



FORM 40

RESIDENTS AND PART-YEAR RESIDENTS

Alabama Individual Income Tax Return

1996

For the year Jan. 1 - Dec. 31, 1996, or other tax year beginning 1996, ending , 19

Label area with fields for name, address, and ZIP code. Includes 'PLACE LABEL HERE' watermark.

Fields for social security numbers: Your social security number, Spouse's soc. sec. no. if joint return.

FN (For official use only)

Filing Status and Exemptions

Check only one box.

- 1 \$1,500 Single
2 \$3,000 Married filing joint return (even if only one spouse had income)
3 \$1,500 Married filing separate return. Complete line 5 with spouse's name and soc. sec. no.
4 \$3,000 Head of family (with qualifying person). (See page 7 of instructions.) Complete line 5.

5 Name, Soc. Sec. No., Relationship

Income and Adjustments

Table with columns for income types (Wages, interest, etc.), Alabama tax withheld (A), and Income (B). Rows 6-12.

FOLD HERE Deductions

Table for deductions (lines 13-17) with checkboxes for itemized or standard deductions.

Tax

Staple check or money order on top of Form(s) W-2, W-2G, and/or 1099.

Table for tax calculations (lines 18-23) including tax due, credits, and net tax due.

Payments

Table for payments (lines 24-27) including Alabama income tax withheld and estimated payments.

AMOUNT YOU OWE

28 If line 23 is larger than line 27, subtract line 27 from line 23, and enter AMOUNT YOU OWE. Attach check or money order for the full amount payable to "Alabama Department of Revenue." (SIGN this return on reverse side.)

OVERPAID

29 If line 27 is larger than line 23, subtract line 23 from line 27, and enter amount OVERPAID
30 Amount of line 29 to be applied to your 1997 estimated tax

Donation Check-offs

Table for donation check-offs (lines 31a-31h) including Alabama Aging Fund, Arts Development Fund, etc.

REFUND

32 Total. Add line 30 and lines 31a, b, c, d, e, f, g, and h.
33 REFUNDED TO YOU. Subtract line 32 from line 29. (CAUTION: You must sign this return on the reverse side.)

PLEASE box with instructions: Verify your social security number, Recheck your math, Sign return on reverse side, Attach W-2 form(s)

PART I

Other Income

(see page 13)

1	Alimony received	1	
2	Business income or (loss) (attach Federal Schedule C or C-EZ) Was any portion of the above business income (loss) incurred as a result of business(es) operating simultaneously in more than one state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you may also need to complete Schedule MS to report income (loss) from multistate operations. (See page 13 of instructions.)	2	
3	Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D)	3	
4	Gain from sale of personal residence (see instructions and attach Federal Form 2119 and check box)	4	
5a	Total IRA distributions	5a	
5b	Taxable amount (see instructions for Schedule E)	5b	
6a	Total pensions and annuities	6a	
6b	Taxable amount (see instructions for Schedule E)	6b	
7	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	7	
8	Farm income or (loss) (attach Federal Schedule F)	8	
9	Other income (state nature and source — see instructions)	9	
10	Total other income. Add lines 1 through 9. Enter here and also on page 1, line 9	10	

PART II

Adjustments to Income

(see page 14)

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 _____ Social security no. _____ Address _____ City _____ State _____ ZIP _____	4	
5	Adoption expenses	5	
6	Moving Expenses (Attach Federal Form 3903) to City _____ State _____ ZIP _____	6	
7	Qualified long-term care coverage insurance premiums	7	
8	Total adjustments. Add lines 1 through 7. Enter here and also on page 1, line 11	8	

PART III

Dependents

Do not include yourself or your spouse

(See page 10)

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? <input type="checkbox"/>
b	Total number of dependents claimed above			
2	Amount allowed. (Multiply \$300 by the total number of dependents claimed on line 1b.) Enter amount here and on page 1, line 16			2

PART IV

General Information

All Taxpayers Must Complete This Section.

1a	Residency <input type="checkbox"/> Full Year <input type="checkbox"/> Part Year If you were a part-year resident of Alabama during 1996, indicate your period of residence: Check only one box From _____ 1996 through _____ 1996. Total months _____
2	Did you file an Alabama income tax return for the year 1995? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	If no, state reason _____
4	Give name and address of present employer(s). Yours _____ Your Spouse's _____
5	Enter your Adjusted Gross Income reported on your 1996 Federal Individual Income Tax Return
6	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 _____

Sign Here

Keep a copy of this return for your records.

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.

Your signature _____	Date _____	Daytime telephone number _____	Your occupation _____
Spouse's signature (if joint return, BOTH must sign) _____	Date _____	Daytime telephone number _____	Spouse's occupation _____

Paid Preparer's Use Only

Preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's social security no. _____
Firm's name (or yours if self-employed) and address _____	E.I. No. _____	ZIP Code _____	

If an addressed envelope came with your return, please use it and follow the instructions on the envelope. If you do not have one, mail your return to one of the addresses below.

WHERE TO FILE FORM 40

If you are due a refund, mail your return to:
Alabama Income Tax Refund
P. O. Box 154
Montgomery, AL 36135-0001

If you are not due a refund, mail your return to:
Alabama Income Tax Division
P.O. Box 2401
Montgomery, AL 36140-0001

Mail only your 1996 Form 40 to one of the above addresses. Amended returns and all other correspondence should be mailed to Alabama Department of Revenue, Income Tax Division, P. O. Box 327410, Montgomery, AL 36132-7410.