

SCRIPTED TEXT FOR 2002 PATS RETURNS
FORMS 1040, 1040A, 1040EZ
FORMS W-2, W-2C, W-2G AND 1099-R

TEST #1

FORMS INCLUDED: FORM 1040EZ, FORM W-2 (1)

FORM 1040EZ:

First Name Initial & Last Name: (TEST N ERTIA) (DECEASED 20021015)
Social Security Number: (400-00-1001)
Home Address: (215 LAID BACK WAY)
City State and Zip: (LAZY POINT NY 11930-2150)
Do you want \$3.00 to go to the Presidential Campaign Fund: (NO)
Filing Status: (SINGLE)
Line 1 Total wages: (2150)
Line 2 Taxable Interest: (270)
Line 4 Adjusted Gross Income: (2420)
Line 5 Can someone else claim you on their return: (YES)
Deduction/Exemption Amount: (2400)
Line 6 Taxable income: (20)
Line 7 Federal Income tax withheld: (300)
Line 8 Earned Income Credit: (NO)
Line 9 Total payments: (300)
Line 10 Tax: (2)
Line 11a Refund: (298)
Line 11b Routing Transit number: (012456778)
Line 11c Type of account: (SAVINGS)
Line 11d Account number: (111-222-3456)

Taxpayers Occupation: (COOK)
Third Party Designee: (NO)
Daytime Phone Number: (305-678-9012)
This return was prepared by taxpayer

Form W-2 #1:

b. Employers identification number: (11-6321571)
c. Employers name address and Zip Code: (LOAFERS SANDWICH SHOPPE)
(14A LOAFERS LAND)
(LAZY POINT NY 11930)
d. Employees social security number: (400-00-1001)
e. Employees name (first, m.i., last): (TEST N ERTIA)
f. Employees address and Zip code: (215 LAID BACK WAY)
(LAZY POINT NY 11930-2150)
Box 1 Wages, tips, etc.: (2150)
Box 2 Federal Income tax withheld: (300)
Box 3 Social Security wages: (2150)
Box 4 Social Security tax withheld: (133)
Box 5 Medicare wages and tips: (2150)
Box 6 Medicare tax withheld: (31)
Box 15 State and State ID Number: (NY 112176)
Box 16 State Wages: (2150)
Box 17 State Income Tax withheld: (215)

TEST #2

FORMS INCLUDED: FORM 1040A, FORM W-2 (2)

FORM 1040A:

First Name, Initial & Last Name: (TEST O MAPLE)
Social Security Number: (400-00-1002)
Home Address: (7842 WEEPING WILLOW LN)
City, State, and Zip: (AUDUBON NJ 08106-7842)
Do you want \$3.00 to go to the Presidential Campaign Fund: (YES)
Filing Status: (SINGLE)
Number of boxes on 6a and 6b: (0)
Total number box 6d: (0)
Line 7 Total wages: (4400)
Line 8a Taxable Interest: (6500)
Line 8b Tax exempt interest: (1000)
Line 9 Dividends: (3000)
Line 15 Total Income: (13900)
Line 21 Adjusted Gross Income: (13900)
Line 22 Amount from line 21: (13900)
Line 24 Standard deduction: (4650)
Line 25 Subtract line 24 from line 22: (9250)
Line 26 Multiply \$3000 by total exemptions: (0)
Line 27 Taxable Income: (9250)
Line 28 Tax: (1091)
Line 36 Subtract line 35 from line 28: (1091)
Line 38 Total Tax: (1091)
Line 39 Federal Income Tax Withheld: (1030)
Line 43 Total Payments: (1030)
Line 47 Amount you owe: (61)

Taxpayers Occupation: (TREE TRIMMER)
Third Party Designee: (NO)
Daytime phone number: (201-555-1111)
Taxpayer PIN: (19821)
Date: (2003-03-21)

TEST #2: continued:

Form W-2 #1:

b. Employers identification number: (22-2244661)

c. Employers name address and Zip Code: (TREE TOPPERS INC)
(783 CHRISTMAS TREE DRIVE)
(AUDUBON NJ 08106)

d. Employees social security number: (400-00-1002)

e. Employees name (first, m.i., last): (TEST O MAPLE)

f. Employees address and Zip code: (7842 WEEPING WILLOW LN)
(AUDUBON NJ 08106-7842)

