



ALABAMA DEPARTMENT OF REVENUE
INDIVIDUAL AND CORPORATE TAX DIVISION
Financial Institution Excise Tax Payment Voucher

WHO MUST FILE. Every financial institution making a payment of less than \$750 for taxes due on a Form ET-1, ET-8 or ET-1C must complete and file Form FIE-V.

WHEN TO FILE. The financial institution excise tax return is due on or before April 15th. Extension of Time for Filing Alabama Financial Institution Excise Return may be requested for 3 months or 6 months.

WHERE TO FILE.

Payment with Forms ET-1 and ET-8

Alabama Department of Revenue
Financial Institution Excise Tax Unit
PO Box 327439
Montgomery, AL 36132-7439

Payment with Form ET-1C

Alabama Department of Revenue
Consolidated Business Tax Compliance Unit (CBTCU)
PO Box 327437
Montgomery, AL 36132-7437

LINE INSTRUCTIONS FOR PREPARING FORM FIE-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: Enter an "X" in the appropriate box to identify if the payment is being made with a balance due return or as an extension payment.

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

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

FORM TYPE: Enter an "X" in the appropriate box to identify the form for which the payment is being made.

ELECTRONIC PAYMENT. Section 41-1-20 requires electronic payments for all single business tax payments of \$750 or more.

Taxpayers making 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.

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

FIE-V Alabama Department of Revenue
Financial Institution Excise Tax Payment Voucher

Tax Type: FIE Tax Period: Form Type: [] ET-1 [] ET-8 [] ET-1C
Payment Type: [] Return [] Extension
CHECK ONLY ONE BOX

FEIN:
AMOUNT PAID:
LEGAL NAME:
MAILING ADDRESS:
CITY STATE ZIP