

2021



Alabama Individual Nonresident Income Tax Return

			1	1						I				I								
Your first name ●			Initial	Las	Last name					Your soc	ur social security number			Check if primar		y is deceased		Prim	ary's c	leceased date ((mm/dd/yy)	
•			•	•					•					• 🗌			•					
Spouse's first name			Initial	Las	Last name				Spouse's social security number if joint return				Check if spouse is deceased				Spouse's deceased date (mm/dd/yy)					
•			•	•	•					•					• 🗌			•				
Present home address (r	numb	er and street	or P.O. Bo	ox numb	ber)																	
•													CHEC	к во	X IF	AMEND	DED RE	TUI	RN	• 📙		
City, town or post office								State	ZIP Cod	de			Check	k if addre	ss F	oreign Coun	itry					
•								•	•				• is out:									
Filing Status/	1	• [\$1,500	0 Sinc			3 ● 🗆] \$1.500	Married	l filina s	eparate.		te Spouse S									
Exemptions	2	_ =		-	ried filing jo		4 ● □			-	•		person). Coi	_	Schedi	ule HOF						
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	5	Wana	Wages, salaries, tips, etc. (From Schedule W-2, line 18, columns G, Ala.Tax Withheld									All Sources					Income					
	٠	-	H, and I.) (Include spouse's income if marr.							-	5 •		00	5		00		<u> </u>	5	•	00	
Income and Adjustments	6														•			00	_	•	00	
	6													· — -	•		-	_	_			
	,													` `	-		-	00		•	00	
	8	•						,						` — —	•		-	00		•	00	
	9	,												00	_	•	00					
	10			-														_		•	%	
	11																	-		•	00	
	12	Adjus	ted Gro	oss In	icome. Su	btract line	11 from	line 9						. 12	•		(00	12	•	00	
Deductions	13	Checl	theck appropriate box. If you itemize, enter amount from Schedule A, line 30. Box a or b MUST to the schedule A in the									b MUST be	e checked									
		● a	Ite	emize	ed Deduction	ons		● b	Stan	dard D	Deduction	n		13	•		(00				
You Must Attach a Complete copy of	14	Fede	al Incon	ne Ta	x deduction	n (from pag	e 2, Pai	t IV, line i	7)					. 14	•		(00				
Federal Return, if	15	Perso	nal exe	mptio	n (multiply l	line 1, 2, 3,	or 4 by	percentag	ge on lin	ne 10).				. 15	•		(00				
claiming a deduction on line 14.	16	Depe	ndent ex	xempt	ion (from p	age 2, Part	V, line	4)						. 16	•		(00				
	17	Total	deduct	tions.	Add lines 1	13, 14, 15,	and 16												17	•	00	
	18	Taxal	ole inco	me. S	Subtract line	e 17 from li	ne 12, c	olumn C.											18	•	00	
Tax	19	Tax d	ue. Ente	er am	ount from t	ax table or	check if	from •	☐ For	m NOL	-85A			. 19	•		(0				
	20												enter amou		line 19	9		_	20	•	00	
	21															·		0			- 1	
	22														•			00				
	23														•			00				
Payments	24													H	_			00				
Staple Form(s) W-2,	25													-				00				
W-2G, and/or 1099 here. Attach Schedule W-2 to return.									,		,				1			_	26	•	00	
																			27	•	00	
	27				•		,		,									-	28	•	00	
	28												······			·····			20	•	00	
AMOUNT	29			-	han line 28,									/ DAVI			00				00	
YOU OWE	•			,	nt, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.) penalty. Also include on line 29 (see instructions)																	
	30														1			00		_	100	
OVERPAID	31			-															_	•	00	
	32																		32	•	00	
REFUND	33	REFU	INDED :	TO YO	30. Subtrac	ct line 32 fr	om line	31											33	•	00	
		$\bullet \bigsqcup$	I author	ize a r	representat	tive of the D	Departm	ent of Rev	venue to	o discu	ss my ret	urn and	attachments	with m	y prep	arer.						
		Under p	enalties	s of pe	erjury, I de	clare that I	have ex	camined tl	his retur	n and	accompa	nying sc	hedules and	statem	ents, a	and to the	best of	my kr	nowle	edge and be	elief, they are	
Sign Here		true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.																				
In Black Ink	Your sign	our signature Date Daytime telephone number Your occupa											patio	ation								
Кеер а сору													()									
of this return for your records.		Spouse's signature (if joint return, BOTH must sign) Date Daytime telephor									ne num	nber S	pouse's	occup	oation	1						
.c. your rooords.													()	()								
Paid	_	Preparer	arer's Date Chack if									 F		Pre	parer's SSN	N or PTIN						
		signature								Check if self-emplo			oloyed		•		◄					
Preparer's		- jirm <u>'</u> s na	s name (or yours Daytime telephone no () F									E.I. No.										
Use Only		f self-em and addr	employed)										IP Co	P Code								
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► MAIL FORM 40NR TO: SEE INSTRUCTIONS



