



ALABAMA DEPARTMENT OF REVENUE
INDIVIDUAL & CORPORATE TAX DIVISION
**Small Business Health Insurance
Deduction Information Form**

Employer *(Please check box if statement applies to you.)*

- My company employs less than 25 employees, and I comply with the rules as described in Regulation 810-3-15.3-.01 administered by the Alabama Department of Revenue.

Under penalties of perjury, I declare that the information above is true and correct to the best of my knowledge.

Signature

Title

Date

Employee *(Please check all boxes that apply to you.)*

- I am a resident of Alabama.
- I earn no more than \$50,000 in wages from the above "qualifying employer."
- I have total adjusted gross income of no more than \$75,000 if filing single or \$150,000 if married filing jointly.

Under penalties of perjury, I declare that the information above is true and correct to the best of my knowledge.

Signature

Date

Employers and Employees should each retain a copy of this form for their records.

Please call (334) 242-1099 if you have questions or need additional information about this form.