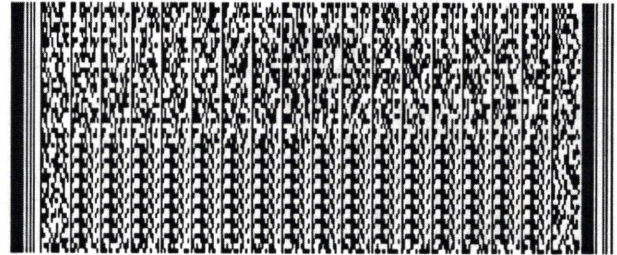


40 Alabama Individual Income Tax Return RESIDENTS & PART-YEAR RESIDENTS



For the year Jan. 1 - Dec. 31, 2018, or other tax year: Beginning: Ending:

Your social security number: \*\*\*-\*\*-\*\*\*\*

Spouse's SSN if joint return: \*\*\*-\*\*-\*\*\*\*

Check if primary is deceased: Primary's deceased date (mm/dd/yy)

Check if spouse is deceased: Spouse's deceased date (mm/dd/yy)

Your first name: THOMAS Initial: H Last name: TUBERVILLE

Spouse's first name: SUZANNE Initial: M Last name: TUBERVILLE

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

CHECK BOX IF AMENDED RETURN

City, town or post office: AUBURN

State: AL ZIP code: 36830

Foreign Country: Check if address is outside U.S.

Filing Status/ Exemptions: 1. Single, 2. Married filing joint, 3. Married filing separate, 4. Head of Family

Table with 2 columns: Description (Income and Adjustments) and Amount. Rows include Alabama Income Tax Withheld, Wages, salaries, tips, etc., Interest and dividend income, Other income, Total income, Total adjustments to income, and Adjusted gross income.

Table with 2 columns: Description (Deductions) and Amount. Rows include Federal tax deduction, Personal exemption, Dependent exemption, and Total deductions.

Table with 2 columns: Description (Tax) and Amount. Rows include Taxable income, Income Tax due, Net tax due Alabama, Consumer Use Tax, and Alabama Election Campaign Fund.

Table with 2 columns: Description (Payments) and Amount. Rows include Alabama income tax withheld, 2018 estimated tax payments, Amended Returns Only - Previous payments, Refundable Credits, Total payments, Amended Returns Only - Previous refund, and Adjusted Total Payments.

AMOUNT YOU OWE: If line 21 is larger than line 28, subtract line 28 from line 21, and enter AMOUNT YOU OWE.

Table with 2 columns: Description (OVERPAID) and Amount. Rows include Estimated tax penalty and Amount of line 31 to be applied to your 2019 estimated tax.

Table with 2 columns: Description (Donations) and Amount. Rows include Total Donation Check-offs from Schedule DC, line 2 and REFUNDED TO YOU.

REFUND: Subtract lines 32 and 33 from line 31. For Direct Deposit, check here and complete Part V, Page 2.



**PART I**

**Other Income**  
(See page 13)

1	Alimony received	1	•
2	Business income or (loss) (attach Federal Schedule C or C-EZ) (see instructions)	2	•
3	Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D)	3	•
4a	Total IRA distributions	4a	•
4b	Taxable amount	4b	•
5a	Total pensions and annuities	5a	•
5b	Taxable amount	5b	•
6	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	6	•
7	Farm income or (loss) (attach Federal Schedule F)	7	•
8	Other income (state nature and source - see instructions) <b>SEE STATEMENT 1</b>	8	•
9	<b>Total other income.</b> Add lines 1 through 8. Enter here and also on page 1, line 7	9	•

**PART II**

**Adjustments to Income**  
(See page 16)

1a	Your IRA deduction	1a	•
1b	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 _____ SSN • _____	4	•
5	Adoption expenses	5	•
6	Moving Expenses (Attach Federal Form 3903) to: City _____ State _____ ZIP _____	6	•
7	Self-employed health insurance deduction	7	•
8	Payments to Alabama College Counts 529 Fund or Alabama PACT Program	8	•
9	Health insurance deduction for small employer employee (see instructions)	9	•
10	Costs to retrofit or upgrade home to resist wind or flood damage	10	•
11	Deposits to a catastrophe savings account	11	•
12	Contributions to a health savings account	12	•
13	<b>Total adjustments.</b> Add lines 1 through 12. Enter here and also on page 1, line 9	13	•

**PART III**

**Dependents**

1	Total number of dependents from Schedule DS, line 1b	1	•
2	<b>Amount allowed.</b> (Multiply total number of dependents claimed on line 1 by the amount on the dependent chart.) Enter amount here and on page 1, line 14	2	•

**PART IV**

**General Information**

1 **Residency** Check only one box  Full Year  Part Year From 8-1 2018 through 12-31 2018.

2 Did you file an Alabama income tax return for the year 2017?  Yes  No If no, state reason \_\_\_\_\_

3 Give name and address of present employer(s). Yours \_\_\_\_\_  
Your Spouse's \_\_\_\_\_

4 Enter the Federal Adjusted Gross Income • \$ \_\_\_\_\_ and Federal Taxable Income • \$ \_\_\_\_\_ as reported on your 2018 Federal Individual Income Tax Return.

5 Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state tax refund)?  Yes  No  
If yes, enter source(s) and amount(s) below: (other than state income tax refund)

Source • RETIREMENT SYSTEMS OF ALABAMA Amount • \_\_\_\_\_  
Source • \_\_\_\_\_ Amount • \_\_\_\_\_

**PART V**

For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See Page 17 of instructions to see if you qualify.)

1 Routing Number: \_\_\_\_\_ 2 Type:  Checking  Savings 3 Account Number: \_\_\_\_\_

4 Is this refund going to or through an account that is located outside of the United States?  Yes  No

**Drivers License Info**

DOB (mm/dd/yyyy)	<u>XXXXXXXXXX</u>	Your state	<u>XX</u>	DL#	<u>XXXXXXXXXX</u>	Iss date (mm/dd/yyyy)	<u>XXXXXXXXXX</u>	Exp date (mm/dd/yyyy)	<u>XXXXXXXXXX</u>
DOB (mm/dd/yyyy)	<u>XXXXXXXXXX</u>	Spouse state	<u>XX</u>	DL#	<u>XXXXXXXXXX</u>	Iss date (mm/dd/yyyy)	<u>XXXXXXXXXX</u>	Exp date (mm/dd/yyyy)	<u>XXXXXXXXXX</u>

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
_____ ANNOUNCER	_____ ANNOUNCER	_____ ANNOUNCER	_____ ANNOUNCER
Spouse's Signature (if joint return, BOTH must sign)	Date	Daytime Telephone Number	Spouse's Occupation
_____ HOMEMAKER	_____ HOMEMAKER	_____ HOMEMAKER	_____ HOMEMAKER

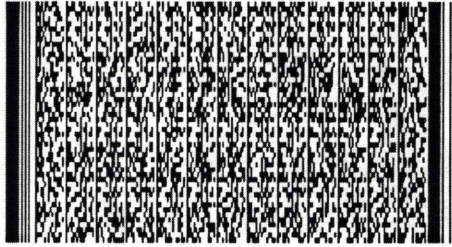
**Paid Preparer's Use Only**

Preparer's Signature: JOHN PROPHET Date: 09/23/19 Check if Self-employed:  Preparer's SSN or PTIN: P00223744 E.I. Number: 41-0746749

Firm's Name (or yours if self employed): CLIFTONLARSONALLEN LLP Daytime Telephone No.: 9207318111 ZIP Code: 54912-1739

Address: 200 E WASHINGTON ST PO BOX 1739 APPLETON, WI

40 Alabama 2019 Individual Income Tax Return RESIDENTS & PART-YEAR RESIDENTS



For the year Jan. 1 - Dec. 31, 2019, or other tax year: Beginning: Ending:

Your social security number Spouse's SSN if joint return
Check if primary is deceased Primary's deceased date
Check if spouse is deceased Spouse's deceased date

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 Foreign Country
Check if address is outside U.S.

Filing Status/ Exemptions
1 \$1,500 Single 3 \$1,500 Married filing separate
2 \$3,000 Married filing joint 4 \$3,000 Head of Family

Table with columns for line numbers, descriptions, and amounts. Includes sections for Income and Adjustments, Deductions, Tax, Payments, and AMOUNT YOU OWE/REFUND.



