

FORM
40NR Alabama **2017**
 Individual Income Tax Return
 NONRESIDENTS ONLY



Your social security number Check if primary is deceased
 Primary's deceased date (mm/dd/yy)

Spouse's SSN if joint return Check if spouse is deceased
 Spouse's deceased date (mm/dd/yy)

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

Foreign Country Check if address is outside U.S.

CHECK BOX IF AMENDED RETURN **ADOR**

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. (From Schedule W-2, line 18, columns G, H, and I.) (Include spouse's income if married filing joint.)		A - Alabama Tax Withheld	B - All Sources	C - Alabama Income
6 Other income (from page 2, Part I, line 9)	6	5	5	5
7 Total income. Add amounts in col. B then add amounts in col. C, lines 5 and 6	7	6	6	6
8 Adjustments to income (from page 2, Part II, line 6)	8	7	7	7
9 Adjusted total income. Subtract line 8 from line 7	9	8	8	8
10 Alabama percentage of adjusted total income. Divide line 9, col. C, by line 9, col. B (not over 100%)	10	9	9	9
11 Other Adjustments (from page 2, Part III, line 4 and line 6)	11	10	10	10 %
12 Adjusted Gross Income. Subtract line 11 from line 9	12	11	11	11
13 Check appropriate box. If you itemize, enter amount from Schedule A, line 30. <input type="checkbox"/> a Itemized Deductions <input type="checkbox"/> b Standard Deduction	13	12	12	12
14 Federal Income Tax deduction (from page 2, Part IV, line 7)	14	13	13	13
15 Personal exemption (multiply line 1, 2, 3, or 4 by percentage on line 10)	15	14	14	14
16 Dependent exemption (from page 2, Part V, line 4)	16	15	15	15
17 Total deductions. Add lines 13, 14, 15, and 16	17	16	16	16
18 Taxable income. Subtract line 17 from line 12, column C	18	17	17	17
19 Tax due. Enter amount from tax table or check if from <input type="checkbox"/> Form NOL-85A	19	18	18	18
20 Net tax due Alabama. Check box if computing tax using Schedule NTC <input type="checkbox"/> , otherwise enter amount from line 19	20	19	19	19
21 Alabama Income Tax withheld (from column A, line 5)	21	20	20	20
22 2017 estimated tax payments/Automatic Extension Payment	22	21	21	21
23 Composite tax payments (from page 2, Part VI, line 7)	23	22	22	22
24 Amended Returns Only - Previous payments (see instructions)	24	23	23	23
25 Refundable portion of Alabama Accountability Act of 2013 Credit	25	24	24	24
26 Refundable portion of Adoption Credit	26	25	25	25
27 Total payments. Add lines 21 through 26	27	26	26	26
28 Amended Returns Only - Previous refund (see instructions)	28	27	27	27
29 Adjusted total payments. Subtract line 28 from line 27	29	28	28	28
30 If line 20 is larger than line 29, subtract line 29 from line 20, and enter AMOUNT YOU OWE. Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.)	30	29	29	29
31 Estimated tax penalty. Also include on line 30 (see instructions page 10)	31	30	30	30
32 If line 29 is larger than line 20, subtract line 20 from line 29 and enter amount OVERPAID	32	31	31	31
33 Amount of line 32 to be applied to your 2018 estimated tax	33	32	32	32
34 REFUNDED TO YOU. Subtract line 33 from line 32	34	33	33	33

Sign Here In Black Ink
 Keep a copy of this return for your records.

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. 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 _____
Spouse's Signature (if joint return, BOTH must sign) _____	Date _____	Daytime Telephone Number _____	Spouse's Occupation _____
Preparer's Signature _____	Date _____	Check if Self-employed <input type="checkbox"/>	Preparer's SSN or PTIN _____ E.I. Number _____
Firm's Name (or yours if self employed) _____	Daytime Telephone No. _____	ZIP Code _____	
Address _____			



