



Alabama Department of Revenue  
Alabama Adoption Tax Credit

NAME(S) AS SHOWN ON TAX RETURN

PRIMARY SOCIAL SECURITY NO.

SPOUSE SOCIAL SECURITY NO.

• \_\_\_\_\_ • \_\_\_\_\_ • \_\_\_\_\_

**PART I** – Information about your eligible child

1 Name of Child \_\_\_\_\_  
2 Social Security Number of Child \_\_\_\_\_  
3 Address of Child \_\_\_\_\_  
4 Name of Birth Mother \_\_\_\_\_  
5 Address of Birth Mother \_\_\_\_\_  
6 Name of Adoption Agency \_\_\_\_\_  
7 Address of Adoption Agency \_\_\_\_\_

8 Name of Child \_\_\_\_\_  
9 Social Security Number of Child \_\_\_\_\_  
10 Address of Child \_\_\_\_\_  
11 Name of Birth Mother \_\_\_\_\_  
12 Address of Birth Mother \_\_\_\_\_  
13 Name of Adoption Agency \_\_\_\_\_  
14 Address of Adoption Agency \_\_\_\_\_

15 Name of Child \_\_\_\_\_  
16 Social Security Number of Child \_\_\_\_\_  
17 Address of Child \_\_\_\_\_  
18 Name of Birth Mother \_\_\_\_\_  
19 Address of Birth Mother \_\_\_\_\_  
20 Name of Adoption Agency \_\_\_\_\_  
21 Address of Adoption Agency \_\_\_\_\_

22 Name of Child \_\_\_\_\_  
23 Social Security Number of Child \_\_\_\_\_  
24 Address of Child \_\_\_\_\_  
25 Name of Birth Mother \_\_\_\_\_  
26 Address of Birth Mother \_\_\_\_\_  
27 Name of Adoption Agency \_\_\_\_\_  
28 Address of Adoption Agency \_\_\_\_\_

29 Name of Child \_\_\_\_\_  
30 Social Security Number of Child \_\_\_\_\_  
31 Address of Child \_\_\_\_\_  
32 Name of Birth Mother \_\_\_\_\_  
33 Address of Birth Mother \_\_\_\_\_  
34 Name of Adoption Agency \_\_\_\_\_  
35 Address of Adoption Agency \_\_\_\_\_



**PART II** — Adoption Credit

<b>1</b>	Enter total number of children adopted from Part 1 .....	<b>1</b>	
<b>2</b>	Allowable credit per child .....	<b>2</b>	\$1,000 00
<b>3</b>	Multiply line 1 by line 2. ....	<b>3</b>	
<b>4</b>	Enter amount from Schedule NTC, line 9 .....	<b>4</b>	
<b>5</b>	Enter the lesser of line 3 or line 4. Enter amount here and on Schedule NTC, line 10 .....	<b>5</b>	
<b>6</b>	<b>Refundable Amount.</b> Subtract line 5 from line 3. Enter amount here and on Form 40 or Form 40NR, page 1, line 26. ....	<b>6</b>	