FORM
ET-1C

Alabama Department of Revenue
Consolidated Financial Institution Excise Tax Return

●CY ☐
●FY ☐
●SY ☐

2019
ADOR

For the year January 1 – December 31, 2018, or other tax year beginning ● _____, 2018, ending ● _____

Check applicable box:

●☐ Initial return
●☐ Final return
●☐ Amended return
●☐ Federal audit change

FEDERAL BUSINESS CODE NUMBER ●
FEDERAL EMPLOYER IDENTIFICATION NUMBER ●
NAME ●
ADDRESS ●
CITY, STATE, COUNTRY (IF NOT U.S.) ●
9-DIGIT ZIP CODE ●
STATE OF INCORPORATION ●
DATE OF INCORPORATION ●
DATE QUALIFIED IN ALABAMA ●
NATURE OF BUSINESS IN ALABAMA ●

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)***

●☐ This company files as part of a consolidated federal return. Common parent corporation: Name ● _____
FEIN ● _____ ●☐ Files Business Privilege Tax BPT FEIN: ● _____
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. Credits (Schedule EC)	3a	●	
	b. Extension Payment (ET-8)	3b	●	
	c. 2018 composite payment(s) made on behalf of this entity (see instructions) … Paid by ● _____ FEIN ● _____	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) –

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 ● _____
Person to contact for information concerning this return: Name ● _____ Telephone Number _____
Email Address ● _____

Mail to: Alabama Department of Revenue
Individual and Corporate Tax Division
Corporate Compliance Section
PO Box 327437
Montgomery, AL 36132-7437

SCHEDULE A – IN ACCORDANCE WITH SECTION 40-16-6, THE INFORMATION REQUESTED BELOW MUST BE PROVIDED

Department Use Only	Counties In Which Business Is Conducted	Percentage In Each County	Department Use Only	Municipalities In Which Business Is Conducted In Each County	Percentage In Each Municipality
		%			%
		%			%
		%			%
		%			%
		%			%
		%			%
		%			%
		%			%
		%			%
		%			%

☐ Check here if no office is maintained in this state.

SCHEDULE AS – AFFILIATIONS SCHEDULE

A NAME OF ALL CORPORATIONS INCLUDED IN ALABAMA CONSOLIDATED INCOME TAX RETURN	B FEDERAL EMPLOYER IDENTIFICATION NO.	C FILING PERIOD MM / DD / YYYY	D PRIOR YEAR SEPARATE AL INCOME ?	E NEW TO FEDERAL CONSOLIDATED GROUP?	F AL BUSINESS PRIVILEGE TAX RETURN FILED?
COMMON PARENT ●			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
SUBSIDIARIES ●			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
●			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
●			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
●			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
●			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
●			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
●			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
●			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
●			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
●			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
●			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
●			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
●			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
●			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
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●			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
●			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No