

DEPARTMENT OF THE TREASURY

Qualifying Surviving Spouse (QSS) Tax Return

20____

1. PRIMARY FILER (SURVIVING SPOUSE) INFORMATION

FIRST NAME AND MIDDLE INITIAL _____

LAST NAME _____

SOCIAL SECURITY NUMBER (SSN) _____

PHONE NUMBER _____

HOME ADDRESS (NUMBER, STREET, AND APT NO.) _____

CITY _____

STATE _____

ZIP CODE _____

2. DECEASED SPOUSE INFORMATION

DECEASED SPOUSE'S FULL NAME _____

DECEASED SPOUSE'S SSN _____

DATE OF DEATH (MM/DD/YYYY) _____

YEAR LAST JOINT RETURN WAS FILED _____

3. QUALIFYING DEPENDENT CHILD

To qualify for Surviving Spouse status, you must have a dependent child (son, daughter, stepchild, or foster child) who lived with you for the entire year (except for temporary absences) and whom you paid over half the cost of keeping up the home.

First & Last Name of Child	Social Security Number	Relationship to You	Months Lived in Home

4. INCOME SUMMARY

1 Wages, salaries, tips, etc.	
2 Taxable interest	
3 Ordinary dividends	
4 Total taxable income (add lines 1 through 3)	

5. DEDUCTIONS & EXEMPTIONS

5 Standard Deduction for Qualifying Surviving Spouse	
6 Taxable Income (Subtract line 5 from line 4)	
7 Total Tax Liability	

8 Federal Income Tax Withheld	
9 Refund Amount (If line 8 is larger than line 7)	
10 Amount You Owe (If line 7 is larger than line 8)	

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 (SURVIVING SPOUSE) _____

DATE _____

PAID PREPARER SIGNATURE (IF APPLICABLE) _____

PTIN / EIN _____