## ET-1C



Alabama Department of Revenue Consolidated Financial Institution Excise Tax Return

CY	
<ul><li>FY</li></ul>	
SY	

2026

For the year Ja	anuary 1 – December 31, 20	25 or other	r tax vear beginn	nina •			, 2025, ending			901 <u> </u>
Check			tan your bog	9			, _0_0, 0.10.1.9	_	ilinc	Status: (see instructions)
applicable	FEDERAL BUSINESS CODE NUM	BER		FEDER	AL EMP	LOYER IDENTIFICAT	TION NUMBER	•		, ,
box:	•			•				-		<ol> <li>Corporation operating only in Alabama.</li> </ol>
●∐ Initial return	NAME •									2. Multistate Corporation – Apportionment (Sch. L).
■ Final	ADDRESS •					SUITE, FLOOR, E	TC. •	-		Apportionment (Sch. L).
return	CITY		STATE	COUN	TRY (IF	NOT U.S.) 9-DIGIT		-		3. Multistate Corporation –
● Amended	d •		•	•	`	•				Separate Accounting (Prior written approval required and
return	STATE OF INCORPORATION			DATE C	E INCO	RPORATION		-		must be attached).
● Federal	•			•	, 11100	THE OFFICIAL				,
audit change	DATE QUALIFIED IN ALABAMA	NATURE OF I						•	X	4. Alabama Consolidated Return.
o.i.a.i.go	DATE QUALIFIED IN ALABAWA	NATURE OF I	BUSINESS IN ALABA	AIVIA						(Caution: see instructions)
								-		
● This comp	any files as part of a consolidated f	ederal return.								
<ul><li>Name</li></ul>				•	EIN					
• 2220E Att						Group's	total combined as	noto:		
									_	
1 Alabama Tax	able Income (sum of all Proforma	ET-1(s), line	15)					1	•	
2 FINANCIAL	INSTITUTION EXCISE TAX (6.5%	of line 1)						2	•	
3 Nonrefundab	le credits (sum of all proforma ET-	1(s), line 17) .						3	•	
	Alabama (line 2 less line 3)							4	•	
5 Payments								-		
	er from prior year			50				-	- UN	ILESS A COPY OF THE FED-
	/ear's Estimated tax payments			_	•				ER/	AL INCOME TAX RETURN IS
				_						ACHED, THIS RETURN WILL
	/ear's Composite Payment(s)/Elect	-		5)						CONSIDERED INCOMPLETE
	edule CP-B line 3 [sum of all profo		-							
	ructions)			-	_				•	E FORM ET-1, PROFORMA,
<ol><li>d. Extensio</li></ol>	n Payment			5d	•				PAG	GE 4, OTHER INFORMATION,
e. Payment	s prior to adjustment			5e	•					NUMBER 4) –
f. Refunda	ble credits (sum of all proforma ET	-1(s), line 19f)	)	5f	•					
g. Total Pa	yments (add lines 5a through 5f)			5a	•					
	applications of overpayments			_ 3	·					
	subsequent year's estimated tax							6a	•	
	Due (see instructions)							oa		
	nt Estimate		Othe					01-		
								6b		
	Due (see instructions)			_						
Estimate Inte			Interest on Ta					6c	$\vdash$	
d. Total red	luctions (total lines 6a, b and c)							6d	•	
7 Total amoun	t due/(refund) (line 4 less 5f, plus 6	d)						7	•	
Please Under	I authorize a representative of the r penalties of perjury, I declare that I	have examined	d this return and acco	mpanyin	g sched	ules and statements,	and to the best of my			
- 3	elief they are true, correct, and comple	te. Declaration	ot preparer (other th	an taxpa Title		ased on all informatio	n of which preparer I    Date	nas a	ny kr	nowledge.    Daytime Telephone No.
Here Signat	turo			11110			Date			Daytime relephone No.
Sigila	uie					Date	 		Pre	parer's Tax Identification Number
	Preparer's Signature					•	Check if	$\neg$	•	
Paid -	orginaturo					Telephone No.	self-employed •	_	E.I.	No
- P	Firm's Name or yours, if self employed) ■					1 .			E.I. ●	NO.
Use Only	or yours, ii seii empioyeu) 🗨					•( )				0-4-
_	Time to Addison								ZIP	Code
_	Firm's Address									
	Person to contact for information concerning this return: Name							Tele	phon	ne No. ●
	Email address •									



## 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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