FORM

40NR Alabama 2015 Individual Income Tax Return NONRESIDENTS ONLY



Spouse's SSN if joint return

Your social security number

Your first name Initial Last name

Spouse's first name Initial Last name

•

Present home address (number and street or P.O. Box number)

| • | | | | , | | | | | | | | |
|--------------------------------------|-----------|-------------------------------------------------------------------------|----------|------------------------------------------------------------------------------------------|------------|-----------|-------------------------------|----------------|--------------------|-------------------------|---------|--------------------------------------|
| City, town or post | office | | | State Z | P code | | Check if addres | , _ | | BOX IF AMENDE | ED I | RETURN ● 🗌 ADOR |
| • Ot 1 | , | | _ | 1 . | | | outside U.S. | <u> </u> | Foreign Country | | | |
| Filing Stat | | 1 | - |] \$1,500 Single | 3 ● [| = | ,500 Married filing separa | | | SSN | | |
| Exemption | | 2 | | \$3,000 Married filing joint | 4 • [| \$3 | 3,000 Head of Family (wit | n qualifyi | ng person). | | | |
| - | | | | (list each employer and address separa if married filing joint.) | itely): | | A – Alabama Tax Withh | eld | B – A | II Sources | | C – Alabama Income |
| а | | | | | | 5a | • | | 5a ● | | 5a | • |
| b | | | | | | 5b | • | | 5b ● | | 5b | • |
| С | | | | | | 5c | • | | 5c ● | | 5c | • |
| | | 6 | Othe | r income (from page 2, Part I, line 9) | | | | | 6 | | 6 | • |
| | | 7 | Tota | I income. Add amounts in col. B ther | add a | mount | s in col. C, lines 5a-c and | 16 | 7 • | | 7 | • |
| Income | | 8 | Adju | stments to income (from page 2, Part | II, line | 6) | | [| 8 • | | 8 | • |
| and | | 9 | Adju | sted total income. Subtract line 8 fi | om line | e 7 | | [| 9 • | | 9 | • |
| Adjustmer | nts | 10 | Alab | ama percentage of adjusted total inco | me. Di | ivide li | ne 9, col. C, by line 9, col | . B (not d | over 100%) | | 10 | • % |
| | | 11 | Othe | r Adjustments (from page 2, Part III, | ine 6). | | | [| 11 • | | 11 | • |
| | | 12 | Adju | sted Gross Income. Subtract line 1 | 1 from | line 9 | | [| 12 • | | 12 | • |
| Deduction | S | 13 | Chec | k appropriate box. If you itemize, ent | er amo | unt fro | om Schedule A, line 30. | | Box a or b I | MUST be checked | | |
| You Must Attach | | | • ; | a Itemized Deductions • | b 🗌 | Stan | dard Deduction | | 13 • | | | |
| Complete copy of Federal Form 104 | | 14 | Fede | ral Income Tax deduction (from page | 2, Par | t IV, lii | ne 7) | | 14 • | | | |
| Form 1040A, For 1040EZ, or Form | | 15 | Pers | onal exemption (multiply line 1, 2, 3, | or 4 by | perce | entage on line 10) | | 15 • | | | |
| 1040NR if claiming | ng a | 16 | Depe | endent exemption (from page 2, Part | V, line | 4) | | | 16 • | | | |
| deduction on line | 14. | 17 | Tota | deductions. Add lines 13, 14, 15, a | nd 16 | | | | | | 17 | • |
| | | 18 | Taxa | ble income. Subtract line 17 from lin | e 12, c | olumn | ı C | | | | 18 | • |
| Tax | | 19 | Tax (| due. Enter amount from tax table or o | heck if | from | Form NOL-85A | [| 19 • | | | |
| | | 20 | Net t | ax due Alabama. Check box if comp | outing to | ax usi | ng Schedule NTC ● | , otherwi | se enter amour | nt from line 19 | 20 | • |
| | | 21 | Alab | ama Income Tax withheld (from col | umn A, | lines | 5a-c) | | 21 • | | | |
| | | 22 | 2015 | estimated tax payments/Automatic E | xtensio | on Pay | yment | | 22 • | | | |
| | | 23 | Com | posite tax payments (from page 2, Pa | art VI, II | ine 7) | | | 23 • | | 1 | |
| Payments | | 24 | Ame | nded Returns Only — Previous paym | ents (s | see ins | structions) | | 24 • | | 1 | |
| Staple Form(s) | | | | ndable portion of Alabama Accountab | | | | - H | 25 • | | | |
| W-2G, and/or 1 here. | 099 | | | ndable portion of Adoption Credit | - | | | - F | 26 • | | | |
| 11010. | | | | payments. Add lines 21 through 26 | | | | | | | 27 | • |
| | | 28 | | nded Returns Only – Previous refund | | | | | | | 28 | • |
| | | 29 | | sted total payments. Subtract line 2 | | | | | | | 29 | • |
| AMOUNT | | | | 20 is larger than line 29, subtract lin | | | | | | | | |
| AMOUNT | | | | e payment, along with Form 40V, loos | | | | | | PAYMENT.) | 30 | • |
| YOU OWE | | 31 | | nated tax penalty. Also include on line | | | | | 31 • | , | | |
| OVEDDAIR | _ | | | e 29 is larger than line 20, subtract lin | | | | |) | | 32 | • |
| OVERPAIL |) | 33 | Amo | unt of line 32 to be applied to your 20 | 16 esti | imate | d tax | | | | 33 | • |
| REFUND | | | | UNDED TO YOU. Subtract line 33 fro | | | | | | | 34 | • |
| | • Under | | | e a representative of the Department of Ro of perjury, I declare that I have examined | | | | | | est of my knowledge and | d belie | ef. they are true, correct, and com- |
| 0' 11 | plete. | Decla | aration | of preparer (other than taxpayer) is based | | | tion of which preparer has ar | y knowled | lge. | | | |
| In Black Ink | Your Si | gnatu | 'e | | | | Date | Daytime Te | elephone Number | Your Occupation | ı | |
| Кеер а сору | | | | | | | | | | | | |
| of this return for your | Spouse | pouse's Signature (if joint return, BOTH must sign) Date Daytime Tele | | | | | elephone Number | Spouse's Occup | oation | | | |
| records. | | | | | | | | | | | | |
| | Prepare | er's Si | gnature | | | | Date | Check if So | elf-employed F | reparer's SSN or PTIN | | E.I. Number |
| Paid Preparer's | Firms's | Name | or yo | urs | | | | | Daytime - | | | ZIP — |
| Use Only | if self e | mploy | ed) | | | | | | Telephone No. | | | Code |
| - | Addres | S | | | | | | | | | | |