		B – All Sources		C – Alabama Income	
PART I	1 Interest and dividend income (attach Schedule B if over \$1500.00).....	1	●	1	●
	2 Alimony received	2	●		
	3 Taxable portion of pensions and annuities (see instructions)	3	●		
	4 Business income or (loss) (attach Federal Schedule C) (see instructions)	4	●	4	●
	Other 5 Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D)	5	●	5	●
	Income 6 Rents, Royalties, Partnerships, Estates, Trusts, etc. (attach Schedule E).....	6	●	6	●
	(See page 11) 7 Farm income or (loss) (attach Federal Schedule F) (see instructions).....	7	●	7	●
	8 Other income (state nature and source)	8	●	8	●
	9 Total other income. Add lines 1-8, column B, and lines 1, 4-8, column C. Enter here and also on page 1, line 6	9	●	9	●

PART II	1 IRA deduction, Keogh retirement plan, and self-employed SEP deduction	1	●	1	●
	2 Penalty on early withdrawal of savings	2	●		
	3 Moving Expenses (Attach Federal Form 3903)				
	Adjustments Place of new employment:	3	●	3	●
	to Income 4 Self-employed health insurance deduction	4	●	4	●
	(See page 12) 5 Payments to Alabama College Counts 529 Fund or Alabama PACT program	5	●	5	●
6 Add lines 1-5. Enter here and also on page 1, line 8, columns B and C	6	●	6	●	

PART III	1 Alimony Paid	1	●		
	2 Adoption Expenses	2	●		
	Other 3 Health insurance deduction for small employer employee	3	●		
	Adjustments 4 Add lines 1 through 3, enter here and on page 1, line 11, column B	4	●		
	(See page 12) 5 Enter percentage from page 1, line 10	5	●		%
	6 Multiply line 4 by line 5. Enter here and also page 1, line 11, column C	6	●		

PART IV If you are filing separately on your Alabama return and jointly on your Federal return, complete all lines below. Otherwise, omit lines 1 through 3.		B – Federal Adjusted Gross Income		C – Alabama Federal Tax Deduction Computation		
Federal	1 Your joint federal adjusted gross income	1	●			
	Income Tax 2 Your federal adjusted gross income	2	●			
	Deduction 3 Divide line 2 by line 1. Enter percentage here			3	●	%
	(See page 13) 4 Enter Federal Income Tax Liability from worksheet (see instructions).....			4	●	
	5 If you completed lines 1 through 3 above, multiply line 4 by the percentage from line 3			5	●	
	6 Enter percentage from page 1, line 10			6	●	%
	7 If you completed lines 1-3 above, multiply line 5 by percentage on line 6. Otherwise multiply line 4 by percentage on line 6			7	●	

PART V See instructions for definition of a dependent. **NOTE:** If you checked filing status 3 (Married filing separate return), you may claim **only** the dependent(s) for whom you **separately** furnished over 50% of the total support.

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?
Dependents			●		
Do not include yourself or your spouse			●		
			●		
b Total number of dependents claimed above					1b ●
2 Multiply the total number of dependents claimed on line 1b by the amount from the dependent chart on page 9 of instructions. ...					2 ●
3 Enter percentage from page 1, line 10					3 ● %
4 Dependent exemption allowable. Multiply the amount on line 2 by the percentage on line 3. Enter here and on page 1, line 16. ...					4 ●

PART VI

1 Name of state of which you were a legal resident in 2017 _____

2 Did you file a return with that state for 2017? Yes No If no, state reason why: _____

3 If married, did your spouse receive a separate income for 2017? Yes No If yes, is your spouse filing a separate Alabama return? Yes No
If yes, enter name here. _____

4 Did you file an Alabama return for 2016? Yes No If no, state reason why: _____

General Information

5 Give name and address of your present employer(s). Yours: _____
Your Spouse's: _____

6 Enter the Adjusted Gross Income reported on your 2017 **Federal** Individual Income Tax Return

7 If you are a shareholder or partner in an Alabama S Corporation or Partnership which filed the Alabama Form PTE-C, complete the following information:
S Corporation's/Partnership's name _____ FEIN _____
Amount of payment made by the S Corporation or Partnership on your behalf on the PTE-C Composite Return

Enter here and on page 1, line 23.

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) ● _____