



Alabama Individual Income Tax Return  
RESIDENTS & PART-YEAR RESIDENTS

For the year Jan. 1 - Dec. 31, 2018, or other tax year: Beginning: Ending: ●

|  |                 |                |
|--|-----------------|----------------|
| Your first name<br>●   | Initial<br>●    | Last name<br>● |
| Spouse's first name<br>●   | Initial<br>●    | Last name<br>● |
| Present home address (number and street or P.O. Box number)<br>● |                 |                |
| City, town or post office<br>●                                   |                 | State<br>●     |
|  |                 | ZIP code<br>●  |
| <input type="checkbox"/> Check if address is outside U.S.        | Foreign Country |                |

|  |
|--|
| Your social security number<br>●   |
| <input type="checkbox"/> Check if primary is deceased<br>Primary's deceased date (mm/dd/yy)<br>● |
| Spouse's social security number<br>●   |
| <input type="checkbox"/> Check if spouse is deceased<br>Spouse's deceased date (mm/dd/yy)<br>●   |

CHECK BOX IF AMENDED RETURN ●

**Filing Status/ Exemptions**

1 ●  \$1,500 Single      3 ●  \$1,500 Married filing separate. Complete Spouse SSN ●

2 ●  \$3,000 Married filing joint      4 ●  \$3,000 Head of Family (with qualifying person). Complete Schedule HOF.

|  | A – Alabama tax withheld |    | B – Income |    |
|--|--------------------------|----|------------|----|
|  | 5a                       | 00 | 5b         | 00 |
| 5a Alabama Income Tax Withheld (from Schedule W-2, line 18, column G)        | ●                        | 00 | ●          | 00 |
| 5b Wages, salaries, tips, etc. (from Schedule W-2, line 18, column I plus J) | ●                        | 00 | ●          | 00 |
| 6 Interest and dividend income (also attach Schedule B if over \$1,500)      |                          |    | ●          | 00 |
| 7 Other income (from page 2, Part I, line 9)                                 |                          |    | ●          | 00 |
| 8 Total income. Add amounts in the income column for line 5b through line 7  |                          |    | ●          | 00 |
| 9 Total adjustments to income (from page 2, Part II, line 13)                |                          |    | ●          | 00 |
| 10 Adjusted gross income. Subtract line 9 from line 8                        |                          |    | ●          | 00 |

|  | Box a or b MUST be checked                     |   |   |    |
|--|--|---|---|----|
|  | 11   | 00  |   |    |
| 11 Check box a, if you itemize deductions, and enter amount from Schedule A, line 27. Check box b, if you do not itemize deductions, and enter standard deduction (see instructions) | ● <input type="checkbox"/> Itemized Deductions | ● <input type="checkbox"/> Standard Deduction |   |    |
| 12 Federal tax deduction (see instructions)  | ●  | 00  |   |    |
| <b>DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)</b>   |  |   |   |    |
| 13 Personal exemption (from line 1, 2, 3, or 4)  | ●  | 00  |   |    |
| 14 Dependent exemption (from page 2, Part III, line 2)   | ●  | 00  |   |    |
| 15 Total deductions. Add lines 11, 12, 13, and 14  |  |   | ● | 00 |

You Must Attach page 2 of Federal Form 1040, Form 1040A, Form 1040EZ, or Form 1040NR if claiming a deduction on line 12.

|  |  |  |   |    |
|--|--|--|---|----|
| 16 Taxable income. Subtract line 15 from line 10   |  |  | ● | 00 |
| 17 Income Tax due. Enter amount from tax table or check if from Form NOL-85A                               |  |  | ● | 00 |
| 18 Net tax due Alabama. Check box if computing tax using Schedule NTC, otherwise enter amount from line 17 |  |  | ● | 00 |
| 19 Consumer Use Tax (see instructions). If you certify that no use tax is due, check box                   |  |  | ● | 00 |
| 20 Alabama Election Campaign Fund. You may make a voluntary contribution to the following:                 |  |  |   |    |
| a Alabama Democratic Party \$1 \$2 none  |  |  | ● | 00 |
| b Alabama Republican Party \$1 \$2 none  |  |  | ● | 00 |
| 21 Total tax liability and voluntary contribution. Add lines 18, 19, 20a, and 20b                          |  |  | ● | 00 |

