

**FORM IND-100  
INDIVIDUAL INCOME TAX RETURN**

**20**

**FILING STATUS:**

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

**TAXPAYER INFORMATION**

**FIRST NAME AND MIDDLE INITIAL** \_\_\_\_\_

**LAST NAME** \_\_\_\_\_

**SOCIAL SECURITY NUMBER** \_\_\_\_\_

**SPOUSE'S FIRST NAME AND MIDDLE INITIAL (IF JOINT RETURN)** \_\_\_\_\_

**SPOUSE'S LAST NAME** \_\_\_\_\_

**SPOUSE'S SOCIAL SECURITY NUMBER** \_\_\_\_\_

**HOME ADDRESS (NUMBER AND STREET, OR P.O. BOX)** \_\_\_\_\_

**APT / SUITE NO.** \_\_\_\_\_

**CITY, TOWN, OR POST OFFICE** \_\_\_\_\_

**STATE** \_\_\_\_\_

**ZIP CODE** \_\_\_\_\_

**FOREIGN COUNTRY NAME** \_\_\_\_\_

**DEPENDENTS**

First Name, Middle Initial, Last Name	Social Security Number	Relationship to You	Check if qualifies for child tax credit

**INCOME & TAX COMPUTATIONS**

Line	Income Source / Description	Amount
1	Wages, salaries, tips, etc. (Attach Form(s) W-2)	
2	Taxable interest income	
3	Ordinary dividends	
4	IRA distributions & taxable pensions	
5	Social Security benefits (Taxable portion)	
6	Capital gain or (loss)	
7	Other income (from schedule)	
8	<b>TOTAL INCOME (Add lines 1 through 7)</b>	
9	Adjustments to income (from schedule)	
10	<b>ADJUSTED GROSS INCOME (Subtract line 9 from line 8)</b>	
11	Standard Deduction or Itemized Deductions	
12	<b>TAXABLE INCOME (Subtract line 11 from line 10. If zero or less, enter -0-)</b>	
13	Tax (using tax tables or computation schedules)	
14	Child tax credit or credit for other dependents	

Line	Income Source / Description	Amount
15	<b>TOTAL TAX (Subtract line 14 from line 13. If zero or less, enter -0-)</b>	
16	Federal income tax withheld (from Form W-2, 1099, etc.)	
17	Estimated tax payments and amount applied from previous return	
18	<b>TOTAL PAYMENTS (Add lines 16 and 17)</b>	
19	<b>REFUND (If line 18 is larger than line 15, subtract line 15 from line 18)</b>	
20	<b>AMOUNT YOU OWE (If line 15 is larger than line 18, subtract line 18 from line 15)</b>	

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**SIGN HERE**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules, and to the best of my knowledge they are true, correct, and complete.

**YOUR SIGNATURE**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
OCCUPATION

**SPOUSE'S SIGNATURE (IF JOINT RETURN)**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
OCCUPATION

\_\_\_\_\_