

2017



Alabama Individual Income Tax Return FULL YEAR RESIDENTS ONLY

| For the year Jan. 1 - De | c. 31, | 2017, c | r other tax year: Beginning: | | | Ending: | • | | | | | | Your | socia | al security | numb | er | | | |
|---|-------------------------------|--|---|------------|-------------------------|--------------|----------------|-------------------|----------------------|-----------|-----------|---------|--------------------|-------------|-------------------------|----------|---------|-------|-----------------|------|
| Your first name | | | | Initial | Last name | | | | | - | | | • □ | 21 1 | | | | | | |
| • | | | | | | | | | | | | | Primary's | | k if prima eased dat | • | | | | |
| Spouse's first name | | | | Initial | Last name | | | | | - | • | | , | | | ` | | • / | | |
| • | | | | | | | | | | | | | Spouse | s's so | cial secu | rity nu | mber | | | |
| Present home address (r | numbe | r and st | reet or P.O. Box number) | | | | | | | - | • | • | | | | | | | | |
| • | | | | | | | I | | | - | | | | | k if spous | | | | | |
| City, town or post office | | | | | | State | ZIP code | | | | | | Spouse's | dece | eased dat | e (mm | ı/dd/y | y) | | |
| Check if a | ddro | 00 | Foreign Country | | | | | | | - | L | | | | | | | | | |
| • I is outside | | | 1 oraign country | | | | | | | | | LIFOL | / DOV I | | | DE | D F | | IRN • 🗆 | |
| | | | | | | | | | | | | | BOX | IF <i>F</i> | AIVIEN | DE | — — | EIU | KN • 🗆 | |
| Filing Status/ | | | \$1,500 Single | | _ | | 500 Married | • . | | | | | | | | | _ | | | |
| Exemptions | | 2 • | | | | | 000 Head of | | | | | | | | | _ | | | | |
| Income | | | abama Income Tax Withh | | | | | * | | | | | abama ta | x wi | | | ch. | | B — Income | 100 |
| and | | | ages, salaries, tips, etc. (terest and dividend incom | | | | | | | | | • | | | 0 | _ | 5b 6 | • | | 00 |
| Adjustments | | | otal income. Add lines 5t | | | | | | | | | | | | | _ | _ | • | | 00 |
| Deductions | | | andard Deduction (enter | | | | | | | | | • | | | 0 | _ | - | | | - 00 |
| You Must Attach | - h | | ederal tax deduction (see | | | , , | | , | | | | + | | | | \dashv | | | | |
| page 2 of Federal Form 1040, Form | 7 | | O NOT ENTER THE FED | | | | | | | | 9 | • | | | 0 | 0 | | | | |
| 1040A, Form | 1 | 0 Pe | ersonal exemption (from I | ine 1, 2, | 3, or 4) | | | | | | 10 | • | | | 0 | _ | | | | |
| 1040EZ, or Form 1040NR if claiming a | 1 | 1 De | ependent exemptions (fro | m page | 2, Part II, li | ne 2) | | | | | 11 | • | | | 0 | 0 | | | | |
| deduction on line 9. | <u></u> 1 | 2 To | otal deductions. Add line | s 8, 9, 1 | 0, and 11. | | | | | | | | | | | . 1 | 2 | • | | 00 |
| | 1 | 3 Ta | axable income. Subtract | line 12 f | rom line 7. | Enter the re | esult | | | | | | | | | . 1 | 3 | • | | 00 |
