

FORM **40** Alabama **2019**  
**Individual Income Tax Return**  
 RESIDENTS & PART-YEAR RESIDENTS

For the year Jan. 1 - Dec. 31, **2019** or other tax year:

Beginning: Ending: ●

Your social security number ● Spouse's SSN if joint return ●

Check if primary is deceased Primary's deceased date (mm/dd/yy) ●  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 ● ● ●  Check if address is outside U.S. Foreign Country

▶ CHECK BOX IF AMENDED RETURN ●

<b>Filing Status/Exemptions</b>	1 ● <input type="checkbox"/> \$1,500 Single	3 ● <input type="checkbox"/> \$1,500 Married filing separate. Complete Spouse SSN ●	
	2 ● <input type="checkbox"/> \$3,000 Married filing joint	4 ● <input type="checkbox"/> \$3,000 Head of Family (with qualifying person). Complete Schedule HOF	
<b>Income and Adjustments</b>	5a Alabama Income Tax Withheld (from Schedule W-2, line 18, column G) .....	<b>A – Alabama tax withheld</b>	<b>B – Income</b>
	5b Wages, salaries, tips, etc. (from Schedule W-2, line 18, column I plus J): .....	5a ●	5b ●
	6 Interest and dividend income (also attach Schedule B if over \$1,500) .....	6 ●	6 ●
	7 Other income (from page 2, Part I, line 9) .....	7 ●	7 ●
	8 <b>Total income.</b> Add amounts in the income column for line 5b through line 7 .....	8 ●	8 ●
	9 Total adjustments to income (from page 2, Part II, line 14) .....	9 ●	9 ●
	10 <b>Adjusted gross income.</b> Subtract line 9 from line 8 .....	10 ●	10 ●
	11 Box a or b <b>MUST</b> be checked. Check box a, if you <b>itemize deductions</b> , and enter amount from Schedule A, line 27. Check box b, if you <b>do not</b> itemize deductions, and enter <b>standard deduction</b> (see instructions)	11 ●	11 ●
	12 Federal tax deduction (see instructions) <b>DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)</b>	12 ●	12 ●
	13 Personal exemption (from line 1, 2, 3, or 4) .....	13 ●	13 ●
14 Dependent exemption (from page 2, Part III, line 2) .....	14 ●	14 ●	
15 <b>Total deductions.</b> Add lines 11, 12, 13, and 14 .....	15 ●	15 ●	
16 <b>Taxable income.</b> Subtract line 15 from line 10 .....	16 ●	16 ●	
17 <b>Income Tax due.</b> Enter amount from tax table or check if from ● <input type="checkbox"/> Form NOL-85A .....	17 ●	17 ●	
18 <b>Net tax due Alabama.</b> Check box if computing tax using Schedule NTC ● <input type="checkbox"/> , otherwise enter amount from line 17 ...	18 ●	18 ●	
19 Consumer Use Tax (see instructions). If you certify that no use tax is due, check box ● <input type="checkbox"/> .....	19 ●	19 ●	
20 <b>Alabama Election Campaign Fund.</b> You may make a voluntary contribution to the following: a Alabama Democratic Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input type="checkbox"/> none .....	20a ●	20a ●	
b Alabama Republican Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input type="checkbox"/> none .....	20b ●	20b ●	
21 <b>Total tax liability and voluntary contribution.</b> Add lines 18, 19, 20a, and 20b .....	21 ●	21 ●	
22 <b>Alabama income tax withheld</b> (from column A, line 5a) .....	22 ●	22 ●	
23 <b>2019</b> estimated tax payments/Automatic Extension Payment .....	23 ●	23 ●	
24 Amended Returns Only — Previous payments (see instructions) .....	24 ●	24 ●	
25 <b>Refundable Credits.</b> Enter the amount from Schedule RC, line 4 .....	25 ●	25 ●	
26 <b>Total payments.</b> Add lines 22, 23, 24, and 25 .....	26 ●	26 ●	
27 Amended Returns Only — Previous refund (see instructions) .....	27 ●	27 ●	
28 <b>Adjusted Total Payments.</b> Subtract line 27 from line 26 .....	28 ●	28 ●	
29 If line 21 is larger than line 28, subtract line 28 from line 21, and enter <b>AMOUNT YOU OWE.</b> Place payment, along with Form 40V, loose in the mailing envelope. ( <b>FORM 40V MUST ACCOMPANY PAYMENT.</b> )	29 ●	29 ●	
30 Estimated tax penalty. Also include on line 29 (see instructions page 12) .....	30 ●	30 ●	
31 If line 28 is larger than line 21, subtract line 21 from line 28, and enter amount <b>OVERPAID</b> .....	31 ●	31 ●	
32 Amount of line 31 to be applied to your <b>2020</b> estimated tax .....	32 ●	32 ●	
33 <b>Total Donation Check-offs</b> from Schedule DC, line 2 .....	33 ●	33 ●	
34 <b>REFUNDED TO YOU.</b> (CAUTION: You must sign this return on the reverse side.) Subtract lines 32 and 33 from line 31. .... For Direct Deposit, check here ● <input type="checkbox"/> and complete Part V, Page 2.	34 ●	34 ●	