**PART I**

1	Alimony received	1	•
2	Business income or (loss) (attach Federal Schedule C or C-EZ) (see instructions)	2	•
3	Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D)	3	•
4a	Total IRA distributions	4a	•
4b	Taxable amount	4b	•
5a	Total pensions and annuities	5a	•
5b	Taxable amount	5b	•
6	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	6	•
7	Farm income or (loss) (attach Federal Schedule F)	7	•
8	Other income (state nature and source - see instructions)	8	•
9	<b>Total other income.</b> Add lines 1 through 8. Enter here and also on page 1, line 7	9	•

**Other Income**  
(See page 13)

**PART II**

1a	Your IRA deduction	1a	•
1b	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 _____ SSN • _____	4	•
5	Adoption expenses	5	•
6	Moving Expenses (Attach Federal Form 3903) to: City _____ State _____ ZIP _____	6	•
7	Self-employed health insurance deduction	7	•
8	Payments to Alabama College Counts 529 Fund or Alabama PACT Program	8	•
9	Health insurance deduction for small employer employee (see instructions)	9	•
10	Costs to retrofit or upgrade home to resist wind or flood damage	10	•
11	Deposits to a catastrophe savings account	11	•
12	Contributions to a health savings account	12	•
13	Deposits to an Alabama First-Time and Second Chance Home Buyer Savings Account (see instructions)	13	•
14	<b>Total adjustments.</b> Add lines 1 through 13. Enter here and also on page 1, line 9	14	•

**Adjustments to Income**  
(See page 16)

**PART III**

1	Total number of dependents from Schedule DS, line 1b	1	•
2	<b>Amount allowed.</b> (Multiply total number of dependents claimed on line 1 by the amount on the dependent chart.) Enter amount here and on page 1, line 14	2	•

**Dependents**

**PART IV**

**General Information**

1 **Residency** Check only one box  Full Year  Part Year From \_\_\_\_\_ 2019 through \_\_\_\_\_ 2019.

2 Did you file an Alabama income tax return for the year 2018?  Yes  No If no, state reason \_\_\_\_\_

3 Give name and address of present employer(s). Yours \_\_\_\_\_  
Your Spouse's \_\_\_\_\_

4 Enter the Federal Adjusted Gross Income • \$ \_\_\_\_\_ and Federal Taxable Income • \$ \_\_\_\_\_ as reported on your 2019 Federal Individual Income Tax Return.

5 Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state tax refund)?  Yes  No  
If yes, enter source(s) and amount(s) below: (other than state income tax refund)

Source • RETIREMENT SYSTEMS OF ALABAMA	Amount	•
Source •	Amount	•

(See page 17)

**PART V**

For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See Page 17 of instructions to see if you qualify.)

**Direct Deposit**

1 Routing Number: \_\_\_\_\_ 2 Type:  Checking  Savings 3 Account Number: \_\_\_\_\_

4 Is this refund going to or through an account that is located outside of the United States?  Yes  No

**Drivers License Info**

DOB (mm/dd/yyyy) • XXXXXXXXXXXX	Your state • XX	DL# • XXXXXXXX	Iss date (mm/dd/yyyy) • XXXXXXXXXXXX	Exp date (mm/dd/yyyy) • XXXXXXXXXXXX
DOB (mm/dd/yyyy) • XXXXXXXXXXXX	Spouse state • XX	DL# • XXXXXXXX	Iss date (mm/dd/yyyy) • XXXXXXXXXXXX	Exp date (mm/dd/yyyy) • XXXXXXXXXXXX

I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.

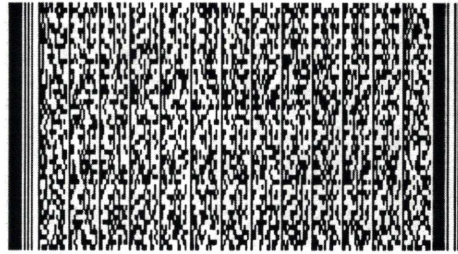
**Sign Here In Black Ink**  
Keep a copy of this return for your records.

**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
Preparer's Signature	Date	Check if Self-employed	Preparer's SSN or PTIN
JOHN PROPHET	10/14/20	<input type="checkbox"/>	• P00223744
Firm's Name (or yours if self employed) CLIFTONLARSONALLEN LLP	Daytime Telephone No. 920-731-8111	E.I. Number	41-0746749
Address 200 EAST WASHINGTON STREET, PO BOX 1739 APPLETON, WI	ZIP Code	54912	

FORM

40 Alabama 2020 Individual Income Tax Return RESIDENTS & PART-YEAR RESIDENTS



For the year Jan. 1 - Dec. 31, 2020, or other tax year:

Beginning: Ending:

Your social security number

\*\*\*-\*\*-\*\*\*\*

Spouse's SSN if joint return

\*\*\*-\*\*-\*\*\*\*

Check if primary is deceased Primary's deceased date (mm/dd/yy)

Check if spouse is deceased Spouse's deceased date (mm/dd/yy)

Your first name

THOMAS

Initial

H

Last name

TUBERVILLE

Spouse's first name

SUZANNE

Initial

M

Last name

TUBERVILLE

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

[Redacted address]

CHECK BOX IF AMENDED RETURN

City, town or post office

AUBURN

State ZIP code

AL 36830

Foreign Country

Check if address is outside U.S.

Filing Status/ Exemptions 1 Single \$1,500

3 Married filing separate. Complete Spouse SSN

2 Married filing joint \$3,000

4 Head of Family (with qualifying person). Complete Schedule HOF

Table with 10 columns: Line number, Description, Alabama income tax withheld, and Total. Rows include Income and Adjustments (5a-10), Deductions (11-15), Tax (16-21), Payments (22-28), AMOUNT YOU OWE (29-31), OVERPAID (32), Donations (33), and REFUND (34).



**PART I**

1	Alimony received	1	•
2	Business income or (loss) (attach Federal Schedule C or C-EZ) (see instructions)	2	•
3	Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D)	3	•
4a	Total IRA distributions	4a	•
4b	Taxable amount (see instr.)	4b	•
5a	Total pensions and annuities	5a	•
5b	Taxable amount (see instr.)	5b	•
6	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	6	•
7	Farm income or (loss) (attach Federal Schedule F)	7	•
8	Other income (state nature and source - see instructions)	8	•
9	<b>Total other income.</b> Add lines 1 through 8. Enter here and also on page 1, line 7	9	•

**Other Income**  
(See page 12)

**PART II**

1a	Your IRA deduction	1a	•
1b	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 _____ SSN • _____	4	•
5	Adoption expenses	5	•
6	Moving Expenses (Attach Federal Form 3903) to: City _____ State _____ ZIP _____	6	•
7	Self-employed health insurance deduction	7	•
8	Payments to Alabama College Counts 529 Fund or Alabama PACT Program	8	•
9	Health insurance deduction for small employer employee (see instructions)	9	•
10	Costs to retrofit or upgrade home to resist wind or flood damage	10	•
11	Deposits to a catastrophe savings account	11	•
12	Contributions to a health savings account	12	•
13	Deposits to an Alabama First-Time and Second Chance Home Buyer Savings Account (see instructions)	13	•
14	Firefighter's Insurance Premium	14	•
15	<b>Total adjustments.</b> Add lines 1 through 14. Enter here and also on page 1, line 9	15	•

**Adjustments to Income**  
(See page 15)

**PART III**

1	Total number of dependents from Schedule DS, line 1b	1	•
2	<b>Amount allowed.</b> (Multiply total number of dependents claimed on line 1 by the amount on the dependent chart.) Enter amount here and on page 1, line 14	2	•

**Dependents**

**PART IV**

1 **Residency** Check only one box  Full Year  Part Year From 2020 through 2020.

2 Did you file an Alabama income tax return for the year 2019?  Yes  No If no, state reason \_\_\_\_\_

3 Give name and address of present employer(s). Yours \_\_\_\_\_  
Your Spouse's \_\_\_\_\_

4 Enter the Federal Adjusted Gross Income • \$ \_\_\_\_\_ and Federal Taxable Income • \$ \_\_\_\_\_ 0 as reported on your 2020 Federal Individual Income Tax Return.

5 Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state tax refund)?  Yes  No  
If yes, enter source(s) and amount(s) below: (other than state income tax refund)

Source • **RETIREMENT SYSTEMS OF ALABAMA** Amount • \_\_\_\_\_  
Source • \_\_\_\_\_ Amount • \_\_\_\_\_

(See page 16)

**PART V**

For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See Page 17 of instructions to see if you qualify.)

1 Routing Number: \_\_\_\_\_ 2 Type:  Checking  Savings 3 Account Number: \_\_\_\_\_

4 Is this refund going to or through an account that is located outside of the United States?  Yes  No

**Drivers License Info**

DOB (mm/dd/yyyy)	• XXXXXXXXXXXX	Your state	• XX	DL#	• XXXXXXXX	Iss date (mm/dd/yyyy)	• XXXXXXXXXXXX	Exp date (mm/dd/yyyy)	• XXXXXXXXXXXX
DOB (mm/dd/yyyy)	• XXXXXXXXXXXX	Spouse state	• XX	DL#	• XXXXXXXX	Iss date (mm/dd/yyyy)	• XXXXXXXXXXXX	Exp date (mm/dd/yyyy)	• XXXXXXXXXXXX

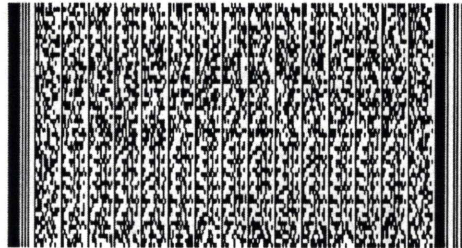
•  I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.