| | | | | | B – All | Sources | | | C – Alabam | a income |
|------------------------|----|------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------|---------------|---------------------|-----------------|---------|--------------------|-----------------------------------------|
| PART I | 1 | Interest and dividend income (attach Schedule B if over \$1500.00) | | 1 | • | | 1 | 1 | • | |
| | 2 | Alimony received | | 2 | • | | | | | |
| | 3 | Taxable portion of pensions and annuities (see instructions) | | 3 | • | | 1 | | | |
| | | Business income or (loss) (attach Federal Schedule C) (see instructions) | | 4 | • | | 4 | | • | |
| Other | | Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D) | | 5 | • | | 5 | | • | |
| Income | | Rents, Royalties, Partnerships, Estates, Trusts, etc. (attach Schedule E) | | 6 | • | | 6 | | • | |
| (See page 11) | | Farm income or (loss) (attach Federal Schedule F) (see instructions) | | 7 | • | | 7 | | • | |
| | | Other income (state nature and source) | | 8 | • | | 8 | + | • | |
| | | Total other income. Add lines 1-8, column B, and lines 1, 4-8, column C. | | Ť | | | + | Ť | | |
| | Ŭ | Enter here and also on page 1, line 6 | | 9 | | | 9 | | | |
| PART II | 1 | IRA deduction, Keogh retirement plan, and self-employed SEP deduction | | 1 | • | | 1 | + | • | |
| | | Penalty on early withdrawal of savings | | 2 | | | Η. | Ť | - | |
| | | Moving Expenses (Attach Federal Form 3903) | | _ | | | 1 | | | |
| Adiustments | | Place of new employment: | | | | | | | | |
| Adjustments to Income | | Tidos of new oniproyment. | | 3 | • | | 3 | | | |
| (See page 12) | 1 | Self-employed health insurance deduction | | 4 | • | | 4 | + | | |
| | | Payments to Alabama College Counts 529 Fund or Alabama PACT program | | 5 | • | | 5 | + | - | |
| | | Add lines 1-5. Enter here and also on page 1, line 8, columns B and C | | 6 | • | | - | | | |
| DA DT III | | Alimony Paid | | 1 | • | | + 0 | 1 | | |
| raiti iii | | Adoption Expenses | - 1 | 2 | • | | + | | | |
| Other | | Health insurance deduction for small employer employee (see instructions) | | 3 | • | | + | | | |
| Other Adjustments | | Add lines 1 through 3, enter here and on page 1, line 11, column B | | 4 | • | | + | | | |
| (See page 13) | | Enter percentage from page 1, line 10 | | | • | % | + | | | |
| | | Multiply line 4 by line 5. Enter here and also page 1, line 11, column C | | 6 | - | /0 | + | | | |
| PART IV | | you are filing separately on your Alabama return and jointly on your Federal return, | | | | ral Adjusted | + | | C – Alabam | a Federal |
| · Aiii iv | | implete all lines below. Otherwise, omit lines 1 through 3. | | | | Income | 1 | Та | | Computation |
| | | Your joint federal adjusted gross income | | 1 | • | | | Τ | | |
| Fadaval | | Your federal adjusted gross income | | - | | | 1 | | | |
| Federal Income Tax | | Divide line 2 by line 1. Enter percentage here | L | | | | 3 | | • | % |
| Deduction | | Enter Federal Income Tax Liability from worksheet (see instructions) | | | | | 4 | + | • | ,- |
| (See page 13) | | If you completed lines 1 through 3 above, multiply line 4 by the percentage from line 3 | | | | | 5 | | • | |
| | | Enter percentage from page 1, line 10 | | | | | 6 | | • | % |
| | | If you completed lines 1-3 above, multiply line 5 by percentage on line 6. Otherwise multiply line 4 by percentage on line 6 | | | | | | | • | |
| PART V | | ee instructions for definition of a dependent. NOTE: If you checked filling status 3 (Married filling separate return), yo | | | | | y furnis | she | ed over 50% of the | total support. |
| | _ | Donandanta | (2) Dono | ndont | 'a | (3) De | nenden | nt's | | (4) Did you provide |
| | 1a | Dependents: (1) First name Last name | (2) Depe Social Secur | rity Nu | mber | Relation | ship to | Yo | u | more than one-half dependent's support? |
| Dependents | _ | • | | | | | | | | |
| Do not include | | • | | | | | | | | |
| yourself or | | • | | | | | | | | |
| your spouse | - | Total number of dependents claimed above | | | | | | | 1b | • |
| (Soo page 12) | 2 | Multiply the total number of dependents claimed on line 1b by the amount from the d | dependent | t cha | rt on page 9 | of instructions | 2 | | • | |
| (See page 13) | 3 | Enter percentage from page 1, line 10 | | | | | 3 | • | • | % |
| | 4 | Dependent exemption allowable. Multiply the amount on line 2 by the percentage | on line 3. | Ente | er here and o | n page 1, line 16 | 4 | • | • | |
| PART VI | 1 | Name of state of which you were a legal resident in 2015 | | | | | | | | |
| | 2 | Did you file a return with that state for 2015? Yes No If no, state reason | n why: | | | | | | | |
| | 3 | If married, did your spouse receive a separate income for 2015? Yes N | o If yes, | is yo | our spouse f | ling a separate Ala | bama | a re | eturn? | Yes No |
| General Information | | If yes, enter name here. | | | | | | | | |
| IIIIOIIIIalioii | 4 | Did you file an Alabama return for 2014? Yes No If no, state reason why | y: | | | | | | | |
| All Taxpayers | 5 | Give name and address of your present employer(s). Yours: | | | | | | | | |
| Must Complete | ! | Your Spouse's: | | | | | | | | |
| This Section | 6 | Enter the Adjusted Gross Income reported on your 2015 Federal Individual Income T | ax Returr | ١ | | | 6 | • | • | |
| (See page 14) | 7 | If you are a shareholder or partner in an Alabama S Corporation or Partnership which | n filed the | Alab | ama Form F | TE-C, complete the | e follo |) WC | ing informatio | n: |
| /۰۰ دوسم ۱۰۰۰ | | S Corporation's/Partnership's name | | | | | | | EIN | |
| | | Amount of payment made by the S Corporation or Partnership on your behalf on the | PTE-C Co | ompo | osite Return | | 7 | • | • | |
| | | Enter here and on page 1, line 23. | | | | | | | | |





