



ALABAMA DEPARTMENT OF REVENUE INCOME TAX ADMINISTRATION DIVISION

FINANCIAL INSTITUTION EXCISE TAX

P.O. Box 327437 • Montgomery, AL 36132-7437 • (334) 242-1170, Option 6

Election To File Consolidated Financial Institution Excise Tax Return

NAME OF QUALIFIED CORPORATE GROUP (ALABAMA PARENT AND SUBSIDIARIES)				FOR TA	FOR TAXABLE YEAR BEGINNING			
				Mo.		Day	Yr.	
ADDRESS				FEDER.	AL EMPLOYI	ER IDENTIFICATION	ON NUMBER (FEIN)	
CITY		STATE	ZIP	TELEPH	HONE NUMB	ER		
				()			
EMAIL ADDRESS				•				
The above named Alaba 16-3, <i>Code of Alabama</i>	·	orate Group hereb	y elects to file a Qua	alified Corporate	e Group,	in accordan	ce with Section 40-	
of the taxable year	r months, beginnin	g with the first mo th consecutive ca	nth of the first taxab lendar month expire	ole year of the e	election a	nd ending u	pon the conclusion	
Under penalties of perj form on behalf of all mer contained herein.	-		-				_	
PRINT NAME	AND PROVIDE SIGNATURI	E BELOW						
SIGN	ATURE		TITLE			D	ATE	
	INFORMAT	TION AND INSTR	UCTIONS REGARD	DING THIS ELE	CTION			

Attach the signed election form directly following the Form ET-1C. This form is only required in the year of the election.

ADOR