



Alabama Individual Income Tax Return RESIDENTS & PART-YEAR RESIDENTS

For the year Jan. 1 - Dec. 31, 2014, or other tax year: Beginning: Ending:

Personal information section including name, address, and filing status options.

Social Security Number and Spouse's soc. sec. no. if joint return box.

CHECK BOX IF AMENDED RETURN ADOR

Filing Status/Exemptions section with options for Single, Married, or Head of Family.

Income and Adjustments table with columns for wages, interest, and total income.

Deductions table with options for itemized or standard deductions.

Tax section including net tax due, Alabama Election Campaign Fund, and total tax liability.

Payments table including Alabama income tax withheld, estimated tax payments, and total payments.

AMOUNT YOU OWE, OVERPAID, Donations, and REFUND sections.



PART I

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	●	00
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	Total other income. Add lines 1 through 8. Enter here and also on page 1, line 7.	9	●	00

PART II

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 PACT Program or Alabama College Education Savings 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	Total adjustments. Add lines 1 through 11. Enter here and also on page 1, line 9	12	●	00

PART III

Dependents

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?
●					
●					
●					
●					

Do not include yourself or your spouse

b Total number of dependents claimed above: ●

2 **Amount allowed.** (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 ● 00

PART IV

General Information

1 **Residency** Check only one box Full Year Part Year From _____ 2014 through _____ 2014.

2 Did you file an Alabama income tax return for the year 2013? Yes 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 2014 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)? Yes No
If yes, enter source(s) and amount(s) below: (other than state income tax refund)

Source _____	Amount ●	00
Source _____	Amount ●	00

Sign Here In Black Ink

● 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

Paid Preparer's Use Only

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

<p>If you are <u>not</u> making a payment, mail your return to:</p> <p>Alabama Department of Revenue P.O. Box 154 Montgomery, AL 36135-0001</p>	<p>If you are making a payment, mail your return, Form 40V, and payment to:</p> <p>Alabama Department of Revenue P.O. Box 2401 Montgomery, AL 36140-0001</p>
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Mail **only** your 2014 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.

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