

**FORM ET-1C**



Alabama Department of Revenue  
Consolidated Financial  
Institution Excise Tax Return

•CY   
•FY   
•SY

**2023**

For the year January 1 – December 31, 2022, or other tax year beginning \_\_\_\_\_, 2022, ending \_\_\_\_\_

**Check applicable box:**

Initial return

Final return

Amended return

Federal audit change

This company files as part of a consolidated federal return.

2220E Attached

FEDERAL BUSINESS CODE NUMBER \_\_\_\_\_

FEDERAL EMPLOYER IDENTIFICATION NUMBER \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ SUITE, FLOOR, ETC. \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY (IF NOT U.S.) \_\_\_\_\_ 9-DIGIT ZIP CODE \_\_\_\_\_

STATE OF INCORPORATION \_\_\_\_\_ DATE OF INCORPORATION \_\_\_\_\_

DATE QUALIFIED IN ALABAMA \_\_\_\_\_ NATURE OF BUSINESS IN ALABAMA \_\_\_\_\_

Name \_\_\_\_\_ FEIN \_\_\_\_\_

Taxable Year Beginning Date for most recent ET-C : \_\_\_\_\_ Group's total combined assets: \_\_\_\_\_

- 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)

1	Alabama Taxable Income (sum of all Proforma ET-1(s), line 15) .....	1	•
2	<b>FINANCIAL INSTITUTION EXCISE TAX</b> (6.5% of line 1) .....	2	•
3	Credits (sum of all proforma ET-1(s), line 17) .....	3	•
4	Net tax due Alabama (line 2 less line 3) .....	4	•
5	Payments		
	a. Carryover from prior year .....	5a	•
	b. Current year's Estimated tax payments .....	5b	•
	c. Current year's Composite Payment(s)/Electing Pass-Through Entity Credit(s) from Schedule CP-B line 3 [sum of all proforma ET-1(s), line 19c] (see instructions) .....	5c	•
	d. Extension Payment .....	5d	•
	e. Payments prior to adjustment .....	5e	•
	f. Total Payments (add lines 5a through 5e) .....	5f	•
6	Reductions/applications of overpayments		
	a. Credit to subsequent year's estimated tax .....	6a	•
	b. Penalty Due (see instructions) .....		
	Late Payment Estimate <input type="text"/> Other <input type="text"/>	6b	•
	c. Interest Due (see instructions) .....		
	Estimate Interest <input type="text"/> Interest on Tax <input type="text"/>	6c	•
	d. Total reductions (total lines 6a, b and c) .....	6d	•
7	Total amount due/(refund) (line 4 less 5f, plus 6d) .....	7	•

**– 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 4) –**

If you paid electronically check here:

I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.

**Please Sign Here** 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.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_ Daytime Telephone No. \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_

Firm's name (or yours, if self-employed) and address \_\_\_\_\_ E.I. No. \_\_\_\_\_

Tel. No. \_\_\_\_\_ Preparer's Tax Identification Number \_\_\_\_\_ ZIP Code \_\_\_\_\_

Person to contact for information concerning this return: Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Email address \_\_\_\_\_ Check if self-employed:

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

