

Tax Return Statement

Taxpayer Information

Name

Taxpayer Identification Number

Tax Year

Date of Birth

Address

City

Postal Code

Country

Income Details

Description	Amount
Salary Income	<input type="text"/>
Business Income	<input type="text"/>
Other Income	<input type="text"/>
Total Income	<input type="text"/>

Deductions

Description	Amount
Standard Deduction	<input type="text"/>

Description	Amount
Other Deductions	<input type="text"/>
Total Deductions	<input type="text"/>

Tax Calculation

Taxable Income

Tax Due

Tax Paid

Balance / Refund

Declaration

I declare that the information provided in this tax return statement is true and correct to the best of my knowledge.

Taxpayer Signature

Date