

# PART-YEAR RESIDENT TAX RETURN

20\_\_

## Dual-State Allocation Schedule

### PERSONAL INFORMATION

Taxpayer Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Spouse Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Street Address: \_\_\_\_\_

### PART I: RESIDENCY PERIOD & STATE INFORMATION

State Of Residency	From (MM/DD)	To (MM/DD)	Number of Days
State A: _____			
State B: _____			

### PART II: INCOME ALLOCATION SCHEDULE

Income Source	Column A Federal Total	Column B State A Portion	Column C State B Portion
1. Wages, Salaries, Tips			
2. Interest & Dividends			
3. Business Income / (Loss)			
4. Capital Gains / (Losses)			
5. Pensions, IRA, Annuities			
6. Rental, Royalties, Partnerships			
7. Other Income			
<b>8. Total Income (Add lines 1 through 7)</b>			

### PART III: ADJUSTMENTS & DEDUCTIONS

Description	Federal Total	State A Allocated	State B Allocated
9. Total Federal Adjustments to Income			
10. Adjusted Gross Income (Line 8 minus Line 9)			
11. Standard or Itemized Deductions			
12. Exemptions			
<b>13. Taxable Income (Line 10 minus Lines 11 and 12)</b>			

### PART IV: TAX COMPUTATION & CREDITS

14. Tax Amount (from state tax tables)	State A:	State B:
15. Nonrefundable Tax Credits	State A:	State B:
16. Credit for Taxes Paid to Another State	State A:	State B:
<b>17. Net Tax Owed (Line 14 minus Lines 15 and 16)</b>	<b>State A:</b>	<b>State B:</b>
18. Total Tax Withheld / Payments Made	State A:	State B:
<b>19. Refund Owed (If Line 18 is larger than Line 17)</b>	<b>State A:</b>	<b>State B:</b>
<b>20. Amount You Owe (If Line 17 is larger than Line 18)</b>	<b>State A:</b>	<b>State B:</b>

### SIGNATURES

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief,

it is true, correct, and complete.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_  
Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_