| | 1 | 4 Fi | nd the tax for the amount | on line | 13. Use the | tax table i | n the Instruct | tion Booklet | · · · · <u>· · ·</u> | | | | | | | . 1 | 4 | • | | 00 |
| | 1 | | onsumer Use Tax (see in | | | | | | | | | | | | | | _ | • | | 00 |
| Tay and | 1 | 6 Yo | ou may make a voluntary | contribu | | | | | | | | | | | | | 6a | _ | | 00 |
| Tax and | | | | | | | Republican P | | | | | | | | | | 6b | | | 00 |
| Payments Staple Form(s) W-2, | | | otal tax liability and volu | | | | | | | | | | | | | | 7 | • | | 00 |
| W-2G, and/or 1099 | | | abama income tax with | | | | | | | | | | | | | _ | _ | • | | 00 |
| nere. | | Automatic Extension Payment | | | | | | | | | | | | • | | 00 | | | | |
| | | 1 Total payments. Add lines 18, 19 and 20. | | | | | | | | | | _ | _ | • | | 00 | | | | |
| | | | nended Returns Only – F | | | | | | | | | | | | | - | 22 | • | | 00 |
| | | | djusted Total Payments | | | | | | | | | | | | | | 23 | • | | 00 |
| AMOUNT | | | line 17 is larger than line | | | | | | | | | | | | | . - | | - | | |
| YOU OWE | | | ace payment, along with | | | | | | | | NY PAY | MENT | ·.) | 24 | • | | | | | 00 |
| OVERPAID | 2 | 5 If | line 23 is larger than line | 17, subt | ract line 17 | from line 2 | 3 and enter | amount OVI | ERPAID | D | | | | | | . 2 | 25 | • | | 00 |
| Donations | 2 | 6 To | otal Donation Check-offs | from pa | ge 2, Part I\ | V, line 2 | | | | | | | | | | . 2 | 26 | • | | 00 |
| REFUND | 2 | 7 RI | EFUNDED TO YOU. Sub | tract line | e 26 from lin | ne 25. | | | | | | | | | | | | | | |
| | | (Y | ou MUST SIGN this retur | n before | e your refun | d can be p | rocessed.) . | | | | | | | 27 | • | | | | | 00 |
| | | • _ | I authorize a represent | ative of | the Departn | ment of Rev | venue to disc | cuss my retu | ırn and | attachmen | ts with m | ny prep | arer. | | | | | | | |
| Sign Here | | | penalties of perjury, I | | | | | | | | | | | | | | wle | dge a | nd belief, they | are |
| n Black Ink | _ | | orrect, and complete. De | claration | of prepare | r (other tha | ın taxpayer) i | | all infor | | | · | | knov | vledge. | | | | | |
| Кеер а сору | Y | Your signature Date Daytime telephone number You | | | | | | our/ | occup | ation | | | | | | | | | | |
| of this return | , | | | | | | | 5. | () | |) | | | | | | | | | |
| or your records. | • | Spouse's signature (if joint return, BOTH must sign) Date Daytime telephone number Spouse | | | | | | use's o | e's occupation | | | | | | | | | | | |
| | _ | | | | | | | | | Date | , | | | | | | Dro | naror | 's SSN or PTIN | J |
| Paid | | Prepar signati | | | | | | | | Date | | | Check i self-em | | _{/ed} [| | • Pre | parer | 3 33N UI PIIN | ۱ 🎿 |
| Preparer's | F | Firm's name (or yours | | | | | | E.I. No. | | | | | | | | | | | | |
| Use Only | if self-employed) and address | | | | Daytine telephone no. (| | | | | | _ | Co | | | | | | | | |
| | - 0 | | | | | | | | | | | | | | | | | | | |