|  |   |    |   |    |
|--|---|----|---|----|
| 22 Alabama income tax withheld (from column A, line 5a)          | ● | 00 |   |    |
| 23 2018 estimated tax payments/Automatic Extension Payment       | ● | 00 |   |    |
| 24 Amended Returns Only — Previous payments (see instructions)   | ● | 00 |   |    |
| 25 Refundable Credits. Enter the amount from Schedule RC, line 4 | ● | 00 |   |    |
| 26 Total payments. Add lines 22, 23, 24, and 25                  |   |    | ● | 00 |
| 27 Amended Returns Only — Previous refund (see instructions)     |   |    | ● | 00 |
| 28 Adjusted Total Payments. Subtract line 27 from line 26        |   |    | ● | 00 |

|  |  |  |   |    |
|--|--|--|---|----|
| 29 If line 21 is larger than line 28, subtract line 28 from line 21, and enter AMOUNT YOU OWE. Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.) |  |  | ● | 00 |
|--|--|--|---|----|

|  |   |    |  |  |
|--|---|----|--|--|
| 30 Estimated tax penalty. Also include on line 29 (see instructions page 12) | ● | 00 |  |  |
|--|---|----|--|--|

|  |  |  |   |    |
|--|--|--|---|----|
| 31 If line 28 is larger than line 21, subtract line 21 from line 28, and enter amount OVERPAID |  |  | ● | 00 |
|--|--|--|---|----|

|   |   |    |  |  |
|---|---|----|--|--|
| 32 Amount of line 31 to be applied to your 2019 estimated tax | ● | 00 |  |  |
|---|---|----|--|--|

|   |   |    |  |  |
|---|---|----|--|--|
| 33 Total Donation Check-offs from Schedule DC, line 2 | ● | 00 |  |  |
|---|---|----|--|--|

|   |  |  |   |    |
|---|--|--|---|----|
| 34 REFUNDED TO YOU. (CAUTION: You must sign this return on the reverse side.) Subtract lines 32 and 33 from line 31 |  |  | ● | 00 |
|---|--|--|---|----|



**PART I**

**Other Income**  
(See page 13)

|    |  |    |   |    |
|----|--|----|---|----|
| 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**

**Adjustments to Income**  
(See page 16)

|    |  |    |   |    |
|----|--|----|---|----|
| 1a | Your IRA deduction   | 1a | ● | 00 |
| 1b | 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 | Contributions to a health savings account  | 12 | ● | 00 |
| 13 | <b>Total adjustments.</b> Add lines 1 through 12. Enter here and also on page 1, line 9. | 13 | ● | 00 |

**PART III**

**Dependents**

|   |  |   |   |    |
|---|--|---|---|----|
| 1 | Total number of dependents from Schedule DS, line 1b   | 1 | ● | 00 |
| 2 | <b>Amount allowed.</b> (Multiply total number of dependents claimed on line 1 by the amount on the dependent chart on page 10 of Instructions.) 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 \_\_\_\_\_ 2018 through \_\_\_\_\_ 2018.

2 Did you file an Alabama income tax return for the year 2017?  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 2018 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 receiving a refund, Form 40, line 34, mail your return to: **Alabama Department of Revenue, P.O. Box 154, Montgomery, AL 36135-0001**

If you are making a payment, Form 40, line 29, mail your return to: **Alabama Department of Revenue, P.O. Box 2401, Montgomery, AL 36140-0001**

If you are not receiving a refund or making a payment, mail your return to: **Alabama Department of Revenue, P.O. Box 327469, Montgomery, AL 36132-7469**

Mail **only** your 2018 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.