



## Alabama Department of Revenue Financial Institution Excise Tax Return

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FY	4
• CV	1

2018

For	the year Ja	nuary 1 - December 31, 2017, or other tax year begin	nning •		, 2017, ending	•	
ap	Check plicable box:	FEDERAL BUSINESS CODE NUMBER	FEDERAL E	MPL	OYER IDENTIFICATION NUMBER	Fili	ng Status: (see instructions)
	] Initial	NAME A				. ●∟	1. Corporation operating only in Alabama.
•	」Initial return	NAME •					
	7 Einal	ADDRESS •			A DICIT ZID CODE	_ •	<ul><li>2. Multistate Corporation – Apportionment (Schedule L).</li></ul>
•	Final CITY, STATE, COUNTRY (IF NOT U.S.)  return  9-DIGIT ZIP CODE						_
•	Amended STATE OF INCORPORATION DATE OF INCORPORATION					_ •	3. Multistate Corporation – Separate     Accounting (Prior written approval
	return				TOTATION		required and must be attached).
•	Address change	DATE QUALIFIED IN ALABAMA NATURE OF BUSINESS IN ALAB	BAMA			•	4. Proforma Return. (Caution: see instructions)
•	This compa	ny files as part of a consolidated federal return. Common paren	t corporation:	N	lame ●	-	
FEIN	•	Notification of Final IRS change	Files Bu	sine	ss Privilege Tax BPT FEIN: ●		
		<u> </u>			This company's total as	sets:	•
1	Interest and D	Dividends: (a) Loans and Discounts		1a	•		
		(b) Obligations of the United States Government		1b	•		
		(c) Obligations of States and Political Subdivisions		1c	•		
2	Dividend Inco	me		2	•		
3	Rental Income	9		3	•		
		) on Sale of Assets		4	•	$\neg$	
		(attach schedule)		5	•		
		ME (add lines 1a through 5)				. 6	•
		n of Officers			•		
		Nages of Employees	F	8	•		
				9	•		
		ee instructions)	F	10	•		- UNLESS A COPY OF THE
	,		_ L	11	•	$\exists$	FEDERAL INCOME TAX
		al Amount Paid in 2017 (Schedule E)	F	12			RETURN IS ATTACHED,
			-	13			THIS RETURN WILL BE
		(limited to 5% – see instructions)		14		$\dashv$	CONSIDERED INCOMPLETE
			-			$\dashv$	(SEE ALSO PAGE 4, OTHER
						$\exists$	INFORMATION, NO. 3.) –
	-	it Sharing Plans, Etc.				$\exists$	
		section 40-16-1(2)(g)(i)(j)				$\exists$	
		ions (attach schedule)				_	
		JCTIONS (add lines 7 through 19)	_			. 20	•
		I Income or (Loss) (subtract line 20 from line 6)				· —	•
		ess (Income)/Loss (from column E, Schedule K)					
		Income (add lines 21 and 22)					•
		ortionment Factor (from line 26, Schedule L )				` ⊨	• %
		tioned to Alabama (multiply line 23 by line 24)				` ├─	70
		ess Income/(Loss) (from column F, Schedule K) allocated to this				-	
		me Before Federal Income Tax Deduction (line 25 plus line 26)				` <del>  -</del>	
		ne Tax Deduction/(Refund) (from line 12, Schedule M)				· -	
		me Before Net Operating Loss (line 27 less line 28)				` <del> </del>	
		Deduction (do not exceed line 29) (Schedule B)				` <del> </del>	
		Able Income (line 29 less line 30)				· —	•
		NSTITUTION EXCISE TAX (6.5% of line 31)				` ⊨	•
		ayments: (a) Credits (Schedule EC)				.   02	1-
აა	Oreuns and P					$\dashv$	
		(b) Extension Payment (ET-8)				$\dashv$	
		(c) Additional Payments		33c		$\dashv$	
0.4	Donellis - D	(d) Total Credits and Payments		33d		$\dashv$	
		e (see instructions)		34 35		$\dashv$	
		(Compute only on Tax Due)	'		1	36	•
30	ıvlal Payıllen	t Due/(Refund Due)				.   30	-



