

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



For the year Jan. 1 - Dec. 31, 2021, 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/ 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: a Alabama Democratic Party	<input type="checkbox"/> \$1	<input type="checkbox"/> \$2	<input type="checkbox"/> none	16a ●
b Alabama Republican Party	<input type="checkbox"/> \$1	<input type="checkbox"/> \$2	<input type="checkbox"/> none	16b ●
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 Preparer's SSN or PTIN _____ E.I. Number _____

Paid Preparer's Use Only
 Firms's Name (or yours if self employed) _____ Daytime Telephone No. _____ ZIP Code _____

Address _____



- PART I**
- Were you (and your spouse, if married filing jointly) a resident of Alabama 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.
 - Did you file an Alabama income tax return for the year 2020? Yes No
If you checked no, state the reason for not filing.
 - Give name and address of your present employer:
Yourself _____
Your Spouse _____

General Information

- All Taxpayers Must Complete This Section.**
- Your occupation _____
Spouse's occupation _____
 - Enter the Federal Adjusted Gross Income ● \$ _____ and Federal Taxable Income ● \$ _____ as reported on your **2021 Federal Individual Income Tax Return**.
 - 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:

(See page 10)

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

- You may donate all or part of your overpayment. (Enter the amount in the appropriate boxes.)

a Senior Services Trust Fund	1a ●	j Alabama Firefighters Annuity and Benefit Fund	1j ●
b Alabama Arts Development Fund	1b ●	k Alabama Breast & Cervical Cancer Program	1k ●
c Alabama Nongame Wildlife Fund	1c ●	l Victims of Violence Assistance	1l ●
d Child Abuse Trust Fund	1d ●	m Alabama Military Support Foundation	1m ●
e Alabama Veterans Program	1e ●	n Alabama Veterinary Medical Foundation Spay-Neuter Program	1n ●
f Alabama State Historic Preservation Fund	1f ●	o Cancer Research Institute	1o ●
g Alabama State Veterans Cemetery at Spanish Fort Foundation, Incorporated	1g ●	p Alabama Association of Rescue Squads	1p ●
h Foster Care Trust Fund	1h ●	q USS Battleship Commission	1q ●
i Mental Health	1i ●	r Children First Trust Fund	1r ●
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		2 ●	

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 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**

Mail **only** your 2021 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.