



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 AFFILIATED GROUP (COMMON PARENT AND SUBSIDIARIES)			FOR TAXABLE YEAR BEGINNING		
ADDRESS			Mo.	Day	Yr.
CITY			FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)		
STATE	ZIP		TELEPHONE NUMBER		
EMAIL ADDRESS			(      )		

The above named Alabama Affiliated Group hereby elects to file an Alabama Consolidated Return, in accordance with Section 40-16-3, **Code of Alabama 1975.**

- The election shall be binding on both the Alabama Department of Revenue and the Alabama Affiliated Group for a period of 120 calendar months, beginning with the first month of the first taxable year of the election and ending upon the conclusion of the taxable year in which the 120th consecutive calendar month expires. The election shall terminate automatically upon the revocation or termination of the federal consolidated return election.

**Under penalties of perjury**, I declare that the common parent corporation named above has authorized me to sign this form on behalf of all members of the affiliated group, and that I have examined this form and the information and instructions contained herein.

\_\_\_\_\_  
PRINT NAME AND PROVIDE SIGNATURE BELOW

SIGNATURE	TITLE	DATE
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**INFORMATION AND INSTRUCTIONS REGARDING THIS ELECTION**

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