

2020



## Alabama Individual Nonresident Income Tax Return

Your first name  Spouse's first name			Initial Last name				You	r social secu	ocial security number			Check if primary is deceased				Primary's deceased date (mm/dd/yy)			
			Initial	Last name			Spo	use's social	's social security number if joint return				e is deceased		Spouse's deceased date (mm/dd/yy)				
•			•	•		•			, ,			• 🗆			•				
Present home address (n	umbe	r and stre	et or P.O. Bo	Box number)			'			CHEC	ск во	X IF AN	IENDED	RET	JRN	• 🗌		ADOR	
City, town or post office						State	ZIP Code			Chec	k if addre	SS Foreig	gn Country						
•						•	•			• 🔲 is out									
Filing Status/	1	• [	\$1,50	00 Single	3 ● _	] \$1,500 N	Married fili	ng separa	ate. Comple	te Spouse S	SN ●_								
Exemptions	2	• [	\$3,00	00 Married filing joint	4 ●	] \$3,000 F	lead of Fa	amily (with	h qualifying	person). Co	nplete S	Schedule	HOF.						
	Magas salaries tips at /From Schodulo W 2 line 18 columns G Ala.Tax Withheld											ΔΙΙ Ο	<b>B</b> Sources			<b>C</b> Alabama Income			
	5	-	Wages, salaries, tips, etc. (From Schedule W-2, line 18, columns G,					-			_		ouices	100			ina mcome		
	_		H, and I.) (Include spouse's income if married filing joint.)							00		•		00	5			00	
Income	6											•		00	6	•		00	
	7	<b>Total income.</b> Add amounts in column B then add amounts in column C, lines 5 and 6									-	•		00	7	•		00	
and	8	-										•		00	8	•		00	
Adjustments	9	•											00	10	•		00 %		
	10	, , , , , , , , , , , , , , , , , , ,												00	11	•		00	
	11 12		Other Adjustments (from page 2, Part III, line 4 and line 6)											00	12	•		00	
Deductions	13												UST be che		12	_		100	
Deductions	10		Check appropriate box. If you itemize, enter amount from Schedule A, line 30.  • a   Itemized Deductions • b   Standard Deduction							13		001 00 0110	00	1					
You Must Attach a	14	_		me Tax deduction (from	nane 2 Par		_												
Complete copy of Federal Return, if	15			•										00	1				
claiming a deduction	16	Personal exemption (multiply line 1, 2, 3, or 4 by percentage on line 10)  Dependent exemption (from page 2, Part V, line 4)												00	1				
on line 14.	17												1	17	•		00		
	18			ome. Subtract line 17 fro											18	•		00	
Tax	19			ter amount from tax table										00				+	
	20			Alabama. Check box if											20	•		00	
	21			come Tax withheld (from								1		00					
	22	2020 estimated tax payments/Automatic Extension Payment												00					
	23	Composite tax payments (from Schedule CP, line 1)											00						
Payments	24	Amended Returns Only — Previous payments (see instructions)								24 •				00					
Staple Form(s) W-2, W-2G, and/or 1099	25	Ref	Refundable Credits. Enter the amount from the Schedule OC, Section F, line F4								. 25	•		00					
here. Attach Schedule	26	Total payments. Add lines 21 through 25.										26	•		00				
W-2 to return.	27	Amended Returns Only – Previous refund (see instructions)													27	•		00	
	28	Adjı	usted tot	<b>tal payments.</b> Subtract l	ine 27 from	line 26									28	•		00	
AMOUNT	29	If lin	e 20 is la	arger than line 28, subtra	ct line 28 fro	om line 20,	and enter	AMOUN	IT YOU OW	Æ.									
YOU OWE		Plac	e payme	ent, along with Form 40V	, loose in the	e mailing e	nvelope. (	FORM 4	OV MUST A	CCOMPAN	PAYN	IENT.)	29	•				00	
TOOOWL	30			x penalty. Also include o										00					
OVERPAID	31	If lin	e 28 is la	arger than line 20, subtra	ct line 20 fro	om line 28	and enter	amount (	OVERPAID						31	•		00	
	32	Amo	ount of lin	ne 31 to be applied to you	ur <b>2021 esti</b>	imated tax									32	•		00	
REFUND	33	REF	UNDED	TO YOU. Subtract line 3	32 from line	31									33	•		00	
Sign Here	_	true, co	penalties rrect, and	rize a representative of the soft perjury, I declare the domplete. Declaration	at I have ex	amined thi	is return a	nd accon	npanying sc	hedules and mation of wh	statem	ents, and parer has	to the bes	ledge.		edge and	belief, they ar	re	
In Black Ink Keep a copy of this return	•							Date		( )				ur occupation					
for your records.											se's occ	s occupation							
Paid Preparer's		Prepare signatu								Date		CI se	neck if elf-employe	ed [	Pr   •	eparer's S	SSN or PTIN	<b>▲</b>	
Use Only	F	irm's name (or yours self-employed)						Daytime telephone no. ( )					E.I. No.						
		and address												ZIP (	Code				



