

FORM **40** Alabama **2020**
Individual Income Tax Return
 RESIDENTS & PART-YEAR RESIDENTS



For the year Jan. 1 - Dec. 31, 2020, 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/Exemptions
 1 ● \$1,500 Single 3 ● \$1,500 Married filing separate. Complete Spouse SSN ●
 2 ● \$3,000 Married filing joint 4 ● \$3,000 Head of Family (with qualifying person). Complete Schedule HOF

	A – Alabama tax withheld		B – Income	
	5a	●	5b	●
Income and Adjustments				
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 (also attach Schedule B if over \$1,500)			6	●
7 Other income (from page 2, Part I, line 9)			7	●
8 Total income. Add amounts in the income column for line 5b through line 7			8	●
9 Total adjustments to income (from page 2, Part II, line 15)			9	●
10 Adjusted gross income. Subtract line 9 from line 8			10	●

Deductions

If claiming a deduction on line 12, you must attach page 1, 2 and Schedule 1 of your Federal Return, if applicable.

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	●

Tax

Staple Form(s) W-2, W-2G, and/or 1099 here. Attach Schedule W-2 to return.

16 Taxable income. Subtract line 15 from line 10			16	●
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 OC ● <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 2020 estimated tax payments/Automatic Extension Payment	23	●		
24 Amended Returns Only — Previous payments (see instructions)	24	●		
25 Refundable Credits. Enter the amount from Schedule OC, Section F, line F5	25	●		
26 Total payments. Add lines 22, 23, 24, and 25			26	●
27 Amended Returns Only — Previous refund (see instructions)			27	●
28 Adjusted Total Payments. Subtract line 27 from line 26			28	●

AMOUNT YOU OWE

29 If line 21 is larger than line 28, subtract line 28 from line 21, and enter AMOUNT YOU OWE. Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.)			29	●
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OVERPAID

30 Estimated tax penalty. Also include on line 29 (see instructions page 12)	30	●		
31 If line 28 is larger than line 21, subtract line 21 from line 28, and enter amount OVERPAID			31	●

Donations

32 Amount of line 31 to be applied to your 2021 estimated tax	32	●		
33 Total Donation Check-offs from Schedule DC, line 2	33	●		

REFUND

34 REFUNDED TO YOU. (CAUTION: You must sign this return on the reverse side.) Subtract lines 32 and 33 from line 31.			34	●
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For Direct Deposit, check here ● and complete Part V, Page 2.



PART I Other Income <i>(See page 13)</i>	1	Alimony received	1	●
	2	Business income or (loss) <i>(attach Federal Schedule C or C-EZ) (see instructions)</i>	2	●
	3	Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. <i>(attach Schedule D)</i>	3	●
	4a	Total IRA distributions	4a	●
	4b	Taxable amount <i>(see instructions)</i>	4b	●
	5a	Total pensions and annuities	5a	●
	5b	Taxable amount <i>(see instructions)</i>	5b	●
	6	Rents, royalties, partnerships, estates, trusts, etc. <i>(attach Schedule E)</i>	6	●
	7	Farm income or (loss) <i>(attach Federal Schedule F)</i>	7	●
8	Other income <i>(state nature and source — see instructions)</i>	8	●	
9	Total other income. Add lines 1 through 8. Enter here and also on page 1, line 7.	9	●	

PART II Adjustments to Income <i>(See page 16)</i>	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 <i>(see instructions)</i>	9	●
	10	Costs to retrofit or upgrade home to resist wind or flood damage	10	●
	11	Deposits to a catastrophe savings account	11	●
	12	Contributions to a health savings account	12	●
	13	Deposits to an Alabama First-Time and Second Chance Home Buyer Savings Account <i>(see instructions)</i>	13	●
	14	Firefighter's Insurance Premium	14	●
15	Total adjustments. Add lines 1 through 14. Enter here and also on page 1, line 9	15	●	

PART III Dependents	1	Total number of dependents from Schedule DS, line 1b	1	●
	2	Amount allowed. (Multiply total number of dependents claimed on line 1 by the amount on the dependent chart on page 10 of Instructions.) Enter amount here and on page 1, line 14	2	●

PART IV General Information All Taxpayers Must Complete This Section. <i>(See page 17)</i>	1	Residency Check only one box <input type="checkbox"/> Full Year <input type="checkbox"/> Part Year From _____ 2020 through _____ 2020.
	2	Did you file an Alabama income tax return for the year 2019? <input type="checkbox"/> Yes <input type="checkbox"/> 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 2020 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter source(s) and amount(s) below: <i>(other than state income tax refund)</i> Source ● _____ Amount ● _____ Source ● _____ Amount ● _____

PART V Direct Deposit	For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. <i>(See Page 17 of instructions to see if you qualify.)</i>			
	1	Routing Number: _____	2	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Drivers License Info	3	Account Number: _____	4	Is this refund going to or through an account that is located outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
	DOB (mm/dd/yyyy) ● _____	Your state ● _____	DL# ● _____	Iss date (mm/dd/yyyy) ● _____
	DOB (mm/dd/yyyy) ● _____	Spouse state ● _____	DL# ● _____	Iss date (mm/dd/yyyy) ● _____
			Exp 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 ● _____
Paid Preparer's Use Only	Firm's Name (or yours if self employed)	Daytime Telephone No.	ZIP Code	
	Address			