



Alabama Department of Revenue Schedule A–Itemized Deductions

2021

(Schedules B, D, and E are on back) ATTACH TO FORM 40NR — SEE INSTRUCTIONS FOR SCHEDULE A

NOTE: Personal interest is not 11 Qualified mortgage insurance premiums 12 Quo Qualified Qualified mortgage insurance premiums 12 Quo Qualified Qualifi	Name(s) as shown on	Forr	m 40NR				You	ur social security number	
Medical and Dental Expenses 2 Enter amount on From 40NR, line 12 cot 8 2 00 3 00 4 ■ 00	The itemized deductionstructions before constructions	tions ompl	you may claim for the year 2021 are similar to the itemized deductions claimed ceting this schedule.	on you	r Federal return; howe	ver, t	he am	nounts may differ. Pleas	se see
Medical and Dental Expenses 2 Enter amount on From 40NR, line 12 cot 8 2 00 3 00 4 ■ 00			CAUTION: Do not include expenses reimbursed or paid by others.						
Dental Expenses 2 Enter amount from Form 404R-I, line 12, cot. B 2 0.0 3 0.0	Medical and	1		1		00			
3 Multiply the amount on line 2 by 4% (As), Enter the result 3 0.0 4 0.0		2							
4 Subtract line 3 from line 1. Enter the result It zero or less, enter -0 -		_		3		00			
5 Field estate taxos 5 0.0							4	•	00
Taxes You Paid 6 FICA Tax (Social Security and Medicare) and Federal Self-Employment Tax						00			
Taxes You Paid 7		6		6					
8 Other taxes. (List – include personal property taxes.) 9 Add the amounts on lines 5 through 8. Enter the total here. 10a Home mortgage interest end points reported to you on Federal Form 1098. 11b Home mortgage interest end points reported to you on Federal Form 1098. 11b Home mortgage interest end points reported to you on Federal Form 1098. 11b Home mortgage interest end points reported to you on Federal Form 1098. 11b Home mortgage interest end points reported to you on Federal Form 1098. 11b Home mortgage interest end points reported to you on Federal Form 1098. 11b Home mortgage interest end points reported to you on Federal Form 1098. 11b Home mortgage interest end points reported to you on Federal Form 1098. 11b Home mortgage interest end points reported to you on Federal Form 1098. 11c Home Home Home Home Home Home Home Home	Taxes You Paid	7		7					
9 Add the amounts on lines 5 through 8. Enter the total here. 10a Home mortgage interest and points reported to you on Federal Form 1098. 10a 00 1b Home mortgage interest and reported to you on Federal Form 1098. 10b 00 1b Home mortgage interest and reported to you on Federal Form 1098. 11b 00 1co an individual, show that person's name and address.) ► 11 Coullified mortgage insurance premiums. 11 000 12 Points not reported to you on Form 1098. 112 000 13 Add the amounts on lines 15 and through 13. Enter the total here. 11 000 14 Add the amounts on lines 15 and reader form 1098. 12 000 15 Coullified to Charity 15 Contributions by cash or check. 15 000 16 Other than carbor check. (10 MWST attach Federal Form 8283 if over \$50.0). 15 000 17 Carryover from prior year. 15 Add the amounts on lines 15 through 17. Enter the total here. 17 000 18 Add the amounts on lines 15 through 17. Enter the total here. 19 000 19 Caulified CAUTION: Do not include medical insurance premitums. 19 000 20 List type and amount. (See instructions.) ▶ 19 000 21 Total femized deductions to be prorated. (Add lines 4, 9, 14, 18, 19, and 20.). 21 000 22 Enter precentage (%) from Form 40NR, loge 1, line 10. 22 0 % 23 Multiby line 21 by the persontage on line 22 15 Chief precentage on line 23 15 Chief precentage on line 25 Chief precentage on line 25 Chief pre	Tuntoo Tou Tunu		•						
9 0 00 10a Home mortgage interest and points reported to you on Federal Form 1098. 10a 00 b Home mortgage interest and points reported to you on Federal Form 1098. (if paid to an individual, show that person's name and address.)		•		8		00			
10a Home mortgage interest and points reported to you on Federal Form 1098. 10a 00		9	Add the amounts on lines 5 through 8. Enter the total here.				9	•	00
