AL8453-B

ALABAMA DEPARTMENT OF REVENUE INCOME TAX ADMINISTRATION DIVISION

2024

Business Privilege Tax Declaration for Electronic Filing

		For the tax period, 2	.0, thr	ough				, 2	0	_
NAME	OF COMPA	NY					FE	DERAL EMPLOY	ER IDENTI	FICATION NUMBER
ADDRI	ESS OF CO	MPANY					TE	LEPHONE NUME	BER	
							BP	PT ACCOUNT NUI	MBER	
PA	RT I	Tax Return Information (Whole Dollars Only)								
1 To	otal Busir	ness Privilege Tax Due (Forms CPT and PPT, line 10)				1				
2 R	efund (Fo	orms CPT and PPT, line 12)				2				
3 A	mount yo	u owe (Forms CPT and PPT, line 11)				3				
		payment remitted electronically				4				
PA	RT II	Declaration of Officer/Partner (Sign only after Par	t I is comple	ted.)						
of my knowledge and belief, the company's return is true, correct, and complete. I consent to my ERO, transmitter, and/or ISP sending the company's return, this declaration, and accompanying schedules and statements to the Alabama Department of Revenue. I also consent to the Alabama Department of Revenue sending my ERO, transmitter, and/or ISP an acknowledgment of receipt of transmission and an indication of whether or not the company's return is accepted, and, if rejected, the reason(s) for the rejection. By using a computer system and software to prepare and transmit this business return electronically, I consent to the disclosure of all information pertaining to the user of the system and software to create this business return and to the electronic transmission of this business tax return to Alabama Department of Revenue. I authorize the Alabama Department of Revenue and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account ndicated in the tax preparation software for payment of the corporation/partnership's Alabama taxes owed on this return, and the financial institution to debit the entry to this account. I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.										
Here	<u> </u>	nature of Officer/Partner		Date		Title				
PA	RT III	Declaration of Electronic Return Originator (ERO)	and Paid P	repa	rer (See Inst	ructic	ns)			
I declare that I have reviewed the above company's return and that the entries on Form AL8453-B are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The company's officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the Alabama Department of Revenue, and have followed all other requirements in Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File Information for Authorized IRS e-file Providers and Pub. AL4164 Software Developers and Transmitters Guidelines and Schemas for Alabama Business Privilege Tax Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above company's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the Alabama Department of Revenue. This Paid Preparer declaration is based on all information of which I have any knowledge. Date Check if also Check if Check if Check if Check Chec										
ERC		s ture			Check if also paid preparer			mployed L		
Use Only		n's name (or yours elf-employed),						EIN		
Oili	address and ZIP code						Phone No. ()			
		of perjury, I declare that I have examined this return and accompane claration of preparer (other than taxpayer) is based on all information					t of m	ny knowledge an	d belief, th	ney are true, correct,
Paic	l	Preparer's signature			ate		Checl self-e	k if mployed	Preparer's	s PTIN
Prep	oarer's	Firm's name (or yours						EIN		
Use	Only	if self-employed), address and ZIP code						Phone No. ()	

ERO must retain this form for a period of three years from the due date of the return or the date the return was filed, whichever is later.

Do not submit this form to the Alabama Department of Revenue unless requested to do so.