



Individual Income Tax Return
RESIDENTS & PART-YEAR RESIDENTS

For the year Jan. 1 - Dec. 31, 2006, or other tax year: Beginning: ●		Ending: ●	
Your social security number ●		Spouse's SSN if joint return ●	
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 ●

USE BLACK INK TO COMPLETE RETURN

Filing Status and Exemptions

Check only one box.

- 1 \$1,500 Single
- 2 \$3,000 Married filing joint return (even if only one spouse had income)
- 3 \$1,500 Married filing separate return. Complete line 5 with spouse's name and soc. sec. no.
- 4 \$3,000 Head of family (with qualifying person). (See page 7 of instructions.) Complete line 5.

5 Name ● _____
Soc. Sec. No. ● _____
Relationship ● _____

Income and Adjustments

		A - Alabama tax withheld		B - Income	
6	Wages, salaries, tips, etc. (list each employer and address separately):	6a	● 00	6a	● 00
a	_____	6b	● 00	6b	● 00
b	_____	6c	● 00	6c	● 00
c	_____	6d	● 00	6d	● 00
d	_____				
7	Interest and dividend income (also attach Schedule B if over \$1,500)	7	●	7	● 00
8	Other income (from page 2, Part I, line 9)	8	●	8	● 00
9	Total income. Add amounts in the income column for line 6a through line 8	9	●	9	● 00
10	Total adjustments to income (from page 2, Part II, line 8)	10	●	10	● 00
11	Adjusted gross income. Subtract line 10 from line 9	11	●	11	● 00

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 13.

		Box a or b MUST be checked	
12	Check box a, if you itemize deductions , and enter amount from Schedule A, line 26. Check box b, if you do not itemize deductions, and enter standard deduction (see instr.) ● <input type="checkbox"/> a <input type="checkbox"/> Itemized Deductions ● <input type="checkbox"/> b <input type="checkbox"/> Standard Deduction	12	● 00
13	Federal tax deduction (see instructions)	13	● 00
14	Personal exemption (from line 1, 2, 3, or 4)	14	● 00
15	Dependent exemption (from page 2, Part III, line 2)	15	● 00
16	Total deductions. Add lines 12, 13, 14, and 15	16	● 00

Tax

Do Not Staple Form(s) W-2, W-2G, 1099, and/or 40V to this form.

17	Taxable income. Subtract line 16 from line 11	17	● 00
18	Income Tax due. Enter amount from tax table or check if from <input type="checkbox"/> Form NOL-85A	18	● 00
19	Less credits from: ● <input type="checkbox"/> Schedule CR and/or ● <input type="checkbox"/> Schedule OC	19	● 00
20a	Net tax due Alabama. Subtract line 19 from line 18	20a	● 00
b	Consumer Use Tax (use worksheet on page 10)	20b	● 00
21	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	21a	● 00
b	Alabama Republican Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input type="checkbox"/> none	21b	● 00
22	Total tax liability and voluntary contribution. Add lines 20a, 20b, 21a, and 21b	22	● 00

Payments

23	Alabama income tax withheld (from Forms W-2, W-2G, and/or 1099)	23	● 00
24	Amount paid with extension (attach Form 4868A)	24	● 00
25	2006 estimated tax payments (see instructions on page 11)	25	● 00
26	Total payments. Add lines 23 through 25	26	● 00

AMOUNT YOU OWE

27	If line 22 is larger than line 26, subtract line 26 from line 22, and enter AMOUNT YOU OWE. Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.)	27	● 00
28	Estimated tax penalty. Also include on line 27 (see instructions page 11)	28	● 00

OVERPAID

29	If line 26 is larger than line 22, subtract line 22 from line 26, and enter amount OVERPAID	29	● 00
30	Amount of line 29 to be applied to your 2007 estimated tax	30	● 00

Donation Check-offs

31	Total Donation Check-offs from Schedule DC, line 2	31	● 00
32	Total. Add line 30 and line 31	32	● 00

REFUND

33	REFUNDED TO YOU. (CAUTION: You must sign this return on the reverse side.) Subtract line 32 from line 29. For Direct Deposit, check here ● <input type="checkbox"/> and complete Part V, Page 2	33	● 00
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If an addressed envelope came with your return, please use it and follow the instructions on the envelope. If you do not have one, mail your return to one of the addresses below.

WHERE TO FILE FORM 40

If you are not making a payment, mail your return to:
Alabama Department of Revenue
P. O. Box 154
Montgomery, AL 36135-0001

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

Mail only your 2006 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.



PART I

Other Income

(See page 12)

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

PART II

Adjustments to Income

(See page 15)

1a Your IRA deduction... 1b Spouse's IRA deduction... 2 Payments to a Keogh retirement plan and self-employment SEP deduction... 3 Penalty on early withdrawal of savings... 4 Alimony paid. Recipient's last name... Social security no... Address... City... State... ZIP... 5 Adoption expenses... 6 Moving Expenses (Attach Federal Form 3903) to City... State... ZIP... 7 Self-employed health insurance deduction... 8 Total adjustments. Add lines 1 through 7. Enter here and also on page 1, line 10

PART III

Dependents

Do not include yourself or your spouse

(See page 9)

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? b Total number of dependents claimed above... 2 Amount allowed. (Multiply \$300 by the total number of dependents claimed on line 1b.) Enter amount here and on page 1, line 15

PART IV

General Information

All Taxpayers Must Complete This Section.

1 Residency: Full Year Part Year If you were a part-year resident of Alabama during 2006, indicate your period of residence: Check only one box... From 2006 through 2006. Total months... 2 Did you file an Alabama income tax return for the year 2005? Yes No 3 If no, state reason. 4 Give name and address of present employer(s). Yours Your Spouse's 5 Enter the Federal Adjusted Gross Income and Federal Taxable Income as reported on your 2006 Federal Individual Income Tax Return. 6 Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state tax refund)? Yes No If yes, enter source(s) and amount(s) below: (other than state income tax refund) Source Amount Source Amount 7 Do you have income included in this return from a grantor trust? Yes No

PART V

Direct Deposit

For Direct Deposit of your refund, complete 1, 2, and 3 below. (See Page 16 of instructions to see if you qualify.) 1 Routing Number: 2 Type: Checking Savings 3 Account Number:

Sign Here In Black Ink

Keep a copy of this return for your records.

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. 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 Firm's name (or yours if self-employed) Daytime telephone number E.I. No. Address ZIP Code

Paid Preparer's Use Only