

Income Tax Return Form

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Name:

Social Security Number:

Date of Birth:

Address:

- 2. Income Sources: Please provide details of your income sources below:
 - 1. Salary/Wages:
 - 2. Interest Income:
 - 3. Dividend Income:
- **3. Deductions:** Please indicate any deductions you are claiming:

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[ \quad \text{width=0.5em,height} = 0.5\text{em}] \textbf{Retirement Contributions:}
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[width=0.5em,height = 0.5em] Health Savings Account Contributions:

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width=0.5em,height = 0.5em]Education Expenses:
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4. Tax Credits: Please indicate any tax credits you are claiming:

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width=0.5em,height = 0.5em|Child Tax Credit:
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[width=0.5em,height = 0.5em]Earned Income Tax Credit:

5. Tax Payment: Please indicate your tax payment method:

Tax Withheld:

Estimated Tax Payments:

6. Declaration: By submitting this form, I declare that the information provided above is true and correct to the best of my knowledge.

I agree to the declaration above.