not deductible	4	•
	5.	Contributions not deductible on state income tax return due to an election to claim a state tax credit	5	•
	6.	Total additions	6	•
Deductions	7.	Expenses not deductible on federal income tax return due to election to claim federal tax credit	7	•
	8.	Adjustments due to the Federal Economic Stimulus Act of 2008 (attach schedule)	8	•
	9.	Other reconciling items (attach schedule)	9	•
	10.	Total deductions	10	•
	11.	Total reconciliation adjustments (subtract line 10 from line 6 above)	11	•
				•

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	RELATEI	DEXPENSE	NET OF RELA	ATED EXPENSE
	Column A Everywhere	Column B Alabama	Column C Everywhere	Column D Alabama	Column E Everywhere (Col. A less Col. C)	Column F Alabama (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)		•		•	•	•

Person to contact for information regarding this return: Name: • Telephone Number: ● (Email: • 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 Signature of General Partner Date Daytime Telephone No. Social Security No. Preparer's PTIN Date Preparer's Check if Signature self-employed Telephone No. E.I. No. Paid Firm's name (or yours, •(Preparer's if self-employed) ZIP Code and address Use Only • **Email Address**

Sch C modified major. Omitted prior lines 1-15, 17, 25, and 26. Page 3 Form 65 - 2021 APPORTIONMENT FACTOR SCHEDULE - Do not complete if the entity operates exclusively in Alabama. SCHEDULE C SALES

Gross receipts from sales ... Updated wording on line 1 ALABAMA EVERYWHERE 1 • Dividends.... 2 3 • 4 Royalties 5 Gross proceeds from capital and ordinary gains 6 __ (Federal 1065, line •_ Total Sales (add lines 1-7) 8a ● 8b ● 8a/8b = ALABAMA APPORTIONMENT FACTOR (Enter here and on line 27, page 1) 9 Full Ownership List the disregarded entities in which the taxpayer holds full ownership of 100% SCHEDULE D Income (Loss) From ΑL FEIN **All Sources** Name of Entity Source Income (Loss) • • • • • • • • • • •

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	SCHEDULE E OTHER	INFORMATION		
1.	Indicate if company has been Indicate if company has been Incorporated, complete the following: Nature of change			
2.	Check if an Alabama business privilege tax return was filed for this entity ● ☐ Check Enter entity's net worth	ck this box, if entity is exempt from E	BPT ● □	
	If the privilege tax return was filed using a different FEIN, please provide the name and FE			
	FEIN: ● NAME: ●			
3.	Taxpayer's email address			
	Did any corporation, partnership, trust, individual, estate, or tax-exempt organization own, •	the Partnership. power of all classes of stock entitled		
	● ☐ Yes ● ☐ No If Yes, attach a schedule.			

Multistate entities should not use Schedule K to allocate separately stated income. See instructions for Schedule B.

:	SCHEDULE K Partners' Distributive Share Items			,	Federal Amount (A)	Apportionment Factor (B)	Apportioned Amount (C)	Enter on Alabama Schedule K-1
INC	OME (LOSS)							
	Alabama Ordinary income (loss) (page 1, line 31)			1			•	Part III, Line G
	Net rental real estate income (loss) (attach Form 8825)			2	•	•	•	Part III, Line H
	a. Other gross rental income (loss)	_						
•	b. Expenses from other rental activities (attach statement)		•					
	c. Other net rental income (loss). Subtract 3b from line 3a			3с	•	•	•	Part III, Line H
4.	Guaranteed payments			4	•	•	•	Part III, Line I
5.	Interest income.			5	•	•	•	Part III, Line J
6.	Dividends			6	•	•	•	Part III, Line J
7.				7	•	•	•	Part III, Line J
8.	a. Short-term and long-term capital gain(loss)	8a						
	b. Opportunity Zone Investment(from Schedule OZ, line 4)	8b	•					
	c. Exemption of gain under 40-18-8.1(Tech Company)	8c	• ()					
	d. Net short-term and long-term capital gain(loss) Add lines 8a, 8b and			8d	•	•	•	Part III, Line K
9.	Net section 1231 gain (loss) (attach Form 4797)			9	•	•	•	Part III, Line K
	Other income (loss)			10	•	•	•	Part III, Line L
	Nonbusiness items (attach schedule) (Schedule B, Column B, line 1h)			11			•	Part III, Line M
DE	DUCTIONS							
12.	Section 179 deduction.			12	•	•	•	Part III, Line N
13.	a. Contributions.			13a	•	•	•	Part III, Line O
	b. Investment interest expense			13b	•	•	•	Part III, Line P
14.	Other deductions			14	•	•	•	Part III, Line Q
15.	Oil and gas depletion			15	•	•	•	Part III, Line R
16.	Casualty losses			16	•	•	•	Part III, Line S
17.	Nonbusiness items (attach schedule) (Schedule B, Column D, line 1h)			17			•	Part III, Line M
ОТ	HER							
18.	a. Tax-exempt interest income			18a	•	•	•	Part III, Line T
	b. Other tax-exempt income			18b	•	•	•	Part III, Line T
	c. Nondeductible expenses			18c	•	•	•	Part III, Line U
19.	a. Distributions of cash and marketable securities			19a	•	•	•	Part III, Line V
	b. Distributions of other property			19b	•	•	•	Part III, Line V
20.	a. Investment income			20a	•	•	•	Part III, Line W
	b. Investment expenses			20b	•	•	•	Part III, Line X
	c. Other items and amounts (attach statement)			20c	•	•	•	Part III, Line Y
21.	Total credits (attach Schedule PC)			21			•	Part II, Line F
22.	Composite payment made on behalf of owner			22			•	Part III, Line Z
23.	Electing Pass-Through Entity Tax (Form EPT, line 2)			23			•	

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SCH SULLE P PARTNERSHIPS, TRUSTS, AND ESTATES				
rdinary income or (loss) from Partnerships, Trusts and Estates. Name and Address	(b) Age of the state of the sta	(c) Employer Identification Number	(d) Ordinary Income From All Sources	(e) Ordinary Income From Alabama Sources
	•	•	•	•
•	•	•	•	•
•	•	•	•	•
	•	•	•	•
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	•	•	•	•
1 TOTAL INCOME OR (LOSS). 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	•	•