SCHEDIII F A -	- IN ACCORDANCE	WITH SECTION 40-16-6	THE INFORMATION	REQUESTED RELO	W MIIST RE PROVIDE

se Only			Each County %	Use Only	Conducted In Each County	Each Municipality	
						%	
			%			%	
			%			%	
			%			%	L Chec
			%			%	office is
			%			%	maintaine in this stat
			%			%	in this stat
			%			%	
			%			%	
			%			%	
HEDULE	B – Alabama	Net Operating Loss Car		culation			
Colun	nn 1	Column 2 Amount of Alabama		olumn 3	Column 4	Column	
Loss Yea	/YYYY	net operating loss		t used in years to this year	Amount used this year	Remaining ur net operating	
		ter here and on line 30, page 1	)		•		
	E - Taxes D						
	and Permits	•					
ilege Taxes	<b>T</b>	•					
ial Security		•					
/alorem Taxe		•					
	ttach Schedule						
JIAL IU LII	NE 12, PAGE 1	·····························					

	Under penalties of perjury, I declar	AFFIDAVII of the Department of Revenue to discuss my return and attachments with my preparer. e that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and her than taxpayer) is based on all information of which preparer has any knowledge.	belief, th	ney are true, correct, and
Please	Your Signature	Date Title or Position		
Sign Here	Preparer's Signature	Date		Preparer's Tax Identification Number
	Firm's Name (or yours	•	•	
Paid	if self employed)		E.I. No.	•
Preparer's	Address •	7	ZIP Code	•
Use Only	Person to contact for information concerning this return:	ame	_ • .	Telephone Number
	Email address:			



## Schedule K - Allocation of Nonbusiness Income, Loss, and Expense - Use only if you checked Filing Status 2, page 1

Identify by account name and amount all items of nonbusiness income, loss and expense removed from apportionable income and those items which are directly allocable to Alabama.

	ALLOCABLE GROS	SS INCOME / LOSS	RELATED	RELATED EXPENSE		ED EXPENSE
1 Directly Allocable Items of Nonbusiness Income/Loss	Column A Everywhere	Column B Alabama	Column C Everywhere	Column D Alabama	Column E Everywhere	Column F Alabama
a ●						
b ●						
c ●						
d ●	1 ●					
e ●						
2 NET NONBUSINESS INCOME / LC Enter Column E total ((income)/loss						

SCHEDULE L – Apportionment Factor – Use only if Filing Status 2 or Filing Status 4 on page 1 with Multi-State Operations – Amounts must be Positive (+) Values

7 tilloditto illaot bo i coltivo	(1) values							
TANGIBLE PROPERTY AT COST FOR PRODUCTION OF BUSINESS INCOME	A BEGINNING OF YEAR		BAMA B END OF YEAR		A E BEGINNING OF YEA		WHERE B END OF YEAR	
1 Loans and credit card receivables	1 ●			1				
2 Premises and fixed assets	2 ●			2				_
3 Other real estate owned	3 ●			3				
4 Other real and tangible personal property	4 ●			4				
5 Total (lines 1 through 4)	5 ●			5				
6 Average value (total of line 5, Columns A and B,	///////////////////////////////////////				///////////////////////////////////////			
divided by 2)		//////	6 ●	///	//////////////////////////////////////	//////	6 ●	
7 Annual rental expense	7 ●	x8 =		7		x8 =		
8 Total average property (add line 6 and line 7)		8a	•			8b	•	
9 Alabama property factor — 8a ÷ 8b = line 9						9	•	%
SALARIES, WAGES, COMMISSIONS AND OT RELATED TO THE PRODUCTION OF BU	JSINESS INCOME	108	a ALABAMA	10b	EVERYWHERE		10c	
<b>10</b> Alabama payroll factor — 10a ÷ 10b = 10c								%
RECEIPTS			ALABAMA		EVERYWHERE			
11 Receipts from lease or rental of real property		•						
12 Receipts from lease or rental of tangible personal	property	•						
13 Interest from loans secured by real property		•						
14 Interest from loans not secured by real property		•						
15 Net gains from the sale of loans		•						
16 Interest from credit card receivables and fees cha	rged to card holders	•						
17 Net gains from sale of credit card receivables		_						
<b>18</b> Credit card issuer's reimbursement fees		-					-	
19 Receipts from merchant discount		-					_	
20 Loan servicing fees from loans secured by real pr		_					_	
21 Loan servicing fees from loans not secured by rea		•					_	
22 Interest, dividends, net gains, and other income fr				l				
trading assets and activities								
23 Receipts of sales of tangible personal property		•						
24 Other receipts				<u> </u>				
25 Alabama receipts factor — 25a ÷ 25b = line 25c.		258		25b			25c	%
<b>26</b> Sum of lines 9, 10c, and 25c ÷ 3 = <b>ALABAMA</b> Al	PPORTIONMENT FACTOR (	Enter	here and on line 24, page 1)			26	•	%

