



Alabama Individual Income Tax Return RESIDENTS & PART-YEAR RESIDENTS

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

Personal information section including name, address, and filing status options.

Spouse's social security number and deceased status checkboxes.

CHECK BOX IF AMENDED RETURN ADOR

Filing Status/Exemptions section with options for single, married, or head of family.

Income and Adjustments table with columns for Alabama tax withheld and Income.

Deductions table with checkboxes for itemized or standard deductions and various deduction amounts.

Tax table including net tax due, Alabama election campaign fund, and total tax liability.

Payments table listing Alabama income tax withheld, estimated tax payments, and refundable portions.

AMOUNT YOU OWE section with lines 30 and 31 for tax liability and penalties.

OVERPAID section with line 32 for overpayment calculation.

Donations section with line 34 for total donation check-offs.

REFUND section with line 35 for refund calculation.



**PART I**

1	Alimony received	1	●	00
2	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
4a	Total IRA distributions	4a	●	00
4b	Taxable amount (see instructions)	4b	●	00
5a	Total pensions and annuities	5a	●	00
5b	Taxable amount (see instructions)	5b	●	00
6	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	6	●	00
7	Farm income or (loss) (attach Federal Schedule F)	7	●	00
8	Other income (state nature and source — see instructions)	8	●	00
9	<b>Total other income.</b> Add lines 1 through 8. Enter here and also on page 1, line 7.	9	●	00

**PART II**

1a	Your IRA deduction	1a	●	00
b	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
5	Adoption expenses	5	●	00
6	Moving Expenses (Attach Federal Form 3903) to City _____ State _____ ZIP _____	6	●	00
7	Self-employed health insurance deduction	7	●	00
8	Payments to Alabama College Counts 529 Fund or Alabama PACT Program	8	●	00
9	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	11	●	00
12	<b>Total adjustments.</b> Add lines 1 through 11. Enter here and also on page 1, line 9	12	●	00

**PART III**

**Dependents**

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?
●					
●					
●					
●					

Do not include yourself or your spouse

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.)  
Enter amount here and on page 1, line 14. \_\_\_\_\_ 2 ● 00

**PART IV**

**General Information**

1 **Residency** Check only one box  Full Year  Part Year From \_\_\_\_\_ 2017 through \_\_\_\_\_ 2017.

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 \_\_\_\_\_  
Your Spouse's \_\_\_\_\_

4 Enter the Federal Adjusted Gross Income ●\$ \_\_\_\_\_ and Federal Taxable Income ●\$ \_\_\_\_\_ as reported on your 2017 Federal Individual Income Tax Return.

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) ● _____	Your state ● _____	DL# ● _____	Iss date (mm/dd/yyyy) ● _____	Exp date (mm/dd/yyyy) ● _____
DOB (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 <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

**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 2016 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.

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