

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](http://www.revenue.alabama.gov/eservice.htm) for additional information.

**NOTE:** Refer to our Web site at [www.revenue.alabama.gov](http://www.revenue.alabama.gov) for tax payment and form preparation requirements.



**DETACH ALONG THIS LINE AND MAIL VOUCHER WITH YOUR FULL PAYMENT**

**FDT-V** Alabama Department of Revenue  
**Fiduciary Income Tax Payment Voucher**

**Tax Type:** FDT    • **Tax Period:** \_\_\_\_\_    **Form Type:** 41  
**FEIN:** • \_\_\_\_\_    **Payment Type:** •  Return     Amended     Estimate     Automatic Extension  
CHECK ONLY ONE BOX

AMOUNT PAID:  
\$ ● \_\_\_\_\_

LEGAL NAME  
● \_\_\_\_\_

NAME AND TITLE OF FIDUCIARY  
\_\_\_\_\_

MAILING ADDRESS  
\_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_