

FORM
40A Alabama **2017**
 Individual Income Tax Return
 FULL YEAR RESIDENTS ONLY



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) ●

▶ CHECK BOX IF AMENDED RETURN ●

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

Filing Status/ 1 ● \$1,500 Single 3 ● \$1,500 Married filing separate. Complete Spouse SSN _____
Exemptions 2 ● \$3,000 Married filing joint 4 ● \$3,000 Head of Family (with qualifying person).

Income and Adjustments	A — Alabama tax withheld		B — Income	
	5a	●	5b	●
5a Alabama Income Tax Withheld (from Schedule W-2, line 18, column G).....				
5b Wages, salaries, tips, etc. (from Schedule W-2, line 18, column I plus J).....				
6 Interest and dividend income. If over \$1,500.00, use Form 40.....			6	●
7 Total income. Add lines 5b and 6 (column B).....			7	●
Deductions	8	●		
8 Standard Deduction (enter amount from table on page 9 of instructions).....				
9 Federal tax deduction (see instructions).....	9	●		
DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)				
10 Personal exemption (from line 1, 2, 3, or 4).....	10	●		
11 Dependent exemptions (from page 2, Part II, line 2).....	11	●		
12 Total deductions. Add lines 8, 9, 10, and 11.....			12	●
13 Taxable income. Subtract line 12 from line 7. Enter the result.....			13	●
14 Find the tax for the amount on line 13. Use the tax table in the Instruction Booklet.....			14	●
15 Consumer Use Tax (see instructions). If you certify that no use tax is due, check box <input type="checkbox"/>			15	●
16 You may make a voluntary contribution to:			16a	●
a Alabama Democratic Party..... <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input type="checkbox"/> none.....			16b	●
b Alabama Republican Party..... <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input type="checkbox"/> none.....				
17 Total tax liability and voluntary contribution. Add lines 14, 15, 16a, and 16b.....			17	●
18 Alabama income tax withheld (from column A, line 5a).....			18	●
19 Automatic Extension Payment.....			19	●
20 Amended Returns Only — Previous payments (see instructions).....			20	●
21 Total payments. Add lines 18, 19 and 20.....			21	●
22 Amended Returns Only — Previous refund (see instructions).....			22	●
23 Adjusted Total Payments. Subtract line 22 from line 21.....			23	●
AMOUNT YOU OWE				
24 If line 17 is larger than line 23, subtract line 23 from line 17, and enter AMOUNT YOU OWE. Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.).....			24	●
OVERPAID				
25 If line 23 is larger than line 17, subtract line 17 from line 23 and enter amount OVERPAID			25	●
Donations				
26 Total Donation Check-offs from page 2, Part IV, line 2.....			26	●
REFUND				
27 REFUNDED TO YOU. Subtract line 26 from line 25. (You MUST SIGN this return before your refund can be processed.).....			27	●

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



- PART I**
- 1 Were you (and your spouse, if married filing jointly) a resident of Alabama for the entire year 2017? Yes No
If you checked no, **DO NOT COMPLETE THIS FORM**. See "Which Form To File" on page 5 of instructions.
- 2 Did you file an Alabama income tax return for the year 2016? Yes No
If you checked no, state the reason for not filing. _____
- 3 Give name and address of your present employer:
Yourself _____
Your Spouse _____

General Information

- All Taxpayers Must Complete This Section.**
- 4 Your occupation _____
Spouse's occupation _____
- 5 Enter the Federal Adjusted Gross Income ● \$ _____ and Federal Taxable Income ● \$ _____ as reported on your **2017 Federal Individual Income Tax Return**.
- 6 Do you have income which is reported on your Federal return, but not reported on your Alabama return? ● Yes No
If yes, enter source(s) and amount(s) below (other than state income tax refund):
Source _____ Amount ● \$ _____
Source _____ Amount ● \$ _____
Source _____ Amount ● \$ _____

PART II

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
- 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 below.)
Use the following chart to determine the per-dependent exemption amount:
- | Amount on Line 7, Page 1 | Dependent Exemption |
|--------------------------|---------------------|
| 0 - 20,000 | 1,000 |
| 20,001 - 100,000 | 500 |
| Over 100,000 | 300 |
- Enter amount here and on page 1, line 11 **2** ●

PART III

- Federal Tax Liability Ded.** 1 Enter the Federal Income Tax Liability from worksheet (see instructions) here and on line 9, page 1 **1** ●

PART IV

- 1 You may donate all or part of your overpayment. (Enter the amount in the appropriate boxes.)
- | | | | |
|-------------------------------------------------|---|--------------------------------------------|---|
| a Senior Services Trust Fund | ● | k Alabama Breast & Cervical Cancer Program | ● |
| b Alabama Arts Development Fund | ● | l Victims of Violence Assistance | ● |
| c Alabama Nongame Wildlife Fund | ● | m Alabama Military Support Foundation | ● |
| d Child Abuse Trust Fund | ● | n Alabama Veterinary Medical Foundation | ● |
| e Alabama Veterans Program | ● | Spay-Neuter Program | ● |
| f Alabama State Historic Preservation Fund | ● | o Cancer Research Institute | ● |
| g Archives Services Fund | ● | p Alabama Association of Rescue Squads | ● |
| h Foster Care Trust Fund | ● | q USS Battleship Commission | ● |
| i Mental Health | ● | r Children First Trust Fund | ● |
| j Alabama Firefighters Annuity and Benefit Fund | ● | | |
- 2 **Total Donations.** Add lines 1a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, and r. Enter here and on page 1, line 26 ●

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) ● _____

WHERE TO FILE FORM 40A



If you are not making a payment, mail your return to:
Alabama Department of Revenue
 P.O. Box 327465
 Montgomery, AL 36132-7465

If you are making a payment, mail your return, Form 40V, and payment to:
Alabama Department of Revenue
 P.O. Box 327477
 Montgomery, AL 36132-7477

Mail **only** your 2017 Form 40A to one of the above addresses. Prior year returns, amended returns, and all other correspondence should be mailed to Alabama Department of Revenue, P.O. Box 327464, Montgomery, AL 36132-7464.