



FORM
40NR 2016



Alabama Individual Nonresident Income Tax Return

Your first name ●	Initial	Last name	Your social security number ●	Check if primary is deceased ● <input type="checkbox"/>	Primary's deceased date (mm/dd/yy) ●
Spouse's first name ●	Initial	Last name	Spouse's social security number if joint return ●	Check if spouse is deceased ● <input type="checkbox"/>	Spouse's deceased date (mm/dd/yy) ●

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

CHECK BOX IF AMENDED RETURN ● **ADOR**

City, town or post office ●	State	ZIP Code	Check if address is outside U.S. ● <input type="checkbox"/>	Foreign Country
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Filing Status/ Exemptions

1 ● <input type="checkbox"/> \$1,500 Single	3 ● <input type="checkbox"/> \$1,500 Married filing separate. Complete Spouse SSN
2 ● <input type="checkbox"/> \$3,000 Married filing joint	4 ● <input type="checkbox"/> \$3,000 Head of Family (with qualifying person).

	A Ala. Tax Withheld		B All Sources		C Alabama Income	
	5	00	5	00	5	00
5 Wages, salaries, tips, etc. (From Schedule W-2, line 18, columns G, H, and I.) (Include spouse's income if married filing joint.)	●	00	●	00	●	00
6 Other income (from page 2, Part I, line 9)	●	00	●	00	●	00
7 Total income. Add amounts in column B then add amounts in column C, lines 5 and 6.	●	00	●	00	●	00
8 Adjustments to income (from page 2, Part II, line 6)	●	00	●	00	●	00
9 Adjusted total income. Subtract line 8 from line 7.	●	00	●	00	●	00
10 Alabama percentage of adjusted total income. Divide line 9, column C, by line 9, column B (not over 100%).					●	%
11 Other Adjustments (from page 2, Part III, line 6)	●	00	●	00	●	00
12 Adjusted Gross Income. Subtract line 11 from line 9.	●	00	●	00	●	00

Deductions

13 Check appropriate box. If you itemize, enter amount from Schedule A, line 30.
 a Itemized Deductions **b** Standard Deduction

13	●	00	Box a or b MUST be checked	
14 Federal Income Tax deduction (from page 2, Part IV, line 7)	●	00	13	●
15 Personal exemption (multiply line 1, 2, 3, or 4 by percentage on line 10)	●	00	14	●
16 Dependent exemption (from page 2, Part V, line 4)	●	00	15	●
17 Total deductions. Add lines 13, 14, 15, and 16	●	00	16	●

Tax

18 Taxable income. Subtract line 17 from line 12, column C	●	00	18	●	00
19 Tax due. Enter amount from tax table or check if from <input type="checkbox"/> Form NOL-85A	●	00	19	●	00
20 Net tax due Alabama. Check box if computing tax using Schedule NTC <input type="checkbox"/> , otherwise enter amount from line 19.	●	00	20	●	00

Payments

21 Alabama Income Tax withheld (from column A, line 5)	●	00	21	●	00
22 2016 estimated tax payments/Automatic Extension Payment	●	00	22	●	00
23 Composite tax payments (from page 2, Part VI, line 7)	●	00	23	●	00
24 Amended Returns Only — Previous payments (see instructions)	●	00	24	●	00
25 Refundable portion of Alabama Accountability Act of 2013 Credit	●	00	25	●	00
26 Refundable portion of Adoption Credit	●	00	26	●	00
27 Total payments. Add lines 21 through 26	●	00	27	●	00
28 Amended Returns Only — Previous refund (see instructions)	●	00	28	●	00
29 Adjusted total payments. Subtract line 28 from line 27	●	00	29	●	00

AMOUNT YOU OWE

30 If line 20 is larger than line 29, subtract line 29 from line 20, and enter AMOUNT YOU OWE. Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.)	●	00	30	●	00
31 Estimated tax penalty. Also include on line 30 (see instructions page 10).	●	00	31	●	00

OVERPAID

32 If line 29 is larger than line 20, subtract line 20 from line 29 and enter amount OVERPAID	●	00	32	●	00
33 Amount of line 32 to be applied to your 2017 estimated tax	●	00	33	●	00

REFUND

34 REFUNDED TO YOU. Subtract line 33 from line 32	●	00	34	●	00
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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

Paid Preparer's Use Only

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

MAIL FORM 40NR TO: Alabama Department of Revenue, P.O. Box 327469, Montgomery, AL 36132-7469