



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

CY   FY	201
	AD

or the year J Check applicable box:	anuary 1 – December 31, 2011, or other tax year beging FEDERAL BUSINESS CODE NUMBER	nning •, 2011, endi	ng ●
applicable	EEDEDAL BURINECC CODE NUMBER		
		FEDERAL EMPLOYER IDENTIFICATION NUMBER	Filing Status: (see instructions)
	<u></u>	•	1. Corporation operating or in Alabama.
1	NAME ●		III Alabama.
∫ Initial return	ADDRESS		2. Multistate Corporation – Apportionment (Sch. L).
, ictairi	CITY, STATE, COUNTRY (IF NOT U.S.)	9-DIGIT ZIP CODE	Apportionment (Sch. L).
∫ Final return			3. Multistate Corporation –
- Tetuini	STATE OF INCORPORATION	DATE OF INCORPORATION	Separate Accounting (Prior written approval required a
Amende return	ed ●	•	must be attached).
- Totalii	DATE QUALIFIED IN ALABAMA NATURE OF BUSINESS IN ALAB	BAMA	
Address change	• •		4. Alabama Consolidated Return (Caution: see instruction
_			(Oddion: See mandenon
	pany files as part of a consolidated federal return. Common pare	_ '	
·	Notification of Final IRS change		
		Group's total combine	ed assets: •
	xable Income (sum of all Proforma ET-1(s), line 31)		
	INSTITUTION EXCISE TAX (6.5% of line 31)		2 •
Credits and	•		
	ax Credit (sum of Schedule F from all proforma returns)		
	Tax Credit (sum of line 33b from all proforma returns)		
c. Extensi	on Payment (ET-8)	3c •	
	nal Payments	3d ●	
e. Total Cr	edits and Payments	3e •	
	ue (see instructions)		
Penalties D	do (oce mondono)		
	e (Compute only on Tax Due).		
Interest Due Total Payme	e (Compute only on Tax Due)ent Due/(Refund Due) (subtract line 3e from the sum of lines 2, 4 a	5 •	6 •
Interest Due Total Payme	ent Due/(Refund Due) (subtract line 3e from the sum of lines 2, 4 a tronically check here:	TAX RETURN IS ATTACHED,	6 •
Interest Due Total Payme	ent Due/(Refund Due) (subtract line 3e from the sum of lines 2, 4 a	TAX RETURN IS ATTACHED, MPLETE (SEE FORM ET-1,	
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SCHEDULE A - IN ACCORDANCE WITH SECTION 40-16-6. THE INFORMATION REQUESTED BELOW MUST BE PROVIDE				
	SCHEDILLE V - IN VCCOBDANCE MITH	1 SECTION 10-16-6 .	THE INFORMATION RECITERTED	RELOW MIIST BE DROVIDED

SCHEDULE	A - IN ACCORDANCE WITH SECTION 40	)-16-6, THE INFOR	MATION REQU	ESTED BELOW MUS	T BE PROVIDED		
Department Use Only	Counties In Which Business Is Conducted	Percentage In Each County	Department Use Only	Municipalities In V Conducted In		Percentage In Each Municipali	
		%					/ <sub>0</sub>
		%					% Check
		% %					here if no office is
		%					maintained in this state.
		%					% %
		%					%
		%					%
SCHEDULE	AS – AFFILIATIONS SCHEDULE	В	c		D PRIOR YEAR	E NEW TO FEDERAL	F AL BUSINESS
INCLUDE	NAME OF ALL CORPORATIONS ED IN ALABAMA CONSOLIDATED INCOME TAX RETURN	FEDERAL EI IDENTIFICA	IPLOYER	FILING PERIOD MM / DD / YYYY	SEPARATE AL INCOME TAX RETURN FILED?	CONSOLIDATED GROUP?	PRIVILEGE TAX RETURN FILED?
COMMON PAR	ENI				Yes No	Yes No	Yes No
SUBSIDIARIES					Yes No	Yes No	Yes No
•					Yes No	Yes No	Yes No
•							
_							
					Yes No	Yes No	Yes No
•					Yes No	Yes No	Yes No
•					Yes No	Yes No	Yes No
•					Yes No	Yes No	Yes No
•					Yes No	Yes No	Yes No
•					Yes No	Yes No	Yes No
•					Yes No	Yes No	Yes No
•					Yes No	Yes No	Yes No
•					Yes No	Yes No	Yes No
•					Yes No	Yes No	Yes No
•					Yes No	Yes No	Yes No
•					Yes No		
•					Yes No		
•					Yes No		
•					Yes No		
					Yes No	∟ Yes ∟ No	☐ Yes ☐ No