Alabama Department of Revenue Schedule A–Itemized Deductions

2015

(Schedules B, D, and E are on back) ATTACH TO FORM 40NR — SEE INSTRUCTIONS FOR SCHEDULE A

| Name(s) as shown on Form 40NR | Your social security number |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| | |
| The itemized deductions you may claim for the year 2015 are similar to the itemized deductions claimed on your Federal return; however, the instructions before completing this capacities. | ever, the amounts may differ. Please see |

| | | CAUTION: Do not include expenses reimbursed or paid by others. | | | | | |
|----------------------------------------|------|----------------------------------------------------------------------------------|-------------|----|-----|----|------|
| Medical and | 1 | Medical and dental expenses. | 1 | 00 | | | |
| Dental Expenses | | Enter amount from Form 40NR, line 12, col. B 2 00 | | | | | |
| (See page 16) | | Multiply the amount on line 2 by 4% (.04). Enter the result. | 3 | 00 | | | |
| | | Subtract line 3 from line 1. Enter the result. If zero or less, enter –0– | | | 4 | • | 00 |
| | | Real estate taxes. | 5 | 00 | | | + 00 |
| | | FICA Tax (Social Security and Medicare) and Federal Self-Employment Tax | ⊢ • | 00 | | | |
| Taxes You Paid | | Railroad Retirement. (Tier 1 only) | | 00 | | | |
| (See page 16) | | | | 00 | | | |
| occ page 10) | 0 | Other taxes. (List – include personal property taxes.) | 8 | 00 | | | |
| | • | Add the emounts on lines E through 0. Enter the total here | | | 9 | | 00 |
| | | Add the amounts on lines 5 through 8. Enter the total here | | | 9 | | 100 |
| | | Home mortgage interest and points reported to you on Federal Form 1098 | 10a | 00 | | | |
| Interest You Paid | b | Home mortgage interest not reported to you on Federal Form 1098. (If paid | | | | | |
| (See page 17) | | to an individual, show that person's name and address.) | | | | | |
| See page 17) | | | | | | | |
| NOTE: Personal | | | 10b | 00 | | | |
| interest is not | 11 | Qualified mortgage insurance premiums | | 00 | | | |
| deductible. | 12 | Points not reported to you on Form 1098. | | 00 | | | |
| | 13 | Investment interest. (Attach Form 4952A) | _ | 00 | | | |
| | 14 | Add the amounts on lines 10a through 13. Enter the total here | | | 14 | • | 00 |
| | | CAUTION: If you made a charitable contribution and received a benefit in return, | | | | | |
| | | see page 17. | | | | | |
| Gifts to Charity | 15 | Contributions by cash or check | 15 | 00 | | | |
| (See page 17) | 16 | Other than cash or check. (You MUST attach Federal Form 8283 if over \$500.) | 16 | 00 | | | |
| | 17 | Carryover from prior year. | 17 | 00 | | | |
| | 18 | Add the amounts on lines 15 through 17. Enter the total here | | | 18 | • | 00 |
| Qualified | | CAUTION: Do not include medical insurance premiums. | | | | | |
| Long-Term Care | 19 | Enter Amount | | | 19 | • | 00 |
| | | List type and amount. (See instructions.) ▶ | | | | | |
| Miscellaneous | | , | | | | | |
| Deductions | | | | | | | |
| (See page 18) | | | | | 20 | • | 00 |
| Proration of | 21 | Total itemized deductions to be prorated. (Add lines 4, 9, 14, 18, 19, and 20.) | | | 21 | • | 00 |
| | | Enter percentage (%) from Form 40NR, page 1, line 10. | | | 22 | • | 9 |
| (See page 18) | | Multiply line 21 by the percentage on line 22 | | | 23 | • | 00 |
| Alahama | 2/12 | Enter the amount from Federal Form 4684, line 16, attach copy. (See page 18.) | 24a | 00 | | | + 00 |
| Alabama Casualty and | | Enter 10% of your Adjusted Gross Income. (Form 40NR, line 12, column C) | | 00 | | | |
| Theft Losses | | Subtract line 24b from line 24a. If zero or less, enter –0– | | 00 | 24c | | 00 |
| | | | | | 240 | | 100 |
| Alabama | 25 | Unreimbursed employee expenses — job travel, union dues, job education, etc. | | | | | |
| Job Related | | (You MUST attach Federal Form 2106 if required. See instructions.) | . | 00 | | | |
| Expenses | | | 25 | 00 | | | |
| See page 18) | 26 | Other expenses (investment, tax preparation, safe deposit box, etc.). List type | | | | | |
| Vou may ONI V | | and amount. | 26 | 00 | | | |
| You may <u>ONLY</u> deduct expenses | | Add the amounts on lines 25 and 26. Enter the total here. | 27 | 00 | | | |
| associated with your | 28 | Multiply the amount on Form 40NR, line 12, column C by 2% (.02). | | | | | |
| Alabama income. | | Enter the result here. | 28 | 00 | | | |
| | 29 | Subtract line 28 from line 27. Enter the result. If zero or less, enter –0– | | | 29 | • | 00 |
| Total Itemized | 30 | Add the amounts on lines 23, 24c, and 29. Enter the total here. Then | | | | | |
| Deductions | | enter on Form 40NR, page 1, line 13 and check 13a, Itemized Deductions | | | 30 | l• | 00 |



