

**FORM ET-1C**

Alabama Department of Revenue  
Consolidated Financial  
Institution Excise Tax Return

CY  
 FY  
 SY

**2020**  
ADOR

For the year January 1 – December 31, **2019**, or other tax year beginning \_\_\_\_\_, **2019**, ending \_\_\_\_\_

**Check applicable box:**

Initial return

Final return

Amended return

Federal audit change

This company files as part of a consolidated federal return. Common parent corporation: Name \_\_\_\_\_

FEIN \_\_\_\_\_  Files Business Privilege Tax BPT FEIN: \_\_\_\_\_

**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)

Group's total combined assets: \_\_\_\_\_

1 Alabama Taxable Income (sum of all Proforma ET-1(s), line 31) .....	1	•
2 <b>FINANCIAL INSTITUTION EXCISE TAX</b> (6.5% of line 31) .....	2	•
3 Credits and Payments		
a. Credits (Schedule EC) .....	3a	•
b. Extension Payment (ET-8) .....	3b	•
c. <b>2019</b> composite payment(s) made on behalf of this entity (see instructions) ... Paid by _____ FEIN _____	3c	•
d. Additional Payments .....	3d	•
e. Total Credits and Payments .....	3e	•
4 Penalties Due (see instructions) .....	4	•
5 Interest Due (Compute only on Tax Due) .....	5	•
6 Total Payment Due/(Refund Due) (subtract line 3e from the sum of lines 2, 4 and 5) .....	6	•

If you paid electronically check here:

**– 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 3) –**

**AFFIDAVIT**

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.

**Please Sign Here**

Your Signature \_\_\_\_\_ Date \_\_\_\_\_ Title or Position \_\_\_\_\_

Preparer's Signature \_\_\_\_\_ Date \_\_\_\_\_ Preparer's Tax Identification Number \_\_\_\_\_

**Paid Preparer's Use Only**

Firm's Name (or yours if self employed) \_\_\_\_\_ E.I. No. \_\_\_\_\_

Address \_\_\_\_\_ ZIP Code \_\_\_\_\_

Person to contact for information concerning this return: Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Mail to: Alabama Department of Revenue  
Individual and Corporate Tax Division  
Corporate Compliance Section  
PO Box 327437  
Montgomery, AL 36132-7437

