



| | | B – All Sources | C – Alabama Income | | |
|---|--|--|--|--|--|
| PART I Other Income (See instructions) | 1 Interest and dividend income (attach Schedule B if over \$1500.00) | • 1 | • 1 | | |
| | 2 Alimony received | • 2 | | | |
| | 3 Taxable portion of pensions and annuities (attach Schedule RS) | • 3 | | | |
| | 4 Business income or (loss) (attach Federal Schedule C) (see instructions) | • 4 | • 4 | | |
| | 5 Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D) | • 5 | • 5 | | |
| | 6 Rents, Royalties, Partnerships, Estates, Trusts, etc. (attach Schedule E) | • 6 | • 6 | | |
| | 7 Farm income or (loss) (attach Federal Schedule F) (see instructions) | • 7 | • 7 | | |
| | 8 Other income (state nature and source) _____ | • 8 | • 8 | | |
| | 9 Total other income. Add lines 1 through 8, column B, and lines 1, 4 through 8, column C. Enter here and also on page 1, line 6 | • 9 | • 9 | | |
| PART II Adjustments to Income (See instructions) | 1 IRA deduction, Keogh retirement plan, and self-employed SEP deduction | • 1 | • 1 | | |
| | 2 Penalty on early withdrawal of savings | • 2 | | | |
| | 3 Moving Expenses (Attach Federal Form 3903) Place of new employment: _____ | • 3 | • 3 | | |
| | 4 Self-employed health insurance deduction | • 4 | • 4 | | |
| | 5 Payments to Alabama College Counts 529 Fund or Alabama PACT program | • 5 | • 5 | | |
| | 6 Firefighter's Insurance Premiums | • 6 | • 6 | | |
| | 7 Contributions to an Achieving a Better Life Experience (ABLE) savings account. | • 7 | • 7 | | |
| | 8 Adjustments to income. Add lines 1 through 7, Column B, and lines 1, 3 through 7, Column C. Enter here and also on page 1, line 8, columns B and C | • 8 | • 8 | | |
| PART III Other Adjustments (See instructions) | 1 Alimony Paid | • 1 | | | |
| | 2 Adoption Expenses | • 2 | | | |
| | 3 Health insurance deduction for small employer employee | • 3 | | | |
| | 4 Add lines 1 through 3, enter here and on page 1, line 11, column B | • 4 | | | |
| | 5 Enter the percentage from page 1, line 10 % | • 5 | | | |
| | 6 Multiply line 4 by line 5. Enter here and also page 1, line 11, column C | • 6 | | | |
| PART IV Federal Income Tax Deduction (See instructions) | If you are filing separately on your Alabama return and jointly on your Federal return, complete all lines below. Otherwise, omit lines 1 through 3. | | B – Federal Adjusted Gross Income | C – Alabama Federal Tax Deduction Computation | |
| | 1 Your joint federal adjusted gross income | • 1 | | | |
| | 2 Your federal adjusted gross income | • 2 | | | |
| | 3 Divide line 2 by line 1. Enter percentage here | | • 3 | % | |
| | 4 Enter the Federal Income Tax Liability from worksheet (see instructions) | | • 4 | | |
| | 5 If you completed lines 1 through 3 above, multiply line 4 by the percentage from line 3 | | • 5 | | |
| | 6 Enter the percentage from page 1, line 10. % | | • 6 | % | |
| 7 If you completed lines 1-3 above, multiply line 5 by percentage on line 6. Otherwise, multiply line 4 by percentage on line 6 | | • 7 | | | |
| PART V Dependents | 1 Total number of dependents from Schedule DS, line 1b | • 1 | | | |
| | 2 Multiply total number of dependents claimed on line 1 by the amount on the dependent chart in the instructions | • 2 | | | |
| | 3 Enter the percentage from page 1, line 10 of your return. | • 3 | % | | |
| | 4 Dependent exemption allowable. Multiply the amount on line 2 by the percentage on line 3. Enter here and on page 1, line 16 | • 4 | | | |
| PART VI General Information | 1 Name of state of which you were a legal resident in 2025 _____ | | | | |
| | 2 Did you file a return with that state for 2025? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason why: _____ | | | | |
| | 3 If married, did your spouse receive a separate income for 2025? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is your spouse filing a separate Alabama return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter name here. _____ | | | | |
| | 4 Did you file an Alabama return for 2024? • <input type="checkbox"/> Yes • <input type="checkbox"/> No If no, state reason why: _____ | | | | |
| All Taxpayers Must Complete This Section (See instructions) | 5 Give name and address of your present employer(s). Yours: _____ Your Spouse's: _____ | | | | |
| | 6 Enter the Adjusted Gross Income reported on your 2025 Federal Individual Income Tax Return. | | | • 6 | |
| Drivers License Info | DOB (mm/dd/yyyy) • _____ DOB (mm/dd/yyyy) • _____ | Your state • _____ Spouse state • _____ | DL# • _____ DL# • _____ | Iss date (mm/dd/yyyy) • _____ Iss date (mm/dd/yyyy) • _____ | Exp date (mm/dd/yyyy) • _____ Exp date (mm/dd/yyyy) • _____ |