

**Deductible State Income Tax With Respect to COLA**

(Keep for your records)

**2017**

Name(s) as shown on return

Tax ID Number

1	Cost of living adjustment . . . . .	1	_____
2	Federal adjusted gross income . . . . .	2	_____
3	Percentage of AGI attributable to COLA . . . . .	3	_____
4	Total state income tax . . . . .	4	_____
5	Multiply line 4 by line 3 . . . . .	5	_____
6	Allowable state income tax on Schedule A. Line 4 minus line 5 . . . . .	6	_____