

# U.S. INDIVIDUAL INCOME TAX RETURN TEMPLATE

Filing Status: Married Filing Separately

## FILING STATUS

Married filing separately (MFS)

## PRIMARY TAXPAYER INFORMATION

FIRST NAME AND INITIAL

LAST NAME

SOCIAL SECURITY NUMBER

HOME ADDRESS (NUMBER AND STREET)

APT NO.

CITY, TOWN, OR POST OFFICE

STATE

ZIP CODE

## SPOUSE INFORMATION (REQUIRED FOR MARRIED FILING SEPARATELY)

SPOUSE'S FIRST NAME AND INITIAL

SPOUSE'S LAST NAME

SPOUSE'S SSN

Check if spouse itemizes deductions on a separate return (or if you are required to itemize)

## DEPENDENTS

First Name	Last Name	Social Security Number	Relationship to You	Qualifies for Child Tax Credit
				<input type="checkbox"/>
				<input type="checkbox"/>

## INCOME & TAX COMPUTATION

1	Wages, salaries, tips, etc. (Attach Form(s) W-2)	
2	Taxable interest	
3	Ordinary dividends	
4	IRA distributions / Pensions and annuities (Taxable amount)	

5	Social Security benefits (Taxable amount)	_____
6	<b>Total Income</b> (Add lines 1 through 5)	_____
7	Adjustments to income (from Schedule)	_____
8	<b>Adjusted Gross Income</b> (Subtract line 7 from line 6)	_____
9	<b>Deduction</b> (Standard Deduction for MFS or Itemized Deductions)	_____
10	<b>Taxable Income</b> (Subtract line 9 from line 8)	_____

**REFUND OR AMOUNT OWED**

11	Total Tax	_____
12	Total Payments/Wthholding	_____
13	<b>Refund Amount</b> (If line 12 is larger than line 11)	_____
14	<b>Amount You Owe</b> (If line 11 is larger than line 12)	_____

**SIGN HERE**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules, and to the best of my knowledge and belief, they are true, correct, and complete.

**YOUR SIGNATURE**

\_\_\_\_\_

**DATE**

\_\_\_\_\_

**OCCUPATION**

\_\_\_\_\_