

FORM 40A Alabama 2025 Individual Income Tax Return FULL YEAR RESIDENTS ONLY



For the year Jan. 1 - Dec. 31, 2025, or other tax year:
Beginning: Ending:
Your social security number Spouse's SSN if joint return
Check if primary is deceased Check if spouse is deceased
Primary's deceased date Spouse's deceased date
Your first name Initial Last name
Spouse's first name Initial Last name
Present home address (number and street or P.O. Box number)

CHECK BOX IF AMENDED RETURN

City, town, or post office State ZIP code Check if address is outside U.S. Foreign Country

Filing Status/ Exemptions
1 \$1,500 Single 3 \$1,500 Married filing separate. Complete Spouse SSN NRA
2 \$3,000 Married filing joint 4 \$3,000 Head of Family (with qualifying person).

Income and Adjustments table with columns A - Alabama tax withheld and B - Income. Rows include 5a Alabama Income Tax Withheld, 5b Wages, salaries, tips, etc., 6 Interest and dividend income, 7 Total income.

Deductions table with rows 8 Standard Deduction, 9 Federal tax deduction, 10 Personal exemption, 11 Dependent exemptions, 12 Total deductions.

Tax and Payments table with rows 13 Taxable income, 14 Find the tax for the amount on line 13, 15 Consumer Use Tax, 16 Voluntary contributions, 17 Total tax liability and voluntary contribution, 18 Alabama income tax withheld, 19 Automatic Extension Payment, 20 Amended Returns Only - Previous payments, 21 Total payments, 22 Amended Returns Only - Previous refund, 23 Adjusted Total Payments.

AMOUNT YOU OWE, OVERPAID, Donations, REFUND table with rows 24 Amount you owe, 25 Overpaid, 26 Total Donation Check-offs, 27 Refunded to you.

I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer. Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Sign Here In Black Ink: Signer Signature, Date, Daytime Telephone Number, Your Occupation. Preparer's Signature, Date, Check if Self-employed, Preparer's SSN or PTIN, E.I. Number, Firms Name, Daytime Telephone No., ZIP Code, Address.



PART I

- 1 Were you (and your spouse, if married filing jointly) a resident of Alabama for the entire year 2025?  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 2024?  Yes  No  
If you checked no, state the reason for not filing. \_\_\_\_\_
- 3 Give name and address of your present employer:  
Yourself \_\_\_\_\_  
Your Spouse \_\_\_\_\_

General Information

All Taxpayers Must Complete This Section.

- 4 Your occupation \_\_\_\_\_  
Spouse's occupation \_\_\_\_\_
- 5 Enter the Federal Adjusted Gross Income • \$ \_\_\_\_\_ and Federal Taxable Income • \$ \_\_\_\_\_ as reported on your 2025 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

| 1a Dependents:<br>(1) First name | Last name | (2) Dependent's<br>Social Security Number | (3) Dependent's<br>Relationship to You | (4) Did you provide<br>more than one-half<br>dependent's support? |
|----------------------------------|-----------|-------------------------------------------|----------------------------------------|-------------------------------------------------------------------|
|                                  |           |                                           |                                        |                                                                   |
|                                  |           |                                           |                                        |                                                                   |
|                                  |           |                                           |                                        |                                                                   |

Dependents

Do not include yourself or your spouse

b Total number of dependents claimed above ..... • 1b

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:

(See page 10)

| 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

PART III

Federal Tax Liability Ded.

