	F	FORM				
ı		• 4				



Alabama Department of Revenue Consolidated Financial Institution Excise Tax Return

CY	
●FY	
•SY	

2022

	r January 1 – December 31, 2021, or other tax y	ear beginni	ing ● ,	2021, ending •	•	
Check			EEDEDAL EMBLOYED IDENTIFICATI		Fi	ling Status: (see instructions)
applicab box:	Pile FEDERAL BUSINESS CODE NUMBER  ●	!	FEDERAL EMPLOYER IDENTIFICATION  •	ON NUMBER		Corporation operating only in Alabama.
● Initial return	NAME				- 	2. Multistate Corporation –
● Final					-	Apportionment (Sch. L).
return			SUITE, FLOOR, ET		-	3. Multistate Corporation –
● Amen	CITY	STATE	COUNTRY (IF NOT U.S.) 9-DIGIT ZI	CODE		Separate Accounting (Prior
return		_ •	<u>•</u>		-	written approval required and
● Feder	STATE OF INCORPORATION	- 1	DATE OF INCORPORATION			must be attached).
audit	<u>•</u>		•		-	X 4. Alabama Consolidated Return.
chang	JE DATE QUALIFIED IN ALABAMA NATURE OF BUSINE	ESS IN ALABAI	MA		١	(Caution: see instructions)
	• •				_	
• This co	ompany files as part of a consolidated federal return.					
Name	inipany lies as part of a consolidated redefar return.		• FEIN			
● 2220E	Attached		Group's t	otal combined as	sets:	•
1 Alahama	Taxable Income (sum of all Proforma ET-1(s), line 15)				1	
	IAL INSTITUTION EXCISE TAX (6.5% of line 1)				2	•
	sum of all proforma ET-1(s), line 17)					•
	ue Alabama (line 2 less line 3)					•
	,				4	
5 Payment					_	UNLESS A COPY OF THE FED-
	yover from prior year				l	ERAL INCOME TAX RETURN IS
	ent year's Estimated tax payments				l	ATTACHED, THIS RETURN WILL
<b>c.</b> Curre	ent year's Composite Payment(s)/Electing Pass-Through E	ntity Credit(s)			l	•
from	Schedule CP-B line 3 [sum of all proforma ET-1(s), line 19	c]			l	BE CONSIDERED INCOMPLETE
(see	instructions)		5c   ●		ı	(SEE FORM ET-1, PROFORMA,
<ol><li>d. Exter</li></ol>	nsion Payment		5d ●			PAGE 4, OTHER INFORMATION,
e. Payn	nents prior to adjustment		5e ●			NUMBER 4) –
f. Total	Payments (add lines 5a through 5e)		5f ●			
6 Reduction	ns/applications of overpayments					
a. Cred	it to subsequent year's estimated tax				6a	•
	alty Due (see instructions)				<del></del>	
		Other	•	7	6b	
-	est Due (see instructions)			J	00	
Estimate	`	nterest on Tax		7	6-	
	reductions (total lines 6a, b and c)				6c	
	, ,				6d	
	ount due/(refund) (line 4 less 5f, plus 6d)				7	
If you paid el	ectronically check here:					
•	I authorize a representative of the Department of Reveni	ue to discuss m	ny return and attachments with my prep	arer.		
	nder penalties of perjury, I declare that I have examined this rend belief they are true, correct, and complete. Declaration of prep					
Sign ຶ່	id belief they are true, correct, and complete. Declaration of pre-	Jaiei (Ulliei Ilia	Title	Date	ias a	Daytime Telephone No.
Horo	ignature					
_	Propagation of motives			Dot		•
Paid	Preparer's signature			Dat		
Preparer's	Firm's name (or yours, if self-employed) and address				No.	
Use Only	•			ZIP	Code	
	Tel. No. ● Person to contact for information concerning this return: Name ●	parer's Tax Ider	ntification Number		Tele	Check if self-employed: ■ Lphone No. ■
	Email address •				2.0	

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



## SCHEDULE AS - AFFILIATIONS SCHEDULE

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
•	•	•	•	•□ Y •□ N
•	•	•	•	•□ y •□ N
•	•	•	•	•□ y •□ N
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