TAX FILING RETURN

Head of Household Status

20___

1. PRIMARY TAXPAYER INFORMATION

First Name and Initial

Last Name

Social Security Number (SSN)

Date of Birth

Home Address (Number and Street)

Apartment / Suite Number

Phone Number

City

State

ZIP Code

2. FILING STATUS VERIFICATION

☐ **Head of Household** (With qualifying person). If the qualifying person is a child but not your dependent, enter this child's name below.

Qualifying Child's Name (if not claimed as dependent)

Child's SSN

3. QUALIFYING DEPENDENTS

First Name & Last Name	Social Security Number	Relationship to You	Age	Months Lived in Home

4. INCOME & DEDUCTIONS SUMMARY

Description	Amount ($)

Description	Amount ($)
Gross Wages, Salaries, Tips (Form W-2)	
Taxable Interest & Dividends	
Other Taxable Income	
Total Gross Income	
Standard Deduction (Head of Household)	
Other Deductions / Adjustments	
Taxable Income	

5. SIGNATURES

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. I confirm that I was unmarried (or considered unmarried) on the last day of the tax year, paid more than half the cost of keeping up a home for the year, and a qualifying person lived with me in the home for more than half the year (except for temporary absences).

Taxpayer Signature

_____

Date

_____

Paid Preparer Signature (If applicable)

_____

Preparer PTIN

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