**Sign Here In Black Ink**  
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	
_____	_____	_____	<b>SENATOR</b>	
Spouse's Signature (if joint return, BOTH must sign)	Date	Daytime Telephone Number	Spouse's Occupation	
_____	_____	_____	<b>HOMEMAKER</b>	
Preparer's Signature	Date	Check if Self-employed	Preparer's SSN or PTIN	E.I. Number
<b>JOHN PROPHET</b>	10/13/21	<input type="checkbox"/>	• P00223744	41-0746749
Firm's Name (or yours if self-employed)	Address	Daytime Telephone No.	ZIP Code	
<b>CLIFTONLARSONALLEN LLP</b>	<b>200 EAST WASHINGTON STREET, PO BOX 1739 APPLETON, WI</b>	<b>920-731-8111</b>	<b>54912</b>	

40 Alabama 2021 Individual Income Tax Return RESIDENTS & PART-YEAR RESIDENTS



For the year Jan. 1 - Dec. 31, 2021, or other tax year: Beginning: Ending:

Your social security number: \*\*\*\*-\*\*-\*\*\*\*

Spouse's SSN if joint return: \*\*\*\*-\*\*-\*\*\*\*

Check if primary is deceased Primary's deceased date (mm/dd/yy)

Check if spouse is deceased Spouse's deceased date (mm/dd/yy)

Your first name: THOMAS

Initial Last name: H TUBERVILLE

Spouse's first name: SUZANNE

Initial Last name: M TUBERVILLE

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

CHECK BOX IF AMENDED RETURN

City, town or post office: AUBURN

State ZIP code: AL 36830

Check if address is outside U.S.

Foreign Country

Filing Status/ Exemptions: 1 Single \$1,500

3 Married filing separate. Complete Spouse SSN

2 Married filing joint \$3,000

4 Head of Family (with qualifying person). Complete Schedule HOF

Income and Adjustments

5a Alabama Income Tax Withheld (from Schedule W-2, line 18, col. G)
5b Wages, salaries, tips, etc. (from Schedule W-2, line 18, col. I plus J)
6 Interest and dividend income (also attach Schedule B if over \$1,500)
7 Other income (from page 2, Part I, line 9)
8 Total income. Add amounts in the income column for line 5b through line 7
9 Total adjustments to income (from page 2, Part II, line 16)
10 Adjusted gross income. Subtract line 9 from line 8

Table with columns A - Alabama tax withheld and B - Income. Rows 5a, 5b, 6, 7, 8, 9, 10.

Deductions

11 Box a or b MUST be checked. Check box a, if you itemize deductions, and enter amount from Schedule A, line 27. Check box b, if you do not itemize deductions, and enter standard deduction (see instructions)
12 Federal tax deduction (see instructions) DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)
13 Personal exemption (from line 1, 2, 3, or 4)
14 Dependent exemption (from page 2, Part III, line 2)
15 Total deductions. Add lines 11, 12, 13, and 14

Table with columns A - Alabama tax withheld and B - Income. Rows 11, 12, 13, 14, 15.

Tax

16 Taxable income. Subtract line 15 from line 10
17 Income Tax due. Enter amount from tax table or check if from Form NOL-85A
18 Net tax due Alabama. Check box if computing tax using Sch OC, otherwise enter amount from line 17
19 Additional taxes (from Schedule ATP, Part I, Line 3)
20 Alabama Election Campaign Fund. You may make a voluntary contribution to the following:
a Alabama Democratic Party \$1 \$2 none
b Alabama Republican Party \$1 \$2 none
21 Total tax liability and voluntary contribution. Add lines 18, 19, 20a, and 20b

Table with columns A - Alabama tax withheld and B - Income. Rows 16, 17, 18, 19, 20a, 20b, 21.

Payments

22 Alabama income tax withheld (from column A, line 5a)
23 2021 estimated tax payments/Automatic Extension Payment
24 Amended Returns Only - Previous payments (see instructions)
25 Refundable Credits. Enter the amount from Schedule OC, Section F, line F4
26 Payments from Schedule CP, Section B, Line 1
27 Total payments. Add lines 22, 23, 24, 25 and 26
28 Amended Returns Only - Previous refund (see instructions)
29 Adjusted Total Payments. Subtract line 28 from line 27

Table with columns A - Alabama tax withheld and B - Income. Rows 22, 23, 24, 25, 26, 27, 28, 29.

AMOUNT YOU OWE

30 If line 21 is larger than line 29, subtract line 29 from line 21, and enter AMOUNT YOU OWE and add line 31. Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.)
31 Penalties (from Schedule ATP, Part II, line 3) (see instructions)

Table with columns A - Alabama tax withheld and B - Income. Rows 30, 31.

OVERPAID

32 If line 29 is larger than line 21, subtract line 21 from line 29, and enter amount OVERPAID
33 Amount of line 32 to be applied to your 2022 estimated tax

Table with columns A - Alabama tax withheld and B - Income. Rows 32, 33.

Donations

34 Total Donation Check-offs from Schedule DC, line 2

Table with columns A - Alabama tax withheld and B - Income. Row 34.

REFUND

35 REFUNDED TO YOU. (CAUTION: You must sign this return on page 2.) If line 32 is greater than zero, subtract lines 31, 33 and 34 from line 32 For Direct Deposit, check here and complete Part V, Page 2.

Table with columns A - Alabama tax withheld and B - Income. Row 35.



**PART I**

**Other Income**  
(See instructions)

1	Alimony received	1	•
2	Business income or (loss) (attach Federal Schedule C or C-EZ) (see instructions)	2	•
3	Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D)	3	•
4a	Total IRA distributions	4a	•
4b	Taxable amount (see instr.)	4b	•
5a	Total pensions and annuities	5a	•
5b	Taxable amount (see instr.)	5b	•
6	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	6	•
7	Farm income or (loss) (attach Federal Schedule F)	7	•
8	Other income (state nature and source - see instructions) <b>SEE STATEMENT 1</b>	8	•
9	<b>Total other income.</b> Add lines 1 through 8. Enter here and also on page 1, line 7	9	•

**PART II**

**Adjustments to Income**  
(See instructions)

1a	Your IRA deduction	1a	•
1b	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 _____ SSN • _____	4	•
5	Adoption expenses	5	•
6	Moving Expenses (Attach Federal Form 3903) to: City _____ State _____ ZIP _____	6	•
7	Self-employed health insurance deduction	7	•
8	Payments to Alabama College Counts 529 Fund or Alabama PACT Program	8	•
9	Health insurance deduction for small employer employee (see instructions)	9	•
10	Costs to retrofit or upgrade home to resist wind or flood damage	10	•
11	Deposits to a catastrophe savings account	11	•
12	Contributions to a health savings account	12	•
13	Deposits to an Alabama First-Time and Second Chance Home Buyer Savings Account (see instructions)	13	•
14	Firefighter's Insurance Premium	14	•
15	Contributions to an Achieving a Better Life Experience (ABLE) savings account	15	•
16	<b>Total adjustments.</b> Add lines 1 through 15. Enter here and also on page 1, line 9	16	•

**PART III**

**Dependents**

1	Total number of dependents from Schedule DS, line 1b	1	•
2	<b>Amount allowed.</b> (Multiply total number of dependents claimed on line 1 by the amount on the dependent chart in the instructions.) Enter amount here and on page 1, line 14	2	•

**PART IV**

**General Information**

1 **Residency** Check only one box  Full Year  Part Year From \_\_\_\_\_ 2021 through \_\_\_\_\_ 2021.

2 Did you file an Alabama income tax return for the year 2020?  Yes  No If no, state reason \_\_\_\_\_

3 Give name and address of present employer(s). Yours \_\_\_\_\_  
Your Spouse's \_\_\_\_\_

4 Enter the Federal Adjusted Gross Income • \$ \_\_\_\_\_ and Federal Taxable Income • \$ \_\_\_\_\_ as reported on your 2021 Federal Individual Income Tax Return.

5 Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state tax refund)?  Yes  No

If yes, enter source(s) and amount(s) below: (other than state income tax refund)

Source • **RETIREMENT SYSTEMS OF ALABAMA** Amount \_\_\_\_\_

Source • **SOCIAL SECURITY AND TIER I RR BENEFITS** Amount \_\_\_\_\_

**PART V**

For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See Page 17 of instructions to see if you qualify.)

