FORM **40**



Alabama Individual Income Tax Return RESIDENTS & PART-YEAR RESIDENTS

For the year Jan. 1 - Dec	. 31, 201	7, or other tax year: Beginning:			Ending:	•					Your soci	al secui	ity numb	er			
Your first name			Initial	Last name					Ľ								
• Instrume			IIIIIai	Lastrianie						• [nary is de				
Spouse's first name			Initial	Last name						PIIII	ary's dec	easeu c	ate (mm/	uu/y	у)		
•			muai	Lastrianic					Ľ	Sr	oouse's so	ncial ser	rurity nun	nher			
Present home address (nu	ımber and	d street or P.O. Box number)							•	O,	700 00 0 0	Joial Jok	ounty man	11001			
•										•	Chec	ok if one	uaa ia da	0000			
City, town or post office					State	ZIP code					use's dec						
•									•								
Check if add	dress	Foreign Country															
is outside U	J.S.							С	HE	ск вох	IF AN	1ENI	DED F	RET	TURN •	AD	OF
																	_
Filing Status/	1	• [\$1,500 Single		3 ●	\$1,50	00 Married filing s	separate. Complete	e Spouse SSI	N								
Exemptions	2	• 🔲 \$3,000 Married filin	a ioint	1	\$3.00	O Head of Family	ly (with qualifying p	arcon)									
									Δ.	_ Alahama	tav wi	thhal	4		B – Income		_
				nm Schedule W-2, line 18, column G)									5b		00		
ncome	6	Interest and dividend incom											-	6	•		0
and	7	Other income (from page 2											_	7	•		0
Adjustments	8	Total income. Add amoun												8	•		0
,	9	Total adjustments to incom												9	•	_	0
	10	Adjusted gross income.											-	0	•		0
Deductions		Check box a, if you itemize								x a or b MU			_			\dashv	_
	•••	Check box b, if you do not		,				etions)									
You Must Attach)	a Itemized Dedu		_					11	•			00				
a complete copy of	12							-	•			+					
Federal Form 1040, Form 1040A, Form 1040EZ, or Form		DO NOT ENTER THE FEE		,					12	•			00				
	13	Personal exemption (from					` '	-	13			_	00				
1040NR if claiming a deduction on line 12.	14	Dependent exemption (from		,								_	00				
	J	Total deductions. Add line						_					_	5	•	0	0
	16	Taxable income. Subtract											_	6	•		0
	17	Income Tax due. Enter an	nount fro	om tax table	e or check	if from ● 🗌 For	rm NOL-85A						1	7	•		0
Γον	18	Net tax due Alabama. Che	eck box	if computir	ng tax using	Schedule NTC	• , otherwise	enter amount	fror	n line 17 .			1	8	•	_	0
Tax Staple Form(s) W-2,	19	Consumer Use Tax (see in			-									9	•	0	0
V-2G, and/or 1099	20																
iere.	а	Alabama Democratic Party		\$1 🗌 \$2	none	e							20	0a	•	0	0
	b	Alabama Republican Party		\$1 🗌 \$2	non	e							20	0b	•	0	0
	21	Total tax liability and vol	untary o	contributio	n. Add line	es 18, 19, 20a, ar	nd 20b						2	1	•	0	0
Payments	22	Alabama income tax with	held (fr	om column	A, line 5a))		<u> </u>	22			(00				
	23	2017 estimated tax payme	nts/Auto	matic Exte	nsion Payn	nent			23			(00				
	24	Amended Returns Only —	Previou	s payment	s (see instr	ructions)			24	•		_	00				
	25	Refundable portion of Alab	ama Ac	countability	countability Act of 2013 Credit				25			-	00				
	26	Refundable portion of Adop			26	l			00								
	27													7	•		0
	28	,												8.	•		0
	29	Adjusted Total Payments											2	9	•	0	0
AMOUNT YOU OWE	30	If line 21 is larger than line									1	_					
		Place payment, along with				•					30	•	<u> </u>			0	0
	31	Estimated tax penalty. Also							31		1 22		00				
OVERPAID	32	If line 29 is larger than line									32		00			0	0
Donations	33	Amount of line 32 to be app							33 34			_	00				
Donations	34	Total Donation Check-offs							34	-	1)U				_
REFUND	35	REFUNDED TO YOU. (CA			-						25	•				_	0
		Subtract lines 33 and 34 from	י שוווו ווווע	∪∠							35					ΙU	U

