



Alabama Individual Nonresident Income Tax Return

Your first name ●	Initial	Last name	Your social security number ●	Check if primary is deceased ● <input type="checkbox"/>	Primary's deceased date (mm/dd/yy) ●
Spouse's first name ●	Initial	Last name	Spouse's social security number if joint return ●	Check if spouse is deceased ● <input type="checkbox"/>	Spouse's deceased date (mm/dd/yy) ●
Present home address (number and street or P.O. Box number) ●			<b>CHECK BOX IF AMENDED RETURN</b> ● <input type="checkbox"/> <b>ADOR</b>		
City, town or post office ●		State	ZIP Code	Check if address Foreign Country ● <input type="checkbox"/> is outside U.S.	

**Filing Status/ Exemptions**

1 ● <input type="checkbox"/> \$1,500 Single	3 ● <input type="checkbox"/> \$1,500 Married filing separate. Complete Spouse SSN
2 ● <input type="checkbox"/> \$3,000 Married filing joint	4 ● <input type="checkbox"/> \$3,000 Head of Family (with qualifying person).

	A Ala. Tax Withheld		B All Sources		C Alabama Income	
<b>Income and Adjustments</b>						
5 Wages, salaries, tips, etc. (From Schedule W-2, line 18, columns G, H, and I.) (Include spouse's income if married filing joint.)	5 ●	00	5 ●	00	5 ●	00
6 Other income (from page 2, Part I, line 9)	6 ●	00	6 ●	00	6 ●	00
7 <b>Total income.</b> Add amounts in column B then add amounts in column C, lines 5 and 6	7 ●	00	7 ●	00	7 ●	00
8 Adjustments to income (from page 2, Part II, line 6)	8 ●	00	8 ●	00	8 ●	00
9 <b>Adjusted total income.</b> Subtract line 8 from line 7	9 ●	00	9 ●	00	9 ●	00
10 Alabama percentage of adjusted total income. Divide line 9, column C, by line 9, column B (not over 100%)	10 ●	%				
11 Other Adjustments (from page 2, Part III, line 4 and line 6)	11 ●	00	11 ●	00	11 ●	00
12 <b>Adjusted Gross Income.</b> Subtract line 11 from line 9	12 ●	00	12 ●	00	12 ●	00

**Deductions**

13 Check appropriate box. If you itemize, enter amount from Schedule A, line 30. ● <input type="checkbox"/> <b>Itemized Deductions</b> ● <input type="checkbox"/> <b>Standard Deduction</b>	Box a or b <b>MUST</b> be checked	
14 Federal Income Tax deduction (from page 2, Part IV, line 7)	13 ●	00
15 Personal exemption (multiply line 1, 2, 3, or 4 by percentage on line 10)	14 ●	00
16 Dependent exemption (from page 2, Part V, line 4)	15 ●	00
17 <b>Total deductions.</b> Add lines 13, 14, 15, and 16	16 ●	00
17 ●	17 ●	00

**Tax**

18 <b>Taxable income.</b> Subtract line 17 from line 12, column C	18 ●	00
19 <b>Tax due.</b> Enter amount from tax table or check if from ● <input type="checkbox"/> Form NOL-85A	19 ●	00
20 <b>Net tax due Alabama.</b> Check box if computing tax using Schedule NTC ● <input type="checkbox"/> , otherwise enter amount from line 19	20 ●	00

**Payments**

21 <b>Alabama income tax withheld</b> (from column A, line 5)	21 ●	00
22 2017 estimated tax payments/Automatic Extension Payment	22 ●	00
23 Composite tax payments (from page 2, Part VI, line 7)	23 ●	00
24 Amended Returns Only — Previous payments (see instructions)	24 ●	00
25 Refundable portion of Alabama Accountability Act of 2013 Credit	25 ●	00
26 Refundable portion of Adoption Credit	26 ●	00
27 <b>Total payments.</b> Add lines 21 through 26	27 ●	00
28 Amended Returns Only — Previous refund (see instructions)	28 ●	00
29 <b>Adjusted total payments.</b> Subtract line 28 from line 27	29 ●	00

**AMOUNT YOU OWE**

30 If line 20 is larger than line 29, subtract line 29 from line 20, and enter <b>AMOUNT YOU OWE.</b> Place payment, along with Form 40V, loose in the mailing envelope. ( <b>FORM 40V MUST ACCOMPANY PAYMENT.</b> )	30 ●	00
31 Estimated tax penalty. Also include on line 30 (see instructions page 10)	31 ●	00

**OVERPAID**

32 If line 29 is larger than line 20, subtract line 20 from line 29 and enter amount <b>OVERPAID</b>	32 ●	00
33 Amount of line 32 to be applied to your <b>2018 estimated tax</b>	33 ●	00

**REFUND**

34 <b>REFUNDED TO YOU.</b> Subtract line 33 from line 32	34 ●	00
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●  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.

