

PLEASE NOTE

PAYMENTS OF \$750 OR MORE MUST BE FILED AND PAID ELECTRONICALLY.
TO PREPARE, FILE AND PAY THIS RETURN ON-LINE.

GENERAL INSTRUCTIONS

FIRST RETURN – New employers and withholding agents must apply for a withholding tax account number using Form COM:101. If Form COM:101 has not been filed prior to the due date of the first return, it must accompany the first return when filed.

ROUTINE FILING – Upon assignment of a withholding tax account number and annually thereafter, each employer or withholding agent is furnished a booklet containing personalized coupons which **must** be used in filing withholding tax returns. Such forms are preprinted with the employer or withholding agent's name, address, withholding tax account number, period covered, and due date. Blank forms may be used **only** when personalized coupons cannot be obtained in time to file a return by the due date.

FINAL RETURN – When an employer or withholding agent ceases to withhold Alabama income tax, an "X" should be placed in the space provided in Line 1 of the return.

INSTRUCTIONS FOR PREPARING FORM A-1

LINE 1 – If you have discontinued withholding Alabama income tax, place an "X" in the blank on this line to indicate a final return.

LINE 2 – Enter number of employees from whose wages Alabama income tax has been withheld during this reporting period.

LINE 3 – Enter total Alabama income tax withheld during the period covered by return.

LINE 4 – Enter total Alabama withholding tax previously remitted for first and/or second months of quarter.

LINE 5 – Use this line to claim credit for overpayment of Alabama withholding tax for prior quarterly or monthly periods. If credit memorandum has not been issued by the Alabama Department of Revenue, return on which credit is claimed must be accompanied by a statement providing the following information: (a) Monthly or quarterly period(s) overpaid. (If more than one monthly or quarterly period is overpaid, state amount of overpayment applicable to each), and (b) Brief explanation of why overpayment occurred.

LINE 6 – Penalty for late filing of a withholding tax return is 10% of the tax due on such return (Line 3 minus Line 4 on Form A-1; Line 3 on Form A-6) or \$50.00 whichever is greater. Penalty for late payment of withholding tax is 10% of the tax due. In cases where both return and payment are delinquent, the two penalties should be added and shown as one figure on Line 6. Report and payment of tax must be postmarked or received by the Withholding Tax Section on or before the due date to avoid delinquent penalty and interest charges.

LINE 7 – Interest is computed at the rate applicable to federal tax deficiencies and is subject to change each quarter. Call the Withholding Tax Section for the current interest rate.

LINE 8 – Add Lines 3, 6, and 7; subtract Lines 4 and 5; show balance on Line 8.

LINE 9 – Indicate on Line 9 the amount remitted with the return. If amount remitted is different from amount on Line 8, a detailed explanation of the difference should accompany the return. Make check or money order for amount on Line 9 payable to Alabama Department of Revenue. Mail return and check to Individual and Corporate Tax Division, Withholding Tax Section, P.O. Box 327480, Montgomery, AL 36132-7480 (phone 334-242-1300).

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PLEASE CUT HERE

FORM A-1 ALABAMA DEPARTMENT OF REVENUE EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD

1. If You Are No Longer Withholding AL Income Tax And Wish For Your Account To Be Cancelled, Place An "X" Here _____
2. Number Of Employees From Whose Wages Alabama Tax Was Withheld _____
3. Alabama Income Tax Withheld This Quarter (3 Months) \$ _____
4. Less Alabama Tax Remitted First 2 Months Of Quarter \$ _____
5. Credit For Overpayment Of Prior Periods (See Instructions) \$ _____
6. Delinquent Penalty (Applicable To This Return Only) \$ _____
7. Interest (Applicable To This Return Only) \$ _____
8. Total Amount Due With This Return \$ _____
9. Amount Remitted With This Return \$ _____

NAME AND ADDRESS		PERIOD COVERED
	ALA. WITHHOLDING TAX ACCOUNT NO.	DATE DUE

SIGNATURE _____

TITLE _____

DATE _____