



**Individual Income Tax Return**  
**RESIDENT**  
**Calendar Year 2018**  
**OR**

Place  
QR Code  
Here

**Fiscal Year Beginning** 12 - 12 - 12 **and Ending** 12 - 12 - 12

- AMENDED Return**
- NOL Carryback**
- IRS Adjustment**

FOR OFFICE USE ONLY

**Do NOT Submit a Photocopy!!**

Place an X in applicable box, if appropriate

- First Time Filer**
- Address or Name Change**

**IMPORTANT — Complete this Section**

Your First Name TAXPAYER'S FIRST	M.I. MI	Your Last Name LAST NAMEXXXXXXXX	Suffix JR
Spouse's First Name SPOUSE'S FIRSTXX	M.I. MI	Spouse's Last Name SPOUSE'S LASTXX	Suffix JR
Care Of (See Instructions, page 7.) C/O NAME FOR MAILING ADDRESSXXXXXXXXXXXX			
Present mailing or home address (Number and street, including Rural Route) TAXPAYER'S MAILING OR HOME ADDRESSXXXXXX			
City, town or post office CITY, TOWN, POSTOFFICE	State XX	Postal/ZIP code ZIP CODE	
If Foreign address, enter Province and/or State FOREIGN PROVINCEXXXXXXXXXX		Country COUNTRYXXXXXX	

Enter the first four letters of your last name. Use **ALL CAPITAL** letters ABCD

Your Social Security Number 123 - 12 - 1234

Deceased  Date of Death 12 - 12 - 12

Enter the first four letters of your Spouse's last name. Use **ALL CAPITAL** letters ABCD

Spouse's Social Security Number 123 - 12 - 1234

Deceased  Date of Death 12 - 12 - 12

(Place an X in only ONE box)

- 1  Single
- 2  Married filing joint return (even if only one had income).
- 3  Married filing separate return. Enter spouse's SSN and the first four letters of last name above. Enter spouse's full name here. MFS SPOUSE'S NAMEXXXXXXXX
- 4  Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter the child's full name. QUALIFYING PERSONXXXX
- 5  Qualifying widow(er) (see page 9 of the Instructions)

Enter the year your spouse died 1234

**CAUTION:** If you can be claimed as a dependent on another person's tax return (such as your parents'), DO NOT place an X on line 6a, but be sure to place an X above line 21.

- 6a  Yourself
  - 6b  Spouse
  - Age 65 or over
  - Age 65 or over
- Enter the number of Xs on 6a and 6b ..... 1

If you placed an X on lines 3 and 6b above, see the Instructions on page 9 and if your spouse meets the qualifications, place an X here

6c Dependents:	If more than 4 dependents use attachment	2. Dependent's social security number	3. Relationship	Enter number of your children listed... 6c
1. First and last name				
<u>FIRST DEPENDENT NAMEXXXX</u>		123-45-6789	RELATIONSHIP	12
<u>SECOND DEPENDENT NAMEXXXX</u>		123-45-6789	RELATIONSHIP	12
<u>THIRD DEPENDENT NAMEXXXX</u>		123-45-6789	RELATIONSHIP	
<u>FOURTH DEPENDENT NAME</u>		123-45-6789	RELATIONSHIP	

Enter number of other dependents..... 6d 12

6e Total number of exemptions claimed. Add numbers entered in boxes 6a thru 6d above..... 6e 12

ID NO XX

Human Readable text here

• ATTACH COPY 2 OF FORM W-2 HERE •

• ATTACH CHECK OR MONEY ORDER HERE •

Place QR Code Here

Your Social Security Number

Your Spouse's SSN

123 - 12 - 1234

123 - 12 - 1234

Name(s) as shown on return NAME(S) AS SHOWN ON RETURN XXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

ROUND TO THE NEAREST DOLLAR

Table with 4 columns: Line number, Description, Amount, and Input field. Includes lines 7 through 20 for federal AGI, Hawaii adjustments, and subtractions.

CAUTION: If you can be claimed as a dependent on another person's return, see the Instructions on page 16, and place an X here. X

21 If you do not itemize your deductions, go to line 23 below. Otherwise go to page 17 of the Instructions and enter your itemized deductions here.

Table for itemized deductions (lines 21a-21f) with columns for description, amount, and input field.

TOTAL ITEMIZED DEDUCTIONS box containing instructions for line 22 and a numeric input field.

23 If you checked filing status box: 1 or 3 enter \$2,200; 2 or 5 enter \$4,400; 4 enter \$3,212. Standard Deduction 23

24 Line 20 minus line 22 or 23, whichever applies. (This line MUST be filled in) 24 X

ID NO XX

Human Readable text here



