FORM **40**



Alabama Individual Income Tax Return RESIDENTS & PART-YEAR RESIDENTS

For the year Jan. 1 - Dec.	31, 201	4, or other tax year: Beginning: Ending: ●								
Your first name		Initial Last name	Your social security			y numbe	er	\neg		
•			:		:					
Spouse's first name		Initial Last name	L		:		:			
•				Spous	se's soo	sec. no	if joint r	eturn		
Present home address (n	umber a	nd street or P.O. Box number)			:					
•			L		•					
City, town or post office		State ZIP code								
•										
Check if add		Foreign Country								
is outside U	.S.		CHE	ск вох і	IF AN	/IEND	ED RE	ETUR	N • 🗌	ADOF
Filing Status/	1	● ☐ \$1,500 Single 3 ● ☐ \$1,500 Married filing separate. Complete Spouse	SSN _							
Exemptions	2	• □ \$3,000 Married filing joint 4 • □ \$3,000 Head of Family (with qualifying person).								
	5	Wages, salaries, tips, etc. (list each employer and address separately):	Α.	– Alabama	tax wi	thheld			B – Income	
	а			•		00) 5a	1		00
	b		5b	•		00	_	•		00
lm a a ma a	С		5c	•		00) 50	; •		00
Income	d		5d	•		00	50	•		00
and Adjustments	6	Interest and dividend income (also attach Schedule B if over \$1,500).					. 6	•		00
Adjustments	7	Other income (from page 2, Part I, line 9)						•		00
	8	Total income. Add amounts in the income column for line 5a through line 7					. 8	•		00
	9	Total adjustments to income (from page 2, Part II, line 12)					. 9	•		00
	10	Adjusted gross income. Subtract line 9 from line 8					. 10	•		00
Dadwatiana	11	Check box a, if you itemize deductions, and enter amount from Schedule A, line 27.	В	ox a or b MUS	T be c	hecked				
Deductions		Check box b, if you do not itemize deductions, and enter standard deduction (see instructions)								
You Must Attach page 2 of Federal		a Itemized Deductions b Standard Deduction	. 11	•		00)			
Form 1040, Federal	12	Federal tax deduction (see instructions)								
Form 1040A, Federal Form 1040NR, or	,	DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)	12	•		00)			
page 1 of 1040EZ, if	13	Personal exemption (from line 1, 2, 3, or 4)				00	_			
claiming a deduction on line 12.	14	Dependent exemption (from page 2, Part III, line 2)	. 14	•		00)			
	15	Total deductions. Add lines 11, 12, 13, and 14.					. 15	•		00
	16	Taxable income. Subtract line 15 from line 10					_	_		00
	17	Income Tax due. Enter amount from tax table or check if from ● ☐ Form NOL-85A						_		00
Тах	18	Net tax due Alabama. Check box if computing tax using Schedule NTC ●, otherwise enter amo					_			00
Staple Form(s) W-2,	19	Consumer Use Tax (see instructions). If you certify that no use tax is due, check box					. 19	•		00
W-2G, and/or 1099 nere.	20	Alabama Election Campaign Fund. You may make a voluntary contribution to the following:								00
		Alabama Democratic Party \$1 \$2 none						_		00
		Alabama Republican Party \$1 \$2 none					_) •		00
	21	Total tax liability and voluntary contribution. Add lines 18, 19, 20a, and 20b.					_	•		00
	22	Alabama income tax withheld (from Forms W-2, W-2G, and/or 1099)				00	_			00
	23	2014 estimated tax payments/Automatic Extension Payment.	· —			00	_			
	24	Amended Returns Only — Previous payments (see instructions)	· —			00	_			
Payments	25 26	Refundable portion of Alabama Accountability Act of 2013 Credit	`			00	_			
	27	Total payments. Add lines 22, 23, 24, 25, and 26.					-	•		00
	28	Amended Returns Only – Previous refund (see instructions).						_		00
	29	Adjusted Total Payments. Subtract line 28 from line 27.						_		00
AMOUNT YOU OWE	30	If line 21 is larger than line 29, subtract line 29 from line 21, and enter AMOUNT YOU OWE.			· · · · · ·		. 23	1		100
	-	Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPAN	Υ ΡΑΥ	MENT.)	30	•				00
	31	Estimated tax penalty. Also include on line 30 (see instructions page 11)				00)			1 00
01/5004:5	32	If line 29 is larger than line 21, subtract line 21 from line 29, and enter amount OVERPAID	- 1		32	_				00
OVERPAID	33	Amount of line 32 to be applied to your 2015 estimated tax				00)			, 50
Donations	34	Total Donation Check-offs from Schedule DC, line 2.	34	•		00	_			
	35	REFUNDED TO YOU. (CAUTION: You must sign this return on the reverse side.)		1						
REFUND		Subtract lines 33 and 34 from line 32			35	•				00

