

## 40A Alabama 2017 Individual Income Tax Return FULL YEAR RESIDENTS ONLY



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

,		,	, , , , , , , , , , , , , , , , , , ,								
Beginning:			Ending: ●								
Your social securit	y nur	nber	Spouse's SSN if joint return								
•			•								
Check	if prir	nary is	deceased • Check if spouse is deceased								
Primary's dec (mm/dd/yy)		d date	Spouse's deceased date (mm/dd/yy) ■								
Your first name			Initial Last name								
•											
Spouse's first nam	ne		Initial Last name								
•											
Present home add	fress	(numb	er and street or P.O. Box number)								
•	000	(	3. and 3.000 (3. 1.0. 25. names)					01/ B	0V IE 411ENDE		.n., a 🗆
City, town or post	office		State ZIP code						OX IF AMENDE Country	DRETU	JRN • 🔲
Oity, town or post	UIIICE		State Zii Code		Check i		355	oreign	Country		
Filing Statu	ie/	1	■ \$1,500 Single 3 ■ \$1,500 Married filing						ı		
Exemption						•		3001	·		
Exemplion	3	2						hom	a tav withhald		D Incomo
Income			Alabama Income Tax Withheld (from Schedule W-2, line 18, column G)				— Ald	wann	a tax withheld		B — Income
and			Nages, salaries, tips, etc. (from Schedule W-2, line 18, column I plus J)							+	•
Adjustmen	its		nterest and dividend income. If over \$1,500.00, use Form 40							6	•
			Total income. Add lines 5b and 6 (column B)			_				7	•
Deductions	S		Standard Deduction (enter amount from table on page 9 of instructions)			•				_	
You Must Attach page 2 of Federal			Federal tax deduction (see instructions)								
Form 1040, Form 1040A, Form			DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM \	V-2(S)	9	•					
1040EZ, or Form			Personal exemption (from line 1, 2, 3, or 4)			•					
1040NR if claiming a deduction on line		11	Dependent exemptions (from page 2, Part II, line 2)		11	•					
9.		12	Total deductions. Add lines 8, 9, 10, and 11							12	•
		13	Taxable income. Subtract line 12 from line 7. Enter the result							13	•
		14	Find the tax for the amount on line 13. Use the tax table in the Instruction ${f E}$	3ooklet	t					14	•
		15	Consumer Use Tax (see instructions). If you certify that no use tax is due,	check	box _	]				15	•
		16	You may make a voluntary contribution to: a Alabama Democratic Party	16a	•						
Tax and			<b>b</b> Alabama Republican Party		Г	\$1	<b></b>	2 [	none	16b	•
<b>Payments</b>		17	Fotal tax liability and voluntary contribution. Add lines 14, 15, 16a, and	17	•						
Staple Form(s)			Alabama income tax withheld (from column A, line 5a)		•						
W-2, W-2G, and/or 1099 here	٠.		Automatic Extension Payment	19	•						
and/or ross nen	٠.		Amended Returns Only — Previous payments (see instructions)		•						
			Fotal payments. Add lines 18, 19 and 20							21	•
			Amended Returns Only – Previous refund (see instructions)								•
			Adjusted Total Payments. Subtract line 22 from line 21								•
AMOUNT			f line 17 is larger than line 23, subtract line 23 from line 17, and enter <b>AM</b> 0								
YOU OWE	•		Place payment, along with Form 40V, loose in the mailing envelope. (FOR				DANV	DAVI	MENT)	24	•
OVERPAID	) (		f line 23 is larger than line 17, subtract line 17 from line 23 and enter amount								•
Donations 1			Total Donation Check-offs from page 2, Part IV, line 2							_	•
Donations			REFUNDED TO YOU. Subtract line 26 from line 25.							20	
REFUND	4									07	•
			You MUST SIGN this return before your refund can be processed.)							27	
		٦.									
	● [ Unde		authorize a representative of the Department of Revenue to discuss my return and at nalties of perjury, I declare that I have examined this return and accompanying sche					e best	of my knowledge	and be	lief they are true correct and com-
1			laration of preparer (other than taxpayer) is based on all information of which prepare						,		, <b>,</b>
Sign Here ¬ In Black Ink	Your S	Signat	ure Date		Daytime 1	elephone	Numbe	r	Your Occup	ation	
Keep a copy -											
of this return	Spous	se's S	gnature (if joint return, BOTH must sign) Date		Daytime 1	elephone	Numbe	r	Spouse's 0	occupatio)	n
for your records											
ı	Prepa	rer's	Signature Date		Check if S	elf-empl	oyed	Prep	parer's SSN or PTIN		E.I. Number
Paid	- in	1a h1-				Daudi	•				710
		s Nar emplo	ne (or yours yed)			Daytime Telephor	ne No.				ZIP Code
•	Addre	ess									