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## Schedule M - Federal Income Tax (FIT) Deduction/(Refund)

(a)	Taxpayers filing separate (nonconsolidated) federal returns should enter on line 6 below the amount of federal income tax actually paid during the year.	If this corporation is a member of an affiliated turn, enter separate company income from lin		
(b)	Only Method 1552(a)(1) can be used to calculate the Federal Income Tax De-	line 1 per 1552(a)(1) election.		
` '	duction. Enter on line 6 the amount of the consolidated tax liability allocated to	Alternative Minimum Tax (AMT) paid? •	Yes	• No
	this corporation from line 5.	Note: If AMT is paid for this year, use Alterna	tive M	linimum Taxable Income to determine
		lines 1 and 2 or line 6 below.		
4	This company's coveyets fodoral toyable income		1	•
	This company's separate federal taxable income		2	
	Total positive consolidated federal taxable income		3	
	This company's percentage (divide line 1 by line 2)		4	,
	Consolidated federal income tax paid			•
5	Federal income tax for this company (multiply line 3 by line 4)		5	•
6	Federal income tax to be apportioned		6	•
	Alabama income before federal income tax deduction, page 1, line 27		7	•
	Adjusted total income, page 1, line 21		8	•
	Federal income tax ratio (divide line 7 by line 8)		9	• 9
	Federal income tax apportioned to Alabama (multiply line 6 by line 9)	10	•	
	Less refunds or adjustments		11	•
	Net federal income tax deduction / <refund> (enter on page 1, line 28)</refund>		12	•
	ner Information			
1	Briefly describe your Alabama operations. ●			
2	List other states in which corporation operates, if applicable. ●			
3	If this taxpayer is a member of an affiliated group which files a consolidated federal r			
	(a) Copy of Federal Form 851, Affiliations Schedule. Identify by asterisk or unde		x in Ai	abama.
	(b) Signed copy of consolidated Federal Form 1120, pages 1-5, as filed with the			
	(c) Copy of the spreadsheet of income statements; all supporting schedules f			
	ited to) a copy of the spreadsheet of income statements (which includes a sepa		ustme	nts used in completing the federal con-
	solidated return), beginning and ending balance sheets, Schedule M-3 for the er	• .		
	(d) Copy of federal Schedule K-1 for each tax entity that the corporation holds an $$	interest in at any time during the taxable year.		
	(e) Copy of federal Schedule(s) UTP.			
	Are you currently being audited by the IRS? ● ☐ Yes ● ☐ No			
5	Location of the corporate records:			
	Street address: •			
	City: ● State: ● Zip	Code: ●		

Mail to: Alabama Department of Revenue Individual and Corporate Tax Division FIET Unit PO Box 327439 Montgomery, AL 36132-7439

RETURN AND TAX DUE BY APRIL 15, 2018