

Alabama Individual Income Tax Return RESIDENTS & PART-YEAR RESIDENTS

For the year Jan. 1 - Dec.	31, 201	6, or other tax year: Beginning:			Ending:	•		١,		Your soc	ial security	number			
Your first name			Initial	Last name				_							
•									P	_	' '				
Spouse's first name			Initial	Last name					•	illiary o doc		("		
•										Spouse's s	ocial securit	y numbe	r		
Present home address (nu	mber and	d street or P.O. Box number)													
•									•	Che	ck if spouse	is decea	sed		
City, town or post office					State	ZIP code			S	pouse's ded	ceased date	(mm/dd/	yy)		
•								•							
Check if add		Foreign Country												_	
• 🔲 is outside U	.5.							СНІ	ЕСК ВО	X IF AI	MENDE	D RE	TURI	N • 🗌	ADOF
Filima Otatura/															
Filing Status/	1	• [\$1,500 Single		3 ●	LJ \$1,50	00 Married filing	separate. Complet	te Spouse SSN							
Exemptions	2	• 🔲 \$3,000 Married filing	g joint	CHECK BOX IF AMENDED RETURN ADOR											
	5a	Alabama Income Tax WithI	neld (fro	m Schedul	e W-2, line	18, column G)		A	– Alaban	na tax w	ithheld			B - Income	
	5b	Wages, salaries, tips, etc. (fr	om Sche	edule W-2, i	ine 18, col	umn I plus J):		5	a 🗨		00	5b	•		00
Income	6	Interest and dividend incom	ne (also	attach Sch	edule B if	over \$1,500)						6	•		00
and	7	, , ,		,									•		
Adjustments	8	Total income. Add amount	ts in the	income co	lumn for lir	ne 5 through line	7					8	•		00
	9	Total adjustments to incom	e (from _l	page 2, Pa	rt II, line 12	2)						9	•		_
	10	· ·										10	•		00
Deductions	11	′ •		,			,		Box a or b N	IUST be d	hecked				
				_	_		,	′ I							
You Must Attach page 2 of Federal Form 1040, Federal Form 1040A, Feder- al Form 1040NR, or page 1 of 1040EZ, if claiming a deduction	.	a Itemized Dedu							•		00	-			
	12	,		,											
	40						. ,	<u> </u>			_	-			
		' '		. ,				<u> </u>			_	-			
on line 12.	14											4.5			00
												_	+		
	16 17											\vdash	-		_
Tax Staple Form(s) W-2, N-2G, and/or 1099 nere.	18											\vdash	+		_
	19				-							\vdash	-		_
	20	'					13	+		00					
												20a	•		00
		Alabama Republican Party			=							-	_		_
	21	' '			n. Add line	s 18, 19, 20a, a	and 20b					21	•		
	22	Alabama income tax with	held (fro	om column	A, line 5.			22	•		00				
	23	2016 estimated tax paymen	nts/Auto	matic Exter	nsion Payr	nent		23	•		00				
Payments	24	Amended Returns Only —	Previous	s payments	s (see instr	ructions)		24	•		00				
	25	Refundable portion of Alab	ama Acc	countability	Act of 201	3 Credit		25	•		00				
	26	Refundable portion of Adop	26	•		00									
	27	Total payments. Add lines					27	•							
	28						28	•		_					
	29											29	•		00
AMOUNT YOU OWE	30	•													
										30		1			00
	31														00
OVERPAID	32	-								. 32		1			00
Donations	33											-			
	34							34			00				
REFUND	35	,			•		,			. 35	•				00
		Capitact illies of alla 64 IIC	,,,, mie 3	<i></i>						. 33	1				1 00

