

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

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 _____

ADOR