INDIVIDUAL INCOME TAX RETURN

Head of Household Filing Status

FILING STATUS

☑ **Head of Household** (with qualifying person)

TAXPAYER INFORMATION

FIRST NAME AND MIDDLE INITIAL _____

LAST NAME _____

SOCIAL SECURITY NUMBER (SSN) _____

HOME ADDRESS (NUMBER AND STREET) _____

CITY, TOWN, OR POST OFFICE _____

STATE _____

ZIP CODE _____

QUALIFYING PERSON (CHILD OR DEPENDENT)

QUALIFYING PERSON'S NAME _____

SOCIAL SECURITY NUMBER _____

RELATIONSHIP TO YOU _____

INCOME

1. Wages, salaries, tips, etc.

_____

2. Taxable interest

_____

3. Ordinary dividends

_____

4. IRA distributions & pensions

_____

5. Social security benefits

_____

6. Total Income (Add lines 1 through 5)

_____

ADJUSTED GROSS INCOME & DEDUCTIONS

7. Adjustments to income

_____

8. Adjusted Gross Income (Subtract line 7 from line 6)

9. Standard Deduction for Head of Household OR Itemized Deductions

10. Taxable Income (Subtract line 9 from line 8)

TAX, CREDITS, AND PAYMENTS

11. Tax (including alternative minimum tax)

12. Child tax credit or credit for other dependents

13. Federal income tax withheld from Forms W-2 and 1099

14. Earned income credit (EIC)

REFUND OR AMOUNT OWED

15. Refund Amount (If payments and credits are larger than tax)

16. Amount You Owe (If tax is larger than payments and credits)

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

OCCUPANT / TITLE