PART I B – All Sources			C - Alabama Sources					
1 Interest and dividend income (attach Schedule B if over \$1500.00)	00	1	• 0	00				
2 Alimony received	00			_				
	00							
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)	00	5		00				
Income 6 Rents. Royalties. Partnerships. Estates. Trusts. etc. (attach Schedule F)	00	6		00				
(See Instructions)	00	7		00				
	00	8		00				
9 Total other income. Add lines 1 through 8, column B, and lines 1, 4 through 8, column C.				Ť				
	00	9	• 0	00				
	00	1		00				
	00							
3 Moving Expenses (Attach Federal Form 3903)								
Adjustments Place of new employment: City State ZIP 3	00	3	• 0	00				
TO Income A Self-employed health insurance deduction	00	4		00				
(See instructions)	00	5		00				
· · · · · · · · · · · · · · · · · · ·	00	6		00				
The state of the s	00	7		00				
8 Adjustments to income. Add lines 1-7, Column B, and lines 1, 3 through 7, Column C.	"	•	- 0					
	00	8	• 0	00				
	00		- 10					
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The second secon	00							
Carlot	00							
,	%							
	00							
PART IV If you are filing separately on your Alabama return and jointly on your Federal return, complete all lines B — Federal Adjusted	,,,		C — Alabama Federal					
	below. Otherwise, omit lines 1 through 3.							
below. Otherwise, other mice i unoughto.	00		x Deduction Computation					
	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 instructions) 5 If you completed lines 1 through 3 above, multiply line 4 by the percentage from line 3		5		00				
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.		<u>6</u> 7		%)0				
PART V 1 Total number of dependents from Schedule DS, line 1b	-			00				
2 Multiply total number of dependents claimed on line 1 by the amount on the dependent chart in the instructions		1_						
Dominate de la constante de la		•						
	[2	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	00				
•	[3	• 9	%				
4 Dependent exemption allowable. Multiply the amount on line 2 by the percentage on line 3. Enter here and on page 1, line 16	[3	• 9					
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4 Dependent exemption allowable. Multiply the amount on line 2 by the percentage on line 3. Enter here and on page 1, line 16	[3	• 9	%				
PART VI 1 Name of state of which you were a legal resident in 2021 2 Did you file a return with that state for 2021? Yes No If no, state reason why: General		3 4	9	%				
PART VI 1 Name of state of which you were a legal resident in 2021 2 Did you file a return with that state for 2021? Yes No If no, state reason why: General Information 3 If married, did your spouse receive a separate income for 2021? Yes No If yes, is your spouse filing a separate Alabam		3 4	9	%				
PART VI 1 Name of state of which you were a legal resident in 2021 2 Did you file a return with that state for 2021? Yes No If no, state reason why: General Information 3 If married, did your spouse receive a separate income for 2021? Yes No If yes, is your spouse filing a separate Alabam If yes, enter name here.		3 4	9	%				
PART VI 1 Name of state of which you were a legal resident in 2021 2 Did you file a return with that state for 2021?		3 4	9	%				
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All Taxpayers Must Complete This Section Dependent exemption allowable. Multiply the amount on line 2 by the percentage on line 3. Enter here and on page 1, line 16	a retu	3 4	• 9 • 0	00				
PART VI 1 Name of state of which you were a legal resident in 2021 2 Did you file a return with that state for 2021?	a retu	3 4 urn?	• 9 • 0	%				
All Taxpayers Must Complete This Section Dependent exemption allowable. Multiply the amount on line 2 by the percentage on line 3. Enter here and on page 1, line 16	a retu	3 4 urn? 6 ate	● 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	00				