



Name(s) as shown on Form 40 or 40NR

Your social security number

PART A – Basic Skills Education Credit

Attach this schedule to your Alabama return along with a copy of your approved certification notice issued by the Alabama Department of Education. Enter your assigned Department of Education Certification Number _____.

1 Name of employer/firm sponsoring the education program _____

2 Name of approved provider _____ Location _____

3 Were all participants for whom you are claiming a tax credit continuously employed by you for at least 16 weeks? Yes No

4 If the answer to line 3 is yes, did employee(s) work at least 24 hours each week? Yes No

5 If the answer to lines 3 and 4 above is yes, enter the total expenses available for credit
(see instructions).....

5		
6		
7		

8 **CREDIT ALLOWABLE.** Enter the amount from line 6 or 7, whichever is smaller 8 ●

PART B – Rural Physician Credit

1 Name of hospital and community where you live and provide medical services _____

2 Tax due Alabama from Form 40, page 1, line 17, or Form 40NR, page 1, line 19

2		
3		\$5,000 00

4 **CREDIT ALLOWABLE.** Enter the amount from line 2 or 3, whichever is smaller 4 ●

PART C – Coal Credit

1 **CREDIT ALLOWABLE.**

1 ●

PART D – Alabama Enterprise Zone Act Credit

1 Enter amount from Schedule EZK1, Part II, page 2, line 13, or Schedule EZ, Part IV, page 2, line 13

1 ●

PART E – Full Employment Act of 2011 Credit. Owners of qualified employers that are entities taxed under subchapters S or K of the Internal Revenue Code will report their pro rata share of credit on line 6 below.

Were you in business with 50 or fewer full and/or part-time employees on June 9, 2011? Yes No If "No", you do not qualify for this credit.

1 Number of full time employees on 12-31-2017

1	
2	
3	
4	

3 Subtract line 2 from line 1. If less than or equal to zero, STOP! You do not qualify for credit.

4 Number of qualifying new employees from line 3 that completed their first 12 months service in 2018

5 Multiply line 4 by \$1,000.00

6 Pro rata share of credit from Schedule K-1

FEIN of entity _____ (If credit from more than one entity, attach schedule.)

5

6

7 ●

PART F – Veterans Employment Act. For owners of qualified employers that are entities taxed under subchapters S or K of the Internal Revenue Code, skip Lines 1 and 2 and report your pro rata share of credit on line 3 below.

Employee Credit

1 Number of unemployed veterans included in Part E, line 4 or Schedule SBA, Part II, line 6

1	
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2 Multiply line 1 by \$1,000.00

3 Pro rata share of credit from Schedule K-1

FEIN of entity _____ (If credit from more than one entity, attach schedule.)

2

3

4 ●

PART G – Veterans Employment Act. For owners of qualified employers that are entities taxed under subchapters S or K of the Internal Revenue Code skip Lines 1 through 4 and report your pro rata share of credit on line 5 below.

Did this business start up after April 2, 2012? Yes No If "No", you do not qualify for this credit.

Business Start-up Expenses Credit

1 Name and business ID number _____

2 Enter total amount of business start-up expenses

2		
3		\$2,000 00

3 Maximum credit

4 Enter the lesser of line 2 or line 3.

4

5

5 Pro rata share of credit from Schedule K-1

FEIN of entity _____ (If credit from more than one entity, attach schedule.)

6 ●

6 **CREDIT ALLOWABLE.** Add line 4 and line 5.



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PART H – Credit for Taxes paid to a Foreign Country

Note: All dollar figures must be in U.S. dollars.

1 S Corporation/Partnership/Estate/Trust Name _____

2 FEIN _____

3 Name of country income earned in _____

4 Your pro rata share in entity	4		
5 Pro rata share of income from foreign operations	5		
6 Alabama tax imposed on pro rata share of income from foreign operations (line 5)	6		
7 Pro rata share of tax due the foreign country as shown on that country's tax return	7		
8 Tax due Alabama from Form 40, page 1, line 17	8		
9 Multiply line 7 by 50% (.50)	9		

10 CREDIT ALLOWABLE. Enter the lesser of line 6, line 8 or line 9 **10** ●

PART I – Neighborhood Infrastructure Incentive Plan Credit

Note: Do not include condominium, homeowner's or neighborhood homeowner association fees paid.

1 Local Neighborhood Infrastructure Authority District Name and Address _____

2 FEIN _____

3 Local Neighborhood Infrastructure Authority District Charter Number _____

4 Date of original assessment _____

5 Were you assessed by the Neighborhood Infrastructure Authority District between January 1, 2012 and December 31, 2015? Yes No
If "Yes" is selected, please complete lines 6 through 9 below. If "No" is selected, no credit is allowable.

6 Enter amount of voluntary assessment paid	6		
7 Multiply line 6 by 10% (.10)	7		
8 Maximum Allowable Credit	8	\$1,000	00

9 CREDIT ALLOWABLE. Enter the lesser of line 7 or line 8 **9** ●

PART J – Summary

1 TOTAL CREDITS ALLOWABLE. Add Part A, line 8, Part B, line 4, Part C, line 1, Part D, line 1, Part E, line 7, Part F, line 4, Part G, line 6, Part H, line 10, and Part I, line 9. Enter the total here and on Schedule NTC, line 4 **1** ●