**Sign Here In Black Ink**  
Keep a copy of this return for your records.

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 <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed) and address	Daytime telephone no. ( )	E.I. No.	ZIP Code



PART I	B — All Sources		C — Alabama Sources	
	1	2	3	4
1 Interest and dividend income (attach Schedule B if over \$1500.00)	1 ●	00	1 ●	00
2 Alimony received	2 ●	00		
3 Taxable portion of pensions and annuities (see instructions)	3 ●	00		
4 Business income or (loss) (attach Federal Schedule C) (see instructions)	4 ●	00	4 ●	00
5 Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D)	5 ●	00	5 ●	00
6 Rents, Royalties, Partnerships, Estates, Trusts, etc. (attach Schedule E)	6 ●	00	6 ●	00
7 Farm income or (loss) (attach Federal Schedule F) (see instructions)	7 ●	00	7 ●	00
8 Other income (state nature and source)	8 ●	00	8 ●	00
9 <b>Total other income.</b> Add lines 1 through 8, column B, and lines 1, 4 through 8, column C. Enter here and also on page 1, line 6	9 ●	00	9 ●	00

PART II	B — All Sources		C — Alabama Sources	
	1	2	3	4
1 IRA deduction, Keogh retirement plan, and self-employed SEP deduction	1 ●	00	1 ●	00
2 Penalty on early withdrawal of savings	2 ●	00		
3 Moving Expenses (Attach Federal Form 3903) Place of new employment: City _____ State _____ ZIP _____	3 ●	00	3 ●	00
4 Self-employed health insurance deduction	4 ●	00	4 ●	00
5 Payments to Alabama College Counts 529 Fund or Alabama PACT program	5 ●	00	5 ●	00
6 Add lines 1 through 5. Enter here and also on page 1, line 8, columns B and C	6 ●	00	6 ●	00

PART III	B — All Sources		C — Alabama Sources	
	1	2	3	4
1 Alimony Paid	1 ●	00		
2 Adoption Expenses	2 ●	00		
3 Health insurance deduction for small employer employee	3 ●	00		
4 Add lines 1 through 3, enter here and on page 1, line 11, column B	4 ●	00		
5 Enter percentage from page 1, line 10	5 ●	%		
6 Multiply line 4 by line 5. Enter here and also page 1, line 11, column C	6 ●	00		

PART IV	B — Federal Adjusted Gross Income		C — Alabama Federal Tax Deduction Computation	
	1	2	3	4
1 Your joint federal adjusted gross income	1 ●	00		
2 Your federal adjusted gross income	2 ●	00		
3 Divide line 2 by line 1. Enter percentage here			3 ●	%
4 Enter Federal Income Tax Liability from worksheet (see instructions)			4 ●	00
5 If you completed lines 1 through 3 above, multiply line 4 by the percentage from line 3			5 ●	00
6 Enter percentage from page 1, line 10			6 ●	%
7 If you completed lines 1 through 3 above, multiply line 5 by the percentage on line 6. Otherwise multiply line 4 by the percentage on line 6			7 ●	00

PART V	Dependents			
	(1) First name	Last name	(2) Dependent's social security number.	(3) Dependent's relationship to you.
1a	●			(4) Did you provide more than one-half dependent's support?
1b	Total number of dependents claimed above			●
2	Multiply the total number of dependents claimed on line 1b by the amount from the dependent chart on page 9 of instructions			2 ● 00
3	Enter percentage from page 1, line 10			3 ● %
4	<b>Dependent exemption allowable.</b> Multiply the amount on line 2 by the percentage on line 3. Enter here and on page 1, line 16			4 ● 00

PART VI	General Information	
	1	2
1	Name of state of which you were a legal resident in 2017	
2	Did you file a return with that state for 2017? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason why: _____	
3	If married, did your spouse receive a separate income for 2017? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is your spouse filing a separate Alabama return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter name here: _____	
4	Did you file an Alabama return for 2016? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason why: _____	
5	Give name and address of your present employer(s). Yours: _____ Your Spouse's: _____	
6	Enter the Adjusted Gross Income reported on your 2017 Federal Individual Income Tax Return	
7	If you are a shareholder or partner in an Alabama S Corporation or Partnership which filed the Alabama Form PTE-C, complete the following information: S Corporation's/Partnership's name _____ FEIN _____ Amount of payment made by the S Corporation or Partnership on your behalf on the PTE-C Composite Return	

Drivers License Info	Your		Spouse	
	DOB (mm/dd/yyyy)	DL#	DOB (mm/dd/yyyy)	DL#
	●	●	●	●