

FORM
40NR Alabama **2024**
 Individual Income Tax Return
 NONRESIDENTS ONLY



• 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 – All Sources	C – Alabama Income
5 Wages, salaries, tips, etc. (From Schedule W-2, line 18, columns G, H, and I.) (Include spouse's income if married filing joint.)	• 5	• 5	• 5
6 Other income (from page 2, Part I, line 9)	• 6	• 6	• 6
7 Total income. Add amounts in col. B then add amounts in col. C, lines 5 and 6	• 7	• 7	• 7
8 Adjustments to income (from page 2, Part II, line 8)	• 8	• 8	• 8
9 Adjusted total income. Subtract line 8 from line 7	• 9	• 9	• 9
10 Alabama percentage of adjusted total income. Divide line 9, col. C, by line 9, col. B (not over 100%)			•10 %
11 Other Adjustments (from page 2, Part III, line 4 and line 6)	•11		•11
12 Adjusted Gross Income. Subtract line 11 from line 9	•12		•12
13 Check appropriate box. If you itemize, enter amount from Schedule A, line 30. • a <input type="checkbox"/> Itemized Deductions • b <input type="checkbox"/> Standard Deduction	•13	Box a or b MUST be checked	
14 Federal Income Tax deduction (from page 2, Part IV, line 7)	•14		
15 Personal exemption (multiply line 1, 2, 3, or 4 by percentage on line 10)	•15		
16 Dependent exemption (from page 2, Part V, line 4)	•16		
17 Total deductions. Add lines 13, 14, 15, and 16			•17
18 Taxable income. Subtract line 17 from line 12, column C			•18
19 Tax due. Enter amount from tax table or check if from • <input type="checkbox"/> Form NOL-85A	•19		
20 Net tax due Alabama. Check box if computing tax using Schedule OC • <input type="checkbox"/> , otherwise enter amount from line 19			•20
21 Alabama Income Tax withheld (from column A, line 5)	•21		
22 2024 estimated tax payments/Automatic Extension Payment	•22		
23 Composite tax payments/Electing PTE credit (from Schedule CP, Section B, line 1)	•23		
24 Amended Returns Only – Previous payments (see instructions)	•24		
25 Refundable Credits. Enter the amount from the Schedule OC, Section F, line F4	•25		
26 Total payments. Add lines 21 through 25			•26
27 Amended Returns Only – Previous refund (see instructions)			•27
28 Adjusted total payments. Subtract line 27 from line 26			•28
29 If line 20 is larger than line 28, subtract line 28 from line 20, and add line 30 and enter AMOUNT YOU OWE. Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.)			•29
30 Estimated tax penalty (see instructions)	•30		
31 If line 28 is larger than line 20, subtract line 20 from line 28 and enter AMOUNT OVERPAID			•31
32 Amount of line 31 to be applied to your 2025 estimated tax			•32
33 REFUNDED TO YOU. If line 31 is greater than zero, subtract lines 30 and 32 from line 31			•33

You Must Attach a Complete copy of Federal Return, if claiming a deduction on line 14.

• 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 Preparer's SSN or PTIN _____ E.I. Number _____

Paid Preparer's Use Only

Firm's Name (or yours if self employed) _____ Daytime Telephone No. _____ ZIP Code _____

Address _____