

SCHEDULES
A, B, CR, & DC
(FORM 40)



ALABAMA DEPARTMENT OF REVENUE
Schedule A—Itemized Deductions

2011

(Schedules B, CR and DC are on back page)

ATTACH TO FORM 40 — SEE INSTRUCTIONS FOR SCHEDULE A

Name(s) as shown on Form 40

Your social security number

The itemized deductions you may claim for the year 2011 are similar to the itemized deductions claimed on your Federal return, however, the amounts may differ. Please see instructions before completing this schedule. **PART-YEAR RESIDENTS:** A resident of Alabama for only a part of the year should list below only those deductions actually paid while a resident of Alabama.

CAUTION: Do not include expenses reimbursed or paid by others.					
Medical and Dental Expenses (See page 18)	1 Medical and dental expenses.....	1		00	4 ● 00
	2 Enter amount from Form 40, line 10.	2		00	
	3 Multiply the amount on line 2 by 4% (.04). Enter the result.....	3		00	
	4 Subtract line 3 from line 1. Enter the result. If zero or less, enter -0-.....				
Taxes You Paid (See page 18)	5 Real estate taxes.	5		00	9 ● 00
	6 FICA Tax (Social Security and Medicare) and Federal Self-Employment Tax.	6		00	
	7 Railroad Retirement (Tier 1 only).....	7		00	
	8 Other taxes. (List — include personal property taxes.) ►	8		00	
	9 Add the amounts on lines 5 through 8. Enter the total here.				
Interest You Paid (See page 19)	10a Home mortgage interest and points reported to you on Federal Form 1098.	10a		00	14 ● 00
	b Home mortgage interest not reported to you on Federal Form 1098. (If paid to an individual, show that person's name and address.) ►				
		10b		00	
	11 Qualified mortgage insurance premiums.....	11		00	
	12 Points not reported to you on Form 1098.....	12		00	
	13 Investment interest. (Attach Form 4952A.)	13		00	
	14 Add the amounts on lines 10a through 13. Enter the total here.				
Gifts to Charity (See page 18)	CAUTION: If you made a charitable contribution and received a benefit in return, see page 18.				18 ● 00
	15 Contributions by cash or check.	15		00	
	16 Other than cash or check. (You MUST attach Federal Form 8283 if over \$500.)	16		00	
	17 Carryover from prior year.	17		00	
18 Add the amounts on lines 15 through 17. Enter the total here.					
Casualty and Theft Loss (Attach Form 4684)	19a Enter the amount from Federal Form 4684, line 16 (See page 19).....	19a		00	19c ● 00
	b Enter 10% of your Adjusted Gross Income (Form 40, line 10).....	19b		00	
	c Subtract line 19b from line 19a. If zero or less, enter -0-.....				
Job Expenses and Most Other Miscellaneous Deductions (See page 20)	20 Unreimbursed employee expenses — job travel, union dues, job education, etc. (You MUST attach Federal Form 2106 if required. See instructions.) ►	20		00	24 ● 00
	21 Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount. ►	21		00	
	22 Add the amounts on lines 20 and 21. Enter the total.	22		00	
	23 Multiply the amount on Form 40, line 10 by 2% (.02). Enter the result here.	23		00	
	24 Subtract line 23 from line 22. Enter the result. If zero or less, enter -0-.....				
Other Miscellaneous Deductions	25 Other (from list on page 20 of instructions). List type and amount. ►				25 ● 00
Qualified Long-Term Care Ins. Premiums	CAUTION: Do not include medical premiums.				26 ● 00
26 Enter amount here.....					
Total Itemized Deductions	27 Add the amounts on lines 4, 9, 14, 18, 19c, 24, 25, and 26. Enter the total here. Then enter on Form 40, page 1, line 11.....	27			00



Name(s) as shown on Form 40 (Do not enter name and social security number if shown on other side)

Your social security number

SCHEDULE B – Interest And Dividend Income

If you received more than \$1500 of interest and dividend income, you must complete Schedule B. See instructions on page 21.

List Payers and Amounts		A Exempt Interest	B Taxable Interest and Dividends
1 I N T E R E S T		00	00
		00	00
		00	00
		00	00
		00	00
		00	00
		00	00
		00	00
		00	00
		00	00
2 D I V I D E N D S			00
			00
			00
			00
			00
			00
			00
			00
			00
			00
3 TOTAL TAXABLE INTEREST AND DIVIDENDS Enter here and on Form 40, page 1, line 6		3	00

SCHEDULE CR – Credit For Taxes Paid To Other States

See instructions on page 21. PLEASE NOTE: You may need to use the example computation on page 21 to calculate your income from the other state before completing this schedule. This credit will NOT be allowed unless you file a nonresident income tax return with the other state and attach a copy of that 2011 return to your Alabama return.

1 2011 taxable income as shown on the _____ state return.	1	00	If more than one "other" state, skip lines 1-9 and use Schedule CR worksheet. If using the worksheet, line 10 (below) will equal worksheet Part 4, line 31.
2 Tax due the other state using Alabama tax rates. (name of state)	2	00	
3 Tax due the other state as shown on that state's return or Form W-2G.	3	00	
4 Tax due Alabama from Form 40, page 1, line 17.	4	00	
5 Non-Alabama Adjusted Gross Income.	5	00	
6 Alabama Adjusted Gross Income from Form 40, page 1, line 10.	6	00	
7 Divide line 5 by line 6.	7	%	
8 Alabama tax liability from Form 40, page 1, line 17.	8	00	
9 Multiply line 8 by line 7.	9	00	
10 CREDIT ALLOWABLE. Enter the amount from line 2, 3, 4, 9, or the amount from the worksheet on page 21 of the booklet, whichever is smallest . If you have no other credits, enter amount from line 10 to Form 40, page 1, line 18. If you have other credits, enter the amount from line 10 to Schedule OC, Part A, line 1, and complete.		10	00

SCHEDULE DC – 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.	•	00	j Neighbors Helping Neighbors 00
b Alabama Arts Development Fund.	•	00	k Alabama Breast & Cervical Cancer Program 00
c Alabama Nongame Wildlife Fund.	•	00	l Alabama 4-H Club 00
d Child Abuse Trust Fund.	•	00	m Alabama Organ Center Donor Awareness Fund 00
e Alabama Veterans Program.	•	00	n Alabama National Guard Foundation Incorporated 00
f Alabama Indian Children's Scholarship Fund.	•	00	o Cancer Research Institute 00
g Penny Trust Fund.	•	00	p Alabama Alternative Fuels Fund 00
h Foster Care Trust Fund.	•	00	q Alabama Military Support Foundation 00
i Mental Health.	•	00	

2 Total Donations. Add lines 1a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, and q. Enter here and on Form 40, page 1, line 32	•	00
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