STATE DEPARTMENT OF REVENUE

Resident Individual Income Tax Return

FORM S-1

PERSONAL INFORMATION

FIRST NAME AND MIDDLE INITIAL

LAST NAME

HOME ADDRESS (NUMBER AND STREET, INCLUDING APARTMENT NUMBER)

SOCIAL SECURITY NUMBER

CITY, TOWN, OR POST OFFICE

STATE

ZIP CODE

FILING STATUS

- ☐ Single
- ☐ Married Filing Jointly
- ☐ Married Filing Separately
- ☒ **Head of Household** (with qualifying person)
- ☐ Qualifying Surviving Spouse

QUALIFYING PERSON INFORMATION (FOR HEAD OF HOUSEHOLD STATUS)

QUALIFYING PERSON'S FIRST NAME AND MIDDLE INITIAL

QUALIFYING PERSON'S LAST NAME

QUALIFYING PERSON'S SOCIAL SECURITY NUMBER

RELATIONSHIP TO YOU

DEPENDENT ON YOUR FEDERAL RETURN? (YES / NO)

INCOME AND ADJUSTMENTS

1 Federal Adjusted Gross Income (from federal return)

2 State Additions to Income (specify schedule if required)

3 Total State Income (Add Line 1 and Line 2)

4 State Subtractions from Income

5 State Adjusted Gross Income (Subtract Line 4 from Line 3)

DEDUCTIONS AND EXEMPTIONS

6 Standard Deduction for Head of Household OR Itemized Deductions (whichever is greater)

7 Exemptions (Enter qualifying person and dependent exemptions)

8 Total Deductions and Exemptions (Add Line 6 and Line 7)

9 Taxable Income (Subtract Line 8 from Line 5. If zero or less, enter 0)

TAX, CREDITS, AND PAYMENTS

10 Total Income Tax (calculated from tax rate schedule)

11 Nonrefundable Credits (including Head of Household credits, if applicable)

12 Net Tax (Subtract Line 11 from Line 10)

13 State Tax Withheld (from W-2, 1099, etc.)

14 Estimated Tax Payments / Refundable Credits

15 Total Payments/Withholding (Add Line 13 and Line 14)

16 **REFUND AMOUNT (If Line 15 is larger than Line 12, subtract Line 12 from Line 15)**

17 **AMOUNT YOU OWE (If Line 12 is larger than Line 15, subtract Line 15 from Line 12)**

Sign and Date

YOUR SIGNATURE

DATE

PHONE NUMBER

PAID PREPARER'S SIGNATURE

PTIN

PREPARER PHONE