

FORM
40A

2020



Alabama Individual Income Tax Return

FULL YEAR RESIDENTS ONLY

For the year Jan. 1 - Dec. 31, 2020, or other tax year: Beginning: Ending: ●			
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. <input type="checkbox"/>		Foreign Country	
●			

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

▶ CHECK BOX IF AMENDED RETURN ● ☐

Filing Status/Exemptions	1 ● <input type="checkbox"/> \$1,500 Single	3 ● <input type="checkbox"/> \$1,500 Married filing separate. Complete Spouse SSN ●			
	2 ● <input type="checkbox"/> \$3,000 Married filing joint	4 ● <input type="checkbox"/> \$3,000 Head of Family (with qualifying person).			
Income and Adjustments	5a Alabama Income Tax Withheld (from Schedule W-2, line 18, column G)	A — Alabama tax withheld	B — Income		
	5b Wages, salaries, tips, etc. (from Schedule W-2, line 18, column I plus J)	5a ●	00	5b ●	00
	6 Interest and dividend income. If over \$1,500.00, use Form 40.	6 ●	00	6 ●	00
	7 Total income. Add lines 5b and 6 (column B)	7 ●	00	7 ●	00
Deductions <small>If claiming a deduction on line 9, you must attach page 1, 2 and Schedule 1 of your Federal Return, if applicable.</small>	8 Standard Deduction (enter amount from table on page 9 of instructions)	8 ●	00		
	9 Federal tax deduction (see instructions)	9 ●	00		
	DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)				
	10 Personal exemption (from line 1, 2, 3, or 4)	10 ●	00		
	11 Dependent exemptions (from page 2, Part II, line 2)	11 ●	00		
	12 Total deductions. Add lines 8, 9, 10, and 11	12 ●	00		
	13 Taxable income. Subtract line 12 from line 7. Enter the result	13 ●	00		
	14 Find the tax for the amount on line 13. Use the tax table in the Instruction Booklet	14 ●	00		
	15 Consumer Use Tax (see instructions). If you certify that no use tax is due, check box ● <input type="checkbox"/>	15 ●	00		
	16 You may make a voluntary contribution to: a Alabama Democratic Party	16a ●	00		
	b Alabama Republican Party	16b ●	00		
	17 Total tax liability and voluntary contribution. Add lines 14, 15, 16a, and 16b	17 ●	00		
18 Alabama income tax withheld (from column A, line 5a)	18 ●	00			
19 Automatic Extension Payment	19 ●	00			
20 Amended Returns Only — Previous payments (see instructions)	20 ●	00			
21 Total payments. Add lines 18, 19 and 20	21 ●	00			
22 Amended Returns Only — Previous refund (see instructions)	22 ●	00			
23 Adjusted Total Payments. Subtract line 22 from line 21	23 ●	00			
AMOUNT YOU OWE	24 If line 17 is larger than line 23, subtract line 23 from line 17, and enter AMOUNT YOU OWE. Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.)	24 ●			00
OVERPAID	25 If line 23 is larger than line 17, subtract line 17 from line 23 and enter amount OVERPAID	25 ●			00
Donations	26 Total Donation Check-offs from page 2, Part IV, line 2.	26 ●			00
REFUND	27 REFUNDED TO YOU. Subtract line 26 from line 25. (You MUST SIGN this return before your refund can be processed.)	27 ●			00

Sign Here
In Black InkKeep a copy
of this return
for your records.

● <input type="checkbox"/> 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.			
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 <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**General Information****All Taxpayers Must Complete This Section**

- 1 Were you (and your spouse, if married filing jointly) a resident of Alabama for the entire year 2020? ☐ Yes ☐ No
If you checked no, **DO NOT COMPLETE THIS FORM.** See "Which Form To File" on page 5 of instructions.
- 2 Did you file an Alabama income tax return for the year 2019? ☐ Yes ☐ No
If you checked no, state the reason for not filing. _____
- 3 Give name and address of your present employer:
Yourself _____
Your Spouse _____
- 4 Your occupation _____ Spouse's occupation _____
- 5 Enter the Federal Adjusted Gross Income ●\$ _____ and Federal Taxable Income ●\$ _____ as reported on your 2020 Federal Individual Income Tax Return.
- 6 Do you have income which is reported on your Federal return, but not reported on your Alabama return? ☐ Yes ☐ No
If yes, enter source(s) and amount(s) below (other than state income tax refund):
Source ● Amount ●\$ _____
Source ● Amount ●\$ _____
Source ● Amount ●\$ _____

PART II**Dependents**

Do not include yourself or your spouse

(See page 10)

1a Dependents: (1) First name	Last name	(2) Dependent's social security number.	(3) Dependent's relationship to you.	(4) Did you provide more than one-half dependent's support?

b Total number of dependents claimed above 0

2 **Amount allowed.** (Multiply the total number of dependents claimed on line 1b by the amount from the dependent chart below.)
Use the following chart to determine the per-dependent exemption amount:

Amount on Line 7, Page 1	Dependent Exemption
0 – 20,000	1,000
20,001 – 100,000	500
Over 100,000	300

Enter amount here and on page 1, line 11 2 00

PART III**Federal Tax Liability Deduction**

- 1 Enter the Federal Income Tax Liability from worksheet (see instructions) here and on line 9, page 1 1 00

PART IV**Donation Check-offs**

1 You may donate all or part of your overpayment. (Enter the amount in the appropriate boxes.)

a Senior Services Trust Fund	1a ●	00	j Alabama Firefighters Annuity and Benefit Fund	1j ●	00
b Alabama Arts Development Fund	1b ●	00	k Alabama Breast & Cervical Cancer Program	1k ●	00
c Alabama Nongame Wildlife Fund	1c ●	00	l Victims of Violence Assistance	1l ●	00
d Child Abuse Trust Fund	1d ●	00	m Alabama Military Support Foundation	1m ●	00
e Alabama Veterans Program	1e ●	00	n Alabama Veterinary Medical Foundation	1n ●	00
f Alabama State Historic Preservation Fund	1f ●	00	o Spay-Neuter Program	1o ●	00
g Alabama State Veterans Cemetery at Spanish Fort Foundation, Incorporated	1g ●	00	p Cancer Research Institute	1p ●	00
h Foster Care Trust Fund	1h ●	00	q Alabama Association of Rescue Squads	1q ●	00
i Mental Health	1i ●	00	r USS Battleship Commission	1r ●	00
			Children First Trust Fund	1r ●	00

2 **Total Donations.** Add lines 1a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, and r. Enter here and on page 1, line 26 2 00

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) ● _____

WHERE TO FILE FORM 40A

If you are receiving a refund, Form 40A, line 27, mail your return to: **Alabama Department of Revenue, P.O. Box 154, Montgomery, AL 36135-0001**
If you are making a payment, Form 40A, line 24, mail your return to: **Alabama Department of Revenue, P.O. Box 2401, Montgomery, AL 36140-0001**
If you are not receiving a refund or making a payment, mail your return to: **Alabama Department of Revenue, P.O. Box 327469, Montgomery, AL 36132-7469**
Mail **only** your 2020 Form 40A to one of the above addresses. Prior year returns, amended returns, and all other correspondence should be mailed to Alabama Department of Revenue, P.O. Box 327464, Montgomery, AL 36132-7464.