INDIVIDUAL INCOME TAX RETURN 20

FILING STATUS

- [ ] Single
- [ ] Married filing jointly
- [ ] Married filing separately
- [x] Head of household
- [ ] Qualifying surviving spouse

TAXPAYER INFORMATION

First Name: _____

Last Name: _____

Home Address: _____

Social Security No: _____

Apt/Suite No: _____

City, State, ZIP: _____

QUALIFYING PERSON (UNDER HEAD OF HOUSEHOLD RULES)

First Name	Last Name	Social Security Number	Relationship to You

INCOME & DEDUCTIONS

No.	Income Sources	Amount ($)
1	Wages, salaries, tips (attach Form(s) W-2)	
2	Taxable interest	
3	Ordinary dividends	
4	Pensions and annuities (taxable amount)	
5	Social Security benefits (taxable amount)	
6	**Total Income (add lines 1 through 5)**	
7	Standard Deduction for Head of Household	
8	Other Adjustments to Income	
9	**Taxable Income (subtract lines 7 and 8 from line 6)**	

REFUND OR AMOUNT OWED

10	Total Tax Liability	
11	Federal Income Tax Withheld	
12	Earned Income Credit (EIC) / Child Tax Credit	
13	**Refund Amount (if line 11 & 12 is greater than line 10)**	

14	**Amount You Owe (if line 10 is greater than line 11 & 12)**	

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

Identity Verification PIN