

FORM 15-3 — Periodic 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"/>
4. <u>Total of additional items from back of this form:</u>	\$	<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!

If more than one deduction, attach Schedule 219 Part b and enter the total on line 6. If only one deduction, identify it in the field on line 6 using the code from the schedule and check the box below.

5. TOTAL INCOME FOR PERIOD: \$.

6. DEDUCTIONS ENTER CODE: _____ -\$.

7. ADJUSTED INCOME *(Line 5 minus line 6):* \$.

----- **Section II -- FIGURE YOUR TAX** -----

8. INCOME TAX *(Multiply the amount on line 7 by _____ %):* \$.

9. SOC. SEC. TAX *(Divide the amount on line 8 by 2):* \$.

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

11. Sign your return: _____ Check this box if claiming P23-7 exemptions and include Sched. 219b