

FORM 40NR Alabama 2021 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

Check if address is outside U.S. Foreign Country

CHECK BOX IF AMENDED RETURN

**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). Complete Schedule HOF.

	A – Alabama Tax Withheld		B – All Sources		C – Alabama Income	
	5	6	7	8	9	10
5 Wages, salaries, tips, etc. (From Schedule W-2, line 18, columns G, H, and I.) (Include spouse's income if married filing joint.)	5	6	7	8	9	10
6 Other income (from page 2, Part I, line 9)		6				
7 <b>Total income.</b> Add amounts in col. B then add amounts in col. C, lines 5 and 6		7				
8 Adjustments to income (from page 2, Part II, line 8)			8			
9 <b>Adjusted total income.</b> Subtract line 8 from line 7				9		
10 Alabama percentage of adjusted total income. Divide line 9, col. C, by line 9, col. B (not over 100%)						10 %
11 Other Adjustments (from page 2, Part III, line 4 and line 6)			11			
12 <b>Adjusted Gross Income.</b> Subtract line 11 from line 9				12		

**Deductions**

13 Check appropriate box. If you itemize, enter amount from Schedule A, line 30.  
 a **Itemized Deductions**  b **Standard Deduction**

14 Federal Income Tax deduction (from page 2, Part IV, line 7)

15 Personal exemption (multiply line 1, 2, 3, or 4 by percentage on line 10)

16 Dependent exemption (from page 2, Part V, line 4)

17 **Total deductions.** Add lines 13, 14, 15, and 16

**Tax**

18 **Taxable income.** Subtract line 17 from line 12, column C

19 **Tax due.** Enter amount from tax table or check if from  Form NOL-85A

20 **Net tax due Alabama.** Check box if computing tax using Schedule OC , otherwise enter amount from line 19

**Payments**

21 **Alabama Income Tax withheld** (from column A, line 5)

22 2021 estimated tax payments/Automatic Extension Payment

23 Composite tax payments/Electing PTE credit (from Schedule CP, Section B, line 1)

24 Amended Returns Only – Previous payments (see instructions)

25 **Refundable Credits.** Enter the amount from the Schedule OC, Section F, line F4

26 **Total payments.** Add lines 21 through 25

27 Amended Returns Only – Previous refund (see instructions)

28 **Adjusted total payments.** Subtract line 27 from line 26

**AMOUNT YOU OWE**

29 If line 20 is larger than line 28, subtract line 28 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 Estimated tax penalty. Also include on line 29 (see instructions)

**OVERPAID**

31 If line 28 is larger than line 20, subtract line 20 from line 28 and enter amount **OVERPAID**

32 Amount of line 31 to be applied to your **2022 estimated tax**

**REFUND** 33 **REFUNDED TO YOU.** Subtract line 32 from line 31

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  Preparer's SSN or PTIN \_\_\_\_\_ E.I. Number \_\_\_\_\_

**Paid Preparer's Use Only**

Firms's Name (or yours if self employed) \_\_\_\_\_ Daytime Telephone No. \_\_\_\_\_ ZIP Code \_\_\_\_\_

Address \_\_\_\_\_



		B – All Sources	C – Alabama Income
<b>PART I</b>	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 ●
	<b>Other Income</b>		
	5 Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D) . . . . .	5 ●	5 ●
	6 Rents, Royalties, Partnerships, Estates, Trusts, etc. (attach Schedule E) . . . . .	6 ●	6 ●
	7 Farm income or (loss) (attach Federal Schedule F) (see instructions) . . . . .	7 ●	7 ●
	8 Other income (state nature and source) _____	8 ●	8 ●
9 <b>Total other income.</b> Add lines 1-8, column B, and lines 1, 4-8, column C. Enter here and also on page 1, line 6 . . . . .	9 ●	9 ●	
<b>PART II</b>	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) . . . . . Place of new employment: _____	3 ●	3 ●
	<b>Adjustments to Income</b>		
	4 Self-employed health insurance deduction . . . . .	4 ●	4 ●
	5 Payments to Alabama College Counts 529 Fund or Alabama PACT program . . . . .	5 ●	5 ●
	6 Firefighter's Insurance Premiums . . . . .	6 ●	6 ●
	7 Contributions to an Achieving a Better Life Experience (ABLE) savings account. . . . .	7 ●	7 ●
8 <b>Adjustments to income.</b> Add lines 1-7, Column B, and lines 1, 3 through 7, Column C. Enter here and also on page 1, line 8, columns B and C . . . . .	8 ●	8 ●	
<b>PART III</b>	1 Alimony Paid . . . . .	1 ●	
	2 Adoption Expenses . . . . .	2 ●	
	<b>Other Adjustments</b>		
	3 Health insurance deduction for small employer employee . . . . .	3 ●	
	4 Add lines 1 through 3, enter here and on page 1, line 11, column B . . . . .	4 ●	
	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 ●		
<b>PART IV</b>	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>B – Federal Adjusted Gross Income</b>	
	1 Your joint federal adjusted gross income . . . . .	1 ●	
	2 Your federal adjusted gross income . . . . .	2 ●	
	3 Divide line 2 by line 1. Enter percentage here . . . . .		3 ● %
	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 ●	
<b>PART V</b>	1 Total number of dependents from Schedule DS, line 1b . . . . .		1 ●
	2 Multiply total number of dependents claimed on line 1 by the amount on the dependent chart in the instructions . . . . .		2 ●
	<b>Dependents</b>		
	3 Enter percentage from page 1, line 10 of your return . . . . . %		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 ●	
<b>PART VI</b>	1 Name of state of which you were a legal resident in 2021 _____		
	<b>General Information</b>		
	2 Did you file a return with that state for 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason why: _____		
3 If married, did your spouse receive a separate income for 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is your spouse filing a separate Alabama return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter name here. _____			
<b>All Taxpayers Must Complete This Section</b>			
4 Did you file an Alabama return for 2020? ● <input type="checkbox"/> Yes ● <input type="checkbox"/> No If no, state reason why: _____			
5 Give name and address of your present employer(s). Yours: _____ Your Spouse's: _____			
(See instructions)			
6 Enter the Adjusted Gross Income reported on your 2021 Federal Individual Income Tax Return. . . . .	6 ●		

Drivers License Info	DOB (mm/dd/yyyy) ● _____	Your state Spouse state ● _____	DL# ● _____	DL# ● _____	Iss date (mm/dd/yyyy) ● _____	Iss date (mm/dd/yyyy) ● _____	Exp date (mm/dd/yyyy) ● _____	Exp date (mm/dd/yyyy) ● _____
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