

## Alabama General Information

If you moved during the tax year, name of Alabama city moved to \_\_\_\_\_ [1] Zip code \_\_\_\_\_ [2]  
 If divorced during the tax year, enter former spouse's social security number \_\_\_\_\_ [3]  
 If you did not file a prior year Alabama tax return, enter reason: \_\_\_\_\_ [4]

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Contributions

Enter the amount of contributions you wish to make:

## Political Contributions

Election campaign fund contribution (\$1.00) (1 = Democratic party fund, 2 = Republican party fund) Taxpayer \_\_\_\_\_ [5] Spouse \_\_\_\_\_ [6]

## Charitable Contributions

Senior Services Trust Fund	_____ [7]	Firefighters Benefit Fund	_____ [16]
Arts Development Fund	_____ [8]	Breast and Cervical Cancer Program	_____ [17]
Nongame Wildlife Fund	_____ [9]	Victims of Violence Assistance	_____ [18]
Child Abuse Trust Fund	_____ [10]	Military Support Foundation	_____ [19]
Veterans Program	_____ [11]	Spay-Neuter Program	_____ [20]
Historic Preservation Fund	_____ [12]	Cancer Research Institute	_____ [21]
Archives Services Fund	_____ [13]	Association of Rescue Squads	_____ [22]
Foster Care Trust Fund	_____ [14]	USS Alabama Battleship Commission	_____ [23]
Mental Health	_____ [15]	Children First Trust Fund	_____ [24]

## Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Alabama

Part-year residency dates:

From \_\_\_\_\_ [25]  
 To \_\_\_\_\_ [26]

If a nonresident of Alabama, enter state of legal residence \_\_\_\_\_ [27]

## Credits

Basic Skills Education Credit:

Dept of Education certification number \_\_\_\_\_ [28]  
 Name of sponsoring employer or firm \_\_\_\_\_ [29]  
 Name of approved provider \_\_\_\_\_ [30]  
 Location of provider \_\_\_\_\_ [31]  
 Total expenses \_\_\_\_\_ [32]

Rural Physician Credit:

Hospital where services provided \_\_\_\_\_ [33]  
 Community where services provided \_\_\_\_\_ [34]

NOTES/QUESTIONS: