



Alabama Individual Income Tax Return  
RESIDENTS & PART-YEAR RESIDENTS

For the year Jan. 1 - Dec. 31, 2016, or other tax year: Beginning: Ending: ●

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
<input type="checkbox"/> Check if address is outside U.S.	Foreign Country	

Your social security number ●
<input type="checkbox"/> Check if primary is deceased Primary's deceased date (mm/dd/yy) ●
Spouse's social security number ●
<input type="checkbox"/> Check if spouse is deceased Spouse's deceased date (mm/dd/yy) ●

CHECK BOX IF AMENDED RETURN ●  ADOR

**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).

	A – Alabama tax withheld		B – Income	
	5a ●	00	5b ●	00
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 ●	25,000 00
6 Interest and dividend income (also attach Schedule B if over \$1,500) .....			7 ●	12,000 00
7 Other income (from page 2, Part I, line 9) .....			8 ●	37,000 00
8 Total income. Add amounts in the income column for line 5 through line 7 .....			9 ●	00 00
9 Total adjustments to income (from page 2, Part II, line 12) .....			10 ●	37,000 00
10 Adjusted gross income. Subtract line 9 from line 8 .....				

**Deductions**

You Must Attach page 2 of Federal Form 1040, Federal Form 1040A, Federal Form 1040NR, or page 1 of 1040EZ, if claiming a deduction on line 12.

	Box a or b MUST be checked	
	11 ●	00
11 Check box a, if you <b>itemize deductions</b> , and enter amount from Schedule A, line 27. Check box b, if you <b>do not</b> itemize deductions, and enter <b>standard deduction</b> (see instructions) ● <input type="checkbox"/> <b>Itemized Deductions</b> ● <input checked="" type="checkbox"/> <b>Standard Deduction</b> .....	4,000	00
12 Federal tax deduction (see instructions) .....		00
<b>DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)</b>		
13 Personal exemption (from line 1, 2, 3, or 4) .....	13 ●	3,000 00
14 Dependent exemption (from page 2, Part III, line 2) .....	14 ●	500 00
15 Total deductions. Add lines 11, 12, 13, and 14 .....	15 ●	7,500 00

**Tax**

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

16 Taxable income. Subtract line 15 from line 10 .....	16 ●	29,500 00
17 Income Tax due. Enter amount from tax table or check if from ● <input type="checkbox"/> Form NOL-85A .....	17 ●	1,398 00
18 Net tax due Alabama. Check box if computing tax using Schedule NTC ● <input type="checkbox"/> , otherwise enter amount from line 17 .....	18 ●	0 00
19 Consumer Use Tax (see instructions). If you certify that no use tax is due, check box <input type="checkbox"/> .....	19 ●	00 00
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 ●	00 00
b Alabama Republican Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input type="checkbox"/> none .....	20b ●	00 00
21 Total tax liability and voluntary contribution. Add lines 18, 19, 20a, and 20b .....	21 ●	1,398 00

**Payments**

22 Alabama income tax withheld (from column A, line 5) .....	22 ●	00 00
23 2016 estimated tax payments/Automatic Extension Payment .....	23 ●	00 00
24 Amended Returns Only — Previous payments (see instructions) .....	24 ●	00 00
25 Refundable portion of Alabama Accountability Act of 2013 Credit .....	25 ●	00 00
26 Refundable portion of Adoption Credit .....	26 ●	00 00
27 Total payments. Add lines 22, 23, 24, 25, and 26 .....	27 ●	00 00
28 Amended Returns Only — Previous refund (see instructions) .....	28 ●	00 00
29 Adjusted Total Payments. Subtract line 28 from line 27 .....	29 ●	00 00

**AMOUNT YOU OWE**

30 If line 21 is larger than line 29, subtract line 29 from line 21, and enter <b>AMOUNT YOU OWE</b> . Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.)	30 ●	00 00
31 Estimated tax penalty. Also include on line 30 (see instructions page 12) .....	31 ●	00 00

**OVERPAID**

32 If line 29 is larger than line 21, subtract line 21 from line 29, and enter amount <b>OVERPAID</b> .....	32 ●	00 00
33 Amount of line 32 to be applied to your <b>2017 estimated tax</b> .....	33 ●	00 00

**Donations**

34 Total Donation Check-offs from Schedule DC, line 2 .....	34 ●	00 00
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**REFUND**

