

FORM **40** Alabama **2017**
 Individual Income Tax Return
 RESIDENTS & PART-YEAR RESIDENTS



For the year Jan. 1 - Dec. 31, 2017, or other tax year:

Beginning: Ending: ●

Your social security number ● Spouse's SSN if joint return ●

● Check if primary is deceased Primary's deceased date (mm/dd/yy) ● Check if spouse is deceased Spouse's deceased date (mm/dd/yy) ●

Your first name Initial Last name ●

Spouse's first name Initial Last name ●

Present home address (number and street or P.O. Box number) ●

City, town or post office State ZIP code ● Check if address is outside U.S. Foreign Country

▶ CHECK BOX IF AMENDED RETURN ●

Filing Status/Exemptions	1 ● <input type="checkbox"/> \$1,500 Single	3 ● <input type="checkbox"/> \$1,500 Married filing separate. Complete Spouse SSN _____		
	2 ● <input type="checkbox"/> \$3,000 Married filing joint	4 ● <input type="checkbox"/> \$3,000 Head of Family (with qualifying person).		
Income and Adjustments	5a Alabama Income Tax Withheld (from Schedule W-2, line 18, column G)	A – Alabama tax withheld	B – Income	
	5b Wages, salaries, tips, etc. (from Schedule W-2, line 18, column I plus J):	5a ●	5b ●	
	6 Interest and dividend income (also attach Schedule B if over \$1,500)	6 ●	6 ●	
	7 Other income (from page 2, Part I, line 9)	7 ●	7 ●	
	8 Total income. Add amounts in the income column for line 5b through line 7	8 ●	8 ●	
	9 Total adjustments to income (from page 2, Part II, line 12)	9 ●	9 ●	
	10 Adjusted gross income. Subtract line 9 from line 8	10 ●	10 ●	
	Deductions	11 Box a or b MUST be checked. Check box a, if you itemize deductions , and enter amount from Schedule A, line 27. Check box b, if you do not itemize deductions, and enter standard deduction (see instructions) ● a <input type="checkbox"/> Itemized Deductions ● b <input type="checkbox"/> Standard Deduction	11 ●	
		12 Federal tax deduction (see instructions) DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)	12 ●	
		13 Personal exemption (from line 1, 2, 3, or 4)	13 ●	
14 Dependent exemption (from page 2, Part III, line 2)		14 ●		
15 Total deductions. Add lines 11, 12, 13, and 14		15 ●		
16 Taxable income. Subtract line 15 from line 10		16 ●		
Tax Staple Form(s) W-2, W-2G, and/or 1099 here.	17 Income Tax due. Enter amount from tax table or check if from ● <input type="checkbox"/> Form NOL-85A	17 ●		
	18 Net tax due Alabama. Check box if computing tax using Schedule NTC ● <input type="checkbox"/> , otherwise enter amount from line 17 ...	18 ●		
	19 Consumer Use Tax (see instructions). If you certify that no use tax is due, check box <input type="checkbox"/>	19 ●		
	20 Alabama Election Campaign Fund. You may make a voluntary contribution to the following: a Alabama Democratic Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input type="checkbox"/> none	20a ●		
	b Alabama Republican Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input type="checkbox"/> none	20b ●		
21 Total tax liability and voluntary contribution. Add lines 18, 19, 20a, and 20b	21 ●			
Payments	22 Alabama income tax withheld (from column A, line 5a)	22 ●		
	23 2017 estimated tax payments/Automatic Extension Payment	23 ●		
	24 Amended Returns Only — Previous payments (see instructions)	24 ●		
	25 Refundable portion of Alabama Accountability Act of 2013 Credit	25 ●		
	26 Refundable portion of Adoption Credit	26 ●		
	27 Total payments. Add lines 22, 23, 24, 25, and 26	27 ●		
	28 Amended Returns Only — Previous refund (see instructions)	28 ●		
	29 Adjusted Total Payments. Subtract line 28 from line 27	29 ●		
AMOUNT YOU OWE	30 If line 21 is larger than line 29, subtract line 29 from line 21, and enter AMOUNT YOU OWE. Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.)	30 ●		
	31 Estimated tax penalty. Also include on line 30 (see instructions page 12)	31 ●		
OVERPAID	32 If line 29 is larger than line 21, subtract line 21 from line 29, and enter amount OVERPAID	32 ●		
	33 Amount of line 32 to be applied to your 2018 estimated tax	33 ●		
Donations	34 Total Donation Check-offs from Schedule DC, line 2	34 ●		
REFUND	35 REFUNDED TO YOU. (CAUTION: You must sign this return on the reverse side.) Subtract lines 33 and 34 from line 32.	35 ●		
	For Direct Deposit, check here ● <input type="checkbox"/> and complete Part V, Page 2.			



