

Name _____

SSN _____

Alimony Received

* F/S - enter ownership (F)iler or (S)pouse.

F/S*	Payer		Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	1		0
<input type="checkbox"/>	2	2		0
<input type="checkbox"/>	3	3		0
<input type="checkbox"/>	4	4		0
<input type="checkbox"/>	5	5		0
<input type="checkbox"/>	6	6		0
<input type="checkbox"/>	7	7		0
<input type="checkbox"/>	8	8		0
<input type="checkbox"/>	9	9		0

Alimony Paid

* F/S - enter ownership (F)iler or (S)pouse.

F/S*	Recipient's Name	Recipient's SSN	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	1		0
<input type="checkbox"/>	2	2		0
<input type="checkbox"/>	3	3		0
<input type="checkbox"/>	4	4		0
<input type="checkbox"/>	5	5		0
<input type="checkbox"/>	6	6		0
<input type="checkbox"/>	7	7		0
<input type="checkbox"/>	8	8		0
<input type="checkbox"/>	9	9		0