Reset Form

FORM
ET-1C

Alabama Department of Revenue
Consolidated Financial
Institution Excise Tax Return

●CY ☐
●FY ☐
●SY ☐

2025

For the year January 1 – December 31, 2024, or other tax year beginning ● ________________ , 2024, ending ● ________________

Check applicable box:

●☐ Initial return
●☐ Final return
●☐ Amended return
●☐ Federal audit change

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 ● ________________

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***)

●☐ This company files as part of a consolidated federal return.
● Name ________________ ● FEIN ________________

●☐ 2220E Attached   Taxable Year Beginning Date for most recent ET-C : ● ________________   Group's total combined assets: ● ________________

1	Alabama Taxable Income *(sum of all Proforma ET-1(s), line 15)*	1	●
2	**FINANCIAL INSTITUTION EXCISE TAX** *(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 ● ______ Other ● ______	6b	●
	c. Interest Due (*see instructions*) Estimate Interest ● ______ Interest on Tax ● ______	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) –

Please Sign Here

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

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 ● ________ Check if self-employed ● ☐ Preparer's Tax Identification Number ● ________
Firm's Name (or yours, if self employed) ● ________________ Telephone No. ●(   ) ________ E.I. No. ● ________
Firm's Address ________________ ZIP Code ________
Person to contact for information concerning this return: Name ● ________________ Telephone No. ● ________________
Email address ● ________________

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

ADOR

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
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