35 <b>REFUNDED TO YOU.</b> (CAUTION: You must sign this return on the reverse side.) Subtract lines 33 and 34 from line 32 .....	35 ●	00 00
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<b>PART I</b>  <b>Other Income</b> (See page 13)	1	Alimony received	1	●	00
	2	Business income or (loss) (attach Federal Schedule C or C-EZ) (see instructions)	2	●	00
	3	Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D)	3	●	12,000
	4a	Total IRA distributions	4a	●	00
	4b	Taxable amount (see instructions)	4b	●	00
	5a	Total pensions and annuities	5a	●	00
	5b	Taxable amount (see instructions)	5b	●	00
	6	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	6	●	00
	7	Farm income or (loss) (attach Federal Schedule F)	7	●	00
8	Other income (state nature and source — see instructions)	8	●	00	
9	<b>Total other income.</b> Add lines 1 through 8. Enter here and also on page 1, line 7.	9	●	12,000	

<b>PART II</b>  <b>Adjustments to Income</b> (See page 16)	1a	Your IRA deduction	1a	●	00
	b	Spouse's IRA deduction	1b	●	00
	2	Payments to a Keogh retirement plan and self-employment SEP deduction	2	●	00
	3	Penalty on early withdrawal of savings	3	●	00
	4	Alimony paid. Recipient's last name _____ Social security no. ● _____	4	●	00
	5	Adoption expenses	5	●	00
	6	Moving Expenses (Attach Federal Form 3903) to City _____ State _____ ZIP _____	6	●	00
	7	Self-employed health insurance deduction	7	●	00
	8	Payments to Alabama College Counts 529 Fund or Alabama PACT Program	8	●	00
	9	Health insurance deduction for small employer employee (see instructions)	9	●	00
	10	Costs to retrofit or upgrade home to resist wind or flood damage	10	●	00
	11	Deposits to a catastrophe savings account	11	●	00
12	<b>Total adjustments.</b> Add lines 1 through 11. Enter here and also on page 1, line 9	12	●	0	

<b>PART III</b>  <b>Dependents</b>  Do not include yourself or your spouse  (See page 17)	1a	<b>Dependents:</b> (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? _____ _____ _____ _____
	b	Total number of dependents claimed above			
2	<b>Amount allowed.</b> (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 ● <b>500</b> 00

<b>PART IV</b>  <b>General Information</b>  <b>All Taxpayers Must Complete This Section.</b>  (See page 17)	1	<b>Residency</b> Check only one box <input type="checkbox"/> Full Year <input checked="" type="checkbox"/> Part Year From _____ 2016 through _____ 2016.
	2	Did you file an Alabama income tax return for the year 2015? <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 2016 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: (other than state income tax refund)
	Source _____ Amount ● _____ 00	
	Source _____ Amount ● _____ 00	

<b>Drivers License Info</b>	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.

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 _____

<b>Paid Preparer's Use Only</b>	Preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN ● _____
	Firm's name (or yours if self-employed) and address _____	Daytime telephone no. ( ) _____	E.I. No. _____	ZIP Code _____

**WHERE TO FILE FORM 40**

<b>If you are <u>not</u> making a payment, mail your return to:</b>	<b>If you are making a payment, mail your return, Form 40V, and payment to:</b>
Alabama Department of Revenue P.O. Box 154 Montgomery, AL 36135-0001	Alabama Department of Revenue P.O. Box 2401 Montgomery, AL 36140-0001

Mail **only** your 2016 Form 40 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.

**ADOR**

**SCHEDULES  
A, B, & DC  
(FORM 40)**



(Schedules B and DC are on back page)

ATTACH TO FORM 40 — SEE INSTRUCTIONS FOR SCHEDULE A

Name(s) as shown on Form 40	Your social security number
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The itemized deductions you may claim for the year 2016 are similar to the itemized deductions claimed on your Federal return, however, the amounts may differ. Please see instructions before completing this schedule. **PART-YEAR RESIDENTS:** A resident of Alabama for only a part of the year should list below only those deductions actually paid while a resident of Alabama.

