



Alabama Individual Income Tax Return FULL YEAR RESIDENTS ONLY

For the year Jan. 1 - Dec. 31, 2017, or other tax year: Beginning: Ending:

Personal information fields: Your first name, Spouse's first name, Present home address, City, town or post office, State, ZIP code, Foreign Country, Check if address is outside U.S.

Social Security Number fields: Your social security number, Check if primary is deceased, Spouse's social security number, Check if spouse is deceased

CHECK BOX IF AMENDED RETURN

Filing Status/Exemptions: 1 Single, 2 Married filing joint, 3 Married filing separate, 4 Head of Family

Main tax calculation table with columns for Income and Adjustments, Deductions, Tax and Payments, and AMOUNT YOU OWE. Includes lines 5a-23.

AMOUNT YOU OWE, OVERPAID, Donations, and REFUND sections (lines 24-27)

Sign Here In Black Ink: I authorize a representative of the Department of Revenue to discuss my return... Under penalties of perjury, I declare that I have examined this return...

Signature fields: Your signature, Spouse's signature, Date, Daytime telephone number, Your occupation, Spouse's occupation

Paid Preparer's Use Only: Preparer's signature, Firm's name, Daytime telephone no., E.I. No., ZIP Code, Check if self-employed



PART I

- 1 Were you (and your spouse, if married filing jointly) a resident of Alabama for the entire year 2017?
2 Did you file an Alabama income tax return for the year 2016?
3 Give name and address of your present employer:
4 Your occupation
5 Enter the Federal Adjusted Gross Income and Federal Taxable Income as reported on your 2017 Federal Individual Income Tax Return.
6 Do you have income which is reported on your Federal return, but not reported on your Alabama return?

General Information

All Taxpayers Must Complete This Section

PART II

Table with 4 columns: (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 10)

- 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 below.)

Dependent Exemption chart with columns: Amount on Line 7, Page 1 and Dependent Exemption

PART III

Federal Tax Liability Deduction

- 1 Enter the Federal Income Tax Liability from worksheet (see instructions) here and on line 9, page 1

PART IV

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
b Alabama Arts Development Fund
c Alabama Nongame Wildlife Fund
d Child Abuse Trust Fund
e Alabama Veterans Program
f Alabama State Historic Preservation Fund
g Archives Services Fund
h Foster Care Trust Fund
i Mental Health
j Alabama Firefighters Annuity and Benefit Fund
k Alabama Breast & Cervical Cancer Program
l Victims of Violence Assistance
m Alabama Military Support Foundation
n Alabama Veterinary Medical Foundation Spay-Neuter Program
o Cancer Research Institute
p Alabama Association of Rescue Squads
q USS Battleship Commission
r Children First Trust Fund
2 Total Donations. Add lines 1a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, and r.

Drivers License Info

Form for Drivers License Info with fields for DOB, State, DL#, Iss date, Exp date for both individual and spouse.

WHERE TO FILE FORM 40A

If you are not making a payment, mail your return to: Alabama Department of Revenue, P.O. Box 327465, Montgomery, AL 36132-7465

If you are making a payment, mail your return, Form 40V, and payment to: Alabama Department of Revenue, P.O. Box 327477, Montgomery, AL 36132-7477

Mail only your 2017 Form 40A 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.