

# QUALIFYING SURVIVING SPOUSE (QSS)

## Filing Status Declaration & Supporting Information

Tax Year:

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Social Security Number:

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### 1. SURVIVING SPOUSE INFORMATION

Full Name:

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Current Address:

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City, State, ZIP:

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Phone Number:

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### 2. DECEASED SPOUSE INFORMATION

Full Name of Deceased Spouse:

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Date of Death:

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Deceased Spouse's SSN:

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### 3. ELIGIBILITY REQUIREMENTS CHECK

- The taxpayer was eligible to file a joint return with the deceased spouse for the year of death.
- The taxpayer has not remarried before the end of the tax year for which this status is claimed.
- The taxpayer paid over half the cost of keeping up a home which was the main home for the entire year for a qualifying child.

### 4. QUALIFYING CHILD INFORMATION

| Full Name of Child | Social Security Number | Relationship to Taxpayer | Number of Months Lived in Home |
|--------------------|------------------------|--------------------------|--------------------------------|
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|                    |                        |                          |                                |

### 5. HOUSEHOLD MAINTENANCE EXPENSES (ANNUAL COSTS)

Rent / Mortgage Interest:

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**Property Taxes / Insurance:**

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**Utilities / Food at Home:**

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**Other Household Expenses:**

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*Under penalties of perjury, I declare that I have examined this document, and to the best of my knowledge and belief, the information provided herein is true, correct, and complete.*

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Signature of Surviving Spouse

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Date