

**SCHEDULES
A, B, & DC
(FORM 40)**



(Schedules B and DC are on back page)
ATTACH TO FORM 40 — SEE INSTRUCTIONS FOR SCHEDULE A

Name(s) as shown on Form 40

Your social security number

The itemized deductions you may claim for the year 2025 are similar to the itemized deductions claimed on your Federal return; however, the amounts may differ. Please see instructions before completing this schedule. **PART-YEAR RESIDENTS:** A resident of Alabama for only a part of the year should list below only those deductions actually paid while a resident of Alabama.

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | |
|---|------|--|---|---|----|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| Medical and Dental Expenses | | <i>CAUTION: Do not include expenses reimbursed or paid by others.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 | Medical and dental expenses..... | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 | Enter amount from Form 40, line 10. | 2 | | 00 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3 | Multiply the amount on line 2 by 4% (.04). Enter the result..... | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4 | Subtract line 3 from line 1. Enter the result. If zero or less, enter -0-..... | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Taxes You Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5 | Real estate taxes..... | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6 | FICA Tax (Social Security and Medicare) and Federal Self-Employment Tax..... | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 7 | Railroad Retirement (Tier 1 only)..... | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 8 | Other taxes. (List – include personal property taxes.) ▶ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 9 | Add the amounts on lines 5 through 8. Enter the total here..... | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Interest You Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 10a | Home mortgage interest and points reported to you on Federal Form 1098..... | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | b | Home mortgage interest not reported to you on Federal Form 1098. (If paid to an individual, show that person's name and address.) ▶ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 10b | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 11 | Vehicle loan interest (see instructions). If more than 2 VINs, see instructions. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a | • Date new vehicle purchased: _____ Vehicle VIN: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | •11a | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | b | • Date new vehicle purchased: _____ Vehicle VIN: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | •11b | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | c | Qualified vehicle loan interest. Enter the amount from line 8 of the Qualified loan interest worksheet in Form 40 instruction booklet..... | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | •11c | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 12 | Points not reported to you on Form 1098..... | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 13 | Investment interest. (Attach Form 4952A.)..... | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 14 | Add the amounts on lines 10a, 10b, 11c, 12 and 13. Enter the total here..... | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gifts to Charity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 15 | Contributions by cash or check (If more than \$250, see instructions)..... | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 16 | Other than cash or check. (You MUST attach Federal Form 8283 if over \$500.)..... | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 17 | Carryover from prior year..... | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 18 | Add the amounts on lines 15 through 17. Enter the total here..... | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Casualty and Theft Loss (Attach Form 4684) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 19a | Enter the loss from Federal Form 4684, either A <input type="checkbox"/> line 15, or B <input type="checkbox"/> line 16..... | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 19b | Enter 10% of your Adjusted Gross Income (Form 40, line 10) if box B is checked, otherwise enter zero..... | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | •19c | Subtract line 19b from line 19a. If zero or less, enter -0-..... | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Job Expenses and Most Other Miscellaneous Deductions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 20 | Unreimbursed employee expenses — job travel, union dues, job education, etc. You MUST attach Federal Form 2106 if required. See instructions. ▶ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 21 | Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount. ▶ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 22 | Add the amounts on lines 20 and 21. Enter the total..... | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 23 | Multiply the amount on Form 40, line 10 by 2% (.02). Enter the result here..... | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 24 | Subtract line 23 from line 22. Enter the result. If zero or less, enter -0-..... | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Miscellaneous Deductions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 25 | Other (from list in the instructions). List type and amount. ▶ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Qualified Long-Term Care Ins. Premiums | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 26 | Enter amount here..... | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Itemized Deductions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 27 | Add the amounts on lines 4, 9, 14, 18, 19c, 24, 25, and 26. Enter the total here. Then enter on Form 40, page 1, line 11 and check 11a, Itemized Deductions..... | | | | | | | | | | | | | | | | | | | | | | | | | | | |

NOTE: Personal interest is not deductible.



Name(s) as shown on Form 40 (Do not enter name and social security number if shown on other side)

Your social security number

SCHEDULE B – Interest And Dividend Income

If you received more than \$1500 of interest and dividend income, you must complete Schedule B. See instructions.

| List Payers and Amounts | | A Exempt Interest | B Taxable Interest and Dividends |
|--|---|----------------------|--|
| 1 I N T E R E S T | | 00 | 00 |
| | | 00 | 00 |
| | | 00 | 00 |
| | | 00 | 00 |
| | 1 | 00 | 00 |
| | | 00 | 00 |
| | | 00 | 00 |
| | | 00 | 00 |
| 2 D I V I D E N D S | | | 00 |
| | | | 00 |
| | | | 00 |
| | | | 00 |
| | | | 00 |
| | | | 00 |
| | | | 00 |
| | | | 00 |
| 3 TOTAL TAXABLE INTEREST AND DIVIDENDS Enter here and on Form 40, page 1, line 6 | | | • 3 00 |

SCHEDULE DC – Donation Check-Offs

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

| | | | | | |
|--|------|----|---|------|---------------|
| a Senior Services Trust Fund | • 1a | 00 | j Alabama Veterinary Medical Foundation Spay-Neuter Program | • 1j | 00 |
| b Alabama Arts Development Fund | • 1b | 00 | k Cancer Research Institute | • 1k | 00 |
| c Alabama Nongame Wildlife Fund | • 1c | 00 | l Children First Trust Fund | • 1l | 00 |
| d Child Abuse Trust Fund | • 1d | 00 | m State Parks Division of the Department of Conservation and Natural Resources | • 1m | 00 |
| e Alabama Veterans Program | • 1e | 00 | n Department of Mental Health – 2023 | • 1n | 00 |
| f Foster Care Trust Fund | • 1f | 00 | o Alabama Medicaid Agency | • 1o | 00 |
| g Mental Health | • 1g | 00 | | | |
| h Alabama Breast & Cervical Cancer Program | • 1h | 00 | | | |
| i Alabama Military Support Foundation | • 1i | 00 | | | |
| 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 Form 40, page 1, line 34 | | | | | • 2 00 |