



For calendar year January 1, 2000 through December 31, 2000 or other taxable periods beginning date _____, and ending date _____.

Please print legibly or use preprinted label. AMENDED RETURN See page 3 for "THE REASONS FOR AMENDING" and enter the number in this box

L A B E L H E R E

Your Social Security number _____ if died in 2000 or 2001 (page 5) Spouse's Social Security number _____ if died in 2000 or 2001 (page 5)

Your full name (first, middle initial, last) _____ Spouse's name (first, middle initial, last) _____

Mailing address _____

City _____ State _____ ZIP code + 4 _____ County _____ Daytime telephone number () _____

Foreign city _____ Foreign state & zip _____ Foreign country _____ Evening telephone number () _____

1. Filing status (page 5) *If filing married joint or separate return, enter spouse's name and social security number in the address area above.*

a. Single
 b. Head of household
 c. Married filing joint return
 d. Married filing separate return
 e. Qualifying widow(er)

2. Exemptions (enter the same number claimed on federal return) (page 5)

a. Yourself *If parents, or someone else, can claim you (or your spouse) as dependents, enter "0".*
 b. Spouse
 c. Other dependents
 d. Disabled (attach form TC-40D)
 e. Total exemptions

3. Election campaign fund (page 5) *(Checking a party does not increase your tax or reduce your refund.)*

| | | | | |
|-----------------------|--------------------------|--------------------------|--------------------|--------------------------|
| | Yourself | Spouse | Yourself | Spouse |
| Constitution Democrat | <input type="checkbox"/> | <input type="checkbox"/> | Natural Law Reform | <input type="checkbox"/> |
| Independent American | <input type="checkbox"/> | <input type="checkbox"/> | Republican | <input type="checkbox"/> |
| Libertarian | <input type="checkbox"/> | <input type="checkbox"/> | No Contribution | <input type="checkbox"/> |

| | | |
|--|----------|-----------|
| 4. Federal adjusted gross income from federal return (Telefile Record line I, 1040EZ line 4, 1040A line 19, or 1040 line 33)(page 5) | 4 | 00 |
| 5. State income tax deducted as an itemized deduction on your 2000 federal form 1040, Schedule A, line 5 (page 6) | 5 | 00 |
| 6. Enter entire amount of lump sum distribution reported on federal form 4972 (page 6) | 6 | 00 |
| 7. State taxes allocated from an estate or trust (page 6) | 7 | 00 |
| 8. Additions to income (page 6) <input type="checkbox"/> MSA \$ _____ <input type="checkbox"/> UESP \$ _____ <input type="checkbox"/> Reimbursed \$ _____ <input type="checkbox"/> Adoption expenses | 8 | 00 |
| 9. Total adjusted income (add lines 4 through 8) | 9 | 00 |

| | | | |
|--|-----------|-----------|--------------------------------|
| 10. Standard or itemized deduction (page 6) | 10 | 00 | Round to nearest whole dollar. |
| 11. Personal exemptions deduction. Multiply \$2,100 by line 2e. (High income see page 6) | 11 | 00 | |
| 12. One-half of the federal tax (page 7) | 12 | 00 | |
| 13. State tax refund included on line 10 of federal form 1040 (page 7) | 13 | 00 | |
| 14. Retirement exemption/deduction Check box if age 65 or older <input type="checkbox"/> Taxpayer is 65 or older <input type="checkbox"/> Spouse is 65 or older | 14 | 00 | |
| 15. Interest from U. S. government obligations deduction (page 8) | 15 | 00 | |
| 16. MSA and UESP deductions (page 8) <input type="checkbox"/> MSA \$ _____ <input type="checkbox"/> UESP \$ _____ | 16 | 00 | |
| 17. Health Care Insurance Premium deduction (page 8) | 17 | 00 | |
| 18. Long-Term Care Insurance Premium deduction (page 9) | 18 | 00 | |
| 19. Other deductions (page 9) <input type="checkbox"/> Adoption exp. \$ _____ <input type="checkbox"/> R.R. Retire. \$ _____ <input type="checkbox"/> Native Amer. income \$ _____ <input type="checkbox"/> Other \$ _____ | 19 | 00 | |
| 20. Total deductions (add lines 10 through 19) | 20 | 00 | |
| 21. Utah 2000 taxable income (subtract line 20 from line 9) If less than zero, enter zero. | 21 | 00 | |

TAX

22. CALCULATE INCOME TAX (MUST READ INSTRUCTIONS on page 10) Worksheet on page 19. 22 00

FOR NON OR PART-YEAR RESIDENTS ONLY - Use form TC-40A, PART 3. Check "Nonresident" or "Part-year resident" below.

23. Nonresident. Home state abbreviation: _____ Part-year resident from ____/____/00 to ____/____/00

Information in the boxes below is from state form TC-40A, Part 3. (see page 10)

| | | | | | | |
|------------------------------|---|------------------------------|---|------------------------------|----|----|
| Box a. From Column A, line h | ÷ | Box b. From Column B, line h | = | Box c. Utah income tax ratio | 23 | 00 |
|------------------------------|---|------------------------------|---|------------------------------|----|----|

24. Utah use tax (see page 10) 24 00

25. Subtotal - Utah income tax and use tax (see page 11). UTAH RESIDENTS: Add lines 22 and 24. NON OR PART-YEAR RESIDENTS: Add lines 23 and 24. 25 00

CONTINUE ON LINE 26

Attach W-2 and other withholding forms here

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