INDIVIDUAL INCOME TAX RETURN

Filing Status: **SINGLE**

20

PERSONAL INFORMATION

FIRST NAME

LAST NAME

SOCIAL SECURITY NUMBER

HOME ADDRESS (NUMBER AND STREET)

APT / SUITE NO.

CITY, TOWN, OR POST OFFICE

STATE

ZIP CODE

STANDARD DEDUCTION & EXEMPTIONS

☐ TAXPAYER IS BLIND

☐ SOMEONE CAN CLAIM YOU AS A DEPENDENT

INCOME

#	Income Category	Amount ($)
1	Wages, salaries, tips, etc. (Attach Form(s) W-2)	
2	Taxable interest	
3	Ordinary dividends	
4	Individual Retirement Account (IRA) distributions	
5	Pensions and annuities	
6	Social Security benefits	
7	Capital gain or (loss)	
8	Other income (Schedule details)	
9	**Total Income (Add lines 1 through 8)**	

ADJUSTED GROSS & TAXABLE INCOME

10	Adjustments to income (From schedule)	
11	**Adjusted Gross Income (Subtract line 10 from line 9)**	
12	Standard Deduction (Single)	
13	Qualified business income deduction	
14	**Taxable Income (Subtract lines 12 and 13 from line 11)**	

TAX, CREDITS, AND PAYMENTS

15	Tax (computed on taxable income)	
16	Child tax credit or credit for other dependents	
17	Other credits (From schedule)	
18	**Total Tax (Subtract lines 16 and 17 from line 15)**	
19	Federal income tax withheld from W-2 / 1099	
20	Other payments / refundable credits	
21	**Total Payments (Add lines 19 and 20)**	

REFUND OR AMOUNT OWED

22	**Overpayment (If line 21 is larger than line 18, subtract line 18 from line 21)**	
23	**Amount Owed (If line 18 is larger than line 21, subtract line 21 from line 18)**	

SIGN HERE: UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS RETURN AND ACCOMPANYING SCHEDULES.

YOUR SIGNATURE

DATE

OCCUPATION