

1. FILING STATUS

- Single
 Married Filing Jointly
 Married Filing Separately
 Head of Household

2. TAXPAYER INFORMATION

| | | | |
|----------------------------|----------------------|------------------------|----------------------|
| First Name & M.I. | <input type="text"/> | Last Name | <input type="text"/> |
| Social Security Number | <input type="text"/> | Date of Birth | <input type="text"/> |
| Spouse's First Name & M.I. | <input type="text"/> | Spouse's Last Name | <input type="text"/> |
| Spouse's SSN | <input type="text"/> | Spouse's Date of Birth | <input type="text"/> |
| Home Address | <input type="text"/> | | |
| City, State & Zip Code | <input type="text"/> | | |

3. INCOME & ADJUSTMENTS

| | | |
|---|------------------------------------------------------------------|----------------------|
| 1 | Federal Adjusted Gross Income (from Federal Form 1040) | <input type="text"/> |
| 2 | State Additions to Income (attach schedule) | <input type="text"/> |
| 3 | Add Line 1 and Line 2 | <input type="text"/> |
| 4 | State Subtractions from Income (attach schedule) | <input type="text"/> |
| 5 | STATE ADJUSTED GROSS INCOME (Subtract Line 4 from Line 3) | <input type="text"/> |

4. TAXABLE INCOME CALCULATION

| | | |
|---|---------------------------------------------------------------------------------|----------------------|
| 6 | State Standard Deduction OR Itemized Deductions | <input type="text"/> |
| 7 | Exemption Allowance | <input type="text"/> |
| 8 | Total Deductions and Exemptions (Add Line 6 and Line 7) | <input type="text"/> |
| 9 | TAXABLE INCOME (Subtract Line 8 from Line 5. If less than zero, enter 0) | <input type="text"/> |

5. TAX, CREDITS, & PAYMENTS

| | | |
|----|-------------------------------------------------------------------------------|----------------------|
| 10 | State Income Tax (computed on Taxable Income) | <input type="text"/> |
| 11 | Nonrefundable State Credits (attach schedule) | <input type="text"/> |
| 12 | Net Tax Liability (Subtract Line 11 from Line 10. If less than zero, enter 0) | <input type="text"/> |
| 13 | State Tax Withheld (from Forms W-2 and 1099) | <input type="text"/> |
| 14 | Estimated Tax Payments / Extension Payments | <input type="text"/> |
| 15 | Total Payments & Refundable Credits (Add Line 13 and Line 14) | <input type="text"/> |

6. REFUND OR AMOUNT OWED

16 **OVERPAYMENT** (If Line 15 is greater than Line 12, subtract Line 12 from Line 15)

17 **REFUND AMOUNT** (Amount of Line 16 to be refunded to you)

18 **AMOUNT YOU OWE** (If Line 12 is greater than Line 15, subtract Line 15 from Line 12)

7. SIGNATURES & AUTHORIZATIONS

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 | Spouse's Signature (if joint return) | Date |
| Paid Preparer's Signature | Preparer's PTIN/ EN | Date |