Box 1 Wages, tips, etc.: (1200)

Box 2 Federal Income tax withheld: (480)

Box 3 Social Security wages: (1200)

Box 4 Social Security tax withheld: (74)

Box 5 Medicare wages and tips: (1200)

Box 6 Medicare tax withheld: (17)

Box 15 State and State ID Number: (NJ 22130)

Box 16 State Wages: (1200)

Box 17 State Income tax withheld: (84)

Form W-2 #2:

b. Employers identification number: (22-3355771)

c. Employers name address and Zip Code: (OAKLEYS YARD AND GARDEN)
(87 KUDZU CENTER)
(AUDUBON NJ 08106)

d. Employees social security number: (400-00-1002)

e. Employees name (first, m.i., last): (TEST O MAPLE)

f. Employees address and Zip code: (7842 WEEPING WILLOW LN)
(AUDUBON NJ 08106-7842)

Box 1 Wages, tips, etc.: (3200)

Box 2 Federal Income tax withheld: (550)

Box 3 Social Security wages: (3200)

Box 4 Social Security tax withheld: (198)

Box 5 Medicare wages and tips: (3200)

Box 6 Medicare tax withheld: (46)

Box 15 State and State ID Number: (NJ 07543917)

Box 16 State Wages: (3200)

TEST #3

FORMS INCLUDED: FORM 1040, FORM W-2 (1), FORM 1099G (1)

FORM 1040:

First Name, Initial & Last Name: (TEST Z CANASTA)
Social Security Number: (400-00-1003)
Home Address: (% ROYAL FLUSH)
(12 QUEEN OF HEARTS BLVD)
City, State, and Zip: (BLACKJACK MS 39759)
Do you want \$3.00 to go to the Presidential Campaign Fund: (NO)
Filing Status: (HEAD OF HOUSEHOLD)
Dependent #1 Name: (SAMUEL CANASTA)
Social Security Number: (400-55-3003)
Relationship: (SON)
Qualifying child for child tax credit:(X)
Dependent #2 Name: (MARY CANASTA)
Social Security Number: (400-55-4003)
Relationship: (DAUGHTER)
Qualifying child for child tax credit:(X)
Number of boxes checked on 6a and 6b: (1)
Number of children who lived with you: (2)
Total number in box 6d: (3)
Line 7 Total wages: (19500)
Line 19 Unemployment compensation: (8000)
Line 22 Total income: (27500)
Line 33a Alimony paid: (3200)
Line 33b Recipient's SSN LITERAL: (STATEMENT #1)
(400-55-5003 1200)
(400-55-6003 2000)
Line 34 Total adjustments: (3200)
Line 35 Adjusted gross income: (24300)
Line 36 Amount from line 35: (24300)
Line 38 Itemized or standard deduction:(6900)
Line 39 Subtract line 38 from line 36: (17400)
Line 40 Multiply \$3000 by line 6d: (9000)
Line 41 Taxable income: (8400)
Line 42 Tax: (843)
Line 44 Add lines 42 and 43: (843)
Line 46 Credit for child & dependent care expenses: (752)
Line 50 Adoption credit form 8839: (91)
Line 54 Total credits: (843)
Line 55 Subtract 54 from line 44: (0)
Line 59 Advance earned income credit: (500)
Line 61 Total tax: (1715)
LITERAL: (ADT 1215)
Line 62 Federal Income tax withheld: (2700)
Line 64 Earned income credit: (1864)
Line 66 Additional Child Tax Credit (915)
Line 69 Total payments: (5479)
Line 70 Amount Overpaid: (3764)
Line 71a Amount refunded to you: (3264)
Line 71b Routing Transit Number: (012344589)
Line 71c Type: (CHECKING)
Line 71d Account Number: (LOANXXXX400001003)
Line 72 Amount Applied to 2003 Estimated Tax: (500)

TEST #3: continued:

Taxpayers Occupation: (DEALER)
Third Party Designee: (YES)
Daytime Phone Number: (888-555-2222)
Third Party Designee: (John Doe)
Third Party Phone: (888-555-1111)
Third Party PIN number: (11122)