Г									
Forn	ո 40	(2014)				Page :			
PART I	1	Alimony received		1	•	00			
Other Income (See page 12)	2	Business income or (loss) (attach Federal Schedule C or C-EZ) (see instructions).		2	•	00			
	3	Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D)	3	•	00				
	4a	Total IRA distributions 4a ● 00 4b Taxable amount (see instructions)	4b	•	00				
	5a	Total pensions and annuities 5a ■ 00 5b Taxable amount (see instructions)	5b Taxable amount (see instructions)			00			
	6	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E).	6	•	00				
	7	Farm income or (loss) (attach Federal Schedule F).	7	•	00				
	8	Other income (state nature and source — see instructions)	8	•	00				
	9	Total other income. Add lines 1 through 8. Enter here and also on page 1, line 7.	9	•	00				
PART II	1a	Your IRA deduction	1a	•	00				
Adjustments	b	Spouse's IRA deduction	[1b	•	00			
	2	Payments to a Keogh retirement plan and self-employment SEP deduction	[2	•	00			
	3	Penalty on early withdrawal of savings.	[3	•	00			
	4	Alimony paid. Recipient's last name Social security no. ●		4	•	00			
		Adoption expenses		5	•	00			
to Income (See page 15)	6	Moving Expenses (Attach Federal Form 3903) to City State ZIP		6	•	00			
(See page 15)	7	Self-employed health insurance deduction	7	•	00				
	8	Payments to Alabama PACT Program or Alabama College Education Savings Program	8	•	00				
	9	Health insurance deduction for small employer employee (see instructions)	9	•	00				
	10	Costs to retrofit or upgrade home to resist wind or flood damage	10	•	00				
	11	Deposits to a catastrophe savings account	11	•	00				
	12	Total adjustments. Add lines 1 through 11. Enter here and also on page 1, line 9	12	•	00				
PART III	1a	Dependents: (1) First name Last name (2) Dependent's social security number. (3) relative to the following social security number.) Dependent tionship to y	t's 'ou.	(4) Did you provide more than one-half dependent's support?				
Dependents		•				_			
-		•				_			
Do not include		•							
yourself or your spouse		•				_			
	b	Total number of dependents claimed above				۲			
(See page 15)	2	Amount allowed. (Multiply the total number of dependents claimed on line 1b by the amount from the dependent chart on page 10	0.)						
		Enter amount here and on page 1, line 14		2	•	00			
PART IV	1	Residency Check only one box ▶ ● ☐ Full Year ■ ☐ Part Year From 2014 through	1			2014.			
	2	Did you file an Alabama income tax return for the year 2013? Yes No If no, state reason							
General	3	Give name and address of present employer(s). Yours							
Information		Your Spouse's							
iiiioiiiiatioii	4	Enter the Federal Adjusted Gross Income ●\$ and Federal Taxable Income ●\$		as re	ported on your 2014	Federal			
All Taxpayers		Individual Income Tax Return.							
Must Complete	5	Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state tax re	efund)?		Yes No				
This Section.		If yes, enter source(s) and amount(s) below: (other than state income tax refund)							
(Coo page 15)		Source A	Amount [•		00			
(See page 15)		Source	Amount [•		00			
Sign Here		I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer. Landau negotion of negitive deploye that have everying discussed this setum and accompanying schedules and statements and to the have everying a second statement.		Local	oledos and ball Cit				

In Black Ink

for your records.

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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Daytime telephone number Your occupation Keep a copy of this return

Spouse's signature (if joint return, BOTH must sign) Date Daytime telephone number Spouse's occupation

Paid Preparer's **Use Only**

Preparer's

signature

Check if self-employed Firm's name (or yours if self-employed) and address E.I. No. Daytime telephone no. (ZIP Code

WHERE TO **FILE** FORM 40

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

Alabama Department of Revenue P.O. Box 154 Montgomery, AL 36135-0001

If you are making a payment, mail your return, Form 40V, and payment to:

Alabama Department of Revenue P.O. Box 2401 Montgomery, AL 36140-0001

Date

Preparer's SSN or PTIN