Sch. A, B, D, & E (Form 40NR) 2015



| | 1 1 | | | | | | | | | | | |
|----------|------------------------------------------------|---------------------------|-----------------------------------------|-----------------------------|------------|------------------------|---------------------------|-----------|-------------------|-------------|----------------------------|------------|
| Nar | me(s) as shown on Form 40NR (Do not ente | er name and socia | al security numbe | r if shown on other s | side) | | | | You | ur social s | ecurity number | |
| SC | CHEDULE B – Interest and Divid | dend Income | | | | | | | В | | С | |
| | Total Income from Interest and Dividends by | | ions | | . ▶ | 1 | T 0 | 0 | Adjusted Income 1 | Gross | Adjusted Gr Income Earl | oss and |
| 2 | List all interest received from obligations of | f the Federal Gove | ernment, State of | Alabama, and | | | | | All Sour | | in Alabam | |
| | political subdivisions of Alabama. | | | | | | | | | | | |
| | a | | | | | 2a | 0 | 0 | | | | |
| | b | | | | _ | 2b | 0 | 0 | | | | |
| | c | | | | - | 2c | | 0 | | | | |
| | d | | | | - | 2d | | 0 | | | | |
| 3 | Total. Add amounts on lines 2a, b, c, and c | 1 | | | _ | 3 | | 0 | | | | |
| | TOTAL TAXABLE INCOME FROM INTER | | | | ٠ - ا | J | | | | | | + |
| 7 | Enter here and also on Form 40NR, line 1, | | | | | | | 4 | • | 00 | • | 00 |
| 90 | CHEDULE D – Profit From Sale | | | | | | | | | 00 | | 100 |
| 30 | THEODEE D - FIOR FIORE Sale | OI NEAI ESIAI | le, Slocks, D | onus, etc. | | | | | T - | | | |
| 4 | Entertatel sein er (lees) hefere en Ender | al avalvaiaa fuana | 4h f - | | المامين | - 4h - C4-4- | of Alabana | | В | 100 | С | _ |
| | Enter total gain or (loss), before any Feder | | | | xable t | o the State | of Alabama. | 1 | | 00 | - | |
| 2 | Itemize all other transactions which are tax | able to Alabama i | in columns a thro | ugh f below. | | | | _ | | | | |
| а | | b Dote | C | d Depreciation | е | Dank | f Subsequent | | | | | |
| | Kind of Property & Location | Date Acquired | Amount Received | Allowable Since | | Cost or ner Basis | Improvement | | | | | |
| | | | | Acquisition | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 3 | Totals | | | | | | | | | | | |
| 4 | Net profit or (loss) (total of columns c and c | ں d less total of colu | mns e and f) | | | | | . 4 | | 00 | | 00 |
| | TOTAL GAIN OR (LOSS) FROM SALE O | | | | | | | · · | | - 00 | | + 00 |
| • | Enter here and on Form 40NR, line 5, Part | | | | | | | ▶ 5 | | 00 | | 00 |
| SC | CHEDULE E – Income From Rei | | | | | | | | | 00 | <u> </u> | 100 |
| | RT I — Rent and Royalty Income or | | , , , , , , , , , , , , , , , , , , , , | , ======= | , | | | | В | | С | |
| | Enter total income or (loss) from all rents a | · , | n is not taxable to | Alabama | | | | _ 1 | | 00 | | |
| | Itemize below all rent and royalty income w | | | | | | | | | - 00 | 1 | |
| <u>-</u> | nonia soloni an rona ana royany moonio n | | _ | C | d , | | e Other | | | | | |
| u | Kind of Property & Location | | D Amount of Rent | C Depreciation or Depletion | | Repairs ch itemized | e Other Expenses (atta | ch | | | | |
| | | | or Royalty | (attach schedule) | (* *** | list) | Itemized list) | | | | | |
| | | | | | | | | - | | | | |
| | | | | | | | | \dashv | | | | |
| | | | | | | | | _ | | | | |
| | | | | | | | | _ | | | | |
| _ | T. 1 (1 | | | | | | | _ | | | | |
| | Totals (columns 2b through 2e) | | | | | | | +- | | - | - | 1 |
| | Net profit or (loss) (column b less sum of co | - | | | | | | . 4 | | 00 | | 00 |
| 5 | TOTAL INCOME FROM RENTS AND RO | | | | | | | | | | | |
| | Enter the totals here and include in line 8 b | | | | | | <u></u> | <u> 5</u> | | 00 | | 00 |
| | RT II — Income or (Loss) from Partn | | | | | | | | | | | |
| 6 | List income received from partnerships, es | | | 2015. Income from | these s | ources not | taxable to | _ | | | | |
| | Alabama should be listed in column B only | | | 1 15 S | c\ | | Employer | | | | | |
| | from Alabama sources should be listed in b | ooth columns b ar | id C. | arthe te or | Por | | Identification | | | | | |
| | Name and Addres | ss | С | heck One Ship | Corporalio | 4 | Number | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | 6a | | 00 | | 00 |
| | | | | | | | | | | | | |
| | | | | | | | | 6b | | 00 | | 00 |
| | | | | | | | | | | | | |
| | | | | | | | | 6c | | 00 | | 00 |
| 7 | TOTAL INCOME OR (LOSS) FROM PAR | TNERSHIPS, S C | ORPORATIONS | , ESTATES, AND T | RUST | S. ' | | | | | | |
| | Add the amounts on lines 6a, b, and c. Ent | | | | | | | 7 | | 00 | | 00 |
| PA | RT III — Summary | | | | | | | \top | | | | |
| | TOTAL INCOME OR (LOSS). Combine the | e amounts on line | s 5 and 7, colum | ns B and C. | | | | \dashv | | | | |
| | Enter here and on Form 40NR, line 6, Part | | | | | | b | 8 | | 00 | | 00 |





Alabama Department of Revenue Net Tax Calculation USE ONLY IF CLAIMING TAX CREDIT(S)

NAME SOCIAL SECURITY NUMBER

1 Enter tax amount from Form 40, page 1, line 17 or Form 40NR, page 1, line 19 2 Enter amount from Schedule CR, line 27. Enter zero if claiming credits from Schedule OC. . . . 3 Subtract line 2 from line 1..... 5 Subtract line 4 from line 3..... 7 Subtract line 6 from line 5. 8 Enter Contribution to Scholarship Granting Organization Credit amount from Schedule AATC, Part III, line 20 9 Subtract line 8 from line 7..... 10 Enter Adoption Credit amount from Schedule AAC, Part II, line 5 11 Subtract line 10 from line 9 12 Enter Alabama New Markets Development Credit which cannot exceed line 11..... 13 Subtract line 12 from line 11..... 15 Subtract line 14 from line 13 16 Enter Career Technical Dual Enrollment Credit amount from 18 Enter Alabama Jobs Act Investment Credit from 18 | Schedule AJA, line 5, which cannot exceed line 17..... 19 Net tax due Alabama. Subtract line 18 from line 17 and 19 • enter amount here and on Form 40, Page 1, line 18 or Form 40NR, Page 1, line 20......







Alabama Department of Revenue Alabama Accountability Tax Credit

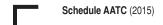
NAME(S) AS SHOWN ON TAX RETURN PRIMARY SOCIAL SECURITY NO. SPOUSE SOCIAL SECURITY NO.

PART I

ALABAMA DEPARTMENT OF REVENUE

Credit for Transferring from Failing Public School to Nonfailing Public School or Nonpublic School

