



# FORM 15-5 -- Tax Report

1. Name:

2. Date:

## 3. Income Since Last Report *(List all income sources and amounts):*

		Dollars	Cents
3a _____	\$	<input type="text"/>	<input type="text"/>
3b _____	\$	<input type="text"/>	<input type="text"/>
3c _____	\$	<input type="text"/>	<input type="text"/>
3d _____	\$	<input type="text"/>	<input type="text"/>
3f _____	\$	<input type="text"/>	<input type="text"/>
3g _____	\$	<input type="text"/>	<input type="text"/>
3h _____	\$	<input type="text"/>	<input type="text"/>
3i _____	\$	<input type="text"/>	<input type="text"/>
3j _____	\$	<input type="text"/>	<input type="text"/>
3k _____	\$	<input type="text"/>	<input type="text"/>
3l _____	\$	<input type="text"/>	<input type="text"/>
3m _____	\$	<input type="text"/>	<input type="text"/>
<b>4. Total of additional items from back of this form:</b>	\$	<input type="text"/>	<input type="text"/>

Lump like items together as single amounts.

Taxpayers with sloppy handwriting or crooked columns must attach Form XP-20 and will be subjected to audits, fees, and penalties.  Check here if that applies to you!

5. TOTAL INCOME FOR PERIOD: \$  .

## ----- Section II -- FIGURE YOUR TAX -----

6. INCOME TAX *(Multiply the amount on line 5 by \_\_\_\_\_ %):* \$  .

7. SOC. SEC. TAX *(Divide the amount on line 6 by 2):* \$  .

8. YOUR NEW ACCT BALANCE *(After both taxes deducted):* \$  .

9. Sign your return: \_\_\_\_\_

Check this box if claiming P23-7 exemptions and include Form 219b