therest You Paid b Home mortgage interest not reported to you on Federal Form 1098. (If paid to an individual, show that person's name and address.) ▶ 10		_				00	Ť		
Interest You Paid									
NOTE: Personal interest is not deductible. 12	Interest You Paid	-							
Mol Experisonal interests and interest in a mineract in			to an individual, onon that porcono hamo and address.)						
Mol Experisonal interests and interest in a mineract in				10b		00			
12 Points not reported to you on Form 1098. 12 0.00 13 10 10 14 40 14 40 15 15 16 16 16 16 16 16		11	Qualified mortgage insurance premiums.	\vdash					
13 Investment interest. (Attach Form 4952A)									
14 Add the amounts on lines 10a through 13. Enter the total here.	ueductible.		·	-					
CAUTION: If you made a charitable contribution and received a benefit in return, see instructions. 15			,	_			14	•	00
See instructions. 15									
Gifts to Charity 16 Other than cash or check. (You MUST attach Federal Form 8283 if over \$\$0.0). 16 0 00 17 Carryover from prior year. 17 00 18 Add the amounts on lines 15 through 17. Enter the total here 18 00 Qualified Long-Term Care 19 Enter Amount. (See instructions.) ▶ 19 ● 00 Proration of Above Amounts 2 Alabama Casualty and Theft Losses 19 Enter 10% of your Adjusted Gross Income. (Form 40NR, line 12, column C) if box 8 checked, otherwise enter zero c Subtract line 24b from line 24a. If zero or less, enter -0- 24b 00 Alabama amount. ▶ 27 Add the amounts on lines 25 and 26. Enter the total here. 28 Nother the result. If zero or less, enter -0- 29 Nother the result here. 20 Nother the result here. 20 Nother the result here. 20 Noth									
16 Other than cash or check. (You MUST attach Federal Form 8283 if over \$500.) 16 00 00 17 Carryover from prior year 18 Add the amounts on lines 15 through 17. Enter the total here. 18 Add the amounts on lines 25 and 26. Enter the total here. 28 00 17 Carryover from prior year 18 Add the amounts on lines 25 and 26. Enter the total here. 28 00 18 Add the amounts on lines 25 and 26. Enter the total here. 28 00 19 Add the amounts on lines 25. Enter the total here. 28 00 19 Add the amounts on lines 25. Enter the total here. 29 ■ 00 19 Add the amounts (See Instructions.) ■	Gifts to Charity	15		15		00			
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18									
Qualified Long-Term Care 19 Enter Amount 19 Enter Amo							18	•	00
List type and amount. (See instructions.) See instructions.) List type and amount. (See instructions.) List type and amount. List type and amount. (See instructions.) List type and amount. (Add lines 4, 9, 14, 18, 19, and 20.) List type and amount. (Add lines 4, 9, 14, 18, 19, and 20.) List type and amount. (Add lines 4, 9, 14, 18, 19, and 20.) List type and amount. (Add lines 4, 9, 14, 18, 19, and 20.) List type and amount. (Form 40NR, line 12, column C) List type and amount. (Form 40NR, line 12, column C by 2% (.02). List type and amount. (Line amount on lines 25 and 26. Enter the total here. (List type and amount. (Line amount on Form 40NR, line 12, column C by 2% (.02). List type and amount. (Line amount on Form 40NR, line 12, column C by 2% (.02). List type amount on Form 40NR, line 12, column C by 2% (.02). List type amount on Form 40NR, line 12, column C by 2% (.02). List type amount on Form 40NR, line 12, column C by 2% (.02). List type amount on Form 40NR, line 12, column C by 2% (.02). List type amount on Form 40NR, line 12, column C by 2% (.02). List type amount on lines 25 and 26. Enter the total here. (List type amount on lines 25 and 26. E	Qualified								
List type and amount. (See instructions.) Deductions		19	·				19	•	00
Deductions		_							
