



FORM
40A Alabama **2024**
Individual Income Tax Return
FULL YEAR RESIDENTS ONLY



For the year Jan. 1 - Dec. 31, 2024, or other tax year:

• Beginning:		• Ending:	
• Your social security number		• Spouse's SSN if joint return	
• <input type="checkbox"/> Check if primary is deceased • Primary's deceased date (mm/dd/yyyy)		• <input type="checkbox"/> Check if spouse is deceased • Spouse's deceased date (mm/dd/yyyy)	
• 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	• ZIP code

► **CHECK BOX IF AMENDED RETURN** • ☐

Filing Status/Exemptions	•1 <input type="checkbox"/> \$1,500 Single	•3 <input type="checkbox"/> \$1,500 Married filing separate.	• Complete Spouse SSN	<input type="checkbox"/> NRA
	•2 <input type="checkbox"/> \$3,000 Married filing joint	•4 <input type="checkbox"/> \$3,000 Head of Family (with qualifying person).		
Income and Adjustments	5a Alabama Income Tax Withheld (from Schedule W-2, line 18, column G)	A — Alabama tax withheld		B — Income
	5b Wages, salaries, tips, etc. (from Schedule W-2, line 18, column I plus J)	• 5a	00	• 5b 00
	6 Interest and dividend income. If over \$1,500.00, use Form 40	• 6	00	• 6 00
	7 Total income. Add lines 5b and 6 (column B)	• 7	00	• 7 00
Deductions <small>If claiming a deduction on line 9, you must attach page 1, 2 and Schedule 1 of your Federal Return, if applicable.</small>	8 Standard Deduction (enter amount from table on page 9 of instructions)	• 8	00	
	9 Federal tax deduction (see instructions)	• 9	00	
	DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)			
	10 Personal exemption (from line 1, 2, 3, or 4)	• 10	00	
	11 Dependent exemptions (from page 2, Part II, line 2)	• 11	00	
	12 Total deductions. Add lines 8, 9, 10, and 11	• 12	00	• 12 00
	13 Taxable income. Subtract line 12 from line 7. Enter the result	• 13	00	• 13 00
	14 Find the tax for the amount on line 13. Use the tax table in the Instruction Booklet.	• 14	00	• 14 00
	15 Consumer Use Tax (see instructions). If you certify that no use tax is due, check box • <input type="checkbox"/>	• 15	00	• 15 00
	16 You may make a voluntary contribution to: a Alabama Democratic Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input type="checkbox"/> none	• 16a	00	• 16a 00
b Alabama Republican Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input type="checkbox"/> none	• 16b	00	• 16b 00	
17 Total tax liability and voluntary contribution. Add lines 14, 15, 16a, and 16b	• 17	00	• 17 00	
18 Alabama income tax withheld (from column A, line 5a)	• 18	00	• 18 00	
19 Automatic Extension Payment	• 19	00	• 19 00	
20 Amended Returns Only — Previous payments (see instructions)	• 20	00	• 20 00	
21 Total payments. Add lines 18, 19, and 20	• 21	00	• 21 00	
22 Amended Returns Only — Previous refund (see instructions)	• 22	00	• 22 00	
23 Adjusted Total Payments. Subtract line 22 from line 21	• 23	00	• 23 00	
AMOUNT YOU OWE	24 If line 17 is larger than line 23, subtract line 23 from line 17, and enter AMOUNT YOU OWE. Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.)	• 24	00	• 24 00
OVERPAID	25 If line 23 is larger than line 17, subtract line 17 from line 23, and enter AMOUNT OVERPAID.	• 25	00	• 25 00
Donations	26 Total Donation Check-offs from page 2, Part IV, line 2.	• 26	00	• 26 00
REFUND	27 REFUNDED TO YOU. Subtract line 26 from line 25. (You MUST SIGN this return before your refund can be processed.)	• 27	00	• 27 00

Sign Here In Black Ink

Keep a copy of this return for your records.

