

FORM  
ET-1CAlabama Department of Revenue  
Consolidated Financial  
Institution Excise Tax ReturnCY ☐  
FY ☐  
SY ☐

2024

For the year January 1 – December 31, 2023, or other tax year beginning • \_\_\_\_\_, 2023, 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).....	6b	•
Late Payment Estimate <input type="text"/> Other <input type="text"/>	6b	•
c. Interest Due (see instructions).....	6c	•
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) –

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.
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Paid  
Preparer's  
Use Only

Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	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

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