**Direct Deposit**

1 Routing Number: \_\_\_\_\_ 2 Type:  Checking  Savings 3 Account Number: \_\_\_\_\_

4 Is this refund going to or through an account that is located outside of the United States?  Yes  No

**Drivers License Info**

DOB (mm/dd/yyyy)	XXXXXXXXXX	Your state	XX	DL#	XXXXXXXXXX	Iss date (mm/dd/yyyy)	XXXXXXXXXX	Exp date (mm/dd/yyyy)	XXXXXXXXXX
DOB (mm/dd/yyyy)	XXXXXXXXXX	Spouse state	XX	DL#	XXXXXXXXXX	Iss date (mm/dd/yyyy)	XXXXXXXXXX	Exp date (mm/dd/yyyy)	XXXXXXXXXX

I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.

**Sign Here In Black Ink**  
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	
_____	_____	_____	<b>SENATOR</b>	
Spouse's Signature (if joint return, BOTH must sign)	Date	Daytime Telephone Number	Spouse's Occupation	
_____	_____	_____	<b>HOMEMAKER</b>	
Preparer's Signature	Date	Check if Self-employed	Preparer's SSN or PTIN	E.I. Number
<b>JULIE KILEY</b>	<b>10/13/22</b>	<input type="checkbox"/>	<b>P00380944</b>	<b>41-0746749</b>
Firm's Name (or yours if self employed)	Daytime Telephone No.	ZIP Code		
<b>CLIFTONLARSONALLEN LLP</b>	<b>920-731-8111</b>	<b>54912</b>		
Address	<b>200 EAST WASHINGTON STREET, PO BOX 1739 APPLETON, WI</b>			

## Federal Income Tax Deduction Worksheet

### Part I

1 Enter the tax as shown on line 22 on 2021 Form 1040/Form 1040-SR/Form 1040NR. ....	1
2 Net Investment Income Tax. Enter amount from line 17, 2021 Form 8960. ....	2
3 Federal Tax. Add Lines 1 and 2. ....	3
4a <b>Earned Income Credit (EIC).</b> Enter the amount from line 27a of 2021 Form 1040/Form 1040-SR. ....	00
4b <b>Refundable Child Tax Credit or Additional Tax Credit.</b> Enter the amount from Line 28 of 2021 Form 1040/Form 1040-SR. ....	00
4c <b>American Opportunity Credit.</b> Enter the amount from line 29 of 2021 Form 1040/Form 1040-SR. ....	00
4d <b>Credits from Forms 2439.</b> Enter the amount from Schedule 3, Part II, line 13a of 2021 Form 1040/Form 1040-SR/Form1040NR. ....	00
5 Add lines 4a,b, c and d. ....	5
6 Subtract line 5 from line 3. If amount is negative enter zero. ....	6

**Part II-** Pursuant to Act 2022-37 (HB 231) which provides that any federal income tax reductions attributable to the federal earned income tax credit, and the federal child and dependent care tax credits, the federal income tax deduction shall be calculated as if the taxpayer had paid the federal income tax that would otherwise have been paid under the provisions of the Internal Revenue Code in effect for the year.

If the amount on your 2021 Federal Form 1040/1040-SR/1040NR line 18 is zero and the Net Investment Income Tax from line 2 is also zero, STOP, enter zero on Line 15 below.

### 1 Calculate the basis for the Federal Income Tax Deduction

1a Enter the tax as shown on line 18 on 2021 Form 1040/Form 1040-SR/Form 1040NR. ....	1a
1b Enter the amount as shown on line 19 of 2021 Form 1040/Form 1040-SR/1040NR (non-refundable child tax credit or credit for other dependents from Schedule 8812). ....	1b
1c Enter the 2021 Schedule 3, Part 1, Line 2 (Credit for Child and dependent care expenses (Form 2441, Line 11)). ....	1c
1d Enter the total of nonrefundable credits from Line 21 on 2021 Form 1040/Form 1040-SR/Form 1040NR. ....	1d
1e Add lines 1a, 1b, 1c and then subtract line 1d, if the amount is negative, enter zero. ....	1e
2 Net Investment Income Tax. Enter amount from line 17, 2021 Form 8960. ....	2

Lines 3, 4, 8b & 9e should be recomputed based on 2020 calculations using 2021 information .

	<b>From 2021 1040 / 1040-SR / 1040NR</b>
3 <b>Child Tax Credit.</b> Enter the recomputed credit based on 2020 1040 Instructions - Child Tax Credit and Credit for Other Dependents Worksheet Line 12. ....	3
4 <b>Credit for Child and Dependent Care Expenses.</b> Enter the recomputed credit based on 2020 Form 2441 Line 11. ....	4
5 Total recomputed non-refundable credits - add line 3 and Line 4. ....	5
6 Subtract Line 5 from Line 1e. If the amount is negative enter zero. ....	6
7 Add Line 2 and Line 6. ....	7

8 <b>Earned Income Credit (EIC).</b> 8a Enter the amount from line 27a of Form 1040/Form 1040-SR; 8b Enter the recomputed credit based on 2020 EIC worksheets and tables. ....	00	8b
--	----	----

### 9 Additional Child Tax Credit

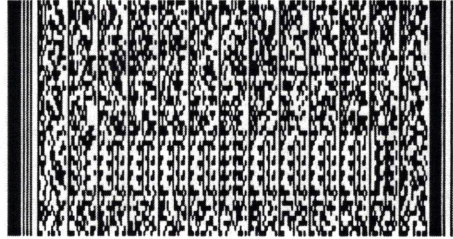
9a <b>Advanced Child Tax Credit Payments</b> (Schedule 8812 line 14f or 15e) ....	00	
9b <b>Refundable Child Tax Credit or Additional Tax Credit.</b> Enter the amount from Line 28 of 2021 Form 1040/Form 1040-SR. (Schedule 8812 Line 14i or 15h). ....	00	
9c <b>Additional Tax</b> (repayment of overpaid tax credit) 2021 1040 Schedule 2 line 19 (Sch 8812 Line 40). ....	00	
9d Add lines (9a) & (9b) then subtract line (9c); 9e Enter the recomputed credit based on 2020 Form 8812 Line 15. ....	00	9e

10 <b>Refundable Credit for Child and Dependent Care Expenses.</b> 10a Enter the amount from Schedule 3, Part II, line 13g of 2021 Form 1040/Form 1040-SR/Form1040NR. 10b is zero, this credit was non-refundable in 2020. ....	00	10b
---	----	-----

11 <b>American Opportunity Credit.</b> Enter the amount from line 29 of 2021 Form 1040/Form 1040-SR. ....	00	
12 <b>Credits from Forms 2439.</b> Enter the amount from Schedule 3, Part II, line 13a of 2021 Form 1040/Form 1040-SR/Form1040NR. ....	00	

13 Add lines 8b, 9e, 10b, 11 and 12. ....	13
14 Subtract line 13 from line 7. If amount is negative enter zero. ....	14
15 <b>Federal Income Tax Deduction.</b> Enter the greater of Part I Line 6 or Part II Line 14; also enter on line 12 of Form 40, line 9 of Form 40A or page 2, Part IV, line 4 of Form 40NR. ....	15

40 Alabama 2022 Individual Income Tax Return RESIDENTS & PART-YEAR RESIDENTS



For the year Jan. 1 - Dec. 31, 2022, or other tax year: Beginning: Ending:

Your social security number Spouse's SSN if joint return
Check if primary is deceased Primary's deceased date
Check if spouse is deceased Spouse's deceased date

Your first name Initial Last name
THOMAS H TUBERVILLE
Spouse's first name Initial Last name
SUZANNE TUBERVILLE

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

CHECK BOX IF AMENDED RETURN

City, town or post office State ZIP code Foreign Country
AUBURN AL 36830

Filing Status/ Exemptions
1 Single \$1,500
2 Married filing joint \$3,000
3 Married filing separate \$1,500
4 Head of Family \$3,000

Table with 2 columns: A - Alabama tax withheld, B - Income. Rows 5a-10: Alabama Income Tax Withheld, Wages, Interest, Other income, Total income, Total adjustments, Adjusted gross income.

Table with 2 columns: A - Alabama tax withheld, B - Income. Rows 11-15: Deductions (Itemized/Standard), Federal tax deduction, Personal exemption, Dependent exemption, Total deductions.

Table with 2 columns: A - Alabama tax withheld, B - Income. Rows 16-21: Taxable income, Income Tax due, Net tax due Alabama, Additional taxes, Alabama Election Campaign Fund, Total tax liability.

Table with 2 columns: A - Alabama tax withheld, B - Income. Rows 22-29: Alabama income tax withheld, 2022 estimated tax payments, Amended Returns, Refundable Credits, Payments from Schedule CP, Total payments, Amended Returns refund, Adjusted Total Payments.

AMOUNT YOU OWE
30 If line 21 is larger than line 29, subtract line 29 from line 21, and add line 31 and enter AMOUNT YOU OWE.