ADOR

PART I				B — All Sources			C — Alabama Sou	rces				
	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							
0.1	4	Business income or (loss) (attach Federal Schedule C) (see instructions)	4	•	00	4	•	00				
Other	5	Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D)	5	•	00	5	•	00				
Income	6	Rents, Royalties, Partnerships, Estates, Trusts, etc. (attach Schedule E)	6	•	00	6	•	00				
(See page 11)	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.					1	<del>  "</del>				
		Enter here and also on page 1, line 6	9	•	00	9	•	00				
PART II	1	IRA deduction, Keogh retirement plan, and self-employed SEP deduction	1	•	00		•	00				
	2	Penalty on early withdrawal of savings	2		00							
	3	Moving Expenses (Attach Federal Form 3903)										
Adjustments		Place of new employment: City State ZIP	3	•	00	3	•	00				
to Income		Self-employed health insurance deduction	4	•	00	4	•	00				
(See page 12)	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	Firefighter's Insurance Premiums.	7	•	00	7	•	00				
	8	Adjustments to income. Add lines 1-7, Column B, and lines 1, 3 through 7, Column C.						<del>  ""</del>				
		Enter here and also on page 1, line 8, columns B and C	8	•	00	8	•	00				
PART III	1	Alimony Paid	1	•	00	Ť		100				
	2	Adoption Expenses	2	•	00							
Other	3	Health insurance deduction for small employer employee	3	•	00							
Adjustments		Add lines 1 through 3, enter here and on page 1, line 11, column B	4	•	00							
(See page 13)	5	Enter percentage from page 1, line 10.	5	•	%							
, , ,		Multiply line 4 by line 5. Enter here and also page 1, line 11, column C	6	•	00							
PART IV	_	If you are filing separately on your Alabama return and jointly on your Federal return, complete all lines	Ť	B — Federal Adjusted			C — Alabama Fed	leral				
		below. Otherwise, omit lines 1 through 3.	Gross Income				Tax Deduction Computation					
	1	Your joint federal adjusted gross income	1	•	00							
Federal	2	Your federal adjusted gross income		•	00							
Income Tax	3	Divide line 2 by line 1. Enter percentage here				3	•	%				
Deduction	4	Enter Federal Income Tax Liability from worksheet (see instructions)				4	•	00				
(See page 13)	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	7	•	00							
PART V	1		1	•	00							
	2	Multiply total number of dependents claimed on line 1 by the amount on the dependent chart on page 9 of				2	•	00				
Dependents	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 an					•	00				
PART VI	1	Name of state of which you were a legal resident in 2020		,				100				
	2	Did you file a return with that state for 2020? Yes No If no, state reason why:										
General												
Information	3	If married, did your spouse receive a separate income for 2020? Yes No If yes, is your s	nous	e filing a separate Alaba	ma re	turn?	Yes No					
miomiation	٠	If yes, enter name here.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	g pa. a.o /aba								
All Taxpayers	4	Did you file an Alabama return for 2019? ● Yes ● No If no, state reason why:										
Must Complete		Give name and address of your present employer(s). Yours:										
This Section	٠	Your Spouse's:										
(See page 14)	6	Enter the Adjusted Gross Income reported on your 2020 Federal Individual Income Tax Return				6	•	00				
		· · · · · · · · · · · · · · · · · · ·										
Drivers	(m	m/dd/yyyy) • state • DL# • (mm/dd/yy	ууу) •		(mm	date n/dd/yyy date	y) •					
License Info	'n	DB Spouse Iss date			⊏xb	uale	. •					