

FORM QSS

Department of Revenue

**Qualifying Surviving Spouse
Annual Tax Return**

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1. FILER INFORMATION		
First Name and Middle Initial	Last Name	
Social Security Number (SSN)	Date of Birth (MM/DD/YYYY)	
Home Address (Number and Street)	Apt/Suite No.	
City, Town, or Post Office	State	ZIP Code

2. DECEASED SPOUSE & QUALIFYING CHILD INFORMATION		
Name of Deceased Spouse	Deceased Spouse SSN	Date of Death
<i>To qualify as a Surviving Spouse, you must have maintained a household for a qualifying child who is your dependent. Enter dependent details below:</i>		
Qualifying Child First & Last Name	Child's SSN	Relationship to You

3. GROSS INCOME		
1	Wages, salaries, tips, etc. (Attach W-2 forms)	
2	Taxable interest income	
3	Dividend income	
4	Other taxable income (Retirement, Capital Gains, Business, etc.)	
5	Total Gross Income (Add lines 1 through 4)	

4. ADJUSTED GROSS INCOME & TAX COMPUTATIONS		
6	Adjustments to income	
7	Adjusted Gross Income (Subtract line 6 from line 5)	
8	Standard Deduction for Qualifying Surviving Spouse or Itemized Deductions	
9	Taxable Income (Subtract line 8 from line 7; if less than zero, enter 0)	
10	Total Tax liability on taxable income	

5. PAYMENTS, CREDITS, AND REFUND OR AMOUNT OWED		
11	Federal income tax withheld (from W-2, 1099, etc.)	
12	Estimated tax payments and amount applied from prior year's return	
13	Child Tax Credit and other eligible nonrefundable credits	
14	Total Payments and Credits (Add lines 11 through 13)	
15	Refund (If line 14 is larger than line 10, subtract line 10 from line 14)	
16	Amount You Owe (If line 10 is larger than line 14, subtract line 14 from line 10)	

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

Daytime Phone Number

Paid Preparer's Signature

Preparer Date

PTIN