FORM 40A Alabama

40A Alabama 2021
Individual Income Tax Return
FULL YEAR RESIDENTS ONLY

	FULL	EAN NESIDENTS ONLY										
For the year Jan.	1 - Dec.	31, 2021, or other tax year:										
Beginning:		Ending: ●										
Your social securi	ity numbe	r Spouse's SSN if joint return										
Primary's de	ceased o	y is deceased Check if spouse is deceased Spouse's deceased date										
(mm/dd/yy) Your first name		(mm/dd/yy) ● Initial Last name										
•												
Spouse's first nar	mα	Initial Last name										
	110											
Procent home ad	droce (ni	mber and street or P.O. Box number)										
Tresent nome au	uress (III	mber and street or P.O. Box number) CHECK BOX IF AMEN	IDED R	RETURN ● 🔲								
City town or neet	-Hina	Chala 7ID and a										
City, town or post		State ZIP code Check if address is outside U.S.										
Filing Stat												
Exemption		● \$3,000 Married filing joint 4 ● \$3,000 Head of Family (with qualifying person).										
ncome	5	A Alabama Income Tax Withheld (from Schedule W-2, line 18, column G)	d	B — Income								
and	5	v Wages, salaries, tips, etc. (from Schedule W-2, line 18, column I plus J) 5a ●	5b	•								
Adjustmer	nts ⁶	Interest and dividend income. If over \$1,500.00, use Form 40	6	•								
Aujustilioi	7	Total income. Add lines 5b and 6 (column B).	7	•								
<u>Deduction</u>	S 8	Standard Deduction (enter amount from table on page 9 of instructions)										
	9	Federal tax deduction (see instructions)										
If claiming a dedu tion on line 9, you	IC- *	DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S) 9										
tion on line 9, you must attach page 1,2 and Schedule	1 10	Personal exemption (from line 1, 2, 3, or 4)										
of your Federal Return, if applicable.	e- 11	Dependent exemptions (from page 2, Part II, line 2)										
	12 ل	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 ●	15	•								
Tax and	16			•								
Payments		b Alabama Republican Party		•								
Staple Form(s)	17		_	•								
N-2, W-2G,	18			•								
and/or 1099 her Attach Schedule	re.		_	•								
Attach Schedule N-2 to return.	_e .0			•								
	21			•								
		Amended Returns Only – Previous refund (see instructions)										
	23			•								
AMOUNT	23		23									
YOU OWE		Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.)	24	•								
OVERPAID				•								
Donations				•								
Donations			20	+								
REFUND	27		27	•								
		(You MUST SIGN this return before your refund can be processed.)	27									
N 11	plete. D	■ 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	Your Sig	nature Date Daytime Telephone Number Your O	cupation									
Keep a copy												
of this return or your ecords.	Spouse's	Signature (if joint return, BOTH must sign) Date Daytime Telephone Number Spouse	's Occupation	on								
Paid	·	s Signature Date Check if Self-employed Preparer's SSN or P	ΓIN	E.I. Number								
	Firms's I	ame (or yours Daytime ployed) Telephone No.		ZIP Code								
Jse Only	A al al u a = -											

PART I	1	Were you (and your spouse, if married filing jointly	r) a resident of Alabama f	for the entire year 2021?			Yes	No
		If you checked no, DO NOT COMPLETE THIS FORM. See "Which Form To File" on page 5 of instructions.						
	2	2 Did you file an Alabama income tax return for the year 2020?						No
	If you checked no, state the reason for not filing.							
	3	Give name and address of your present employer	:					
		Yourself						
General Information		Your Spouse						_
All Taxpayers Must Complete This Section.	4	Your occupation						_
	Spouse's occupation							
	5	5 Enter the Federal Adjusted Gross Income ● \$ and Federal Taxable Income ● \$						
		2021 Federal Individual Income Tax Return.						
	6	6 Do you have income which is reported on your Federal return, but not reported on your Alabama return?						
	If yes, enter source(s) and amount(s) below (other than state income tax refund):							
		Source ●			Amount ● \$			
		Source •			Amount ● \$			
		Source ● Amount ● \$						
PART II							(4) Did vov prov	i al o
PARTII	1a	Dependents: (1) First name Last name		(2) Dependent's Social Security Number	(3) Dependent's Relationship to You		(4) Did you provi more than one-h dependent's supp	nalf
	_			•	<u> </u>		dependent's supp	OIL:
	_			•				_
	_		•					
Dependents	_			•				
Do not include	_	Total number of dependents claimed above		_		1b	•	
(See page 10)		Use the following chart to determine the per-deperment in the per-deperm		2 •				
PART III		Enter amount here and on page 1, line 11			2			—
Federal Tax Liability Ded.	- 1	Enter the Federal Income Tax Liability from works	sheet <i>(see instructions)</i> h	ere 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.)				
	а	Senior Services Trust Fund	. 1a ●	j Alabama Firefighters A	nnuity and Benefit Fund	1j ●		
	b	Alabama Arts Development Fund	. 1b ●	k Alabama Breast & Cerv	vical Cancer Program	1k ●		
	С	Alabama Nongame Wildlife Fund	. 1c ●	I Victims of Violence Ass	istance	11 ●	11 ●	
	d	Child Abuse Trust Fund	. 1d ●	m Alabama Military Suppo	ort Foundation		lm ●	
Donation	е	Alabama Veterans Program	. 1e ●	n Alabama Veterinary Me	edical Foundation			
Check-offs	f	Alabama State Historic Preservation Fund	. 1f •	Spay-Neuter Program .		1n ●	1n ●	
	g	Alabama State Veterans Cemetery at		 Cancer Research Instit 	ute	10 ●		
		Spanish Fort Foundation, Incorporated	. 1g ●	p Alabama Association of Rescue Squads			p •	
	h	Foster Care Trust Fund	1h ●	q USS Battleship Commi	ssion	1q ●		
	i	Mental Health	. <u>1i ●</u>	r Children First Trust Fur	nd	1r ●		
	າ	Total Donations Add lines to be dead a b	iiklmnanaaa	r Enter here and an nego 1 line as		2 •		
	2	Total Donations. Add lines 1a, b, c, d, e, f, g, h,		lss date _	Exp date			
Drivers License Info		(mm/dd/yyyy) • Your state		(mm/dd/yyyy) Iss date	(mm/dd/yyyy) — Exp date			
		(mm/dd/yyyy) ● Spouse state	. ● DL# ●	(mm/dd/yyyy) •	(mm/dd/yyyy) •			

WHERE TO FILE FORM 40A If you are receiving a refund, Form 40A, line 27, mail your return to: Alabama Department of Revenue, P.O. Box 154, Montgomery, AL 36135-0001

If you are making a payment, Form 40A, line 24, mail your return to: Alabama Department of Revenue, P.O. Box 2401, Montgomery, AL 36140-0001

If you are not receiving a refund or making a payment, mail your return to: Alabama Department of Revenue, P.O. Box 327469, Montgomery, AL 36132-7469