ET-1C



Alabama Department of Revenue Consolidated Financial Institution Excise Tax Return

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FY	
•SY	

2023

For th	ne year Ja	nuary 1 - December 31, 2022, or other tax y	year beginn	ing •		, 2	2022, ending	•			
_	heck	· · · · · · · · · · · · · · · · · · ·	_					F	iling	Status: (see instructions)	
	olicable box:	FEDERAL BUSINESS CODE NUMBER		FEDER.	AL EMPLOYER IC	DENTIFICATIO	ON NUMBER			1. Corporation operating only in Alabama.	
	Initial return	NAME						_		2. Multistate Corporation –	
•	Final	4000500			OLUTE	FI 00D FT		-		Apportionment (Sch. L).	
	return	ADDRESS ●				, FLOOR, ET		_		3. Multistate Corporation –	
•	Amended	CITY	STATE	COUNT	TRY (IF NOT U.S.)	9-DIGIT ZII	CODE			Separate Accounting (Prior	
	return		_ •			•		-		written approval required and must be attached).	
•	Federal	STATE OF INCORPORATION		DATE O	F INCORPORATI	ON				must be attached).	
	audit	•						-	X	4. Alabama Consolidated Return.	
	change	DATE QUALIFIED IN ALABAMA NATURE OF BUSIN	ESS IN ALABA	MA						(Caution: see instructions)	
	This compo	any files as part of a consolidated federal return.						-			
	Vame	any mes as part or a consolidated rederal return.		• F	EIN						
•	2220E Atta	ached Taxable Year Beginning Date for most recer	nt ET-C : ●			_ Group's to	otal combined as	sets:	•		
1 A	labama Tax	able Income (sum of all Proforma ET-1(s), line 15)						1	•		
		NSTITUTION EXCISE TAX (6.5% of line 1)						_	_		
		of all proforma ET-1(s), line 17)						3	_		
	•	Alabama (line 2 less line 3)						4	_		
	ayments							H.	<u> </u>		
	•	r from prior year		5a	•			-	- UNI	LESS A COPY OF THE FED-	
		ear's Estimated tax payments						1	ERA	L INCOME TAX RETURN IS	
	•	ear's Composite Payment(s)/Electing Pass-Through E		-				1	ATTA	CHED, THIS RETURN WILL	
0.		edule CP-B line 3 [sum of all proforma ET-1(s), line 19		′					BE C	ONSIDERED INCOMPLETE	
		uctions)	•	E0.					(SEE	FORM ET-1, PROFORMA,	
Ч		n Payment						PAGE 4, OTHER INFORMATION,			
e.		s prior to adjustment						NUMBER 4) –			
f.		ments (add lines 5a through 5e)						1	·		
		pplications of overpayments		1					l l		
		subsequent year's estimated tax									
		Due (see instructions)						6a			
							1	۵.			
	•		Other	•]	6b	•		
		Oue (see instructions)					 1				
	stimate Inte		nterest on Tax]	6c	_		
		uctions (total lines 6a, b and c)						6d	•		
		due/(refund) (line 4 less 5f, plus 6d)						7	•		
If you	paid electr	onically check here:									
	• [I authorize a representative of the Department of Reven	ue to discuss n	ny return	and attachments	with my prepa	arer.				
Pleas		penalties of perjury, I declare that I have examined this re- lief they are true, correct, and complete. Declaration of pre									
Sign		,,	p-0.01 (0.0101 0.10	Title	, ,		Date		,	Daytime Telephone No.	
Here	Signat	ure									
Da:d	P	reparer's signature					Da	te	•		
Paid		irm's name (or yours if						No.	•		
Prepa Use (aicis s	elf-employed) and address						Cod	e •		
U36 (-	el. No. • Pre	parer's Tax Ide	entificatio	n Number				-	Check if self-employed:	
	P	erson to contact for information oncerning this return: Name	paror o rax rue					Tele	nhono	No. ●	
		imail address •							PITOLIG		

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

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
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