		FORM					
ı	E	[-1	C				



Alabama Department of Revenue Consolidated Financial Institution Excise Tax Return

CY	
●FY	

2021

For the y	ear Jar	nuary 1 - December 31, 2020, or other tax ye	ear beginni	ng •	, 2	2020, ending	•	
Che		FEDERAL RUSHIESS CORE NUMBER			AL EMPLOYED IDENTIFICATION		Fil	ling Status: (see instructions)
applic box		FEDERAL BUSINESS CODE NUMBER		-EDER/	AL EMPLOYER IDENTIFICATION	ON NOMBER	.	Corporation operating only in Alabama.
●∐ Initi retu		NAME •					١	2. Multistate Corporation – Apportionment (Sch. L).
● Fina		ADDRESS ●			SUITE, FLOOR, ET	0. ●		
retu		CITY	STATE	COUNT	RY (IF NOT U.S.) 9-DIGIT ZIF	CODE	•	3. Multistate Corporation – Separate Accounting (Prior
●∐ Am∉ retu	ended	•	•	•	<u> </u>		_	written approval required and
		STATE OF INCORPORATION	[DATE O	F INCORPORATION			must be attached).
●∐ Fed aud	deral lit	•		•			[X 4. Alabama Consolidated Return.
	inge	DATE QUALIFIED IN ALABAMA NATURE OF BUSINES	SS IN ALABAN	ИΑ			•[4. Alabama Consolidated Return. (Caution: see instructions)
		•					_	(11111111111111111111111111111111111111
● This • Name		ny files as part of a consolidated federal return.		• F	EIN			
_	20E Attac	ched		_ `		otal combined as	sets:	•
		ble Income (sum of all Proforma ET-1(s), line 15)			<u> </u>		1	
		NSTITUTION EXCISE TAX (6.5% of line 1)					2	
		of all proforma ET-1(s), line 17)					3	
		abama (line 2 less line 3)					4	
5 Payme		abama (iino 2 1633 iino 3)			T		-	
		from prior year (2019)		. 5a			-	UNLESS A COPY OF THE FED-
	•	nated tax payments						ERAL INCOME TAX RETURN IS
		posite payment(s) made on behalf of this entity (see in			•		1	TTACHED, THIS RETURN WILL
		posite payment(s) made on benail of this entity (see ma					E	BE CONSIDERED INCOMPLETE
		Payment						(SEE FORM ET-1, PROFORMA,
		prior to adjustment					ı	PAGE 4, OTHER INFORMATION,
		nents (add lines 5a through 5e)						NUMBER 4) –
	-	plications of overpayments		· 5f	•			·
		2021 estimated tax					60	
		ue (see instructions)					6a	
			her	•			Ch.	
	•		-	_			6b	
	ate Intere	ue (see instructions)	erest on Tax					
		ctions (total lines 6a, b and c)					6c	•
							6d	
		due/(refund) (line 4 less 5f, plus 6d)					7	<u>•</u>
If you paid	l electro	nically check here:						
	• _	I authorize a representative of the Department of Revenue						
Please		penalties of perjury, I declare that I have examined this retrief they are true, correct, and complete. Declaration of prepare						
Sign				Title		Date		Daytime Telephone No.
Here	Signatu	re						
Deld	Pr	eparer's signature				Dat	e	•
Paid Proporor		maio nomo (or vouvo if				E.I.	No.	•
Preparer Use Only	s se	If-employed) and address				ZIP	Code	
ose only	•	l. No. ● Prep	arer's Tax Ider	ntificatio				Check if self-employed:
	Pe	erson to contact for information nocerning this return: Name					Teler	phone No. •
		mail address •					.5101	

Mail to: Alabama Department of Revenue Individual and Corporate Tax Division Financial Institution Excise Unit PO Box 327437 Montgomery, AL 36132-7437



SCHEDULE AS - AFFILIATIONS SCHEDULE

A NAME OF ALL FINANCIAL INSTITUTIONS INCLUDED IN ALABAMA CONSOLIDATED EXCISE TAX RETURN	B FEDERAL EMPLOYER IDENTIFICATION NO.	C FILING PERIOD MM / DD / YYYY	D ALABAMA TAXABLE INCOME	E NEW TO FEDERAL CONSOLIDATED GROUP
•	•	•	•	• □ Y • □ N
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