OVERPAID
31 Penalties
32 If line 29 is larger than line 21, subtract line 21 from line 29, and enter AMOUNT OVERPAID
33 Amount of line 32 to be applied to your 2023 estimated tax

Donations
34 Total Donation Check-offs from Schedule DC, line 2

REFUND
35 REFUNDED TO YOU. (CAUTION: You must sign this return on page 2.)
If line 32 is greater than zero, subtract lines 31, 33 and 34 from line 32



**PART I**

**Other Income**  
(See instructions)

1	Alimony received	1	•
2	Business income or (loss) (attach Federal Schedule C or C-EZ) (see instructions)	2	•
3	Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D)	3	•
4a	Total IRA distributions	4a	•
4b	Taxable amount (see instr.)	4b	•
5a	Total pensions and annuities	5a	•
5b	Taxable amount (see instr.)	5b	•
6	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	6	•
7	Farm income or (loss) (attach Federal Schedule F)	7	•
8	Other income (state nature and source - see instructions)	8	•
9	<b>Total other income.</b> Add lines 1 through 8. Enter here and also on page 1, line 7	9	•

**PART II**

**Adjustments to Income**  
(See instructions)

1a	Your IRA deduction	1a	•
1b	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 _____ SSN •	4	•
5	Adoption expenses	5	•
6	Moving Expenses (Attach Federal Form 3903) to: City _____ State _____ ZIP _____	6	•
7	Self-employed health insurance deduction	7	•
8	Payments to Alabama College Counts 529 Fund or Alabama PACT Program	8	•
9	Health insurance deduction for small employer employee (see instructions)	9	•
10	Costs to retrofit or upgrade home to resist wind or flood damage	10	•
11	Deposits to a catastrophe savings account	11	•
12	Contributions to a health savings account	12	•
13	Deposits to an Alabama First-Time and Second Chance Home Buyer Savings Account (see instructions)	13	•
14	Firefighter's Insurance Premium	14	•
15	Contributions to an Achieving a Better Life Experience (ABLE) savings account	15	•
16	<b>Total adjustments.</b> Add lines 1 through 15. Enter here and also on page 1, line 9	16	•

**PART III**

**Dependents**

1	Total number of dependents from Schedule DS, line 1b	1	•
2	<b>Amount allowed.</b> Multiply total number of dependents claimed on line 1 by the amount on the dependent chart in the instructions. Enter amount here and on page 1, line 14	2	•

**PART IV**

**General Information**

1 **Residency** Check only one box  Full Year  Part Year From \_\_\_\_\_ 2022 through \_\_\_\_\_ 2022.

2 Did you file an Alabama income tax return for the year 2021?  Yes  No If no, state reason \_\_\_\_\_

3 Give name and address of present employer(s). Yours \_\_\_\_\_  
Your Spouse's \_\_\_\_\_

4 Enter the Federal Adjusted Gross Income • \$ \_\_\_\_\_ and Federal Taxable Income • \$ \_\_\_\_\_ as reported on your 2022 Federal Individual Income Tax Return.

5 Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state tax refund)?  Yes  No  
If yes, enter source(s) and amount(s) below: (other than state income tax refund)

Source	• RETIREMENT SYSTEMS OF ALABAMA	Amount	•
Source	• SOCIAL SECURITY AND TIER I RR BENEFITS	Amount	•

**PART V**

For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See Page 17 of instructions to see if you qualify.)

**Direct Deposit**

1 Routing Number: \_\_\_\_\_ 2 Type:  Checking  Savings 3 Account Number: \_\_\_\_\_

4 Is this refund going to or through an account that is located outside of the United States?  Yes  No

**Drivers License Info**

DOB (mm/dd/yyyy)	• XXXXXXXXXXXX	Your state	• XX	DL#	• XXXXXXXX	Iss date (mm/dd/yyyy)	• XXXXXXXXXXXX	Exp date (mm/dd/yyyy)	• XXXXXXXXXXXX
DOB (mm/dd/yyyy)	• XXXXXXXXXXXX	Spouse state	• XX	DL#	• XXXXXXXX	Iss date (mm/dd/yyyy)	• XXXXXXXXXXXX	Exp date (mm/dd/yyyy)	• XXXXXXXXXXXX

I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.

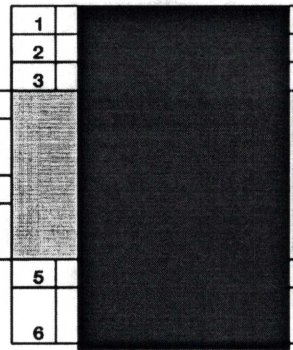
**Sign Here In Black Ink**  
Keep a copy of this return for your records.

**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	
_____	_____	_____	SENATOR	
Spouse's Signature (if joint return, BOTH must sign)	Date	Daytime Telephone Number	Spouse's Occupation	
_____	_____	_____	HOMEMAKER	
Preparer's Signature	Date	Check if Self-employed	Preparer's SSN or PTIN	E.I. Number
JONATHAN GIBSON	10/13/23	<input type="checkbox"/>	• P01970391	41-0746749
Firm's Name (or yours if self employed)	Daytime Telephone No.	ZIP Code		
CLIFTONLARSONALLEN LLP	920-731-8111	54911-5481		
Address 200 EAST WASHINGTON STREET APPLETON, WI				

## Federal Income Tax Deduction Worksheet

<b>1</b> Enter the tax as shown on line 22 on 2022 Form 1040/Form 1040-SR/Form 1040NR. ....	1	
<b>2</b> Net Investment Income Tax. Enter amount from line 17, 2022 Form 8960. ....	2	
<b>3</b> Federal Tax. Add Lines 1 and 2. ....	3	
<b>4a Earned Income Credit (EIC).</b> Enter the amount from line 27a of 2022 Form 1040/Form 1040-SR.	4a	00
<b>4b</b> Additional Child Tax Credit. Enter the amount from Line 28 of 2022 Form 1040/Form 1040-SR. ....	4b	00
<b>4c</b> American Opportunity Credit. Enter the amount from line 29 of 2022 Form 1040/Form 1040-SR.	4c	00
<b>4d</b> Credits from Forms 2439. Enter the amount from Schedule 3, Part II, line 13a of 2022 Form 1040/Form 1040-SR/Form 1040NR. ....	4d	00
<b>5</b> Add lines 4a,b, c and d. ....	5	
<b>6</b> Subtract line 5 from line 3. If amount is negative enter zero also enter on line 12 of Form 40, line 9 of Form 40A or page 2, Part IV, line 4 of Form 40NR. ....	6	



For the year Jan. 1 - Dec. 31, 2023, or other tax year:

Beginning: • Ending: •

Your social security number

• \*\*\* - \*\* - [REDACTED]

Spouse's SSN if joint return

• \*\*\* - \*\* - [REDACTED]

•  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

• THOMAS

Initial Last name

• H • TUBERVILLE

Spouse's first name

• SUZANNE

Initial Last name

• • TUBERVILLE

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

[REDACTED ADDRESS]

▶ CHECK BOX IF AMENDED RETURN •

City, town or post office

• AUBURN

State ZIP code

• AL • 36830

•  Check if address is outside U.S.