| 1 | Name of student:_● | | | | |
|----|---------------------------------------------------------------------------------------|----|----|---------------|----|
| 2 | Social security number of student: | | | | |
| 3 | Name of failing school attended or zoned for: | | | | |
| 4 | Name of school transferred to: | | | | |
| 5 | Grade level at time of transfer: | | | | |
| 6 | Date of enrollment at nonfailing public school or nonpublic school: | _ | | | |
| 7 | 80% of the average annual cost of attendance for an Alabama public K-12 student | 7 | • | \$3,719 | 00 |
| 8 | Actual cost of attending nonfailing public school or nonpublic school | 8 | • | | |
| 9 | Enter the lesser of line 7 or line 8 | 9 | • | | |
| | | | | | |
| | Name of student: | | | | |
| | Social security number of student: | | | | |
| | Name of failing school attended or zoned for: | | | | |
| | Name of school transferred to: | | | | |
| | Grade level at time of transfer: | | | | |
| | Date of enrollment at nonfailing public school or nonpublic school: | 16 | • | \$3,719 | 00 |
| | 80% of the average annual cost of attendance for an Alabama public K-12 student | - | • | ψυ,7 19 | 00 |
| | Actual cost of attending nonfailing public school or nonpublic school | _ | • | | |
| 18 | Enter the lesser of line 16 or line 17 | 10 | | | |
| 10 | Name of student: ● | | | | |
| | Social security number of student: | | | | |
| | Name of failing school attended or zoned for: | | | | |
| | Name of school transferred to: | | | | |
| | Grade level at time of transfer: | | | | |
| | Date of enrollment at nonfailing public school or nonpublic school: | | | | |
| | 80% of the average annual cost of attendance for an Alabama public K-12 student | 25 | • | \$3,719 | 00 |
| | Actual cost of attending nonfailing public school or nonpublic school | 26 | • | | |
| | Enter the lesser of line 25 or line 26 | | • | | |
| | | | | | |
| 28 | Name of student: ● | | | | |
| 29 | Social security number of student: | | | | |
| 30 | Name of failing school attended or zoned for: ● | | | | |
| 31 | Name of school transferred to: | | | | |
| 32 | Grade level at time of transfer: | | | | |
| 33 | Date of enrollment at nonfailing public school or nonpublic school: | | 1- | 40.740 | 00 |
| 34 | 80% of the average annual cost of attendance for an Alabama public K-12 student | 34 | | \$3,719 | 00 |
| 35 | Actual cost of attending nonfailing public school or nonpublic school | - | • | | |
| 36 | Enter the lesser of line 34 or line 35 | 36 | • | | |
| | | 07 | | T | |
| | Enter amount from Schedule NTC, line 5 | 37 | _ | | |
| 38 | Add the amounts from line 9, line 18, line 27, and line 36 | 38 | | | |
| 39 | Enter the lesser of line 37 or line 38. Enter amount here and on Schedule NTC, line 6 | 39 | • | | |
| 40 | Refundable amount. Subtract line 39 from line 38. Enter amount here and on | | | | |
| | Form 40, page 1, line 25 or Form 40NR, page 1, line 25 | 40 | • | | |



20 Total credit(s) applied. Add line 3, line 8, line 13, and line 18.

Enter here and on Schedule NTC, line 8.....



PART II

ALABAMA DEPARTMENT OF REVENUE Credit for Contributing to Scholarship Granting Organization

| 1 | Name of Scholarship Granting Organization: | | | |
|----|-----------------------------------------------------------------------------------------|----|---|--|
| 2 | Address of Scholarship Granting Organization: | | | |
| 3 | Amount contributed for scholarship(s) | | | |
| | Enter amount from Schedule NTC, line 7 | 4 | • | |
| | Multiply line 4 by 50% (.50) | - | • | |
| | Maximum credit allowable for current year contribution | | | |
| | Credit allowable. Enter the lesser of line 3 or line 6 | 7 | • | |
| 24 | ART III | | | |
| | ALABAMA DEPARTMENT OF REVENUE | | | |
| | Scholarship Contribution Credit Application | | | |
| | Constant Contribution Credit Application | | | |
| 1 | Enter carryforward amount from prior tax year () | 1 | • | |
| 2 | Enter amount from Part II, line 5 | 2 | • | |
| | Amount of credit applied. Enter lesser of line 1 or line 2 | | | |
| | Unused tax liability limitation. Subtract line 3 from line 2 | 4 | • | |
| | Carryforward amount. Subtract line 3 from line 1 | | • | |
| | | | | |
| 6 | Enter carryforward amount from prior tax year () | 6 | • | |
| | Enter amount from line 4 | 7 | • | |
| 8 | Amount of credit applied. Enter the lesser of line 6 or line 7 | | | |
| | Unused tax liability limitation. Subtract line 8 from line 7 | 9 | • | |
| | Carryforward amount. Subtract line 8 from line 6 | 10 | • | |
| | | | | |
| 1 | Enter carryforward amount from prior tax year () | 11 | • | |
| | Enter amount from line 9 | 12 | • | |
| 3 | Amount of credit applied. Enter the lesser of line 11 or line 12 | | | |
| | Unused tax liability limitation. Subtract line 13 from line 12 | 14 | • | |
| | Carryforward amount. Subtract line 13 from line 11 | 15 | • | |
| | | | | |
| 6 | Enter amount from Part II, line 7 | 16 | • | |
| 7 | Enter amount from line 14. If no carryforward credits enter amount from Part II, line 5 | 17 | • | |
| 8 | Amount of credit applied. Enter lesser of line 16 or line 17 | | | |
| ıa | Carryforward amount. Subtract line 18 from line 16 | 19 | • | |

ADOR

20 •







Alabama Department of Revenue Alabama Adoption Tax Credit

| NAME(S) AS SH | OWN ON TAX RETURN PRIMA | ARY SOCIAL SECURITY NO. | SPOUSE SOCIAL SECURITY NO. |
|---------------------|-----------------------------------------------------------------------|-------------------------|----------------------------|
| • | <u>•</u> | | • |
| PART I – Info | ormation about your eligible child | | |
| 1 | Name of Child ● | | |
| 2 | Social Security Number of Child • | | |
| | Address of Child • | | |
| 4 | Name of Birth Mother • | | - |
| | Address of Birth Mother • | | |
| 6 | Name of Adoption Agency • | | |
| | Address of Adoption Agency • | | |
| | | | |
| 8 | Name of Child ● | | |
| | Social Security Number of Child ● | | |
| 10 | Address of Child ● | | |
| | Name of Birth Mother • | | |
| | Address of Birth Mother • | | |
| | Name of Adoption Agency ● | | |
| 14 | Address of Adoption Agency • | | |
| 15 | Name of Child ● | | |
| 16 | Social Security Number of Child ● | | |
| | Address of Child ● | | |
| 18 | Name of Birth Mother ● | | |
| | Address of Birth Mother ● | | |
| 20 | Name of Adoption Agency ● | | |
| | Address of Adoption Agency • | | |
| 22 | Name of Child | | |
| 22 | Name of Child ●Social Security Number of Child ● | | |
| | Address of Child • | | |
| 25 | Name of Birth Mother • | | |
| 26 | Address of Birth Mother • | | |
| | Name of Adoption Agency | | |
| | Address of Adoption Agency • | | |
| 20 | Address of Adoption Agency - | | |
| PART II – Ad | option Credit | | |
| 1 | Enter total number of children adopted from Part 1 | 1 • | |
| 2 | Allowable credit per child | 2 • \$1 | ,000 00 |
| 3 | Multiply line1 by line 2 | 3 • | |
| 4 | Enter amount from Schedule NTC, line 9 | 4 • | |
| 5 | Enter the lesser of line 3 or line 4. | | |
| | Enter amount here and on Schedule NTC, line 10 | 5 • | |
| 6 | Refundable Amount. Subtract line 5 from line 3. Enter amount here and | | |
| | on Form 40 or Form 40NR, page 1, line 26 | 6 6 | |





