



Alabama Individual Nonresident Income Tax Return

Your first name ●	Initial ●	Last name ●	Your social security number ●	Check if primary is deceased ● <input type="checkbox"/>	Primary's deceased date (mm/dd/yy) ●
Spouse's first name ●	Initial ●	Last name ●	Spouse's social security number if joint return ●	Check if spouse is deceased ● <input type="checkbox"/>	Spouse's deceased date (mm/dd/yy) ●

Present home address (number and street or P.O. Box number)
●

CHECK BOX IF AMENDED RETURN ● **ADOR**

City, town or post office ●	State ●	ZIP Code ●	Check if address is outside U.S. ● <input type="checkbox"/>	Foreign Country
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Filing Status/ Exemptions

1 ● \$1,500 Single 3 ● \$1,500 Married filing separate. Complete Spouse SSN ●

2 ● \$3,000 Married filing joint 4 ● \$3,000 Head of Family (with qualifying person). Complete Schedule HOF.

	A Ala. Tax Withheld		B All Sources		C Alabama Income	
	5 ●	00	5 ●	00	5 ●	00
Income and Adjustments						
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 ●	00	5 ●	00	5 ●	00
6 Other income (from page 2, Part I, line 9)	6 ●	00	6 ●	00	6 ●	00
7 Total income. Add amounts in column B then add amounts in column C, lines 5 and 6.	7 ●	00	7 ●	00	7 ●	00
8 Adjustments to income (from page 2, Part II, line 7)	8 ●	00	8 ●	00	8 ●	00
9 Adjusted total income. Subtract line 8 from line 7.	9 ●	00	9 ●	00	9 ●	00
10 Alabama percentage of adjusted total income. Divide line 9, column C, by line 9, column B (not over 100%).	10 ●	%	10 ●	%	10 ●	%
11 Other Adjustments (from page 2, Part III, line 4 and line 6)	11 ●	00	11 ●	00	11 ●	00
12 Adjusted Gross Income. Subtract line 11 from line 9.	12 ●	00	12 ●	00	12 ●	00
Deductions						
13 Check appropriate box. If you itemize, enter amount from Schedule A, line 29. ● <input type="checkbox"/> Itemized Deductions ● <input type="checkbox"/> Standard Deduction	Box a or b MUST be checked					
14 Federal Income Tax deduction (from page 2, Part IV, line 7)	13 ●	00	14 ●	00	14 ●	00
15 Personal exemption (multiply line 1, 2, 3, or 4 by percentage on line 10)	15 ●	00	15 ●	00	15 ●	00
16 Dependent exemption (from page 2, Part V, line 4)	16 ●	00	16 ●	00	16 ●	00
17 Total deductions. Add lines 13, 14, 15, and 16	17 ●	00	17 ●	00	17 ●	00
18 Taxable income. Subtract line 17 from line 12, column C	18 ●	00	18 ●	00	18 ●	00
Tax						
19 Tax due. Enter amount from tax table or check if from ● <input type="checkbox"/> Form NOL-85A	19 ●	00	19 ●	00	19 ●	00
20 Net tax due Alabama. Check box if computing tax using Schedule NTC ● <input type="checkbox"/> , otherwise enter amount from line 19.	20 ●	00	20 ●	00	20 ●	00
Payments						
21 Alabama Income Tax withheld (from column A, line 5)	21 ●	00	21 ●	00	21 ●	00
22 2019 estimated tax payments/Automatic Extension Payment	22 ●	00	22 ●	00	22 ●	00
23 Composite tax payments (from page 2, Part VI, line 7)	23 ●	00	23 ●	00	23 ●	00
24 Amended Returns Only — Previous payments (see instructions)	24 ●	00	24 ●	00	24 ●	00
25 Refundable Credits. Enter the amount from the Schedule RC, line 4	25 ●	00	25 ●	00	25 ●	00
26 Total payments. Add lines 21 through 25	26 ●	00	26 ●	00	26 ●	00
27 Amended Returns Only — Previous refund (see instructions)	27 ●	00	27 ●	00	27 ●	00
28 Adjusted total payments. Subtract line 27 from line 26	28 ●	00	28 ●	00	28 ●	00
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.)	29 ●	00	29 ●	00	29 ●	00
30 Estimated tax penalty. Also include on line 29 (see instructions page 11)	30 ●	00	30 ●	00	30 ●	00
OVERPAID						
31 If line 28 is larger than line 20, subtract line 20 from line 28 and enter amount OVERPAID	31 ●	00	31 ●	00	31 ●	00
32 Amount of line 31 to be applied to your 2020 estimated tax	32 ●	00	32 ●	00	32 ●	00
REFUND						
33 REFUNDED TO YOU. Subtract line 32 from line 31	33 ●	00	33 ●	00	33 ●	00