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



PART I

General Information

All Taxpayers Must Complete This Section

- 1 Were you (and your spouse, if married filing jointly) a resident of Alabama for the entire year 2024? ☐ Yes ☐ No
If you checked no, **DO NOT COMPLETE THIS FORM.** See "Which Form To File" on page 5 of instructions.
- 2 Did you file an Alabama income tax return for the year 2023? ☐ Yes ☐ No
If you checked no, state the reason for not filing. _____
- 3 Give name and address of your present employer:
Yourself _____
Your Spouse _____
- 4 Your occupation _____ Spouse's occupation _____
- 5 Enter the Federal Adjusted Gross Income • \$ _____ and Federal Taxable Income • \$ _____ as reported on your 2024 Federal Individual Income Tax Return.
- 6 Do you have income which is reported on your Federal return, but not reported on your Alabama return? ☐ Yes • ☐ No
If yes, enter source(s) and amount(s) below (*other than state income tax refund*):
Source • _____ Amount • \$ _____
Source • _____ Amount • \$ _____
Source • _____ Amount • \$ _____

PART II

Dependents

Do not include yourself or your spouse

(See page 10)

- 1a Dependents:
(1) First name Last name (2) Dependent's social security number. (3) Dependent's relationship to you. (4) Did you provide more than one-half dependent's support?
- | (1) First name | Last name | (2) Dependent's social security number. | (3) Dependent's relationship to you. | (4) Did you provide more than one-half dependent's support? |
|----------------|-----------|---|--------------------------------------|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
- b Total number of dependents claimed above _____ • ☐
- 2 Amount allowed. Multiply the total number of dependents claimed on line 1b by the amount from the dependent chart below.
Use the following chart to determine the per-dependent exemption amount:
- | Amount on Line 7, Page 1 | Dependent Exemption |
|--------------------------|---------------------|
| 0 – 50,000 | 1,000 |
| 50,001 – 100,000 | 500 |
| Over 100,000 | 300 |
- Enter amount here and on page 1, line 11 _____ • 2 _____ 00

PART III

Federal Tax Liability Deduction

- 1 Enter the Federal Income Tax Liability from worksheet (*see instructions*) here and on line 9, page 1 _____ • 1 _____ 00

PART IV

Donation Check-offs

- 1 You may donate all or part of your overpayment. (Enter the amount in the appropriate boxes.)
- | | • 1a | • 1b | • 1c | • 1d | • 1e | • 1f | • 1g | • 1h | • 1i | • 1j | • 1k | • 1l | • 1m | • 1n | • 1o | • 1p | • 2 |
|---|------|------|------|------|------|------|------|------|------|--|------|------|------|------|------|------|-----|
| a Senior Services Trust Fund | | | | | | | | | | j Alabama Military Support Foundation | | | | | | | |
| b Alabama Arts Development Fund | | | | | | | | | | k Alabama Veterinary Medical Foundation | | | | | | | |
| c Alabama Nongame Wildlife Fund | | | | | | | | | | Spay-Neuter Program | | | | | | | |
| d Child Abuse Trust Fund | | | | | | | | | | l Cancer Research Institute | | | | | | | |
| e Alabama Veterans Program | | | | | | | | | | m Children First Trust Fund | | | | | | | |
| f Alabama State Veterans Cemetery at Spanish Fort Foundation, Incorporated | | | | | | | | | | n State Parks Division of the Department of Conservation and Natural Resources | | | | | | | |
| g Foster Care Trust Fund | | | | | | | | | | o Department of Mental Health – 2023 | | | | | | | |
| h Mental Health | | | | | | | | | | p Alabama Medicaid Agency | | | | | | | |
| i Alabama Breast & Cervical Cancer Program | | | | | | | | | | | | | | | | | |
| 2 Total Donations. Add lines 1a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, and p. Enter here and on page 1, line 26 | | | | | | | | | | | | | | | | | |

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) • _____

WHERE TO FILE FORM 40A

If you are receiving a refund, Form 40A, line 27, mail your return to: **Alabama Department of Revenue, P.O. Box 154, Montgomery, AL 36135-0001**
If you are making a payment, Form 40A, line 24, 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 2024 Form 40A 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.**