



ALABAMA DEPARTMENT OF REVENUE
Consolidated Financial Institution Excise Tax Return

For the year January 1 – December 31, 2009, or other tax year beginning _____, 2009 and ending _____

Check applicable box: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change	FEDERAL BUSINESS CODE NUMBER <input type="checkbox"/>	FEDERAL EMPLOYER IDENTIFICATION NUMBER <input type="checkbox"/>		Filing Status: (see instructions) <input type="checkbox"/> 1. Corporation operating only in Alabama. <input type="checkbox"/> 2. Multistate Corporation – Apportionment (Sch. L). <input type="checkbox"/> 3. Multistate Corporation – Separate Accounting (Prior written approval required and must be attached). <input checked="" type="checkbox"/> 4. Alabama Consolidated Return. (Caution: see instructions)	
	NAME <input type="checkbox"/>				
	ADDRESS <input type="checkbox"/>				
	CITY, STATE, COUNTRY (IF NOT U.S.) <input type="checkbox"/>		9-DIGIT ZIP CODE <input type="checkbox"/>		
	STATE OF INCORPORATION <input type="checkbox"/>	DATE OF INCORPORATION <input type="checkbox"/>	DATE QUALIFIED IN ALABAMA <input type="checkbox"/>		NATURE OF BUSINESS IN ALABAMA <input type="checkbox"/>
	<input type="checkbox"/> This company files as part of a consolidated federal return. Common parent corporation: Name <input type="checkbox"/> FEIN <input type="checkbox"/>				
<input type="checkbox"/> Notification of final IRS change		<input type="checkbox"/> Files Business Privilege Tax BPT FEIN:		This company's total assets: <input type="checkbox"/>	

1 Alabama Taxable Income (sum of all Proforma ET-1(s), line 31)	1	●	00
2 FINANCIAL INSTITUTION EXCISE TAX (6-1/2% of line 31)	2	●	00
3 Credits and Payments			
a. Sales Tax Credit (sum Schedule F from all proforma returns)	3a	●	00
b. Extension Payment (ET-8)	3b	●	00
c. Additional Payments	3c	●	00
d. Total Credits and Payments	3d	●	00
4 Penalties Due (see instructions)	4	●	00
5 Interest Due (Compute only on Tax Due)	5	●	00
6 Total Payment Due/(Refund Due) (subtract line 3d from the sum of lines 2, 4 and 5)	6	●	00

If you paid electronically check here:

**– UNLESS A COPY OF THE FEDERAL INCOME TAX RETURN IS ATTACHED,
 THIS RETURN WILL BE CONSIDERED INCOMPLETE –**

AFFIDAVIT

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	Your signature _____	Date _____	Title or Position _____
	Preparer's signature _____	Date _____	Preparer's Social Security No. _____
	Firm's name (or yours if self-employed) and address _____	E.I. No. _____	ZIP Code _____
Paid Preparer's Use Only	Person to contact for information concerning this return Name _____		Telephone Number _____ () _____

Mail to: Alabama Department of Revenue
 Individual and Corporate Tax Division
 Consolidated Business Tax Compliance Unit (CBTCU)
 PO Box 327437
 Montgomery, AL 36132-7437

