

**SCHEDULES  
A, B, D, & E**  
(FORM 40NR)

(Schedules B, D, and E are on back)  
ATTACH TO FORM 40NR — SEE INSTRUCTIONS FOR SCHEDULE A

Name(s) as shown on Form 40NR	Your social security number
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The itemized deductions you may claim for the year **2019** are similar to the itemized deductions claimed on your Federal return; however, the amounts may differ. Please see instructions before completing this schedule.

<b>Medical and Dental Expenses</b> (See page 17)	<b>CAUTION: Do not include expenses reimbursed or paid by others.</b> 1 Medical and dental expenses. . . . .	1		00			
	2 Enter amount from Form 40NR, line 12, col. B. . . . .	2	00				
	3 Multiply the amount on line 2 by 4% (.04). Enter the result. . . . .	3		00			
	4 Subtract line 3 from line 1. Enter the result. If zero or less, enter -0-. . . . .				4	●	00
<b>Taxes You Paid</b> (See page 17)	5 Real estate taxes. . . . .	5		00			
	6 FICA Tax (Social Security and Medicare) and Federal Self-Employment Tax. . . . .	6		00			
	7 Railroad Retirement. (Tier 1 only) . . . . .	7		00			
	8 Other taxes. (List – include personal property taxes.) . . . . .	8		00			
	9 Add the amounts on lines 5 through 8. Enter the total here. . . . .				9	●	00
<b>Interest You Paid</b> (See page 18)	10a Home mortgage interest and points reported to you on Federal Form 1098. . . . .	10a		00			
	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		00			
	11 Qualified mortgage insurance premiums. . . . .	11		00			
	12 Points not reported to you on Form 1098. . . . .	12		00			
<b>NOTE: Personal interest is not deductible.</b>	13 Investment interest. (Attach Form 4952A) . . . . .	13		00			
	14 Add the amounts on lines 10a through 13. Enter the total here. . . . .				14	●	00
<b>Gifts to Charity</b> (See page 18)	<b>CAUTION: If you made a charitable contribution and received a benefit in return, see page 17.</b>						
	15 Contributions by cash or check. . . . .	15		00			
	16 Other than cash or check. (You <b>MUST</b> attach Federal Form 8283 if over \$500.) . . . . .	16		00			
	17 Carryover from prior year. . . . .	17		00			
	18 Add the amounts on lines 15 through 17. Enter the total here. . . . .				18	●	00
<b>Qualified Long-Term Care</b>	<b>CAUTION: Do not include medical insurance premiums.</b>						
	19 Enter Amount . . . . .				19	●	00
<b>Miscellaneous Deductions</b> (See page 19)	20 List type and amount. (See instructions.) ▶ _____ _____						
					20	●	00
<b>Proration of Above Amounts</b> (See page 19)	21 Total itemized deductions to be prorated. (Add lines 4, 9, 14, 18, 19, and 20.) . . . . .	21			21	●	00
	22 Enter percentage (%) from Form 40NR, page 1, line 10. . . . .	22			22	●	%
	23 Multiply line 21 by the percentage on line 22. . . . .	23				23	●
<b>Alabama Casualty and Theft Losses</b>	24a Enter the amount from Federal Form 4684, line 16, attach copy. (See page 19.) . . . . .	24a		00			
	b Enter 10% of your Adjusted Gross Income. (Form 40NR, line 12, column C) . . . . .	24b		00			
	c Subtract line 24b from line 24a. If zero or less, enter -0-. . . . .				24c	●	00
<b>Alabama Job Related Expenses</b> (See page 19)	25 Unreimbursed employee expenses — job travel, union dues, job education, etc. (You <b>MUST</b> attach Federal Form 2106 if required. See instructions.) ▶ _____	25		00			
	26 Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount. ▶ _____	26		00			
	27 Add the amounts on lines 25 and 26. Enter the total here. . . . .	27		00			
	28 Multiply the amount on Form 40NR, line 12, column C by 2% (.02). Enter the result here. . . . .	28		00			
	29 Subtract line 28 from line 27. Enter the result. If zero or less, enter -0-. . . . .				29	●	00
<b>Total Itemized Deductions</b>	30 Add the amounts on lines 23, 24c, and 29. Enter the total here. Then enter on Form 40NR, page 1, line 13 and check 13a, Itemized Deductions. . . . .				30	●	00

