



Alabama Individual Income Tax Return FULL YEAR RESIDENTS ONLY

For the year Jan. 1 - Dec. 31, 2015, or other tax year: Beginning: Ending:

Personal information section including first name, spouse's first name, address, city, state, ZIP code, and foreign country options.

Section for social security numbers, including 'Your social security number' and 'Spouse's soc. sec. no. if joint return'.

CHECK BOX IF AMENDED RETURN

Filing Status/Exemptions section with options for Single, Married filing joint, Married filing separate, and Head of Family.

Income and Adjustments table with columns for wages, salaries, tips, interest, and dividends, and sub-columns for Alabama tax withheld and income.

Deductions table with lines for Standard Deduction, Federal tax deduction, Personal exemption, and Dependent exemptions.

Tax and Payments table with lines for taxable income, tax liability, Alabama income tax withheld, and various payments.

AMOUNT YOU OWE, OVERPAID, Donations, and REFUND sections with lines 24 through 27.

Sign Here In Black Ink section with a declaration statement and a checkbox for preparer authorization.

Signature section with fields for taxpayer and spouse signatures, dates, and occupations.

Paid Preparer's Use Only section with fields for preparer's signature, firm name, address, telephone, and SSN/PTIN.



PART I

- 1 Were you (and your spouse, if married filing jointly) a resident of Alabama for the entire year 2015? 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 2014? 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 2015 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 ●\$ _____

General Information

All Taxpayers Must Complete This Section

PART II

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?

Dependents

Do not include yourself or your spouse

(See page 10)

b Total number of dependents claimed above ●

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 ●

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 ●

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	●	<input type="text" value="00"/>	k Alabama Breast & Cervical Cancer Program	●	<input type="text" value="00"/>
b Alabama Arts Development Fund	●	<input type="text" value="00"/>	l Victims of Violence Assistance	●	<input type="text" value="00"/>
c Alabama Nongame Wildlife Fund	●	<input type="text" value="00"/>	m Alabama Military Support Foundation	●	<input type="text" value="00"/>
d Child Abuse Trust Fund	●	<input type="text" value="00"/>	n Alabama Veterinary Medical Foundation		
e Alabama Veterans Program	●	<input type="text" value="00"/>	Spay-Neuter Program	●	<input type="text" value="00"/>
f Alabama State Historic Preservation Fund	●	<input type="text" value="00"/>	o Cancer Research Institute	●	<input type="text" value="00"/>
g Archives Services Fund	●	<input type="text" value="00"/>	p Alabama Association of Rescue Squads	●	<input type="text" value="00"/>
h Foster Care Trust Fund	●	<input type="text" value="00"/>	q USS Battleship Commission	●	<input type="text" value="00"/>
i Mental Health	●	<input type="text" value="00"/>	r Children First Trust Fund	●	<input type="text" value="00"/>
j Alabama Firefighters Annuity and Benefit Fund	●	<input type="text" value="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 ●

WHERE TO FILE FORM 40A

If you are not making a payment, mail your return to:
Alabama Department of Revenue
P.O. Box 327465
Montgomery, AL 36132-7465

If you are making a payment, mail your return, Form 40V, and payment to:
Alabama Department of Revenue
P.O. Box 327477
Montgomery, AL 36132-7477

Mail only your 2015 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.