

CERTIFIED STATEMENT OF TAXABLE INCOME

Tax Period / Year: _____

Taxpayer Name:	_____	Taxpayer ID / SSN:	_____
Address:	_____	Filing Status:	_____

INCOME SOURCES & ADJUSTMENTS	AMOUNT (USD)
Gross Income	
Wages, Salaries, and Tips	
Business / Self-Employment Income	
Interest, Dividends, and Capital Gains	
Other Taxable Income	
Total Gross Income (A)	
Adjustments to Income	
Allowable Deductions / Business Expenses	
Standard or Itemized Deduction	
Other Statutory Adjustments	
Total Adjustments & Deductions (B)	
NET TAXABLE INCOME (A - B)	

I hereby certify that the financial information and figures presented in this statement have been prepared, reviewed, and verified in accordance with the applicable taxation laws, regulations, and standards. To the best of my knowledge and professional belief, this statement represents a true, accurate, and complete declaration of taxable income for the designated period.

SIGNATURE OF CERTIFIED PREPARER / ACCOUNTANT

Name:
Title / Credential:
License / Registration No.:
Date:

SIGNATURE OF TAXPAYER / DECLARANT

Name:
Title:
Company Name (if applicable):
Date: