

FORM ET-1C



Alabama Department of Revenue
Consolidated Financial
Institution Excise Tax Return

2015
ADOR

For the year January 1 – December 31, 2014, or other tax year beginning _____, 2014, ending _____

Check applicable box:

Initial return

Final return

Amended return

Address change

This company files as part of a consolidated federal return. Common parent corporation: Name _____

FEIN • _____

Notification of Final IRS change

Files Business Privilege Tax

BPT FEIN: • _____

- Filing Status:** (see instructions)
- 1. Corporation operating only in Alabama.
 - 2. Multistate Corporation – Apportionment (Sch. L).
 - 3. Multistate Corporation – Separate Accounting (Prior written approval required and must be attached).
 - 4. Alabama Consolidated Return. (**Caution: see instructions**)

Group's total combined assets: • _____

1	Alabama Taxable Income (sum of all Proforma ET-1(s), line 31)	1	•
2	FINANCIAL INSTITUTION EXCISE TAX (6.5% of line 31)	2	•
3	Credits and Payments		
a.	Sales Tax Credit (sum of Schedule F from all proforma returns)	3a	•
b.	Other Allowable Credits (sum of Schedule G from all proforma returns)	3b	•
c.	Extension Payment (ET-8)	3c	•
d.	Additional Payments	3d	•
e.	Total Credits and Payments	3e	•
4	Penalties Due (see instructions)	4	•
5	Interest Due (Compute only on Tax Due)	5	•
6	Total Payment Due/(Refund Due) (subtract line 3e from the sum of lines 2, 4 and 5)	6	•

If you paid electronically check here:

– UNLESS A COPY OF THE FEDERAL INCOME TAX RETURN IS ATTACHED, THIS RETURN WILL BE CONSIDERED INCOMPLETE (SEE FORM ET-1, PROFORMA, PAGE 4, OTHER INFORMATION, NUMBER 3) –

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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 Tax Identification Number _____

Paid Preparer's Use Only

Firm's Name (or yours if self employed) • _____ E.I. No. • _____

Address • _____ ZIP Code • _____

Name _____ Telephone Number _____

Person to contact for information concerning this return: _____

Email Address • _____

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

