# 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 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.

ELECTRONIC PAYMENT: Section 41-1-20 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.

Taxpayers making e-payments via My Alabama Taxes (MAT) must have a Sign On Id and Access Code to login. Visit our website at www.myalabamataxes.alabama.gov for additional information.

#### 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

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	Tax Type: FDT • Tax Period: Forr			n Type: 41		
	FEIN: •		ent Type: • Return	Amended Estim	ate Extension Payment	
AMOUNT F	AID:					
<b>\$●</b>						
LEGAL NA	ME					
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NAME AND	TITLE OF FIDUCIARY					
MAILING A	DDRESS					
CITY		STATE	ZIP			
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