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.

Section 41-1-20, *Code of Alabama 1975* requires all single tax payments of $750.00 or more to be made electronically. These payments can be made by direct debit through the approved e-file software vendors. These payments can also be paid through the website https://www.alabamainteractive.org/taxextension/.

NOTE: Refer to our Web site at www.revenue.alabama.gov for tax payment and form preparation requirements.

DO NOT staple or otherwise attach your payment or form FDT-V to your return or to each other. Instead, place the items loose in the envelope.

DO NOT SUBMIT FORM FDT-V IF A PAYMENT IS NOT DUE

DETACH ALONG THIS LINE AND MAIL VOUCHER WITH YOUR FULL PAYMENT

FDT-V

Alabama Department of Revenue
Fiduciary Income Tax Payment Voucher

Print Reset

Tax Type: FDT ● **Tax Period:** _____ **Form Type:** 41

FEIN: ● _____ **Payment Type:** ● ☐ Return ☐ Amended ☐ Estimate ☐ Automatic Extension Payment
CHECK ONLY ONE BOX

AMOUNT PAID:
$ ●

LEGAL NAME
●

NAME AND TITLE OF FIDUCIARY

MAILING ADDRESS

CITY STATE ZIP

-This form has been enhanced to print a two dimensional (2D) barcode. The PRINT FORM button MUST be used to generate the (2D) barcode which contains data entered on the form. The use of a 2D barcode vastly improves processing of your return and reduces the costs associated with processing your return.

- Just key in your data prior to printing the form. PLEASE DO NOT HANDWRITE ANY DATA ON THE FORM.