Alabama Department of Revenue Historic Tax Rehabilitation Credit

| NAN | PERTIFICATE HOLDER FEIN OR SOCIAL SEC | | | | ECURITY NUMBER OF CERTIFICATE HOLDER | | | |
|-----|-------------------------------------------------------------------------------------------------------------------------|---|---|--|--------------------------------------|---|--|--|
| • | | | | | | | | |
| | | | | | | | | |
| 1. | Credit amount of projects placed in service this tax year | 1 | • | | | | | |
| 2. | Carry forwards from prior year projects placed in service | 2 | • | | | | | |
| 3. | Add line 1 and line 2 and list total here | | | | 3 | • | | |
| 4. | Enter credit amount used on 2015 Schedule NTC, line 14 | | | | 4 | • | | |
| 5. | Subtract line 4 from line 3. If balance is greater than zero, this is y credit carry forward to your next years return* | | | | 5 | • | | |
| | | | | | | | | |

10 Year Carry Forward Schedule Below For Your Records

| Project Number: | Project Number: | Project Number: |
|-------------------------|-------------------------|-------------------------|
| Date Placed in Service: | Date Placed in Service: | Date Placed in Service: |
| Credit Amount: | Credit Amount: | Credit Amount: |
| Year and Amount Used: | Year and Amount Used: | Year and Amount Used: |
| 2015: | 2015: | 2015: |
| 2016: | 2016: | 2016: |
| 2017: | | |
| 2018: | | |
| 2019: | | |
| 2020: | 2020: | 2020: |
| 2021: | 2021: | 2021: |
| 2022: | 2022: | 2022: |
| 2023: | 2023: | 2023: |
| 2024: | 2024: | 2024: |
| 2025: | 2025: | 2025: |

^{*} Credit carry forwards will be used in order of expiration and any unused credits may be carried forward for a maximum 10 years from the date project is placed in service.





Alabama Department of Revenue Career Technical Dual Enrollment Credit

| NA | (S) AS SHOWN ON TAX RETURN PRIMARY SOCIAL | | | CURITY NO. | SPOUSE SOCIAL SECURITY N | |
|----|--------------------------------------------------------------------------------------------|--|---|------------|--------------------------|----|
| • | | | | | • | |
| 1. | Amount Contributed (Department of Post Secondary Education Tax Credit Certificate) | | 1 | • | | |
| 2. | Amount of Credit — Multiply Line 1 by .50 | | 2 | • | | |
| 3. | Enter Tax Due from Schedule NTC, Line 15 | | 3 | • | | |
| 4. | Multiply Line 3 by .50 | | 4 | • | | |
| 5. | Maximum Credit Allowable | | 5 | • | 500,000 | 00 |
| 6. | Enter the lessor of Line 2, Line 4, or Line 5 — Enter this amount on Schedule NTC, Line 16 | | 6 | • | | |
| 7. | Amount of Credit Carryforward*. Subtract Line 6 from Line 2 | | 7 | • | | |





Alabama Department of Revenue Alabama Jobs Act – Investment Credit

| | | | SPOUSE SOCIAL SECURITY NO. |
|--------------------------------------------------------------------------------------|---|---|----------------------------|
| Qualifying Project Name | | | |
| Department of Commerce Qualifying Project Number | | | |
| FEIN or SSN of Qualifying Project | | | |
| Date Project Placed in Service | | 1 | |
| 2015 Investment Credit amount from Department of Commerce Certification | 1 | • | |
| 2. 2015 Investment Credit used to offset Utility Taxes | 2 | • | |
| 3. Amount of Investment Credit Available. Subtract Line 2 from Line 1 | 3 | • | |
| 4. Enter Tax Due from 2015 Schedule NTC, Line 17 | 4 | • | |
| 5. Enter the lessor of Line 3 or Line 4 — Enter this amount on Schedule NTC, Line 18 | 5 | • | |
| 6. Amount of Investment Credit Carryforward*. Subtract Line 5 from Line 3 | 6 | • | |





