

QUALIFYING SURVIVING SPOUSE
 Tax Filing Individual Return



OMB No. 1545-0074

FILING STATUS

Single
 Married filing separately
 Married filing jointly
 Head of household
 Qualifying surviving spouse (QSS)

Enter the year your spouse died _____ and spouse's name _____

PRIMARY FILER INFORMATION

YOUR FIRST NAME AND MIDDLE INITIAL		LAST NAME	YOUR SOCIAL SECURITY NUMBER
HOME ADDRESS (NUMBER AND STREET). IF YOU HAVE A P.O. BOX, SEE INSTRUCTIONS.			APT. NO.
CITY, TOWN, OR POST OFFICE. IF YOU HAVE A FOREIGN ADDRESS, ALSO COMPLETE SPACES BELOW.	STATE	ZIP CODE	DECEASED SPOUSE'S SSN

DEPENDENTS (MUST HAVE AT LEAST ONE QUALIFYING CHILD TO CLAIM QSS STATUS)

First name	Last name	Social security number	Relationship to you	Check child tax credit box if applicable
				<input type="checkbox"/> Child Tax Credit
				<input type="checkbox"/> Child Tax Credit

INCOME & DEDUCTIONS

1z	Other earned income (Wages, salaries, tips, etc. Attach Form(s) W-2)	
2b	Taxable interest	
3b	Ordinary dividends	
9	Total income. Add lines 1z through 8	
11	Adjusted gross income	
12	Standard deduction (Qualifying surviving spouse status claims Married Filing Jointly deduction rate)	
15	Taxable income. Subtract line 12 from line 11. If zero or less, enter -0-	

TAX, CREDITS, AND PAYMENTS

16	Tax (including Child Tax Credit adaptations)	
24	Total tax	
25d	Federal income tax withheld from Forms W-2 and 1099	
33	Total payments	
34	Amount overpaid (If line 33 is more than line 24, subtract line 24 from line 33)	
37	Amount you owe (If line 24 is more than line 33, subtract line 33 from line 24)	

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

YOUR OCCUPATION

PAID PREPARER'S SIGNATURE

PTIN

DATE