● 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

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed) and address	Daytime telephone no. ()	E.I. No.	ZIP Code



PART I		B — All Sources		C — Alabama Sources	
Other Income (See page 12)	1 Interest and dividend income (attach Schedule B if over \$1500.00)	1 ●	00	1 ●	00
	2 Alimony received	2 ●	00		
	3 Taxable portion of pensions and annuities (see instructions)	3 ●	00		
	4 Business income or (loss) (attach Federal Schedule C) (see instructions)	4 ●	00	4 ●	00
	5 Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D)	5 ●	00	5 ●	00
	6 Rents, Royalties, Partnerships, Estates, Trusts, etc. (attach Schedule E)	6 ●	00	6 ●	00
	7 Farm income or (loss) (attach Federal Schedule F) (see instructions)	7 ●	00	7 ●	00
	8 Other income (state nature and source)	8 ●	00	8 ●	00
	9 Total other income. Add lines 1 through 8, column B, and lines 1, 4 through 8, column C. Enter here and also on page 1, line 6	9 ●	00	9 ●	00
PART II		B — All Sources		C — Alabama Sources	
Adjustments to Income (See page 14)	1 IRA deduction, Keogh retirement plan, and self-employed SEP deduction	1 ●	00	1 ●	00
	2 Penalty on early withdrawal of savings	2 ●	00		
	3 Moving Expenses (Attach Federal Form 3903) Place of new employment: City _____ State _____ ZIP _____	3 ●	00	3 ●	00
	4 Self-employed health insurance deduction	4 ●	00	4 ●	00
	5 Payments to Alabama College Counts 529 Fund or Alabama PACT program	5 ●	00	5 ●	00
	6 Contributions to a health savings account	6 ●	00	6 ●	00
	7 Adjustments to income. Add lines 1-6, Column B, and lines 1, 3 through 6, Column C. Enter here and also on page 1, line 8, columns B and C	7 ●	00	7 ●	00
PART III		B — All Sources		C — Alabama Sources	
Other Adjustments (See page 14)	1 Alimony Paid	1 ●	00		
	2 Adoption Expenses	2 ●	00		
	3 Health insurance deduction for small employer employee	3 ●	00		
	4 Add lines 1 through 3, enter here and on page 1, line 11, column B	4 ●	00		
	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 ●	00		
PART IV		B — Federal Adjusted Gross Income		C — Alabama Federal Tax Deduction Computation	
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.					
Federal Income Tax Deduction (See page 14)	1 Your joint federal adjusted gross income	1 ●	00		
	2 Your federal adjusted gross income	2 ●	00		
	3 Divide line 2 by line 1. Enter percentage here			3 ●	%
	4 Enter Federal Income Tax Liability from worksheet (see instructions)			4 ●	00
	5 If you completed lines 1 through 3 above, multiply line 4 by the percentage from line 3			5 ●	00
	6 Enter percentage from page 1, line 10			6 ●	%
	7 If you completed lines 1 through 3 above, multiply line 5 by the percentage on line 6. Otherwise multiply line 4 by the percentage on line 6			7 ●	00
PART V		B — All Sources		C — Alabama Sources	
Dependents	1 Total number of dependents from Schedule DS, line 1b	1 ●		1 ●	
	2 Multiply total number of dependents claimed on line 1 by the amount on the dependent chart on page 9 of instructions	2 ●		2 ●	00
	3 Enter percentage from page 1, line 10 of your return	3 ●	%	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 ●		4 ●	00
PART VI		B — All Sources		C — Alabama Sources	
General Information	1 Name of state of which you were a legal resident in 2019 _____				
	2 Did you file a return with that state for 2019? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason why: _____				
	3 If married, did your spouse receive a separate income for 2019? <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. _____				
	4 Did you file an Alabama return for 2018? <input checked="" type="radio"/> Yes <input type="radio"/> No If no, state reason why: _____				
	5 Give name and address of your present employer(s). Yours: _____ Your Spouse's: _____				
	6 Enter the Adjusted Gross Income reported on your 2019 Federal Individual Income Tax Return	6 ●		6 ●	00
	7 If you are a shareholder or partner in an Alabama S Corporation or Partnership which filed the Alabama Form PTE-C, complete the following information: S Corporation's/Partnership's name _____ FEIN _____ Amount of payment made by the S Corporation or Partnership on your behalf on the PTE-C Composite Return			7 ●	00
Enter here and on page 1, line 23. _____					

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) ● _____