Alabama Department of Revenue Other Available Credits ATTACH TO FORM 40 OR 40NR

2015 ADOR

| Name(s) as shown on Form 40 or 40NR | | | | Your social security number | | | | |
|------------------------------------------------------------------------------------------------------------------------|----------|----------|-------------|-----------------------------|---|--|--|--|
| PART A - Credit For Taxes Paid To Other States (NOTE: CR Credits are NOT allowable for Nonreside | ents) | | | | | | | |
| CREDIT ALLOWABLE. Enter the amount from Schedule CR, line 27 | | | | 1 | • | | | |
| PART B – Basic Skills Education Credit | | | | | | | | |
| Attach this schedule to your Alabama return along with a copy of your approved certification notice issued by the Alal | bama | | | ı | | | | |
| Department of Education. Enter your assigned Department of Education Certification Number | | | | ı | | | | |
| 1 Name of employer/firm sponsoring the education program | | | | ı | | | | |
| 2 Name of approved providerLocation | | | | ı | | | | |
| 3 Were all participants for whom you are claiming a tax credit continuously employed by you for at least 16 weeks? | \Box | ′es □ No | | ı | | | | |
| 4 If the answer to line 3 is yes, did employee(s) work at least 24 hours each week? Yes No | | | | ı | | | | |
| 5 If the answer to lines 3 and 4 above is yes, enter the total expenses available for credit | | | | ı | | | | |
| (see instructions). | 5 | | Т | ı | | | | |
| 6 Total maximum credit available. Multiply line 5 by 20% (.20) | | | \vdash | ı | | | | |
| 7 Tax due Alabama from Form 40, page 1, line 17, or Form 40NR, page 1, line 19 | | | | ı | | | | |
| 8 CREDIT ALLOWABLE. Enter the amount from line 6 or 7, whichever is smaller | | | | 8 | • | | | |
| PART C - Rural Physician Credit | | | | Ť | | | | |
| Name of hospital and community where you live and provide medical services | | | | ı | | | | |
| 1 Name of hospital and community where you live and provide medical services | | | | ı | | | | |
| 2 Tax due Alabama from Form 40, page 1, line 17, or Form 40NR, page 1, line 19 | 2 | 1 | т. | ı | | | | |
| 3 Maximum Rural Physician Credit | | \$5,000 | 00 | ı | | | | |
| 4 CREDIT ALLOWABLE. Enter the amount from line 2 or 3, whichever is smaller | | . , | | 4 | • | | | |
| PART D - Coal Credit | | | | | | | | |
| 1 CREDIT ALLOWABLE | | | | 1 | • | | | |
| PART E – Alabama Enterprise Zone Act Credit | | | | <u> </u> | | | | |
| 1 Enter amount from Schedule EZK1, Part II, page 2, line 13, or Schedule EZ, Part IV, page 2, line 13 | | | | 1 | • | | | |
| PART F — Capital Credit | | | | <u> </u> | | | | |
| You must attach Form K-RCC to your Alabama return. | | | | ı | | | | |
| Enter your Project Number assigned by the Alabama Department of Revenue | 1 | • | | ı | | | | |
| 2 Name of project entity entitled to the Capital Credit | | | | ı | | | | |
| 3 Enter tax due from Form 40, page 1, line 17, or Form 40NR, page 1, line 19 | 3 | | | ı | | | | |
| 4 Less credits: | | | | ı | | | | |
| a. CR Credit. Enter amount from Schedule OC, Part A, line 1 | 4a | | \Box | ı | | | | |
| b. Basic Skills Education Credit. Enter amount from Schedule OC, Part B, line 8 | 4a 4b | | \vdash | ı | | | | |
| | 40 4c | | \vdash | ı | | | | |
| Rural Physician Credit. Enter amount from Schedule OC, Part C, line 4 | 40 4d | | | ı | | | | |
| | - | | + | ı | | | | |
| e. Enterprise Zone Act Credit. Enter amount from Schedule OC, Part E, line 1 | 4e 4f | • | + | ı | | | | |
| f. Tariff Credit. Enter amount from Schedule OC, Part G, line 1 | | | + | ı | | | | |
| g. Full Employment Act of 2011 Credit. Enter amount from Schedule OC, Part H, line 5 | 4g | | \vdash | ı | | | | |
| h. Heroes for Hire Tax Credit Act. Enter amount from Schedule OC, Part I, line 2 | 4h | | \vdash | ı | | | | |
| i. Heroes for Hire Tax Credit Act. Enter amount from Schedule OC, Part J, line 4. | 4i | | \vdash | ı | | | | |
| j. Irrigation/Reservoir System Credit. Enter amount from Schedule OC, Part K, line 9 | 4j | | \vdash | ı | | | | |
| k. Credit for Taxes Paid to a Foreign Country. Enter amount from Schedule OC, Part L, line 10 | 4k | | \perp | ı | | | | |
| I. Neighborhood Infrastructure Incentive Plan Credit. Enter amount from Schedule OC, Part M, line 4 | 41 | | \vdash | ı | | | | |
| 5 Total all credits other than Capital Credit. Add lines 4a, 4b, 4c, 4d, 4e, 4f, 4g, 4h, 4i, 4j, 4k, and 4l | 5 | | \sqcup | ı | | | | |
| 6 Tax due before Capital Credit. If line 3 is larger than line 5, subtract line 5 from line 3, and enter | | | | ı | | | | |
| the difference on line 6. If line 3 is smaller than line 5, enter zero on line 6 | 6 | | \sqcup | ı | | | | |
| 7 Enter Capital Credit available from Schedule K-RCC, line 7 | 7 | | | | | | | |
| 8 CAPITAL CREDIT ALLOWABLE. Enter the lesser of line 6 or 7 | | | | 8 | • | | | |
| PART G – Tariff Credit | | | | ı | | | | |





Schedule OC (Form 40 or 40NR) 2015 Page 2 Name(s) as shown on Form 40 or 40NR Your social security number PART H - Full Employment Act of 2011 Credit 1 Number of full time employees on 12-31-2014. 2 2 Number of full time employees on 12-31-2013..... 3 4 Number of qualifying new employees from line 3 that completed their first 12 months service in 2015....... 4

| 5 Credit allowable. Multiply line 4 by \$1,000.00 | | | 5 | • | |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----|--------|---|--|
| PART I – Heroes for Hire Tax Credit Act | | | | | |
| Employee Credit | | | | | |
| 1 Number of recently deployed unemployed veterans included in line 4, Part H | 1 | | | | |
| 2 Credit Allowable. Multiply line 1 by \$1,000.00 | | | 2 | • | |
| PART J - Heroes for Hire Tax Credit Act | | | | | |
| Business Start-up Expenses Credit | | | | | |
| 1 Name and business ID number | | | | | |
| 2 Enter total amount of business start-up expenses | 2 | | | | |
| 3 Maximum credit | 3 \$2,000 | 00 | | | |
| 4 Credit Allowable. Enter the lesser of line 2 or line 3 | | | 4 | • | |
| PART K – Irrigation/Reservoir System Credit | | | | | |
| 1 Purchase cost and installation costs of irrigation system. | 1 | | | | |
| 2 Conversion costs to convert from fuel to electricity | 2 | | | | |
| 3 Add lines 1 and 2 | 3 | | | | |
| 4 Multiply line 3 by 20% (.20) | 4 | | | | |
| 5 Cost of constructing reservoir | 5 | | | | |
| 6 Multiply line 5 by 20% (.20) | 6 | | | | |
| 7 Enter the amount from line 4 or line 6 | 7 | | | | |
| 8 Maximum credit | 8 \$10,000 | 00 | | | |
| 9 Credit Allowable. Enter the lesser of line 7 or line 8 | | | 9 | • | |
| PART L - Credit for Taxes paid to a Foreign Country | | | | | |
| Note: All dollar figures must be in U.S. dollars. | | | | | |
| 1 S Corporation/Partnership/Estate/Trust Name | | | | | |
| 2 FEIN | | | | | |
| 3 Name of country income earned in | | | | | |
| 4 Your pro rata share in entity | 4 | | | | |
| 5 Pro rata share of income from foreign operations | 5 | | | | |
| 6 Alabama tax imposed on pro rata share of income from foreign operations (line 5) | 6 | | | | |
| 7 Pro rata share of tax due the foreign country as shown on that country's tax return | 7 | | | | |
| 8 Tax due Alabama from Form 40, page 1, line 17 | 8 | | | | |
| 9 Multiply line 7 by 50% (.50) | 9 | | | | |
| 10 Credit Allowable. Enter the lesser of line 6, line 8 or line 9 | | 1 | 10 | • | |
| PART M - Neighborhood Infrastructure Incentive Plan Credit | | | | | |
| 1 Enter amount of voluntary assessment paid | 1 | | | | |
| 2 Multiply line 1 by 10% (.10) | 2 | | | | |
| 3 Maximum Allowable Credit. | 3 \$1,000 | 00 | | | |
| 4 Credit Allowable. Enter the lesser of line 2 or line 3 | | | 4 | • | |
| PART N - Summary | · | | \Box | | |
| 1 TOTAL CREDITS ALLOWABLE. Add Part A, line 1, Part B, line 8, Part C, line 4, Part D, line 1, Part E, line 1, P | art F, line 8, Part G, line 1, | | | | |
| Part H, line 5, Part I, line 2, Part J, line 4, Part K, line 9, Part L, line 10, Part M, line 4. Enter the total here and or | Schedule NTC, line 4 | | 1 | • | |
| | Toolicadic 1410, iiilo + | | | | |





