FORM 1040-RET	INDIVIDUAL INCOME TAX RETURN For Retired Individuals & Seniors	20 ____

FILING STATUS

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

PERSONAL INFORMATION

Primary First Name and Initial	Primary Last Name
Primary Social Security Number (SSN)	**Primary Date of Birth**
Spouse First Name and Initial (if joint return)	**Spouse Last Name**
Spouse Social Security Number (SSN)	**Spouse Date of Birth**

Home Address (number and street, or P.O. Box)

City, Town, or Post Office	State	ZIP Code

AGE / SPECIAL EXEMPTIONS

Primary Taxpayer:

- ☐ Born before January 2, 1959
- ☐ Blind

Spouse:

- ☐ Born before January 2, 1959
- ☐ Blind

RETIREMENT INCOME

Line	Income Source Type	Amount ($)
1	Taxable Interest and Dividends	
2a	IRA Distributions (Total)	
2b	IRA Distributions (Taxable amount)	
3a	Pensions and Annuities (Total)	

Line	Income Source Type	Amount ($)
3b	Pensions and Annuities (Taxable amount)	
4a	Social Security Benefits (Total)	
4b	Social Security Benefits (Taxable amount)	
5	Other Income (e.g. Capital Gains, Rental Income, Part-time Work)	
6	**TOTAL INCOME (Add lines 1, 2b, 3b, 4b, and 5)**	

TAXABLE INCOME & CALCULATIONS

7	Standard Deduction or Itemized Deductions	
8	Charitable Contributions (Non-itemizers, up to limit)	
9	**TAXABLE INCOME (Line 6 minus lines 7 and 8)**	
10	Total Tax Liability (Calculated on taxable income)	
11	Federal Income Tax Withholding (Form 1099-R, SSA-1099)	
12	**REFUND AMOUNT (If line 11 is larger than line 10)**	
13	**AMOUNT YOU OWE (If line 10 is larger than line 11)**	

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** | **Identity Protection PIN (if applicable)**

Spouse's Signature (if joint return) | **Date** | **Spouse's Identity Protection PIN**