Foreign Country

Filing Status/ 1 •  \$1,500 Single

3 •  \$1,500 Married filing separate. Complete Spouse SSN

NRA

Exemptions 2 •  \$3,000 Married filing joint

4 •  \$3,000 Head of Family (with qualifying person). Complete Schedule HCF

		A - Alabama tax withheld	
		5a	5b
<b>Income and Adjustments</b>	<b>5 a</b> Alabama Income Tax Withheld (from Schedule W-2, line 18, col. G)	[REDACTED]	[REDACTED]
	<b>5 b</b> Wages, salaries, tips, etc. (from Schedule W-2, line 18, col. I plus J): ...	[REDACTED]	[REDACTED]
	<b>6</b> Interest and dividend income (also attach Schedule B if over \$1,500)	[REDACTED]	[REDACTED]
	<b>7</b> Other income (from page 2, Part I, line 8)	[REDACTED]	[REDACTED]
	<b>8</b> Total income. Add amounts in the income column for line 5b through line 7	[REDACTED]	[REDACTED]
	<b>9</b> Total adjustments to income (from page 2, Part II, line 16)	[REDACTED]	[REDACTED]
	<b>10</b> Adjusted gross income. Subtract line 9 from line 8	[REDACTED]	[REDACTED]
<b>Deductions</b>	<b>11</b> Box a or b MUST be checked. Check box a, if you itemize deductions, and enter amount from Schedule A, line 27. Check box b, if you do not itemize deductions, and enter standard deduction (see instructions) • a <input checked="" type="checkbox"/> Itemized Deductions • b <input type="checkbox"/> Standard Deduction	[REDACTED]	[REDACTED]
	<b>12</b> Federal tax deduction (see instructions) DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)	[REDACTED]	[REDACTED]
	<b>13</b> Personal exemption (from line 1, 2, 3, or 4)	[REDACTED]	[REDACTED]
	<b>14</b> Dependent exemption (from page 2, Part III, line 2)	[REDACTED]	[REDACTED]
	<b>15</b> Total deductions. Add lines 11, 12, 13, and 14	[REDACTED]	[REDACTED]
	<b>16</b> Taxable income. Subtract line 15 from line 10	[REDACTED]	[REDACTED]
<b>Tax</b>	<b>17</b> Income Tax due. Enter amount from tax table or check if from Form NOL-85A	[REDACTED]	[REDACTED]
	<b>18</b> Net tax due Alabama. Check box if computing tax using Sch OC • <input checked="" type="checkbox"/> , otherwise enter amount from ln 17	[REDACTED]	[REDACTED]
	<b>19</b> Additional taxes (from Schedule ATP, Part I, Line 3)	[REDACTED]	[REDACTED]
	<b>20</b> Alabama Election Campaign Fund. You may make a voluntary contribution to the following: a Alabama Democratic Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input checked="" type="checkbox"/> none b Alabama Republican Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input checked="" type="checkbox"/> none	[REDACTED]	[REDACTED]
	<b>21</b> Total tax liability and voluntary contribution. Add lines 18, 19, 20a, and 20b	[REDACTED]	[REDACTED]
<b>Payments</b>	<b>22</b> Alabama income tax withheld (from column A, line 5a)	[REDACTED]	[REDACTED]
	<b>23</b> 2023 estimated tax payments/Automatic Extension Payment	[REDACTED]	[REDACTED]
	<b>24</b> Amended Returns Only - Previous payments (see instructions)	[REDACTED]	[REDACTED]
	<b>25</b> Refundable Credits. Enter the amount from Schedule OC, Section F, line F4	[REDACTED]	[REDACTED]
	<b>26</b> Payments from Schedule CP, Section B, Line 1	[REDACTED]	[REDACTED]
	<b>27</b> Total payments. Add lines 22, 23, 24, 25 and 26	[REDACTED]	[REDACTED]
	<b>28</b> Amended Returns Only - Previous refund (see instructions)	[REDACTED]	[REDACTED]
	<b>29</b> Adjusted Total Payments. Subtract line 28 from line 27	[REDACTED]	[REDACTED]
<b>AMOUNT YOU OWE</b>	<b>30</b> If line 21 is larger than line 29, subtract line 29 from line 21, and add line 31 and enter AMOUNT YOU OWE. Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.)	[REDACTED]	[REDACTED]
	<b>31</b> Penalties (from Schedule ATP, Part II, line 3) (see instructions)	[REDACTED]	[REDACTED]
<b>OVERPAID</b>	<b>32</b> If line 29 is larger than line 21, subtract line 21 from line 29, and enter AMOUNT OVERPAID	[REDACTED]	[REDACTED]
	<b>33</b> Amount of line 32 to be applied to your 2024 estimated tax	[REDACTED]	[REDACTED]
<b>Donations</b>	<b>34</b> Total Donation Check-offs from Schedule DC, line 2	[REDACTED]	[REDACTED]
<b>REFUND</b>	<b>35</b> REFUNDED TO YOU. (CAUTION: You must sign this return on page 2.) If line 32 is greater than zero, subtract lines 31, 33 and 34 from line 32 For Direct Deposit, check here • <input type="checkbox"/> and complete Part V, Page 2.	[REDACTED]	[REDACTED]



**PART I**

1	Alimony received	1
2	Business income or (loss) (attach Federal Schedule C or C-EZ) (see instructions)	2
3	Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D)	3
4	Retirement Income (attach Schedule RS)	4
5	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	5
6	Farm income or (loss) (attach Federal Schedule F)	6
7	Other income (state nature and source - see instructions)	7
8	<b>Total other income.</b> Add lines 1 through 7. Enter here and also on page 1, line 7	8

**Other Income**  
(See instructions)

**PART II**

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 _____ SSN • _____	4
5	Adoption expenses	5
6	Moving Expenses (Attach Federal Form 3903) to: City _____ State _____ ZIP _____	6
7	Self-employed health insurance deduction	7
8	Payments to Alabama College Counts 529 Fund or Alabama PACT Program	8
9	Health insurance deduction for small employer employee (see instructions)	9
10	Costs to retrofit or upgrade home to resist wind or flood damage	10
11	Deposits to a catastrophe savings account	11
12	Contributions to a health savings account	12
13	Deposits to an Alabama First-Time and Second Chance Home Buyer Savings Account (see instructions)	13
14	Firefighter's Insurance Premium	14
15	Contributions to an Achieving a Better Life Experience (ABLE) savings account	15
16	<b>Total adjustments.</b> Add lines 1 through 15. Enter here and also on page 1, line 9	16

**Adjustments to Income**  
(See instructions)

**PART III**

1	Total number of dependents from Schedule DS, line 1b	1
2	<b>Amount allowed.</b> Multiply total number of dependents claimed on line 1 by the amount on the dependent chart in the instructions. Enter amount here and on page 1, line 14	2

**Dependents**

**PART IV**

1 **Residency** Check only one box  Full Year  Part Year From \_\_\_\_\_ 2023 through \_\_\_\_\_ 2023.

2 Did you file an Alabama income tax return for the year 2022?  Yes  No If no, state reason \_\_\_\_\_

3 Give name and address of present employer(s). Yours \_\_\_\_\_  
Your Spouse's \_\_\_\_\_

4 Enter the Federal Adjusted Gross Income • \$ \_\_\_\_\_ and Federal Taxable Income • \$ \_\_\_\_\_ as reported on your 2023 Federal Individual Income Tax Return.

5 Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state tax refund)?  Yes  No  
If yes, enter source(s) and amount(s) below: (other than state income tax refund)

Source • SOCIAL SECURITY AND TIER I RR BENEFITS	Amount	• _____
Source • _____	Amount	• _____

(See instructions)

**PART V**

For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See instructions to see if you qualify.)

**Direct Deposit**

1 Routing Number: \_\_\_\_\_ 2 Type:  Checking  Savings 3 Account Number: \_\_\_\_\_

4 Is this refund going to or through an account that is located outside of the United States?  Yes  No

**Drivers License Info**

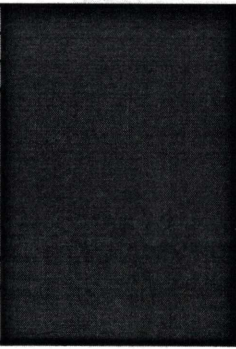
DOB (mm/dd/yyyy) • XXXXXXXXXXXX	Your state • XX	DL# • XXXXXXXX	Iss date (mm/dd/yyyy) • XXXXXXXXXXXX	Exp date (mm/dd/yyyy) • XXXXXXXXXXXX
DOB (mm/dd/yyyy) • XXXXXXXXXXXX	Spouse state • XX	DL# • XXXXXXXX	Iss date (mm/dd/yyyy) • XXXXXXXXXXXX	Exp date (mm/dd/yyyy) • XXXXXXXXXXXX

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.

Your Signature	Date	Daytime Telephone Number	Your Occupation
_____	_____	_____	SENATOR
Spouse's Signature (if joint return, BOTH must sign)	Date	Daytime Telephone Number	Spouse's Occupation
_____	_____	_____	HOMEMAKER
Preparer's Signature	Date	Check if Self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
JONATHAN GIBSON	10/12/24		• P01970391
Firm's Name (or yours if self employed) CLIFTONLARSONALLEN LLP	Daytime Telephone No. 920-731-8111	E.I. Number	41-0746749
Address 200 EAST WASHINGTON STREET APPLETON, WI	Zip Code	54911-5481	

## Federal Income Tax Deduction Worksheet

<b>1</b> Enter the tax as shown on line 22 on 2023 Form 1040/Form 1040-SR/Form 1040NR. ....		<b>1</b>	
<b>2</b> Net Investment Income Tax. Enter amount from line 17, 2023 Form 8960. ....		<b>2</b>	
<b>3</b> Federal Tax. Add Lines 1 and 2. ....		<b>3</b>	
<b>4a Earned Income Credit (EIC).</b> Enter the amount from line 27 of 2023 Form 1040/Form 1040-SR. ....	<b>4a</b>	00	
<b>4b</b> Additional Child Tax Credit. Enter the amount from Line 28 of 2023 Form 1040/Form 1040-SR/1040-NR. ....	<b>4b</b>	00	
<b>4c</b> American Opportunity Credit. Enter the amount from line 29 of 2023 Form 1040/Form 1040-SR. ....	<b>4c</b>	00	
<b>4d</b> Credits from Forms 2439. Enter the amount from Schedule 3, Part II, line 13a of 2023 Form 1040/Form 1040-SR/Form 1040NR. ....	<b>4d</b>	00	
<b>5</b> Add lines 4a, b, c and d. ....			<b>5</b>
<b>6</b> Subtract line 5 from line 3. If amount is negative enter zero also enter on line 12 of Form 40, line 9 of Form 40A or page 2, Part IV, line 4 of Form 40NR. ....			<b>6</b>



FORM 40 Alabama 2024  
Individual Income Tax Return  
RESIDENTS & PART-YEAR RESIDENTS



For the year Jan. 1 - Dec. 31, 2024, or other tax year:

Beginning:                       Ending:  
 Your social security number                       Spouse's SSN if joint return  
 Check if primary is deceased                       Check if spouse is deceased  
 Primary's deceased date (mm/dd/yyyy)                       Spouse's deceased date (mm/dd/yyyy)  
 Your first name                       Initial                       Last name  
 THOMAS                      H                      TUBERVILLE  
 Spouse's first name                       Initial                       Last name  
 SUZANNE                      M                      TUBERVILLE  
 Present home address (number and street or P.O. Box number)  
 [REDACTED]

▶ CHECK BOX IF AMENDED RETURN

City, town, or post office                       State                       ZIP code                       Check if address is outside U.S.                      Foreign Country  
 AUBURN                      AL                      36830

**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 - Income
5a Alabama Income Tax Withheld (from Schedule W-2, line 18, column G) . . . . .	● 5a [REDACTED]	● 5b [REDACTED]
5b Wages, salaries, tips, etc. (from Schedule W-2, line 18, column I plus J): . . . . .		● 5b [REDACTED]
6 Interest and dividend income (also attach Schedule B if over \$1,500) . . . . .		● 6 [REDACTED]
7 Other income (from page 2, Part I, line 8) . . . . .		● 7 [REDACTED]
8 <b>Total income.</b> Add amounts in the income column for line 5b through line 7 . . . . .		● 8 [REDACTED]
9 Total adjustments to income (from page 2, Part II, line 16) . . . . .		● 9 [REDACTED]
10 <b>Adjusted gross income.</b> Subtract line 9 from line 8 . . . . .		● 10 [REDACTED]

**Deductions**  
 11 Box a or b **MUST** be checked.  
 Check box a, if you **itemize deductions**, and enter amount from Schedule A, line 27.  
 Check box b, if you **do not** itemize deductions, and enter **standard deduction** (see instructions)  
 a  **Itemized Deductions**                       b  **Standard Deduction** . . . . .  
 12 Federal tax deduction (see instructions)                      ● 11 [REDACTED]  
**DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)**  
 13 Personal exemption (from line 1, 2, 3, or 4) . . . . .                      ● 12 [REDACTED]  
 14 Dependent exemption (from page 2, Part III, line 2) . . . . .                      ● 13 [REDACTED]  
 15 **Total deductions.** Add lines 11, 12, 13, and 14 . . . . .                      ● 14 [REDACTED]

**Tax**  
 16 **Taxable income.** Subtract line 15 from line 10 . . . . .                      ● 15 [REDACTED]  
 17 **Income Tax due.** Enter amount from tax table or check if from  Form NOL-85A . . . . .                      ● 16 [REDACTED]  
 18 **Net tax due Alabama.** Check box if computing tax using Schedule OC  otherwise enter amount from line 17 . . . . .                      ● 17 [REDACTED]  
 19 Additional taxes (from Schedule ATP, Part I, Line 3) . . . . .                      ● 18 [REDACTED]  
 20 **Alabama Election Campaign Fund.** You may make a voluntary contribution to the following:  
 a Alabama Democratic Party  \$1  \$2  none . . . . .                      ● 19 [REDACTED]  
 b Alabama Republican Party  \$1  \$2  none . . . . .                      ● 20a [REDACTED]  
 21 **Total tax liability and voluntary contribution.** Add lines 18, 19, 20a, and 20b . . . . .                      ● 20b [REDACTED]

22 Alabama income tax withheld (from column A, line 5a) . . . . .	● 21 [REDACTED]	
23 2024 estimated tax payments/Automatic Extension Payment . . . . .	● 22 [REDACTED]	
24 Amended Returns Only — Previous payments (see instructions) . . . . .	● 23 0	
25 Refundable Credits. Enter the amount from Schedule OC, Section F, line F4 . . . . .	● 24 0	
26 Payments from Schedule CP, Section B, Line 1 . . . . .	● 25 0	
27 <b>Total payments.</b> Add lines 22, 23, 24, 25, and 26 . . . . .	● 26 0	● 27 [REDACTED]
28 Amended Returns Only — Previous refund (see instructions) . . . . .		● 28 [REDACTED]
29 <b>Adjusted Total Payments.</b> Subtract line 28 from line 27 . . . . .		● 29 [REDACTED]

**AMOUNT YOU OWE**  
 30 If line 21 is larger than line 29, subtract line 29 from line 21, and add line 31 and enter **AMOUNT YOU OWE.**  
 Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V **MUST ACCOMPANY PAYMENT.**)  
 Penalties (from Schedule ATP, Part II, line 3)(see instructions) . . . . .                      ● 30 [REDACTED]

**OVERPAID**  
 31 If line 29 is larger than line 21, subtract line 21 from line 29, and enter **AMOUNT OVERPAID** . . . . .                      ● 31 [REDACTED]

**Donations**  
 32 Amount of line 31 to be applied to your 2025 estimated tax . . . . .                      ● 32 [REDACTED]

**REFUND**  
 33 **REFUNDED TO YOU.** (CAUTION: You must sign this return on the reverse side.)  
 If line 32 is greater than zero, subtract lines 31, 33, and 34 from line 32 . . . . .                      ● 33 [REDACTED]  
 For Direct Deposit, check here  and complete Part V, Page 2.



**PART I**

**Other Income** (See instructions)

1 Alimony received ..... ● 1

2 Business income or (loss) (attach Federal Schedule C or C-EZ) (see instructions) ..... ● 2

3 Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D) ..... ● 3

4 Retirement Income (attach Schedule RS) ..... ● 4

5 Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E) ..... ● 5

6 Farm income or (loss) (attach Federal Schedule F) ..... ● 6

7 Other income (state nature and source — see instructions) ..... ● 7

8 Total other income. Add lines 1 through 7. Enter here and also on page 1, line 7 ..... ● 8

**PART II**

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 \_\_\_\_\_ SSN ● \_\_\_\_\_ ● 4

5 Adoption expenses ..... ● 5

6 Moving Expenses (Attach Federal Form 3903) to:  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ ● 6

**Adjustments to Income** (See instructions)

7 Self-employed health insurance deduction ..... ● 7

8 Payments to Alabama College Counts 529 Fund or Alabama PACT Program ..... ● 8

9 Health insurance deduction for small employer employee (see instructions) ..... ● 9

10 Costs to retrofit or upgrade home to resist wind or flood damage ..... ● 10

11 Deposits to a catastrophe savings account ..... ● 11

12 Contributions to a health savings account ..... ● 12

13 Deposits to an Alabama First-Time and Second Chance Home Buyer Savings Account (see instructions) ..... ● 13

14 Firefighter's Insurance Premium ..... ● 14

15 Contributions to an Achieving a Better Life Experience (ABLE) savings account ..... ● 15

16 Total adjustments. Add lines 1 through 15. Enter here and also on page 1, line 9 ..... ● 16

**PART III**

1 Total number of dependents from Schedule DS, line 1b ..... ● 1

**Dependents**

2 Amount allowed. Multiply total number of dependents claimed on line 1 by the amount on the dependent chart in the instructions. Enter amount here and on page 1, line 14 ..... ● 2

**PART IV**

**General Information**

1 Residency Check only one box  Full Year  Part Year From \_\_\_\_\_ 2024 through \_\_\_\_\_ 2024.

2 Did you file an Alabama income tax return for the year 2023?  Yes  No If no, state reason \_\_\_\_\_

3 Give name and address of present employer(s). Yours UNITED STATES SENATE HART OFFICE BUILDING WASHINGTON, DC  
20510 Your Spouse's \_\_\_\_\_

**All Taxpayers Must Complete This Section.** (See instructions)

4 Enter the Federal Adjusted Gross Income ● \$ \_\_\_\_\_ and Federal Taxable Income ● \$ \_\_\_\_\_ as reported on your 2024 Federal Individual Income Tax Return.

5 Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state tax refund)?  Yes  No

If yes, enter source(s) and amount(s) below: (other than state income tax refund)

Source ● RETIREMENT SYSTEMS OF AL Amount ● \_\_\_\_\_

Source ● \_\_\_\_\_ Amount ● \_\_\_\_\_

**PART V**

For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See instructions to see if you qualify.)

**Direct Deposit**

1 Routing Number: \_\_\_\_\_ 2 Type:  Checking  Savings 3 Account Number: \_\_\_\_\_

4 Is this refund going to or through an account that is located outside of the United States?  Yes  No

**Drivers License Info**

DOB (mm/dd/yyyy) \_\_\_\_\_ Your state \_\_\_\_\_ DL# \_\_\_\_\_ Exp date (mm/dd/yyyy) \_\_\_\_\_

DOB (mm/dd/yyyy) \_\_\_\_\_ Spouse state \_\_\_\_\_ DL# \_\_\_\_\_ Exp date (mm/dd/yyyy) \_\_\_\_\_

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.

