

FORM **40** Alabama **2023**
Individual Income Tax Return
RESIDENTS & PART-YEAR RESIDENTS



For the year Jan. 1 - Dec. 31, 2023, or other tax year:

Beginning: ● Ending: ●

Your social security number

Spouse's SSN if joint return

● Check if primary is deceased
Primary's deceased date (mm/dd/yyyy) ●

● Check if spouse is deceased
Spouse's deceased date (mm/dd/yyyy) ●

Your first name Initial Last name

Spouse's first name Initial Last name

Present home address (number and street or P.O. Box number)

▶ CHECK BOX IF AMENDED RETURN ●

City, town, or post office

State ZIP code

● Check if address is outside U.S. Foreign Country

Filing Status/Exemptions 1 ● \$1,500 Single 3 ● \$1,500 Married filing separate. Complete Spouse SSN ● NRA
2 ● \$3,000 Married filing joint 4 ● \$3,000 Head of Family (with qualifying person). Complete Schedule HOF

| | A – Alabama tax withheld | | B – Income | |
|--|--------------------------|---|------------|---|
| | 5a | ● | 5b | ● |
| Income and Adjustments | | | | |
| 5a Alabama Income Tax Withheld (from Schedule W-2, line 18, column G) | | | | |
| 5b Wages, salaries, tips, etc. (from Schedule W-2, line 18, column I plus J): | | | | |
| 6 Interest and dividend income (also attach Schedule B if over \$1,500) | | | 6 | ● |
| 7 Other income (from page 2, Part I, line 8) | | | 7 | ● |
| 8 Total income. Add amounts in the income column for line 5b through line 7 | | | 8 | ● |
| 9 Total adjustments to income (from page 2, Part II, line 16) | | | 9 | ● |
| 10 Adjusted gross income. Subtract line 9 from line 8. | | | 10 | ● |

Deductions

If claiming a deduction on line 12, you must attach page 1, 2 and Schedule 1 of your Federal Return, if applicable.

| | | | | |
|---|----|---|----|---|
| 11 Box a or b MUST be checked. Check box a, if you itemize deductions , and enter amount from Schedule A, line 27. Check box b, if you do not itemize deductions, and enter standard deduction (see instructions) ● a <input type="checkbox"/> Itemized Deductions ● b <input type="checkbox"/> Standard Deduction | 11 | ● | | |
| 12 Federal tax deduction (see instructions) DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S) | 12 | ● | | |
| 13 Personal exemption (from line 1, 2, 3, or 4) | 13 | ● | | |
| 14 Dependent exemption (from page 2, Part III, line 2) | 14 | ● | | |
| 15 Total deductions. Add lines 11, 12, 13, and 14 | | | 15 | ● |

Tax

Staple Form(s) W-2, W-2G, and/or 1099 here. Attach Schedule W-2 to return.

| | | | | |
|---|--|--|-----|---|
| 16 Taxable income. Subtract line 15 from line 10 | | | 16 | ● |
| 17 Income Tax due. Enter amount from tax table or check if from ● <input type="checkbox"/> Form NOL-85A | | | 17 | ● |
| 18 Net tax due Alabama. Check box if computing tax using Schedule OC ● <input type="checkbox"/> , otherwise enter amount from line 17. | | | 18 | ● |
| 19 Additional taxes (from Schedule ATP, Part I, Line 3) | | | 19 | ● |
| 20 Alabama Election Campaign Fund. You may make a voluntary contribution to the following: a Alabama Democratic Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input type="checkbox"/> none | | | 20a | ● |
| b Alabama Republican Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input type="checkbox"/> none | | | 20b | ● |
| 21 Total tax liability and voluntary contribution. Add lines 18, 19, 20a, and 20b | | | 21 | ● |

Payments

| | | | | |
|---|----|---|----|---|
| 22 Alabama income tax withheld (from column A, line 5a) | 22 | ● | | |
| 23 2023 estimated tax payments/Automatic Extension Payment | 23 | ● | | |
| 24 Amended Returns Only – Previous payments (see instructions) | 24 | ● | | |
| 25 Refundable Credits. Enter the amount from Schedule OC, Section F, line F4 | 25 | ● | | |
| 26 Payments from Schedule CP, Section B, Line 1 | 26 | ● | | |
| 27 Total payments. Add lines 22, 23, 24, 25, and 26 | | | 27 | ● |
| 28 Amended Returns Only – Previous refund (see instructions) | | | 28 | ● |
| 29 Adjusted Total Payments. Subtract line 28 from line 27 | | | 29 | ● |

AMOUNT YOU OWE

| | | | | |
|---|----|---|----|---|
| 30 If line 21 is larger than line 29, subtract line 29 from line 21, and add line 31 and enter AMOUNT YOU OWE. Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.) | | | 30 | ● |
| 31 Penalties (from Schedule ATP, Part II, line 3) (see instructions) | 31 | ● | | |

