

Fiduciary
Income Tax Declaration for Electronic Filing

For the tax period _____, 20_____, through _____, 20_____

NAME OF ESTATE OR TRUST	FEDERAL EMPLOYER IDENTIFICATION NUMBER
NAME AND TITLE OF FIDUCIARY	TELEPHONE NUMBER
ADDRESS OF FIDUCIARY	

PART I Tax Return Information (*Whole Dollars Only*)

1 Alabama taxable income (Form 41, line 5)	1	
2 Total tax liability (Form 41, line 7)	2	
3 Total credits (Form 41, line 9)	3	
4 Total reductions (Form 41, line 11d)	4	
5 Refund (negative number reported on Form 41, line 12)	5	
6 Amount due (positive number reported on Form 41, line 12)	6	
7 Amount of payment remitted electronically	7	

PART II Declaration of Fiduciary/Officer (*Sign only after Part I is completed.*)

Under penalties of perjury, I declare that I am a fiduciary/officer of the above Estate/Trust and that the information I have given my electronic return originator (ERO), transmitter, and/or intermediate service provider (ISP) and the amounts in Part I above agree with the amounts on the corresponding lines of the estate/trust's Alabama Fiduciary income tax return. To the best of my knowledge and belief, the estate/trust's return is true, correct, and complete. I consent to my ERO, transmitter, and/or ISP sending the estate/trust's return, this declaration, and accompanying schedules and statements to the Alabama Department of Revenue. I also consent to the Alabama Department of Revenue sending my ERO, transmitter, and/or ISP an acknowledgment of receipt of transmission and an indication of whether or not the estate/trust's return is accepted, and, if rejected, the reason(s) for the rejection. By using a computer system and software to prepare and transmit this business return electronically, I consent to the disclosure of all information pertaining to the user of the system and software to create this business return and to the electronic transmission of this business tax return to **Alabama Department of Revenue**.

- I authorize the Alabama Department of Revenue and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the estate/trust's Alabama taxes owed on this return, and the financial institution to debit the entry to this account.
- I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.

Sign Here ▶

Signature of Fiduciary/Officer	Date	Title
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PART III Declaration of Electronic Return Originator (ERO) and Paid Preparer (*See Instructions*)

I declare that I have reviewed the above company's return and that the entries on Form AL8453-FDT are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The estate/trust's fiduciary/officer will have signed this form before I submit the return. I will give the fiduciary/officer a copy of all forms and information to be filed with the Alabama Department of Revenue, and have followed all other requirements in Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File Information for Authorized IRS e-file Providers and Pub. AL4164 Software Developers and Transmitters Guidelines and Schemas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above estate/trust's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the **Alabama Department of Revenue**. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature ▶	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
	Firm's name (or yours if self-employed), address and ZIP code ▶				EIN
					Phone No. ()

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.

Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's PTIN
	Firm's name (or yours if self-employed), address and ZIP code ▶			EIN
				Phone No. ()