You Must Attach page 2 of Federal Form 1040 or Form 1040NR if claiming a deduction on line 12.

**PART I**

1	Alimony received	1	●
2	Business income or (loss) (attach Federal Schedule C or C-EZ) (see instructions)	2	●
3	Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D)	3	●
4a	Total IRA distributions	4a	●
4b	Taxable amount (see instructions)	4b	●
5a	Total pensions and annuities	5a	●
5b	Taxable amount (see instructions)	5b	●
6	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	6	●
7	Farm income or (loss) (attach Federal Schedule F)	7	●
8	Other income (state nature and source — see instructions)	8	●
9	<b>Total other income.</b> Add lines 1 through 8. Enter here and also on page 1, line 7.	9	●

**PART II**

1a	Your IRA deduction	1a	●
1b	Spouse's IRA deduction	1b	●
2	Payments to a Keogh retirement plan and self-employment SEP deduction	2	●
3	Penalty on early withdrawal of savings	3	●
4	Alimony paid. Recipient's last name _____ SSN ● _____	4	●
5	Adoption expenses	5	●
6	Moving Expenses (Attach Federal Form 3903) to: City _____ State _____ ZIP _____	6	●
7	Self-employed health insurance deduction	7	●
8	Payments to Alabama College Counts 529 Fund or Alabama PACT Program	8	●
9	Health insurance deduction for small employer employee (see instructions)	9	●
10	Costs to retrofit or upgrade home to resist wind or flood damage	10	●
11	Deposits to a catastrophe savings account	11	●
12	Contributions to a health savings account	12	●
13	Deposit to an Alabama First-Time and Second Chance Home Buyer Saving Account (see instructions)	13	●
14	Total adjustments. Add lines 1 through 13. Enter here and also on page 1, line 9	14	●

**PART III**

1	Total number of dependents from Schedule DS, line 1b	1	●
2	<b>Amount allowed.</b> (Multiply total number of dependents claimed on line 1 by the amount on the dependent chart on page 10 of Instructions.) Enter amount here and on page 1, line 14	2	●

**PART IV**

1 **Residency** Check only one box  Full Year  Part Year From 2019 through 2019

2 Did you file an Alabama income tax return for the year 2018?  Yes  No If no, state reason \_\_\_\_\_

3 Give name and address of present employer(s). Yours \_\_\_\_\_  
Your Spouse's \_\_\_\_\_

**General Information**

4 Enter the Federal Adjusted Gross Income ● \$ \_\_\_\_\_ and Federal Taxable Income ● \$ \_\_\_\_\_ as reported on your 2019 Federal Individual Income Tax Return.

5 Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state tax refund)?  Yes  No  
If yes, enter source(s) and amount(s) below: (other than state income tax refund)

Source ●	Amount ●
Source ●	Amount ●

**PART V** For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See Page 17 of instructions to see if you qualify.)

**Direct Deposit**

1 Routing Number: \_\_\_\_\_ 2 Type:  Checking  Savings 3 Account Number: \_\_\_\_\_

4 Is this refund going to or through an account that is located outside of the United States?  Yes  No

**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) ● _____

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.

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

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 _____

**Paid Preparer's Use Only**

Firm's Name (or yours if self employed) _____	Daytime Telephone No. _____	ZIP Code _____
Address _____		