

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 2021 are similar to the itemized deductions claimed on your Federal return; however, the amounts may differ. Please see instructions before completing this schedule.

<i>CAUTION: Do not include expenses reimbursed or paid by others.</i>					
Medical and Dental Expenses	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
Taxes You Paid	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
Interest You Paid	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	
<i>NOTE: Personal interest is not deductible.</i>	13 Investment interest. (Attach Form 4952A).	13		00	
	14 Add the amounts on lines 10a through 13. Enter the total here.				14 ● 00
	<i>CAUTION: If you made a charitable contribution and received a benefit in return, see instructions.</i>				
Gifts to Charity	15 Contributions by cash or check.	15		00	
	16 Other than cash or check. (You MUST 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
Qualified Long-Term Care	<i>CAUTION: Do not include medical insurance premiums.</i>				
	19 Enter Amount				19 ● 00
Miscellaneous Deductions	20 List type and amount. (See instructions.) ► _____				
					20 ● 00
Proration of Above Amounts	21 Total itemized deductions to be prorated. (Add lines 4, 9, 14, 18, 19, and 20.)		21		00
	22 Enter percentage (%) from Form 40NR, page 1, line 10.		22		%
	23 Multiply line 21 by the percentage on line 22.		23		00
Alabama Casualty and Theft Losses	24a Enter the loss from Federal Form 4684, either A <input type="checkbox"/> line 15, or B <input type="checkbox"/> line 16, attach copy.	24a		00	
	b Enter 10% of your Adjusted Gross Income. (Form 40NR, line 12, column C) if box B checked, otherwise enter zero	24b		00	
	c Subtract line 24b from line 24a. If zero or less, enter -0-				24c ● 00
Alabama Job Related Expenses	25 Unreimbursed employee expenses — job travel, union dues, job education, etc. (You MUST 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-				
Total Itemized Deductions	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

Name(s) as shown on Form 40NR (Do not enter name and social security number if shown on other side) Your social security number

SCHEDULE B – Interest and Dividend Income

1 Total Income from Interest and Dividends before any exclusions	1		00	B Adjusted Gross Income from All Sources	C Adjusted Gross Income Earned in Alabama	
2 List all interest received from obligations of the Federal Government, State of Alabama, and political subdivisions of Alabama.						
a _____	2a		00			
b _____	2b		00			
c _____	2c		00			
d _____	2d		00			
3 Total. Add amounts on lines 2a, b, c, and d.	3		00			
4 TOTAL TAXABLE INCOME FROM INTEREST AND DIVIDENDS. Subtract line 3 from line 1. Enter here and also on Form 40NR, page 2, Part I, line 1, column B and C.				4	00	00

SCHEDULE D – Profit From Sale of Real Estate, Stocks, Bonds, etc.

1 Enter total gain or (loss), before any Federal exclusion, from the sale of all assets which is not taxable to the State of Alabama.	1		00	B	C	
2 Itemize all other transactions which are taxable to Alabama in columns a through f below.						
a Kind of Property & Location	b Date Acquired	c Amount Received	d Depreciation Allowable Since Acquisition	e Cost or Other Basis	f Subsequent Improvements	
3 Totals.						
4 Net profit or (loss) (total of columns c and d less total of columns e and f).	4		00		00	
5 TOTAL GAIN OR (LOSS) FROM SALE OF REAL ESTATE, STOCKS, BONDS, ETC. Add the amounts on lines 1 and 4. Enter here and on Form 40NR, page 2, Part I, line 5, columns B and C.				5	00	00

SCHEDULE E – Income From Rents, Royalties, Partnerships, Estates, Trusts, and S Corporations

PART I – Rent and Royalty Income or (Loss)

1 Enter total income or (loss) from all rents and royalties which is not taxable to Alabama.	1		00	B	C	
2 Itemize below all rent and royalty income which is taxable to Alabama.						
a Kind of Property & Location	b Amount of Rent or Royalty	c Depreciation or Depletion (attach schedule)	d Repairs (attach itemized list)	e Other Expenses (attach itemized list)		
3 Totals (columns 2b through 2e).						
4 Net profit or (loss) (column b less sum of columns 2c through 2e).	4		00		00	
5 TOTAL INCOME FROM RENTS AND ROYALTIES. Add the amounts on lines 1 and 4. Enter the totals here and include in line 8 below.				5	00	00

PART II – Income or (Loss) from Partnerships, S Corporations, Estates, or Trusts

6 List income received from partnerships, estates, trusts, and S corporations in 2021. Income from these sources not taxable to Alabama should be listed in column B only. This type income earned from Alabama sources should be listed in both columns B and C.				B	C
Name and Address	Check One	Partnership	Estate or Trust		
7 TOTAL INCOME OR (LOSS) FROM PARTNERSHIPS, S CORPORATIONS, ESTATES, AND TRUSTS. Add the amounts on lines 6a, b, and c. Enter the totals here and include in line 8 below.	7		00		00

PART III – Summary

8 TOTAL INCOME OR (LOSS). Combine the amounts on lines 5 and 7, columns B and C. Enter here and on Form 40NR, page 2, Part I, line 6, columns B and C.	8		00		00
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