Alabama Department of Revenue Investment Interest Expense Deduction 2015

ATTACH TO YOUR TAX RETURN

| Name(s) as shown on your return | | | | | |
|---------------------------------------------------------------------------------------------------|-----------------------------------|---|--|--|--|
| Type of return | Trust | | | | |
| 1 Interest expense on investment debts paid or accrued in 2015 See instructions. | | 1 | | | |
| 2 Disallowed investment interest expense from 2014 Form 4952A, line 5. | | 2 | | | |
| 3 Total investment interest expense. Add lines 1 and 2. | | 3 | | | |
| 4 Net investment income. See instructions | | 4 | | | |
| 5 Disallowed investment interest expense to be carried forward to 2016. Subtract line 4 from I | ine 3. If zero or less, enter –0– | 5 | | | |
| 6 Investment interest expense deduction. Enter the smaller of line 3 or line 4. See instructions. | | 6 | | | |

GENERAL INSTRUCTIONS

PURPOSE OF FORM

Interest expense paid by an individual, estate, or a trust on a loan that is allocable to property held for investment (defined below), may not be fully deductible in the current year. Form 4952A is used to figure the amount of investment interest expense deductible for the current year and the amount, if any, to carry forward to future years.

For more details, refer to Federal Publication 550, Investment Income and Expenses.

CAUTION: The investment interest deduction for Alabama is computed as if the federal passive income limitation did not exist. Net capital gain from the disposition of investment property is included in investment income for Alabama purposes.

If you are an individual, estate, or a trust, and you claim a deduction for investment interest expense, you must complete and attach Form 4952A to your tax return unless all of the following apply:

- · Your only investment income was from interest or dividends;
- · You have no other deductible expenses connected with the production of
- · Your investment interest expense is not more than your investment income;
- · You have no carryovers of investment interest expense from 2014.

ALLOCATION OF INTEREST EXPENSE UNDER TEMPORARY FEDERAL **REGULATIONS SECTION 1.163-8T**

If you paid or accrued interest on a loan and you used the proceeds of the loan for more than one purpose, you may have to allocate the interest paid. This is necessary because of the different rules that apply to investment interest, personal interest, trade or business interest, and home mortgage interest. See Federal Publication 550, Investment Income and Expenses.

SPECIFIC INSTRUCTIONS

LINE 1 - INVESTMENT INTEREST EXPENSE

Enter the investment interest paid or accrued during the tax year, regardless of when the indebtedness was incurred. Include interest paid or accrued on a loan (or part of a loan) that is allocable to property held for investment.

Be sure to include investment interest expense reported to you on Schedule K-1 from a partnership or an S corporation. Include amortization of bond premium on taxable bonds purchased after October 22, 1986, but before January 1, 1988, unless you elected to offset amortizable bond premium against the interest payments on the bond. A taxable bond is a bond on which the interest is includible in gross income.

Investment interest expense does not include the following:

- Home mortgage interest;
- · Any interest expense that is capitalized, such as construction interest subject to Federal Section 263A.

LINE 4 - NET INVESTMENT INCOME

Net investment income is the excess, if any, of investment income over investment expenses. Include investment income and expenses reported to you on Schedule K-1 from a partnership or an S corporation. Also include net investment income from an estate or a trust.

INVESTMENT INCOME

Investment income includes income (not derived in the ordinary course of a trade or business) from interest, dividends (reduced by qualified dividends per federal instructions), annuities, royalties, and net gain from the disposition of property held for investment (including capital gain distributions from mutual funds).

PROPERTY HELD FOR INVESTMENT

Property held for investment includes property that produces investment income. Property held for investment also includes an interest in an activity of conducting a trade or business in which you did not materially participate. INVESTMENT EXPENSES

Investment expenses are your allowed deductions, other than interest expense, directly connected with the production of investment income. For example, depreciation or depletion allowed on assets that produce investment income is an investment expense.

If you have investment expenses that are included as a miscellaneous itemized deduction on line 21 of Schedule A (Form 40), or line 26 of Schedule A (Form 40NR), you may not have to use all of the amount for purposes of line 4 of Form 4952A. The 2% adjusted gross income limitation on Schedule A may reduce the amount.

To figure the amount to use, compare the amount of the investment expenses included on line 21 of Schedule A (Form 40) with the total miscellaneous expenses on line 24 of Schedule A. If you filed Schedule A (Form 40NR), compare the amount on line 26 with the amount on line 29. The smaller of the investment expenses included on line 21 (or line 26) or the total of line 24 (or line 29) is the amount to use to figure the investment expenses from Schedule A for line 4.

Example: Assume line 21 of Schedule A (Form 40) includes investment expenses of \$3,000, and line 24 is \$1,300 after the 2% adjusted gross income limitation. Investment expenses of \$1,300 are used to figure the amount of investment expense for line 4. If investment expenses of \$800 were included on line 21 and line 24 was \$1,300, investment expenses of \$800 would be used.

If you have investment expenses reported on a form or schedule other than Schedule A, include those expenses when figuring investment expenses

LINE 6 - INVESTMENT INTEREST EXPENSE DEDUCTION

This is the amount you may deduct as investment interest expense. **INDIVIDUALS**

Enter the amount from line 6 on line 13 of Schedule A (Form 40 or 40NR), even if all or part of it is attributable to a partnership or an S corporation. However, if any portion of this amount is attributable to royalties, enter that portion of the interest expense on Schedule E (Form 40 or 40NR).

ESTATES AND TRUSTS

Enter on Form 41, Page 3, Schedule C, Column C, Line 10.

Federal Income Tax Deduction Worksheet

| 1 2 3 | Enter the tax as shown on line 56, Form 1040, line 37 on Form 1040A, line 10 on Form 1040EZ or line 53 on Form 1040NR | | 1 2 3 | | |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----------|--|---|
| 4 | a Earned income credit (EIC). Enter the amount from line 66a, Form 1040, line 42a on Form 1040A or line 8a on Form 1040EZ. | 4a | 3 | | J |
| | b Additional child tax credit. Enter the amount from line 67, Form 1040, line 43 on Form 1040A, or line 64 on Form 1040NR | 4b | | | |
| | c American Opportunity Credit. Enter the amount from line 68, Form 1040 or line 44 on Form 1040A | 4c | | | |
| | d Credits from Forms 2439. Enter the amount from line 73, Form 1040 or line 69 on Form 1040NR | 4d | | | |
| 5 | Add lines 4a, b, c and d Subtract line 5 from line 3 and enter on line 12 on Form 40, line 9 Form 40A or line 4, Part IV, page 2 on Form 40NR. If amount is negative enter zero | | 5 | | |