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

PART IV

1 You may donate all or part of your overpayment. (Enter the amount in the appropriate boxes.)

Donation Check-offs

|                                            |     |  |                                                                                |      |  |
|--------------------------------------------|-----|--|--------------------------------------------------------------------------------|------|--|
| a Senior Services Trust Fund               | •1a |  | j Alabama Veterinary Medical Foundation Spay-Neuter Program                    | • 1j |  |
| b Alabama Arts Development Fund            | •1b |  | k Cancer Research Institute                                                    | • 1k |  |
| c Alabama Nongame Wildlife Fund            | •1c |  | l Children First Trust Fund                                                    | • 1l |  |
| d Child Abuse Trust Fund                   | •1d |  | m State Parks Division of the Department of Conservation and Natural Resources | •1m  |  |
| e Alabama Veterans Program                 | •1e |  | n Department of Mental Health – 2023                                           | • 1n |  |
| f Foster Care Trust Fund                   | •1f |  | o Alabama Medicaid Agency                                                      | • 1o |  |
| g Mental Health                            | •1g |  |                                                                                |      |  |
| h Alabama Breast & Cervical Cancer Program | •1h |  |                                                                                |      |  |
| i Alabama Military Support Foundation      | •1i |  |                                                                                |      |  |

2 Total Donations. Add lines 1a, b, c, d, e, f, g, h, i, j, k, l, m, n, and o. Enter here and on page 1, line 26 ..... • 2

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 2025 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.



**SCHEDULE**  
**W-2**  
(FORM 40, 40A, or 40NR)



**2025**

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

*Schedule W-2 must be completed fully and included with your return 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'S SOCIAL SECURITY NO. SPOUSE'S SOCIAL SECURITY NO.

|      | A<br>Employee's Social Security Number                                                                                                                                                                                                                 | B<br>Employer's Identification Number (EIN) | C<br>Statutory Employee  | D<br>Schedule C/C-EZ Filed? | E<br>State Code | F<br>Alabama Employer's State ID Number | G<br>Alabama State Income Tax Withheld | H<br>Federal Wages (Box 1 of Form W-2) | I<br>Alabama State Wages (Box 16 of Form W-2) | J<br>Additional Taxable Wages - Other States |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------|-----------------------------|-----------------|-----------------------------------------|----------------------------------------|----------------------------------------|-----------------------------------------------|----------------------------------------------|
| • 1  |                                                                                                                                                                                                                                                        |                                             | <input type="checkbox"/> | <input type="checkbox"/>    |                 |                                         |                                        |                                        |                                               |                                              |
| • 2  |                                                                                                                                                                                                                                                        |                                             | <input type="checkbox"/> | <input type="checkbox"/>    |                 |                                         |                                        |                                        |                                               |                                              |
| • 3  |                                                                                                                                                                                                                                                        |                                             | <input type="checkbox"/> | <input type="checkbox"/>    |                 |                                         |                                        |                                        |                                               |                                              |
| • 4  |                                                                                                                                                                                                                                                        |                                             | <input type="checkbox"/> | <input type="checkbox"/>    |                 |                                         |                                        |                                        |                                               |                                              |
| • 5  |                                                                                                                                                                                                                                                        |                                             | <input type="checkbox"/> | <input type="checkbox"/>    |                 |                                         |                                        |                                        |                                               |                                              |
| • 6  |                                                                                                                                                                                                                                                        |                                             | <input type="checkbox"/> | <input type="checkbox"/>    |                 |                                         |                                        |                                        |                                               |                                              |
| • 7  |                                                                                                                                                                                                                                                        |                                             | <input type="checkbox"/> | <input type="checkbox"/>    |                 |                                         |                                        |                                        |                                               |                                              |
| • 8  |                                                                                                                                                                                                                                                        |                                             | <input type="checkbox"/> | <input type="checkbox"/>    |                 |                                         |                                        |                                        |                                               |                                              |
| • 9  |                                                                                                                                                                                                                                                        |                                             | <input type="checkbox"/> | <input type="checkbox"/>    |                 |                                         |                                        |                                        |                                               |                                              |
| • 10 |                                                                                                                                                                                                                                                        |                                             | <input type="checkbox"/> | <input type="checkbox"/>    |                 |                                         |                                        |                                        |                                               |                                              |
| • 11 |                                                                                                                                                                                                                                                        |                                             | <input type="checkbox"/> | <input type="checkbox"/>    |                 |                                         |                                        |                                        |                                               |                                              |
| • 12 |                                                                                                                                                                                                                                                        |                                             | <input type="checkbox"/> | <input type="checkbox"/>    |                 |                                         |                                        |                                        |                                               |                                              |
| • 13 |                                                                                                                                                                                                                                                        |                                             | <input type="checkbox"/> | <input type="checkbox"/>    |                 |                                         |                                        |                                        |                                               |                                              |
| • 14 |                                                                                                                                                                                                                                                        |                                             | <input type="checkbox"/> | <input type="checkbox"/>    |                 |                                         |                                        |                                        |                                               |                                              |
| • 15 |                                                                                                                                                                                                                                                        |                                             | <input type="checkbox"/> | <input type="checkbox"/>    |                 |                                         |                                        |                                        |                                               |                                              |
| • 16 | <b>TOTAL ALABAMA TAX WITHHELD FROM W-2s.</b> Total lines 1-15, Column G and enter the amount here . .                                                                                                                                                  |                                             |                          |                             |                 |                                         |                                        |                                        |                                               |                                              |
| • 17 | <b>ALABAMA TAX WITHHELD FROM 1099s AND W-2Gs.</b> Enter the total Alabama Income Tax Withheld from Schedule RS, Part V, line 4, all Form 1099s and Form W-2Gs received. See instructions on where to report the income from these statements . . . . . |                                             |                          |                             |                 |                                         |                                        |                                        |                                               |                                              |
| • 18 | <b>TOTAL WAGES AND TOTAL ALABAMA TAX WITHHELD FROM W-2s, 1099s, AND W-2Gs.</b> See instructions. . . . .                                                                                                                                               |                                             |                          |                             |                 |                                         |                                        |                                        |                                               |                                              |