_														
Form	1 40 (2016)			Page 2									
PART I		Alimony received		1 •	00									
Other ncome See page 13)		Business income or (loss) (attach Federal Schedule C or C-EZ) (see instructions)	_	2 •	00									
	3	Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D)	_	3 •	00									
		Total IRA distributions 4a 00 4b Taxable amount (see instructions)	_	b •	00									
		Total pensions and annuities 5a 00 5b Taxable amount (see instructions)	_	b •	00									
		Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)		6 •	00									
		Farm income or (loss) (attach Federal Schedule F)	_	7 •	00									
		Other income (state nature and source — see instructions)	I	8 ●	00									
	9	Total other income. Add lines 1 through 8. Enter here and also on page 1, line 7.	!	9 •	00									
PART II	1a	Your IRA deduction	1	a •	00									
Adjustments o Income See page 16)		Spouse's IRA deduction		•	00									
	2	Payments to a Keogh retirement plan and self-employment SEP deduction		2 •	00									
	3	Penalty on early withdrawal of savings.		3 ●	00									
	4	Alimony paid. Recipient's last name Social security no. ●		4 •	00									
	5	Adoption expenses		5 •	00									
	6	Moving Expenses (Attach Federal Form 3903) to City State ZIP		ô ●	00									
		Self-employed health insurance deduction		7 •	00									
	8	Payments to Alabama College Counts 529 Fund or Alabama PACT Program.		8 ●	00									
		Health insurance deduction for small employer employee (see instructions)		9 •	00									
		Costs to retrofit or upgrade home to resist wind or flood damage		0 •	00									
		Deposits to a catastrophe savings account		1 •	00									
		Total adjustments. Add lines 1 through 11. Enter here and also on page 1, line 9	_	2 •	00									
PART III		Dependents: (2) Dependent's social security (3)) Dependent's tionship to you.	(4) Did you provide more than one-half dependent's support?										
ependents				аоронает с саррет	_									
оронионко					_									
o not include					_									
ourself or our spouse														
	h				<u> </u>									
See page 17)		Total number of dependents claimed above Amount allowed. (Multiply the total number of dependents claimed on line 1b by the amount from the dependent chart on page 10.)												
ee page 17)	-	Enter amount here and on page 1, line 14.		•	00									
ADT IV	1	Residency Check only one box ▶ ● ☐ Full Year ■ ☐ Part Year From 2016 through		.	2016.									
PART IV General			'											
		Did you file an Alabama income tax return for the year 2015? Yes No If no, state reason												
	3	Give name and address of present employer(s). Yours												
formation	4	Your Spouse's			. Fadaral									
III Taxpayers	4	Enter the Federal Adjusted Gross Income ●\$ and Federal Taxable Income ●\$	as	reported on your 2016	reuerai									
ust Complete	5	Individual Income Tax Return.												
his Section.		Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state tax refund)?												
		If yes, enter source(s) and amount(s) below: (other than state income tax refund)												
See page 17)			Amount		00									
			Amount •		00									
)rivers		DOB Iss date Exp date (mm/dd/yyyy)	ууу) •											
icense Info		DOB Spouse state ■ DL# ■ Spouse state (mm/dd/yyyy) ■ Spouse state ■ DL# ■ (mm/dd/yyyy) ■ (mm/dd/yyyyy) ■ (mm/dd/yyyyy) ■ (mm/dd/yyyy) ■ (mm/dd/yyyyy) ■ (mm/dd/yyyyyy) ■ (mm/dd/yyyyyyyyyyy ■ (mm/dd/yyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyy	_											

In Black Ink

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.

Keep a copy of this return

The place in the confect, and complete. Declaration of preparer (other than taxpayer) is based on all minorination of which preparer has any knowledge.

Your signature

Date

Daytime telephone number ()

Spouse's signature (if joint return, BOTH must sign)

Date

Daytime telephone number

Spouse's occupation

for your records.

Spouse's signature (if joint return, BOTH must sign)

Date

Daytime tele
()

Paid

Preparer's
signature

Preparer's signature

Date

Check if self-employed

Firm's name (or yours if self-employed)
and address

Daytime telephone no. ()

E.I. No.

ZIP Code

WHERE TO FILE FORM 40

Preparer's

Use Only

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