



**Election and Payment of Fee for
Filing a Consolidated Financial Institution Excise Tax Return**

Name of Parent Corporation				FEIN (Parent Corporation)			
Mailing Address				Amount Due – \$6,000.00			
City	State	Zip					CN (Official Use Only)
Signature of Officer				▶ <input type="checkbox"/>			
▶							
Title		Telephone Number					
▶		()					

If payment made through Electronic Funds Transfer (EFT), check this box ▶

As provided in Chapter 16, Title 40, **Code of Alabama 1975** as amended, the above company, as the common parent corporation of the controlled group of financial institutions listed below elects to file with them a Consolidated Return of Financial Institutions Excise Tax for the State Tax Year shown above. The payment of the \$6,000.00 fee for the privilege of filing as required by Section 40-16-3 as referenced above must be remitted electronically.

COMPLETE THE INFORMATION BELOW FOR THE CONTROLLED CORPORATIONS

	NAME	ADDRESS (CITY, STATE, AND ZIP)	FEIN
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

IF ABOVE SPACE IS INSUFFICIENT, ATTACH ADDITIONAL SHEET(S) WITH IDENTICAL HEADINGS

Due Date: Form ET-C and remittance must be received by **April 15th** of the current tax year.

Remittance must be made electronically.

This form is available for e-file. Both the voucher and payment may be remitted electronically. Visit our Web site and select E Services @ www.revenue.alabama.gov.

Mail to: Alabama Department of Revenue
Individual & Corporate Tax Division
Attention FIET
P. O. Box 327439
Montgomery, AL 36132-7439