Form W-2 #1:

b. Employers identification number: (64-1234567)
c. Employers name address and Zip Code: (UCAN WINABUNDLE RIVERBOAT)
(21 JOKERS FERRY)
(BLACKJACK MS 39759)
d. Employees social security number: (400-00-1003)
e. Employees name (first, m.i., last): (TEST Z CANASTA)
f. Employees address and Zip code: (12 QUEEN OF HEARTS BLVD)
(BLACKJACK MS 39759)
Box 1 Wages, tips, etc.: (19500)
Box 2 Federal Income tax withheld: (2700)
Box 3 Social Security wages: (19500)
Box 4 Social Security tax withheld: (1209)
Box 5 Medicare wages and tips: (19500)
Box 6 Medicare tax withheld: (283)
Box 9 Advanced EIC payment: (500)

Form 1099G #1:

Payers name, address and zip code: (MISSISSIPPI EMPLOYMENT SECURITY COM)
(780 NO JOB LANE)
(JACKSON MS 39225)
Payers federal identification number: (12-4555444)
Recipients identification number: (400-00-1003)
Recipients name, address and zip code: (TEST Z CANASTA)
(12 QUEEN OF HEARTS BLVD)
(BLACKJACK MS 39759)
Box 1 Unemployment compensation: (8000)

TEST #4

FORMS INCLUDED: FORM 1040EZ, FORM W-2 (1)

FORM 1040EZ:

First Name, Initial & Last Name: (TEST A EAU DE TOILETTE)
Social Security Number: (400-00-1004)
Home Address: (5 GOTTA SMELL GOOD ST)
City, State, and Zip: (COLOGNE MN 55322)
Do you want \$3.00 to go to the Presidential Campaign Fund: (YES)
Filing Status: (SINGLE)
Line 1 Total wages: (9000)
Line 2 Taxable Interest: (370)
Line 4 Adjusted Gross Income: (9370)
Line 5 Can someone else claim you on their return: (NO)
Deduction/Exemption Amount: (7700)
Line 6 Taxable income: (1670)
Line 7 Tax Withheld: (75)
Line 8 Earned income credit: (129)
Line 9 Total payments: (204)
Line 10 Tax: (166)
Line 11a This is your refund: (38)

Taxpayers Occupation: (SALES CLERK)
Third Party Designee: (NO)

Form W-2 #1:

b. Employers identification number: (41-8765432)
c. Employers name address and Zip Code: (SWEET AROMA HEALTH AND BEAUTY AIDES)
(7 FRAGRANT WAY)
(COLOGNE MN 55322)
d. Employees social security number: (400-00-1004)
e. Employees name (first, m.i., last): (TEST A EAU DE TOILETTE)
f. Employees address and Zip code: (5 GOTTA SMELL GOOD ST)
(COLOGNE MN 55322)

Box 1 Wages, tips, etc.: (9000)
Box 2 Federal Income tax withheld: (75)
Box 3 Social Security wages: (9500)
Box 4 Social Security tax withheld: (589)
Box 5 Medicare wages and tips: (9500)
Box 6 Medicare tax withheld: (138)
Box 12a See instructions: (D 500)
Box 15 State and State ID Number: (MN 41777)
Box 16 State Wages: (9000)
Box 17 State Income Tax withheld: (525)

TEST #5

FORMS INCLUDED: FORM 1040A, FORM W-2 (2), FORM 1099G (1)

FORM 1040A:

First Name, Initial & Last Name: (TEST U GRASS)
Social Security Number: (400-00-1005)
Spouses First Name Initial & Last Name: (MAY B GRASS)
Spouses Social Security Number: (400-00-2005)
Home Address: (74131 FESCUE DR)
City, State, and Zip: (SAINT THOMAS VI 00802)
Do you want \$3.00 to go to the Presidential Campaign Fund: (YES)
If joint return, Does your spouse want \$3.00 to go to this fund: (NO)
Filing Status: (MARRIED FILING JOINTLY)
Literal: (STATEMENT #1)
Dependent #1 Name: (TIMOTHY GRASS)
 Social Security Number: (400-55-3005)
 Relationship: (SON)
 Qualifying child for child tax credit: (X)
Dependent #2 Name: (MARY GRASS)
 Social Security Number: (400-55-4005)
 Relationship: (DAUGHTER)
 Qualifying child for child tax credit: (X)
Dependent #3 Name: (DAVID GRASS)
 Social Security Number: (400-55-5005)
 Relationship: (SON)
 Qualifying child for child tax credit: (X)
Dependent #4 Name: (SUSAN GRASS)
 Social Security Number: (400-55-6005)
 Relationship: (DAUGHTER)
 Qualifying child for child tax credit: (X)
Dependent #5 Name: (PHILIP GRASS)
 Social Security Number: (400-55-7005)
 Relationship: (SON)
 Qualifying child for child tax credit: (X)
Dependent #6 Name: (ANGELA GRASS)
 Social Security Number: (400-55-8005)
 Relationship: (DAUGHTER)
 Qualifying child for child tax credit: (X)
Number of boxes on 6a and 6b: (2)
Number of children who lived with you: (6)
Total number in box 6d: (8)
Line 7 Total wages: (42000)
Line 13 Unemployment Compensation: (1650)
Line 15 Total Income: (43650)
Line 17 IRA deduction: (1200)
Line 20 Total Adjustments: (1200)
Line 21 Adjusted Gross Income: (42450)