**Paid Preparer's Use Only**

Your Signature \_\_\_\_\_ Date \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_ Your Occupation SENATOR

Spouse's Signature (if joint return, BOTH must sign) \_\_\_\_\_ Date \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_ Spouse's Occupation HOMEMAKER

Preparer's Signature \_\_\_\_\_ Date 5/6/2025 Check if Self-employed  Preparer's SSN or PTIN P01008896 E.I. Number 26-4298653

Firm's Name (or yours if self employed) STEPHEN L. CURRY, CPA, PC Daytime Telephone No. 334-887-0103 ZIP Code 36830

Address 2515 E. GLENN AVE., STE 301, AUBURN, AL

**SCHEDULES  
A, B, & DC  
(FORM 40)**



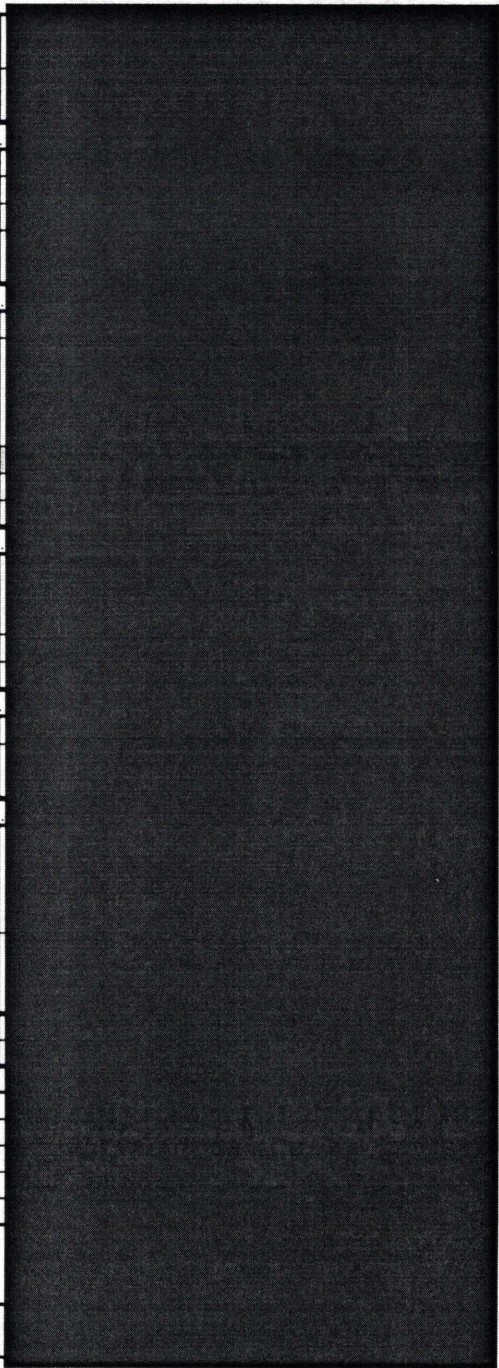
(Schedules B and DC are on back page)

**ATTACH TO FORM 40 — SEE INSTRUCTIONS FOR SCHEDULE A**

Name(s) as shown on Form 40 <b>THOMAS H and SUZANNE M TUBERVILLE</b>	Your social security number [REDACTED]
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The itemized deductions you may claim for the year 2024 are similar to the itemized deductions claimed on your Federal return; however, the amounts may differ. Please see instructions before completing this schedule. **PART-YEAR RESIDENTS:** A resident of Alabama for only a part of the year should list below only those deductions actually paid while a resident of Alabama.

<b>CAUTION: Do not include expenses reimbursed or paid by others.</b>		
<b>Medical and Dental Expenses</b>	1 Medical and dental expenses . . . . .	1
	2 Enter amount from Form 40, line 10. . . . . <b>2</b> [REDACTED]	2
	3 Multiply the amount on line 2 by 4% (.04). Enter the result. . . . .	3
	4 Subtract line 3 from line 1. Enter the result. If zero or less, enter -0-	4
	5 Real estate taxes. . . . .	5
<b>Taxes You Paid</b>	6 FICA Tax (Social Security and Medicare) and Federal Self-Employment Tax. . . . .	6
	7 Railroad Retirement (Tier 1 only). . . . .	7
	8 Other taxes. (List — include personal property taxes.) ▶	8
	9 Add the amounts on lines 5 through 8. Enter the total here.	9
<b>Interest You Paid</b>	10 a Home mortgage interest and points reported to you on Federal Form 1098. . . . .	10a
	b Home mortgage interest not reported to you on Federal Form 1098. (If paid to an individual, show that person's name and address.) ▶	10b
	NOTE: Personal interest is not deductible.	
	11 Reserved for future use . . . . .	11
	12 Points not reported to you on Form 1098. . . . .	12
	13 Investment interest. (Attach Form 4952A.) . . . . .	13
	14 Add the amounts on lines 10a through 13. Enter the total here.	14
<b>CAUTION: If you made a charitable contribution and received a benefit in return, see instructions.</b>		
<b>Gifts to Charity</b>	15 Contributions by cash or check (If more than \$250, see instructions). . . . .	15
	16 Other than cash or check. (You <b>MUST</b> attach Federal Form 8283 if over \$500.) . . . . .	16
	17 Carryover from prior year. . . . .	17
	18 Add the amounts on lines 15 through 17. Enter the total here.	18
<b>Casualty and Theft Loss</b> (Attach Form 4684)	19 a Enter the loss from Federal Form 4684, either <b>A</b> <input type="checkbox"/> line 15, or <b>B</b> <input type="checkbox"/> line 16 . . . . .	19a
	b Enter 10% of your Adjusted Gross Income (Form 40, line 10) if box B is checked, otherwise enter zero . . . . .	19b
	c Subtract line 19b from line 19a. If zero or less, enter -0-	19c
<b>Job Expenses and Most Other Miscellaneous Deductions</b>	20 Unreimbursed employee expenses — job travel, union dues, job education, etc. You <b>MUST</b> attach Federal Form 2106 if required. See instructions. ▶	20
	21 Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount. ▶ <b>INVESTMENT FEES</b>	21
	22 Add the amounts on lines 20 and 21. Enter the total . . . . .	22
	23 Multiply the amount on Form 40, line 10 by 2% (.02). Enter the result here. . . . .	23
	24 Subtract line 23 from line 22. Enter the result. If zero or less, enter -0-	24
<b>Other Miscellaneous Deductions</b>	25 Other (from list in the instructions). List type and amount. ▶	25
<b>CAUTION: Do not include medical premiums.</b>		
<b>Qualified Long-Term Care Ins. Premiums</b>	26 Enter amount here . . . . .	26
<b>Total Itemized Deductions</b>	27 Add the amounts on lines 4, 9, 14, 18, 19c, 24, 25, and 26. Enter the total here. Then enter on Form 40, page 1, line 11 and check 11a, Itemized Deductions . . . . .	27



Name(s) as shown on Form 40 (Do not enter name and social security number if shown on other side)  
THOMAS H and SUZANNE M TUBERVILLE

Your social security number  
[REDACTED]

**SCHEDULE B – Interest And Dividend Income**

If you received more than \$1500 of interest and dividend income, you must complete Schedule B. See instructions.

List Payers and Amounts		A Exempt Interest	B Taxable Interest and Dividends
1 I N T E R E S T	NATIONAL FINANCIAL SERVICES	[REDACTED]	[REDACTED]
	HANCOCK WHITNEY BANK		
	SOUTHERN STATES BANK		
	LPL 35414084		
2 D I V I D E N D S	NATIONAL FINANCIAL SERVICES	[REDACTED]	[REDACTED]
	LPL FINANCIAL		
3 TOTAL TAXABLE INTEREST AND DIVIDENDS Enter here and on Form 40, page 1, line 6			•3

**SCHEDULE DC – Donation Check-Offs**

1 You may donate all or part of your overpayment. (Enter the amount in the appropriate boxes.)

a Senior Services Trust Fund	• 1a [REDACTED]	j Alabama Military Support Foundation	• 1
b Alabama Arts Development Fund	• 1b [REDACTED]	k Alabama Veterinary Medical Foundation	
c Alabama Nongame Wildlife Fund	• 1c [REDACTED]	Spay-Neuter Program	• 1
d Child Abuse Trust Fund	• 1d [REDACTED]	l Cancer Research Institute	• 1
e Alabama Veterans Program	• 1e [REDACTED]	m Children First Trust Fund	• 1
f Alabama State Veterans Cemetery at Spanish Fort Foundation, Inc.	• 1f [REDACTED]	n State Parks Division of the Department of Conservation and Natural Resources	• 1
g Foster Care Trust Fund	• 1g [REDACTED]	o Department of Mental Health – 2023	• 1
h Mental Health	• 1h [REDACTED]	p Alabama Medicaid Agency	• 1
i Alabama Breast & Cervical Cancer Program	• 1i [REDACTED]		

2 Total Donations. Add lines 1a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, and p. Enter here and on Form 40, page 1, line 34