

FORM
FDT-V

ALABAMA DEPARTMENT OF REVENUE
INDIVIDUAL AND CORPORATE TAX DIVISION
Fiduciary Income Tax Payment Voucher

WHO MUST FILE. Taxpayers making a payment for taxes due on a Form 41 return or as an estimated tax payment on the return must complete and file Form FDT-V, unless the payment is made electronically.

WHEN TO FILE. Full payment of the tax due for a Form 41 return is due on the original due date of the return. Estimate payments are not required but voluntary payments will be accepted.

WHERE TO FILE. **Payment with Form 41 or Estimates:**
Alabama Department of Revenue
Individual and Corporate Tax Division
PO Box 327444
Montgomery, AL 36132-7444

LINE INSTRUCTIONS FOR PREPARING FORM FDT-V

TAX PERIOD: Enter the last day of the taxpayer's taxable year.

FEIN: Enter the entity's Federal Employer Identification Number (FEIN).

PAYMENT TYPE: Place an X in the appropriate box to identify the payment as being made with a balance due return, as an estimate payment, or as an automatic extension payment.



AMOUNT PAID: Enter the amount of the payment submitted with this voucher.

NAME/ADDRESS SECTION: Enter the legal name of the taxpayer, the name and title of the fiduciary, and a complete mailing address for the taxpayer.

ELECTRONIC PAYMENT. Taxpayers wishing to make e-payments via ACH-Debit must have a Sign On ID and Access Code to login to the Alabama Department of Revenue (ADOR) Paperless Filing & Payment System. Visit our Web site at www.revenue.alabama.gov/eservice.htm for additional information.

NOTE: Refer to our Web site at www.revenue.alabama.gov for tax payment and form preparation requirements.

DETACH ALONG THIS LINE AND MAIL VOUCHER WITH YOUR FULL PAYMENT

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| |  | FDT-V |  |
| | | Alabama Department of Revenue Fiduciary Income Tax Payment Voucher | |
| | | Tax Type: FDT • Tax Period: _____ Form Type: 41 | |
| | | FEIN: • _____ Payment Type: • <input type="checkbox"/> Return <input type="checkbox"/> Estimate <input type="checkbox"/> Automatic Extension | |
| | | <small>CHECK ONLY ONE BOX</small> | |

AMOUNT PAID:
\$ ● _____

LEGAL NAME
● _____

NAME AND TITLE OF FIDUCIARY

MAILING ADDRESS

CITY _____ STATE _____ ZIP _____