



ALABAMA DEPARTMENT OF REVENUE
INDIVIDUAL & CORPORATE TAX DIVISION

FORM
4020
(9/13)

Small Business Health Insurance Deduction Information Form

Employer *(Please check box if statement applies to you.)*

My company employs less than 25 employees, and I comply with the rules as described in Regulation 810-3-15.3-.01 administered by the Alabama Department of Revenue.

Under penalties of perjury, I declare that the information above is true and correct to the best of my knowledge.

Signature

Title

Date

Employee *(Please check all boxes that apply to you.)*

I am a resident of Alabama.

I earn no more than \$50,000 in wages from the above "qualifying employer."

I have total adjusted gross income of no more than \$75,000 if filing single or \$150,000 if married filing jointly.

Under penalties of perjury, I declare that the information above is true and correct to the best of my knowledge.

Signature

Date

Employers and Employees should each retain a copy of this form for their records.

**For specific questions regarding this Act 2011-155, you may call
(334) 242-1099 regarding individual income tax,
(334) 242-1200 regarding corporate income tax, or
(334) 242-1033 regarding pass through entities.**