ADOR

PART I

1	Alimony received	1	●		
2	Business income or (loss) (attach Federal Schedule C or C-EZ) (see instructions)	2	●		
3	Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D)	3	●		
4a	Total IRA distributions <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>4a</td><td>●</td></tr></table> 4b Taxable amount (see instructions)	4a	●	4b	●
4a	●				
5a	Total pensions and annuities <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>5a</td><td>●</td></tr></table> 5b Taxable amount (see instructions)	5a	●	5b	●
5a	●				
6	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	6	●		
7	Farm income or (loss) (attach Federal Schedule F)	7	●		
8	Other income (state nature and source — see instructions)	8	●		
9	Total other income. Add lines 1 through 8. Enter here and also on page 1, line 7.	9	●		

PART II

1a	Your IRA deduction	1a	●
b	Spouse's IRA deduction	1b	●
2	Payments to a Keogh retirement plan and self-employment SEP deduction	2	●
3	Penalty on early withdrawal of savings	3	●
4	Alimony paid. Recipient's last name _____ SSN ● _____	4	●
5	Adoption expenses	5	●
6	Moving Expenses (Attach Federal Form 3903) to: City _____ State _____ ZIP _____	6	●
7	Self-employed health insurance deduction	7	●
8	Payments to Alabama College Counts 529 Fund or Alabama PACT Program	8	●
9	Health insurance deduction for small employer employee (see instructions)	9	●
10	Costs to retrofit or upgrade home to resist wind or flood damage	10	●
11	Deposits to a catastrophe savings account	11	●
12	Total adjustments. Add lines 1 through 11. Enter here and also on page 1, line 9	12	●

PART III

1a Dependents:	(1) First name	Last name	(2) Dependent's Social Security Number	(3) Dependent's Relationship to You	(4) Did you provide more than one-half dependent's support?
Dependents	_____	_____	●		
Do not include yourself or your spouse	_____	_____	●		
(See page 17)	_____	_____	●		
b	Total number of dependents claimed above				1b ●
2	Amount allowed. (Multiply the total number of dependents claimed on line 1b by the amount from the dependent chart on page 10.) Enter amount here and on page 1, line 14				2 ●

PART IV

1 **Residency** Check only one box Full Year Part Year From _____ 2017 through _____ 2017.

2 Did you file an Alabama income tax return for the year 2016? Yes No If no, state reason _____

3 Give name and address of present employer(s). Yours _____
Your Spouse's _____

4 Enter the Federal Adjusted Gross Income ● \$ _____ and Federal Taxable Income ● \$ _____ as reported on your 2017 Federal Individual Income Tax Return.

5 Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state tax refund)? Yes No
If yes, enter source(s) and amount(s) below: (other than state income tax refund)

Source _____	Amount ● _____
Source _____	Amount ● _____

PART V For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See Page 17 of instructions to see if you qualify.)

1 Routing Number: _____ 2 Type: Checking Savings 3 Account Number: _____

4 Is this refund going to or through an account that is located outside of the United States? Yes No

Drivers License Info

DOB (mm/dd/yyyy) ● _____	Your state ● _____	DL# ● _____	Iss date (mm/dd/yyyy) ● _____	Exp date (mm/dd/yyyy) ● _____
DOB (mm/dd/yyyy) ● _____	Spouse state ● _____	DL# ● _____	Iss date (mm/dd/yyyy) ● _____	Exp date (mm/dd/yyyy) ● _____

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.

Sign Here In Black Ink Keep a copy of this return for your records.

Your Signature _____	Date _____	Daytime Telephone Number _____	Your Occupation _____
Spouse's Signature (if joint return, BOTH must sign) _____	Date _____	Daytime Telephone Number _____	Spouse's Occupation _____
Preparer's Signature _____	Date _____	Check if Self-employed <input type="checkbox"/> ●	Preparer's SSN or PTIN _____ E.I. Number _____

Paid Preparer's Use Only

Firm's Name (or yours if self employed) _____	Daytime Telephone No. _____	ZIP Code _____
Address _____		