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

Spouse's first name

Present home address (number and street or P.O. Box number)

City, town or post office

State

ZIP code

Check if address

Foreign Country

Check if box if amended return

ADOR

Filing Status/Exemptions

1 $1,500 Single

2 $3,000 Married filing joint

3 $1,500 Married filing separate. Complete Spouse SSN

4 $3,000 Head of Family (with qualifying person)

Income and Adjustments

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 (also attach Schedule B if over $1,500)

7 Other income (from page 2, Part I, line 9)

8 Total income. Add amounts in the income column for line 5 through line 7

9 Total adjustments to income (from page 2, Part II, line 12)

10 Adjusted gross income. Subtract line 9 from line 8

Deductions

11 Check box a, if you itemize deductions, and enter amount from Schedule A, line 27.

12 Federal tax deduction (see instructions)

13 Personal exemption (from line 1, 2, 3, or 4)

14 Dependent exemption (from page 2, Part III, line 2)

15 Total deductions. Add lines 11, 12, 13, and 14

16 Taxable income. Subtract line 15 from line 10

17 Income tax due. Enter amount from tax table or check if from Form NOL-85A

18 Net tax due Alabama. Check box if using Schedule NTC or otherwise enter amount from line 17

19 Consumer Use Tax (see instructions). If you certify that no use tax is due, check box

20 Alabama Election Campaign Fund. You may make a voluntary contribution to the following:

20a Alabama Democratic Party

20b Alabama Republican Party

21 Total tax liability and voluntary contribution. Add lines 18, 19, 20a, and 20b

Payments

22 Alabama income tax withheld (from column A, line 5)

23 2016 estimated tax payments/Automatic Extension Payment

24 Amended Returns Only — Previous payments (see instructions)

25 Refundable portion of Alabama Accountability Act of 2013 Credit

26 Refundable portion of Adoption Credit

27 Total payments. Add lines 22, 23, 24, 25, and 26

28 Amended Returns Only — Previous refund (see instructions)

29 Adjusted Total Payments. Subtract line 28 from line 27

AMOUNT YOU OWE

30 If line 21 is larger than line 29, subtract line 29 from line 21, and enter AMOUNT YOU OWE.

Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.)

31 Estimated tax penalty. Also include on line 30 (see instructions page 12)

OVERPAID

32 If line 29 is larger than line 21, subtract line 21 from line 29, and enter amount OVERPAID

33 Amount of line 32 to be applied to your 2017 estimated tax

34 Total Donation Check-offs from Schedule DC, line 2

REFUND

35 REFUNDED TO YOU. (CAUTION: You must sign this return on the reverse side.)

Subtract lines 33 and 34 from line 32
PART I
1 Alimony received .
2 Business income or (loss) (attach Federal Schedule C or C-EZ) (see instructions).
3 Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D).
4a Total IRA distributions
   4a ● 00
4b Taxable amount (see instructions).
5a Total pensions and annuities
   5a ● 00
5b Taxable amount (see instructions).
6 Rent, 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 6. Enter here and also on page 1, line 7.

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.: ●
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 Total adjustments. Add lines 1 through 11. Enter here and also on page 1, line 9.

PART III
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
(See page 17)

b Total number of dependents claimed above .
(See page 17)

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.

PART IV
1 Residency
   Check only one box:
   □ Full Year
   □ Part Year
   From 2016 through 2016.
2 Did you file an Alabama income tax return for the year 2015?  Yes □ No □
   If no, state reason
3 Give name and address of present employer(s). Yours

All Taxpayers Must Complete This Section.
(See page 17)

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)?
   Yes □ No □
   If yes, enter source(s) and amount(s) below: (other than state income tax refund)
Source
   Amount ● 00
Source
   Amount ● 00

Drivers License Info

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.

Preparer’s signature
Date
Check if self-employed □
Preparer’s SSN or PTIN ●

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 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.