**THIS SCHEDULE CAN ONLY BE SUBMITTED AND/OR PRINTED VIA LANDSCAPE**

# Federal Income Tax Deduction Worksheet

|                                                                                                                                                                    |           |  |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|----|
| 1 Enter the tax as shown on line 22 on 2025 Form 1040/Form 1040-SR/Form 1040NR. ....                                                                               | <b>1</b>  |  | 00 |
| 2 Net Investment Income Tax. Enter amount from line 17, 2025 Form 8960. ....                                                                                       | <b>2</b>  |  | 00 |
| 3 Federal Tax. Add Lines 1 and 2. ....                                                                                                                             | <b>3</b>  |  | 00 |
| <b>4a Earned Income Credit (EIC).</b> Enter the amount from line 27a of 2025 Form 1040/Form 1040-SR.                                                               | <b>4a</b> |  | 00 |
| <b>4b Additional Child Tax Credit.</b> Enter the amount from Line 28 of 2025 Form 1040/Form 1040-SR/1040-NR. ....                                                  | <b>4b</b> |  | 00 |
| <b>4c American Opportunity Credit.</b> Enter the amount from line 29 of 2025 Form 1040/Form 1040-SR.                                                               | <b>4c</b> |  | 00 |
| <b>4d Refundable Adoption Credit.</b> Enter the amount from line 30 of 2025 Form 1040/Form 1040-SR/1040-NR. ....                                                   | <b>4d</b> |  | 00 |
| <b>4e Credits from Forms 2439.</b> Enter the amount from Schedule 3, Part II, line 13a of 2025 Form 1040/Form 1040-SR/Form1040NR. ....                             | <b>4e</b> |  | 00 |
| 5 Add lines 4a, b, c, d and e. ....                                                                                                                                | <b>5</b>  |  | 00 |
| 6 Subtract line 5 from line 3. If amount is negative enter zero also enter on line 12 of Form 40, line 9 of Form 40A or page 2, Part IV, line 4 of Form 40NR. .... | <b>6</b>  |  | 00 |