| Γ | | | | | | | | | | | | | |
|-------------------------------|-------|---|--|--|----------------------|---|--------|--|--|--|--|--|--|
| Form 4 | 0A (2 | 017) | | | | | Page 2 | | | | | | |
| PART I | 1 | Were you (and your spouse, if married filing jointly) a reside | ent of Alabama for the | entire year 2017? | | \(\square\) Yes | ☐ No | | | | | | |
| | | If you checked no, DO NOT COMPLETE THIS FORM. See | | . • | | _ | _ | | | | | | |
| | 2 | Did you file an Alabama income tax return for the year 2010 | 6? | | | ∐ Yes | ∐ No | | | | | | |
| | | If you checked no, state the reason for not filing | | | | | | | | | | | |
| | 3 | Give name and address of your present employer: | | | | | | | | | | | |
| General | | Yourself | | | | | | | | | | | |
| Information | | Your Spouse | | | | | | | | | | | |
| | | Your occupation Spouse's occupation | | | | | | | | | | | |
| All Taxpayers | 5 | 5 Enter the Federal Adjusted Gross Income •\$ and Federal Taxable Income •\$ as reported on your | | | | | | | | | | | |
| Must Complete This Section | | 2017 Federal Individual Income Tax Return. Do you have income which is reported on your Federal return, but not reported on your Alabama return? | | | | | | | | | | | |
| This Section | 6 | | | | | ● ∐ Yes | ∐ No | | | | | | |
| | | If yes, enter source(s) and amount(s) below (other than sta | | | | | | | | | | | |
| | | Source | | | | | | | | | | | |
| | | Source | | | | | | | | | | | |
| | | Source | | | Amoun | t ●\$ | | | | | | | |
| PART II | 1a | Dependents: (1) First name Last name | | (2) Dependent's social security | (3) Dependent's | (4) Did you provide more than one-half | | | | | | | |
| | | (1) First name Last name | | number. | relationship to you. | dependent's support? | | | | | | | |
| | | | | • | | | | | | | | | |
| | | | | • | | | | | | | | | |
| Dependents | | | | • | | | | | | | | | |
| | | | | • | | | | | | | | | |
| Do not include | | Total number of dependents claimed above | | | | · · · · · · · · · · · · · · · · · · · | • | | | | | | |
| yourself or | 2 | Amount allowed. (Multiply the total number of dependents | - | the amount from the dependent chart below | v.) | | | | | | | | |
| your spouse | | Use the following chart to determine the per-dependent exe | | | | | | | | | | | |
| (See page 10) | | Amount on Line 7, Page 1 Dependent Exemption | n | | | | | | | | | | |
| , , , | | 0 – 20,000 1,000 | | | | | | | | | | | |
| | | 20,001 – 100,000 500 | | | | | | | | | | | |
| | | Over 100,000 300 | | | | | | | | | | | |
| | | Enter amount here and on page 1, line 11 | | | 2 | • | 00 | | | | | | |
| PART III | | | | | | | | | | | | | |
| Federal | | Establish Fadaral Income Tay I Sability from wedness to a few | . In a town at the college of the college of | dan lina O mana 4 | | | 100 | | | | | | |
| Tax Liability Deduction | 1 | Enter the Federal Income Tax Liability from worksheet (see | e instructions) here and | d on line 9, page 1 | 1 | • | 00 | | | | | | |
| | | | | | | | | | | | | | |
| PART IV | 4 | Vou mou denote all or nort of your avernoument (Enter the | amount in the appropr | viata bayaa \ | | | | | | | | | |
| | | You may donate all or part of your overpayment. (Enter the Senior Services Trust Fund | amount in the appropr | 1 | rogram | • | 00 | | | | | | |
| | | | 00 | k Alabama Breast & Cervical Cancer P I Victims of Violence Assistance | | | 00 | | | | | | |
| | | Alabama Arts Development Fund Alabama Nongame Wildlife Fund | 00 | m Alabama Military Support Foundation | | | 00 | | | | | | |
| | | Child Abuse Trust Fund | 00 | 7 | | | 00 | | | | | | |
| Donation | | Alabama Veterans Program. | 00 | n Alabama Veterinary Medical Foundat | | • | 00 | | | | | | |
| Check-offs | | Alabama State Historic Preservation Fund | 00 | Spay-Neuter Program • Cancer Research Institute | | | 00 | | | | | | |
| CHECK-OHS | | | 00 | - | - | | 00 | | | | | | |
| | _ | Archives Services Fund | | p Alabama Association of Rescue Squa | <u> </u> | | | | | | | | |
| | n | Foster Care Trust Fund | 00 | q USS Battleship Commission | | _ | 00 | | | | | | |

| - | | arla la . a la . |
|---|---|------------------|
| а | Senior Services Trust Fund | 00 |
| b | Alabama Arts Development Fund | 00 |
| c | Alabama Nongame Wildlife Fund | 00 |
| d | I Child Abuse Trust Fund ● | 00 |
| е | Alabama Veterans Program | 00 |
| f | Alabama State Historic Preservation Fund ● | 00 |
| g | Archives Services Fund | 00 |
| h | Foster Care Trust Fund | 00 |
| i | Mental Health | 00 |
| j | Alabama Firefighters Annuity and Benefit Fund | 00 |
| | | |

| • | 00 |
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Exp date (mm/dd/yyyy) • Exp date (mm/dd/yyyy) •

| • | 00 |
|---|----|
| | |

Drivers License Info

WHERE TO

FILE

FORM 40A

DOB (mm/dd/yyyy) DOB

| 110 | (mm/dd/yyyy) | Spouse state • DL# • |
|-----|--------------|--|
| • | lf y | 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.

Iss date
(mm/dd/yyyy)
Iss date
(mm/dd/yyyy)