Proration of Above Amounts 2 21 Total itemized deductions to be prorated. (Add lines 4, 9, 14, 18, 19, and 20.). 21 ■ 00 Above Amounts 2 22 Enter percentage (%) from Form 40NR, page 1, line 10. 22 ■ % Multiply line 21 by the percentage on line 22. 23 ■ 000 Alabama Casualty and Theft Losses									
Proration of Above Amounts 21 Total itemized deductions to be prorated. (Add lines 4, 9, 14, 18, 19, and 20.) 22 ●	Deductions					_			
Proration of Above Amounts 21 Total itemized deductions to be prorated. (Add lines 4, 9, 14, 18, 19, and 20.) 22 ●						_	20	•	00
Above Amounts 22	Proration of	21	Total itemized deductions to be prorated. (Add lines 4, 9, 14, 18, 19, and 20.)				21	•	
Alabama Casualty and Theft Losses Alabama Job Related Expenses You may ONLY deduct expenses and amount. ▶ You may ONLY deduct expenses associated with your Alabama income. Alabama income. Total Itemized Alabama Alabama income. Alabama Alabama income. Alabama incom	Above Amounts						22	•	%
Alabama Casualty and Theft Losses b Enter 10% of your Adjusted Gross Income. (Form 40NR, line 12, column C) if box B checked, otherwise enter zero		23							00
Alabama Casualty and Theft Losses b Enter 10% of your Adjusted Gross Income. (Form 40NR, line 12, column C) if box B checked, otherwise enter zero		24a							
Total Itemized if box B checked, otherwise enter zero if box B checked, otherwise enter zero Subtract line 24b from line 24a. If zero or less, enter -0									
C Subtract line 24b from line 24a. If zero or less, enter -0			if box B checked, otherwise enter zero	24b		00			
Alabama Job Related Expenses (You MUST attach Federal Form 2106 if required. See instructions.) Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount. You may ONLY deduct expenses associated with your Alabama income. Alabama income. (You MUST attach Federal Form 2106 if required. See instructions.) Do Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount. 26 O0 Wultiply the amounts on lines 25 and 26. Enter the total here. 27 Multiply the amount on Form 40NR, line 12, column C by 2% (.02). Enter the result here. 29 Subtract line 28 from line 27. Enter the result. If zero or less, enter -0 29 O0 Add the amounts on lines 23, 24c, and 29. Enter the total here. Then	THEIL LUSSES	С	Subtract line 24b from line 24a. If zero or less, enter -0				24c	•	00
Alabama Job Related Expenses (You MUST attach Federal Form 2106 if required. See instructions.) Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount. You may ONLY deduct expenses associated with your Alabama income. Alabama income. (You MUST attach Federal Form 2106 if required. See instructions.) Do Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount. 26 O0 Wultiply the amounts on lines 25 and 26. Enter the total here. 27 Multiply the amount on Form 40NR, line 12, column C by 2% (.02). Enter the result here. 29 Subtract line 28 from line 27. Enter the result. If zero or less, enter -0 29 O0 Add the amounts on lines 23, 24c, and 29. Enter the total here. Then		25	Unreimbursed employee expenses — job travel, union dues, job education, etc.						
Expenses 26 Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount. ► You may ONLY deduct expenses associated with your Alabama income. 27 O00 Multiply the amount on Form 40NR, line 12, column C by 2% (.02). Enter the result here. 29 Subtract line 28 from line 27. Enter the result. If zero or less, enter -0 29 00 Total Itemized									
26 Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount. ▶ You may ONLY deduct expenses associated with your Alabama income. 27 O00 Multiply the amount on Form 40NR, line 12, column C by 2% (.02). Enter the result here. 29 Subtract line 28 from line 27. Enter the result. If zero or less, enter -0 29 00 Total Itemized			•	25		00			
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Total Itemized 30 Add the amounts on lines 23, 24c, and 29. Enter the total here. Then	<i>A</i> ।арата іпсоте.	29					29	•	00
	Total Itemized		·						
	Deductions						30	•	00



