### Alabama Individual Income Tax Return
**RESIDENTS & PART-YEAR RESIDENTS**

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

**Your first name**
- Initial [Blank]
- Last name [Blank]

**Spouse’s first name**
- Initial [Blank]
- Last name [Blank]

Present home address (number and street or P.O. Box number)
- [Blank]

**City, town or post office**
- [Blank]
- State [Blank]
- ZIP code [Blank]

**Check if address**
- [Blank] is outside U.S.

**Filing Status/Exemptions**
1. [Blank] $1,500 Single
2. [Blank] $3,000 Married filing joint
3. [Blank] $3,000 Head of Family (with qualifying Spouse SSN)

**Income and Adjustments**

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>5a</td>
<td>Alabama Income Tax Withheld (from Schedule W-2, line 18, column G)</td>
<td>[Blank]</td>
</tr>
<tr>
<td>5b</td>
<td>Wages, salaries, tips, etc. (from Schedule W-2, line 18, column I plus J)</td>
<td>[Blank]</td>
</tr>
<tr>
<td>6</td>
<td>Interest and dividend income (also attach Schedule B if over $1,500)</td>
<td>[Blank]</td>
</tr>
<tr>
<td>7</td>
<td>Other income (from page 2, Part I, line 9)</td>
<td>[Blank]</td>
</tr>
<tr>
<td>8</td>
<td>Total income. Add amounts in the income column for line 5b through line 7</td>
<td>[Blank]</td>
</tr>
<tr>
<td>9</td>
<td>Total adjustments to income (from page 2, Part II, line 12)</td>
<td>[Blank]</td>
</tr>
<tr>
<td>10</td>
<td>Adjusted gross income. Subtract line 9 from line 8</td>
<td>[Blank]</td>
</tr>
</tbody>
</table>

**Deductions**

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Check box a, if you itemize deductions, and enter amount from Schedule A, line 27</td>
<td>[Blank]</td>
</tr>
<tr>
<td>12</td>
<td>Federal tax deduction (see instructions)</td>
<td>[Blank]</td>
</tr>
</tbody>
</table>

**Tax**

Staple Form(s) W-2, W-2G, and/or 1099 here.

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>Taxable income. Subtract line 15 from line 10</td>
<td>[Blank]</td>
</tr>
<tr>
<td>17</td>
<td>Income Tax due. Enter amount from tax table or check if from Form NOL-85A</td>
<td>[Blank]</td>
</tr>
<tr>
<td>18</td>
<td>Net tax due Alabama. Check box if computing tax using Schedule NTC</td>
<td>[Blank]</td>
</tr>
<tr>
<td>19</td>
<td>Consumer Use Tax (see instructions). If you certify that no use tax is due, check box</td>
<td>[Blank]</td>
</tr>
<tr>
<td>20a</td>
<td>Alabama Election Campaign Fund. You may make a voluntary contribution to the following:</td>
<td></td>
</tr>
<tr>
<td>20b</td>
<td>Alabama Democratic Party</td>
<td>[Blank]</td>
</tr>
<tr>
<td>21</td>
<td>Total tax liability and voluntary contribution. Add lines 18, 19, 20a, and 20b</td>
<td>[Blank]</td>
</tr>
</tbody>
</table>

**Payments**

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Alabama income tax withheld (from column A, line 5a)</td>
<td>[Blank]</td>
</tr>
<tr>
<td>23</td>
<td>2017 estimated tax payments/Auto Extension Payment</td>
<td>[Blank]</td>
</tr>
<tr>
<td>24</td>
<td>Amended Returns Only — Previous payments (see instructions)</td>
<td>[Blank]</td>
</tr>
<tr>
<td>25</td>
<td>Refundable portion of Alabama Accountability Act of 2013 Credit</td>
<td>[Blank]</td>
</tr>
<tr>
<td>26</td>
<td>Refundable portion of Adoption Credit</td>
<td>[Blank]</td>
</tr>
<tr>
<td>27</td>
<td>Total payments. Add lines 22, 23, 24, 25, and 26</td>
<td>[Blank]</td>
</tr>
<tr>
<td>28</td>
<td>Amended Returns Only — Previous refund (see instructions)</td>
<td>[Blank]</td>
</tr>
<tr>
<td>29</td>
<td>Adjusted Total Payments. Subtract line 28 from line 27</td>
<td>[Blank]</td>
</tr>
</tbody>
</table>

**AMOUNT YOU OWE**

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>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.)</td>
<td>[Blank]</td>
</tr>
<tr>
<td>31</td>
<td>Estimated tax penalty. Also include on line 30 (see instructions page 12)</td>
<td>[Blank]</td>
</tr>
</tbody>
</table>

**OVERPAID**

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>32</td>
<td>If line 29 is larger than line 21, subtract line 21 from line 29, and enter OVERPAID</td>
<td>[Blank]</td>
</tr>
<tr>
<td>33</td>
<td>Amount of line 32 to be applied to your 2018 estimated tax</td>
<td>[Blank]</td>
</tr>
</tbody>
</table>

**Donations**

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>34</td>
<td>Total Donations Check-offs from Schedule DC, line 2</td>
<td>[Blank]</td>
</tr>
</tbody>
</table>

**REFUND**

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>35</td>
<td>REFUNDED TO YOU. (CAUTION: You must sign this return on the reverse side.) Subtract lines 33 and 34 from line 32</td>
<td>[Blank]</td>
</tr>
</tbody>
</table>
**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
4b. Taxable amount (see instructions).
5a. Total pensions and annuities
5b. Taxable amount (see instructions).
6. Rents, 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

**Other Income (See page 13)**

**PART II**

1a. Your IRA deduction
1b. Spouse’s IRA deduction
2. Payments to a Keogh retirement plan and self-employment SEP deduction
3. Penalty on early withdrawal of savings
4. Alimony paid. Recipient’s last name
5. Adoption expenses
6. Moving Expenses (Attach Federal Form 3903) to City ______________________________ State ______ ZIP
7. Self-employed health insurance deduction
8. Payments to Alabama College Counts 529 Fund or Alabama PACT Program
9. Health insurance deduction for small employer employee (see instructions)
10. Costs to retrofit or upgrade home to resist wind or flood damage
11. Deposits to a catastrophe savings account
12. Total adjustments. Add lines 1 through 11. Enter here and also on page 1, line 9

**Adjustments to Income (See page 16)**

**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?

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.)

**PART IV**

1. Residence Check only one box
   - Full Year
   - Part Year
2. Did you file an Alabama income tax return for the year 2016?
   Yes
   No
   If no, state reason
3. Give name and address of present employer(s). Yours
   Name
   Address

**General Information**

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**

DOB (mm/dd/yyyy) ______
DOB (mm/dd/yyyy) ______
Your state ______
DL# ______
Iss date (mm/dd/yyyy) ______
Exp date (mm/dd/yyyy) ______
Spouse state ______
DL# ______
Iss date (mm/dd/yyyy) ______
Exp date (mm/dd/yyyy) ______

**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.

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
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 2017 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.

ADOR