



ALABAMA DEPARTMENT OF REVENUE  
INDIVIDUAL & CORPORATE TAX DIVISION

FORM  
**4020**  
(6/12)

# 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 or (334) 242-1200 if you have additional questions.**