OVERPAID

| | | | | |
|---|----|---|----|---|
| 32 If line 29 is larger than line 21, subtract line 21 from line 29, and enter AMOUNT OVERPAID | | | 32 | ● |
| 33 Amount of line 32 to be applied to your 2024 estimated tax | 33 | ● | | |

Donations

| | | | | |
|--|----|---|--|--|
| 34 Total Donation Check-offs from Schedule DC, line 2 | 34 | ● | | |
|--|----|---|--|--|

REFUND

| | | | | |
|---|--|--|----|---|
| 35 REFUNDED TO YOU. (CAUTION: You must sign this return on the reverse side.) If line 32 is greater than zero, subtract lines 31, 33, and 34 from line 32 | | | 35 | ● |
| For Direct Deposit, check here ● <input type="checkbox"/> and complete Part V, Page 2. | | | | |



| | | | | |
|--|---|---|---|---|
| PART I Other Income (See instructions) | 1 | Alimony received..... | 1 | ● |
| | 2 | Business income or (loss) (attach Federal Schedule C or C-EZ) (see instructions) | 2 | ● |
| | 3 | Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D)..... | 3 | ● |
| | 4 | Retirement Income (attach Schedule RS) | 4 | ● |
| | 5 | Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E) | 5 | ● |
| | 6 | Farm income or (loss) (attach Federal Schedule F) | 6 | ● |
| | 7 | Other income (state nature and source — see instructions) | 7 | ● |
| | 8 | Total other income. Add lines 1 through 7. Enter here and also on page 1, line 7 | 8 | ● |

| | | | | |
|--|--|---|----|---|
| PART II Adjustments to Income (See instructions) | 1a | Your IRA deduction..... | 1a | ● |
| | b | Spouse's IRA deduction..... | 1b | ● |
| | 2 | Payments to a Keogh retirement plan and self-employment SEP deduction | 2 | ● |
| | 3 | Penalty on early withdrawal of savings | 3 | ● |
| | 4 | Alimony paid. Recipient's last name _____ SSN ● _____ | 4 | ● |
| | 5 | Adoption expenses | 5 | ● |
| | 6 | Moving Expenses (Attach Federal Form 3903) to: City _____ State _____ ZIP _____ | 6 | ● |
| | 7 | Self-employed health insurance deduction..... | 7 | ● |
| | 8 | Payments to Alabama College Counts 529 Fund or Alabama PACT Program | 8 | ● |
| | 9 | Health insurance deduction for small employer employee (see instructions) | 9 | ● |
| | 10 | Costs to retrofit or upgrade home to resist wind or flood damage | 10 | ● |
| | 11 | Deposits to a catastrophe savings account | 11 | ● |
| | 12 | Contributions to a health savings account | 12 | ● |
| | 13 | Deposits to an Alabama First-Time and Second Chance Home Buyer Savings Account (see instructions) | 13 | ● |
| | 14 | Firefighter's Insurance Premium..... | 14 | ● |
| | 15 | Contributions to an Achieving a Better Life Experience (ABLE) savings account..... | 15 | ● |
| 16 | Total adjustments. Add lines 1 through 15. Enter here and also on page 1, line 9..... | 16 | ● | |

| | | | | |
|--------------------------------------|---|---|---|---|
| PART III Dependents | 1 | Total number of dependents from Schedule DS, line 1b | 1 | ● |
| | 2 | Amount allowed. Multiply total number of dependents claimed on line 1 by the amount on the dependent chart in the instructions. Enter amount here and on page 1, line 14 | 2 | ● |

| | | |
|--|---|--|
| PART IV General Information All Taxpayers Must Complete This Section. (See instructions) | 1 | Residency Check only one box <input type="checkbox"/> Full Year <input type="checkbox"/> Part Year From _____ 2023 through _____ 2023. |
| | 2 | Did you file an Alabama income tax return for the year 2022? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason _____ |
| | 3 | Give name and address of present employer(s). Yours _____ Your Spouse's _____ |
| | 4 | Enter the Federal Adjusted Gross Income ● \$ _____ and Federal Taxable Income ● \$ _____ as reported on your 2023 Federal Individual Income Tax Return. |
| | 5 | Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state tax refund)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter source(s) and amount(s) below: (other than state income tax refund) |

| | |
|----------|----------|
| Source ● | Amount ● |
| Source ● | Amount ● |

| | | | |
|--|---|-----------------------|--|
| PART V Direct Deposit | For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See instructions to see if you qualify.) | | |
| | 1 | Routing Number: _____ | 2 |
| 3 | Account Number: _____ | 4 | Is this refund going to or through an account that is located outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|-----------------------------|---|-------------------------------|-------------------------------|
| 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) ● _____ |

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.

| | | | | |
|---|--|-----------------------------|---|--------------------------------|
| Sign Here In Black Ink Keep a copy of this return for your records. | 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 ● _____ |
| Paid Preparer's Use Only | Firm's Name (or yours if self employed) _____ | Daytime Telephone No. _____ | ZIP Code _____ | |
| | Address _____ | | | |