FORM ET-1C

Alabama Department of Revenue
Consolidated Financial Institution Excise Tax Return

• CY ☐ • FY ☐ • SY ☐   **2024**

For the year January 1 – December 31, 2023, or other tax year beginning ● _____, 2023, ending ● _____

Check applicable box:

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

FEDERAL BUSINESS CODE NUMBER ●

FEDERAL EMPLOYER IDENTIFICATION NUMBER ●

NAME ●

ADDRESS ●   SUITE, FLOOR, ETC. ●

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.

● Name _____   ● FEIN _____

● ☐ 2220E Attached   Taxable Year Beginning Date for most recent ET-C : ● _____   Group's total combined assets: ● _____

1	Alabama Taxable Income *(sum of all Proforma ET-1(s), line 15)*	1	●
2	**FINANCIAL INSTITUTION EXCISE TAX** *(6.5% of line 1)*	2	●
3	Credits *(sum of all proforma ET-1(s), line 17)*	3	●
4	Net tax due Alabama *(line 2 less line 3)*	4	●

5 Payments

a.	Carryover from prior year	5a	●
b.	Current year's Estimated tax payments	5b	●
c.	Current year's Composite Payment(s)/Electing Pass-Through Entity Credit(s) from Schedule CP-B line 3 [sum of all proforma ET-1(s), line 19c] *(see instructions)*	5c	●
d.	Extension Payment	5d	●
e.	Payments prior to adjustment	5e	●
f.	Total Payments (add lines 5a through 5e)	5f	●

– 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 4) –

6 Reductions/applications of overpayments

a.	Credit to subsequent year's estimated tax	6a	●
b.	Penalty Due *(see instructions)* .... Late Payment Estimate ● _____ Other ● _____	6b	●
c.	Interest Due *(see instructions)* .... Estimate Interest ● _____ Interest on Tax ● _____	6c	●
d.	Total reductions (total lines 6a, b and c)	6d	
7	Total amount due/(refund) (line 4 less 5f, plus 6d)	7	●

Please Sign Here

● ☐ 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.

Signature _____   Title _____   Date _____   Daytime Telephone No. _____

Paid Preparer's Use Only

Preparer's Signature _____   Date ● _____   Check if self-employed ● ☐   Preparer's Tax Identification Number ● _____

Firm's Name (or yours, if self employed) ● _____   Telephone No. ● (____) ____   E.I. No. ● _____

Firm's Address _____   ZIP Code _____

Person to contact for information concerning this return: Name ● _____   Telephone No. ● _____

Email address ● _____

Mail to: Alabama Department of Revenue
Income Tax Administration Division
Financial Institution Excise Unit
PO Box 327437
Montgomery, AL 36132-7437

ADOR

SCHEDULE AS – AFFILIATIONS SCHEDULE

A NAME OF ALL FINANCIAL INSTITUTIONS INCLUDED IN ALABAMA CONSOLIDATED EXCISE TAX RETURN	B FEDERAL EMPLOYER IDENTIFICATION NO.	C FILING PERIOD MM / DD / YYYY	D ALABAMA TAXABLE INCOME	E NEW TO FEDERAL CONSOLIDATED GROUP
●	●	●	●	● ☐ Y ● ☐ N
●	●	●	●	● ☐ Y ● ☐ N
●	●	●	●	● ☐ Y ● ☐ N
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