l _										
Form		2017)			Page 2					
PART I		Alimony received	_	•	00					
Other Income (See page 13)		Business income or (loss) (attach Federal Schedule C or C-EZ) (see instructions).	_		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)	4b		00					
		Total pensions and annuities 5a 00 5b Taxable amount (see instructions)	5b		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)	8	-	00					
	9	Total other income. Add lines 1 through 8. Enter here and also on page 1, line 7.	9		00					
PART II		Your IRA deduction	1a	•	00					
		Spouse's IRA deduction	1b		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					
		Adoption expenses	5		00					
		Moving Expenses (Attach Federal Form 3903) to City State ZIP	6		00					
		Self-employed health insurance deduction	7		00					
		Payments to Alabama College Counts 529 Fund or Alabama PACT Program.	8		00					
		Health insurance deduction for small employer employee (see instructions)	9		00					
	10	Costs to retrofit or upgrade home to resist wind or flood damage	10		00					
	11	Deposits to a catastrophe savings account	_		00					
	12	Total adjustments. Add lines 1 through 11. Enter here and also on page 1, line 9	12	+	00					
PART III	1a	Dependents: (1) First name (2) Dependent's social security number. (3) Dependent's relationship to	nt's you.	(4) Did you provide more than one-half dependent's support?						
Dependents		•								
Do not include		•								
yourself or		•								
your spouse		•								
		Total number of dependents claimed above	• • • •	•						
(See page 17)	2	Amount allowed. (Multiply the total number of dependents claimed on line 1b by the amount from the dependent chart on page 10.)		T						
		Enter amount here and on page 1, line 14.	2		00					
PART IV	1	Residency Check only one box ▶ ● ☐ Full Year ● ☐ Part Year From2017 through			2017.					
		Did you file an Alabama income tax return for the year 2016?								
General	3	Give name and address of present employer(s). Yours								
Information	_	Your Spouse's								
All Taxpayers	4	· · · · · · · · · · · · · · · · · · ·	as re	ported on your 2017 F	ederal					
Must Complete	_	Individual Income Tax Return.								
This Section.	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)?	Ш	Yes No						
		If yes, enter source(s) and amount(s) below: (other than state income tax refund)								
(See page 17)			•		00					
		Source Amount DOB State Exp date Exp date	•		00					
Drivers License Info		(mm/dd/yyyy) - Your state DL# - (mm/dd/yyyy) - (mm/dd/yyyy) - (mm/dd/yyyy) - (mm/dd/yyyy) -								
		DDB Spouse state DL# Spouse state Exp date Exp date Exp date Exp date Cmm/dd/yyyy) Spouse state DL# Cmm/dd/yyyy) Cmm/dd/yyyy) Cmm/dd/yyyy) Cmm/dd/yyyy) Cmm/dd/yyyyy Cmm/dd/yyyyyy Cmm/dd/yyyyyy Cmm/dd/yyyyyy Cmm/dd/yyyyy Cmm/dd/yyyyyy Cmm/dd/yyyyy Cmm/dd/yyyyy Cmm/dd/yyyyy								
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 m true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		wledge and belief, they	y are					

for your records.

Preparer's

Use Only

Paid

Your signature Date Daytime telephone number Your occupation Keep a copy of this return

Spouse's signature (if joint return, BOTH must sign) Date Daytime telephone number Spouse's occupation

Date Preparer's SSN or PTIN Preparer's signature Check if self-employed Firm's name (or yours if self-employed) and address E.I. No. Daytime telephone no.

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:

ZIP Code

Alabama Department of Revenue P.O. Box 2401 Montgomery, AL 36140-0001