Form	40A	(2017)
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Page 2



PART I	1	Were you (and your spouse, if married filing jointly) a	resident of Alabama for	r the entire year 2017?		Yes	No			
	If you checked no, <b>DO NOT COMPLETE THIS FORM.</b> See "Which Form To File" on page 5 of instructions.  2 Did you file an Alabama income tax return for the year 2016?									
		If you checked no, state the reason for not filing.								
	3	3 Give name and address of your present employer:								
		Yourself								
General Information		Your Spouse								
All Taxpayers	4	Your occupation								
Must		Spouse's occupation								
Complete This	5	5 Enter the Federal Adjusted Gross Income ● \$ and Federal Taxable Income ● \$								
Section.		2017 Federal Individual Income Tax Return.		_						
	6	Do you have income which is reported on your Federa	al return, but not report	ed on your Alabama return?	•	Yes	No			
		If yes, enter source(s) and amount(s) below (other than	an state income tax refu	und):						
		Source			Amount ● \$					
		Source			Amount ● \$					
		Source			Amount ● \$					
						1				
PART II	1a	Dependents: (1) First name Last name		(2) Dependent's Social Security Number	(3) Dependent's Relationship to You	more	d you provide than one-half dent's support?			
	_			•						
Dependents				•						
·				•						
Do not include yourself or your spouse (See page 10)		Total number of dependents claimed above  Amount allowed. (Multiply the total number of dependence the following chart to determine the per-dependence the per	ndents claimed on line ent exemption amount:	1b by the amount from the dependen		1b   ●				
		0 - 20,000 1,000 20,001 - 100,000 500 Over 100,000 300								
		Enter amount here and on page 1, line 11			2					
PART III										
Federal Tax		Establis Establis Tourist State (1986)	A Constitution of the second	on and on the O many 4						
Liability Ded.	1	Enter the Federal Income Tax Liability from workshee	et (see instructions) ner	re and on line 9, page 1	1 ●					
PART IV		You may donate all or part of your overpayment. (Ent								
		Senior Services Trust Fund	al Cancer Program							
		Alabama Arts Development Fund	tance							
		: Alabama Nongame Wildlife Fund	t Foundation							
		Child Abuse Trust Fund	•	n Alabama Veterinary Medical Foundation						
Donation		Alabama Veterans Program	•	Spay-Neuter Program	•					
Check-offs	f	Alabama State Historic Preservation Fund	•	o Cancer Research Institute						
	g	Archives Services Fund	•	<b>p</b> Alabama Association of F	Rescue Squads					
	h	Foster Care Trust Fund	•	<b>—</b>	ion					
	i	Mental Health	•	r Children First Trust Fund						
	j	Alabama Firefighters Annuity and Benefit Fund	•							
	2	Total Donations. Add lines 1a, b, c, d, e, f, g, h, i, j,	k, I, m, n, o, p, q, and r							
Drivers		DOB (mm/dd/yyyy) • Your state	DL# •	lss date (mm/dd/yyyy) ●	Exp date (mm/dd/yyyy)					
License Info		DOB (mm/dd/yyyy) Spouse state		lss date	Exp date					
				<del>- · · ····· - · · · · · · · · · · · · ·</del>	: """					

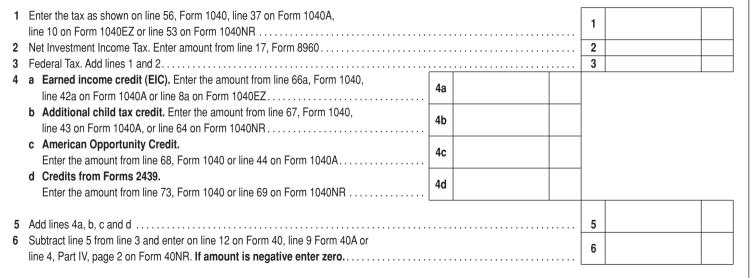
WHERE TO FILE FORM 40A

If you are not making a payment, mail your return to:

Alabama Department of Revenue P.O. Box 327465 Montgomery, AL 36132-7465 If you are making a payment, mail your return, Form 40V, and payment to:

Alabama Department of Revenue P.O. Box 327477 Montgomery, AL 36132-7477

## Federal Income Tax Deduction Worksheet







2017 ADOR

## Alabama Department of Revenue Wages, Salaries, Tips, etc.

Form must be completed fully in order to receive proper credit for your Alabama income tax withheld.

Attach a copy of all withholding statements to your return

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

	A	В	С	D Schedule	E	F Alabama	G	Н	1	J
	Employee's Social Security Number on W-2	Employer's Identification Number (EIN)	Statutory	C/C-EZ	State Code	Employer's State ID Number	Alabama State Income Tax Withheld	Federal Wages (Box 1 of Form W-2)	Alabama State Wages (Box 16 of Form W-2)	Additional Taxable Wages – Other States
1	•	•	• 🗌	• 🗌	•	•	•	•	•	•
2	•	•	• 🗌	• 🗌	•	•	•	•	•	•
3	•	•	• 🗌	• 🗌	•	•	•	•	•	•
4	•	•	• 🔲	• 🗌	•	•	•	•	•	•
5	•	•	• 🗌	• 🗌	•	•	•	•	•	•
6	•	•	• 🗌	• 🗌	•	•	•	•	•	•
7	•	•	• 🗌	• 🗌	•	•	•	•	•	•
8	•	•	• 🗌	• 🗌	•	•	•	•	•	•
9	•	•	• 🗌	• 🗌	•	•	•	•	•	•
10	•	•	• 🗌	• 🗌	•	•	•	•	•	•
11	•	•	• 🗌	• 🗌	•	•	•	•	•	•
12	•	•	• 🗌	• 🗌	•	•	•	•	•	•
13	•	•	• 🗆	• 🗌	•	•	•	•	•	•
14	•	•	• 🗌	• 🗌	•	•	•	•	•	•
15	•	•	• 🗌	• 🗌	•	•	•	•	•	•
	TOTAL ALABAMA TAX WITH						•			
ALABAMA TAX WITHHELD FROM 1099s AND W-2Gs. Enter the total Alabama Income Tax Withheld from all Form 1099s and Form W-2Gs received. See instructions on where to report the income from										
these statements							•			
18	TOTAL WAGES AND TOTAL									
	See instructions							•		•