		FORM	FORM					
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Alabama Department of Revenue Consolidated Financial Institution Excise Tax Return

CY	
●FY	
SY	

2022

For the y	year Jai	nuary 1 - December 31, 20	21, or other tax ye	ar beginni	ing •	,	2021, ending	•	
Che								Fi	ling Status: (see instructions)
applic		FEDERAL BUSINESS CODE NUM	BER	١	FEDERA	AL EMPLOYER IDENTIFICATI	ON NUMBER		Corporation operating only
bo:		•						- '	in Alabama.
■∐ Init retı		NAME							2. Multistate Corporation –
■ Fin	nal	**************************************				OUTE FLOOR FT		-	Apportionment (Sch. L).
reti		ADDRESS •				SUITE, FLOOR, ET		-	3. Multistate Corporation –
■ Am	nended	CITY		SIAIE	COUNT	TRY (IF NOT U.S.) 9-DIGIT ZI	P CODE		Separate Accounting (Prior
reti		•			•			-	written approval required and must be attached).
● Fed	deral	STATE OF INCORPORATION		I	DATE O	F INCORPORATION			must be attached).
aud	dit	•			•			- •	X 4. Alabama Consolidated Return.
cna	ange	DATE QUALIFIED IN ALABAMA	NATURE OF BUSINES	S IN ALABAI	MA				(Caution: see instructions)
		•	•					_	
● This	is compa	ny files as part of a consolidated f	ederal return.						
● Nam		.,			• F	EIN			
_					_ `				
• <u> </u>	20E Atta	ched				Group's t	otal combined as	sets:	•
1 Alaba	ama Taxa	ble Income (sum of all Proforma	ET-1(s), line 15)					1	•
		ISTITUTION EXCISE TAX (6.5%						2	•
		of all proforma ET-1(s), line 17)						3	•
	•	abama (line 2 less line 3)						4	•
5 Paym		abama (iiilo 2 1000 iiilo 0)						-	<u> </u>
		from prior year			. 5a			-	UNLESS A COPY OF THE FED-
					_				ERAL INCOME TAX RETURN IS
		ear's Estimated tax payments			100	•		1	ATTACHED, THIS RETURN WILL
		ear's Composite Payment(s)/Elect	-					l	BE CONSIDERED INCOMPLETE
		dule CP-B line 3 [sum of all profo						l	(SEE FORM ET-1, PROFORMA,
•		ıctions)						ı	PAGE 4, OTHER INFORMATION,
		Payment				•		, r	
e. P	ayments	prior to adjustment			. 5е	•			NUMBER 4) –
f. T	otal Payr	nents (add lines 5a through 5e) .			. 5f	•			
		plications of overpayments							
a. C	Credit to s	ubsequent year's estimated tax.						6a	•
b. P	enalty D	ue (see instructions)							
Late F	Payment	Estimate •	Otl	her	•		7	6b	•
c. Ir	nterest D	ue (see instructions)							
	nate Inter			erest on Tax			7	6c	•
		ctions (total lines 6a, b and c)						6d	•
		due/(refund) (line 4 less 5f, plus 6						7	•
			-,					<u>. </u>	
f you paid	d electro	nically check here:							
	•	I authorize a representative of the	Department of Revenue	to discuss m	v return	and attachments with my pren	arer		
Please		penalties of perjury, I declare that I	have examined this retu	irn and accon	npanying	g schedules and statements, a	nd to the best of m		
Sign	and bei	ef they are true, correct, and comple	te. Deciaration of prepa	iei (otilei tila	Title	,	Date	ias ai	Daytime Telephone No.
Here	Signatu	re							
Paid	Pr	eparer's signature					Dat	e	•
repare		rm's name (or yours, if If-employed) and address					E.I.	No.	•
Jse Onl							ZIP	Code	• •
		I. No. erson to contact for information	Prepa	arer's Tax Ider	ntificatio	n Number			Check if self-employed: L
		ncerning this return: Name						Tele	phone No. •
	Er	nail address							

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
•	•	•	•	•□ Y •□ N
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