

GENERAL INFORMATION

1 Enter your state of residence Taxpayer _____ Spouse _____

2 Check the appropriate box if:

	Taxpayer	Spouse		
a Full year resident.....	<input type="checkbox"/>	<input type="checkbox"/>	Date of entry: _____	Date of exit: _____
b Part year resident.....	<input type="checkbox"/>	<input type="checkbox"/>		
c Nonresident.....	<input type="checkbox"/>	<input type="checkbox"/>		

3 Resident locality: _____

4 County: _____ School district: _____ School district number: _____

5 Check if disabled..... Taxpayer Spouse

STATE CREDITS

6 Description/type of credit (for example, solar energy, carpool)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

VOLUNTARY STATE CONTRIBUTIONS

7 Description/type of contribution (for example, wildlife, cancer)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

MISCELLANEOUS QUESTIONS

8 Did you file a state return for 2018?..... Yes No

9 Do you want state forms and instructions sent to you next year?..... Yes No

10 Do you want any applicable penalty and interest calculated and added to the return?..... Yes No

11 How do you want your state refund (if any) applied?

a Refunded b Apply to 2020 estimates c Apply to 2020 taxes

12 Additional state information: _____