Sch. A, B, D, & E (Form 40NR) 2021

Page 2

rvanie(s) as shown on Form 40NA (Do not enter name and social security number it shown on other side)									Toul	Social S	ecurity number	
sc	CHEDULE B - Interest and Divid	dend Income							В		С	
1	Total Income from Interest and Dividends I	before any exclusion	ons		▶ 1		0	0	Adjusted G	iross	Adjusted Gr Income Ear	'OSS ned
2	List all interest received from obligations of	f the Federal Gove	rnment, State	of Alabama, and					All Source		in Alabam	
	political subdivisions of Alabama.											
	a				2a		0	0				
	b				2b		0	0				
	С				2c		0	0				
	d				2d		0	0				
3	Total. Add amounts on lines 2a, b, c, and c	d			▶ 3		0	0				
4	TOTAL TAXABLE INCOME FROM INTER	REST AND DIVIDE	ENDS. Subtrac	ct line 3 from line 1.								
	Enter here and also on Form 40NR, page	2, Part I, line 1, col	lumn B and C.					4	•	00	<u> •</u>	00
SC	CHEDULE D – Profit From Sale	of Real Estate	e, Stocks,	Bonds, etc.								
						.			В		С	
	Enter total gain or (loss), before any Feder				able to the	e State	of Alabama.	1		00		
2	Itemize all other transactions which are tax		n columns a tr	_ <u> </u>			1.					
а		b C Amount Depr	Depreciation	preciation e Cost or		f or Subsequent						
	Kind of Property & Location	Acquired	Received	Allowable Since Acquisition	Other Basis		Improvements					
				Acquisition								
_												
3	Totals.	L										+
	Net profit or (loss) (total of columns c and of							. 4		00		00
5	TOTAL GAIN OR (LOSS) FROM SALE O							_				
~	Enter here and on Form 40NR, page 2, Pa							5		00		00
-	CHEDULE E – Income From Re	-	, Partners	nips, Estates, Tru	ists, an	a S C	orporations		_			
_	ART I — Rent and Royalty Income or	, ,		to Alabama				\dashv ,	В	100	С	
1	Enter total income or (loss) from all rents a	•		to Alabama				. 1		00	1	
_	Itemize below all rent and royalty income v	vnich is taxable to										
а	Kind of Property & Location		b Amount	C Depreciation or Depletion	d Repa		e Other Expenses (atta	.h				
	Killa of Property & Location		of Rent or Royalty	(attach schedule)	list		Itemized list)	-11				
_												
_												
_												
_												
_	Totals (columns 2b through 2e)											
	Net profit or (loss) (column b less sum of c	_	20)					. 4		00		00
	TOTAL INCOME FROM RENTS AND RO							· 📑		100		100
J	Enter the totals here and include in line 8 b							- 5		00		00
PΔ	ART II — Income or (Loss) from Partr							+		100		+00
_	List income received from partnerships, es				nese sour	ces not	taxable to					
•	Alabama should be listed in column B only			10/2/0	\	1						
	from Alabama sources should be listed in I	both columns B an	d C.	Check One Stip Co	polation		Employer Identification					
	Name and Addres	ss		Check One Ship	Charlion		Number					
_				Oncor one 19								
								6a		00		00
_								- 00		- 00		+ 00
								6b		00		00
_								0.0		00		+00
								6c		00		00
7	TOTAL INCOME OR (LOSS) FROM PAR	TNERSHIPS. S CO	ORPORATIO	NS, ESTATES. AND TR	RUSTS.			"		1		+ 55
	Add the amounts on lines 6a, b, and c. En							. 7		00		00
PA	ART III — Summary							<u> </u>		1		+ 55
_	TOTAL INCOME OR (LOSS). Combine th	e amounts on lines	s 5 and 7. coli	ımns B and C.				\dashv				
-	Enter here and on Form 40NR, page 2, Pa							8		00		00
_		, ,,										