	<b>CAUTION: Do not include expenses reimbursed or paid by others.</b>				
<b>Medical and Dental Expenses</b> (See page 19)	1 Medical and dental expenses.....	1		00	
	2 Enter amount from Form 40, line 10.....	2		00	
	3 Multiply the amount on line 2 by 4% (.04). Enter the result.....	3		00	
	4 Subtract line 3 from line 1. Enter the result. If zero or less, enter -0-.....				4 ● 00
<b>Taxes You Paid</b> (See page 19)	5 Real estate taxes.....	5		00	
	6 FICA Tax (Social Security and Medicare) and Federal Self-Employment Tax.....	6		00	
	7 Railroad Retirement (Tier 1 only).....	7		00	
	8 Other taxes. (List – include personal property taxes.) ▶	8		00	
	9 Add the amounts on lines 5 through 8. Enter the total here.....				9 ● 00
<b>Interest You Paid</b> (See page 19)	10a Home mortgage interest and points reported to you on Federal Form 1098.....	10a		00	
	b Home mortgage interest not reported to you on Federal Form 1098. (If paid to an individual, show that person's name and address.) ▶				
		10b		00	
	11 Qualified mortgage insurance premiums.....	11		00	
	12 Points not reported to you on Form 1098.....	12		00	
	13 Investment interest. (Attach Form 4952A.).....	13		00	
14 Add the amounts on lines 10a through 13. Enter the total here.....				14 ● 00	
<b>Gifts to Charity</b> (See page 19)	<b>CAUTION: If you made a charitable contribution and received a benefit in return, see page 19.</b>				
	15 Contributions by cash or check.....	15		00	
	16 Other than cash or check. (You <b>MUST</b> attach Federal Form 8283 if over \$500.).....	16		00	
	17 Carryover from prior year.....	17		00	
18 Add the amounts on lines 15 through 17. Enter the total here.....				18 ● 00	
<b>Casualty and Theft Loss</b> (Attach Form 4684)	19a Enter the amount from Federal Form 4684, line 16 (See page 20).....	19a		00	
	b Enter 10% of your Adjusted Gross Income (Form 40, line 10).....	19b		00	
	c Subtract line 19b from line 19a. If zero or less, enter -0-.....				19c ● 00
<b>Job Expenses and Most Other Miscellaneous Deductions</b> (See page 20)	20 Unreimbursed employee expenses — job travel, union dues, job education, etc. (You <b>MUST</b> attach Federal Form 2106 if required. See instructions.) ▶	20		00	
	21 Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount. ▶	21		00	
	22 Add the amounts on lines 20 and 21. Enter the total.....	22		00	
	23 Multiply the amount on Form 40, line 10 by 2% (.02). Enter the result here.....	23		00	
	24 Subtract line 23 from line 22. Enter the result. If zero or less, enter -0-.....				24 ● 00
<b>Other Miscellaneous Deductions</b>	25 Other (from list on page 21 of instructions). List type and amount. ▶				25 ● 00
<b>Qualified Long-Term Care Ins. Premiums</b>	<b>CAUTION: Do not include medical premiums.</b>				
26 Enter amount here.....	26			● 00	
<b>Total Itemized Deductions</b>	27 Add the amounts on lines 4, 9, 14, 18, 19c, 24, 25, and 26. Enter the total here. Then enter on Form 40, page 1, line 11.....	27			● 00



Name(s) as shown on Form 40 (Do not enter name and social security number if shown on other side)

Your social security number

**SCHEDULE B – Interest And Dividend Income**

If you received more than \$1500 of interest and dividend income, you must complete Schedule B. See instructions on page 21.

List Payers and Amounts		A Exempt Interest	B Taxable Interest and Dividends
1 I N T E R E S T		00	00
		00	00
		00	00
		00	00
		00	00
		00	00
		00	00
		00	00
		00	00
		00	00
2 D I V I D E N D S			00
			00
			00
			00
			00
			00
			00
			00
			00
			00
<b>3</b>	<b>TOTAL TAXABLE INTEREST AND DIVIDENDS</b> Enter here and on Form 40, page 1, line 6. ....	●	<b>3</b> <b>25,000</b> 00

**SCHEDULE DC – Donation Check-Offs**

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

a Senior Services Trust Fund .....	●	00	k Alabama Breast & Cervical Cancer Program .....	●	00
b Alabama Arts Development Fund .....	●	00	l Victims of Violence Assistance .....	●	00
c Alabama Nongame Wildlife Fund .....	●	00	m Alabama Military Support Foundation .....	●	00
d Child Abuse Trust Fund.....	●	00	n Alabama Veterinary Medical Foundation Spay-Neuter Program.....	●	00
e Alabama Veterans Program .....	●	00	o Cancer Research Institute .....	●	00
f Alabama State Historic Preservation Fund .....	●	00	p Alabama Association of Rescue Squads.....	●	00
g Archives Services Fund.....	●	00	q USS Alabama Battleship Commission.....	●	00
h Foster Care Trust Fund .....	●	00	r Children First Trust Fund .....	●	00
i Mental Health .....	●	00			
j Alabama Firefighters Annuity and Benefit Fund .....	●	00			

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 Form 40, page 1, line 34. .... ● 00