TEST #5: continued:

Line 22	Amount from line 20:	(42450)
Line 23a	Taxpayer is blind:	(X)
Line 23a	Number of Boxes checked:	(1)
Line 24	Standard deduction:	(8750)
Line 25	Subtract line 24 from line 22:	(33700)
Line 26	Multiply \$3000 by box 6d:	(24000)
Line 27	Taxable Income:	(9700)
Line 28	Tax:	(973)
Line 29	Child Care Credit:	(448)
Line 31	Education Credit:	(525)
Line 35	Total Credits:	(973)
Line 39	Federal Income Tax Withheld:	(1450)
Line 42	Additional Child Tax Credit:	(3213)
Line 43	Total Payments:	(4663)
Line 44	Amount overpaid:	(4663)
Line 45a:	Amount to be refunded:	(4663)
Line 45b:	RTN	(253174576)
Line 45c:	Type	(Savings)
Line 45d:	Account Number	(06542153)
	Taxpayers Occupation:	(CONSULTANT)
	Spouses Occupation:	(SALESPERSON)
	Third Party Designee:	(YES)
	Third party designee:	(JOHN DOE)
	Third party phone number:	(888-555-1111)
	Third party PIN number:	(11112)

TEST #5: continued:

Form W-2 #1:

b. Employers identification number: (02-9876543)
c. Employers name address and Zip Code: (LAST JOB INC)
(97 WHEATLEY AVE)
(SAINT THOMAS VI 00802)
d. Employees social security number: (400-00-1005)
e. Employees name (first, m.i., last): (TEST U GRASS)
f. Employees address and Zip code: (74131 FESCUE DR)
(SAINT THOMAS VI 00802)
Box 1 Wages, tips, etc.: (24500)
Box 2 Federal Income Tax Withheld: (900)
Box 3 Social Security wages: (24500)
Box 4 Social Security tax withheld: (1519)
Box 5 Medicare wages and tips: (24500)
Box 6 Medicare tax withheld: (355)
Box 10 Dependent care benefits: (1000)
Box 15 State and State ID Number: (VI 028888)
Box 16 State Wages: (24500)
Box 17 State Income Tax withheld: (1715)

Form W-2 #2:

b. Employers identification number: (02-5689124)
c. Employers name address and Zip Code: (SNODGRASS FEED AND SEED)
(1 PLANTATION ST)
(SAINT THOMAS VI 00802)
d. Employees social security number: (400-00-2005)
e. Employees name (first, m.i., last): (MAY B GRASS)
f. Employees address and Zip code: (74131 FESCUE DR)
(SAINT THOMAS VI 00802)
Box 1 Wages, tips, etc.: (17500)
Box 2 Federal Income Tax Withheld: (550)
Box 3 Social Security wages: (17500)
Box 4 Social Security tax withheld: (1085)
Box 5 Medicare wages and tips: (17500)
Box 6 Medicare tax withheld: (254)
Box 15 State and State ID Number: (VI 023456)
Box 16 State Wages: (17500)
Box 18 Local wages, tips, etc: (2000)
Box 19 Local income tax: (10)
Box 20 Locality name: BC

TEST #5: continued:

Form 1099G #1:

Payer's name, address and Zip code: (NORTH CAROLINA EMPLOYMENT SECURITY)
(145 MAIN STREET)
(FRANKLIN NC 28734)

Payer's federal identification number: (421521512)

Recipients Identification number: (400-00-1005)

Recipients name address and Zip code: (TEST U GRASS)
(74131 FESCUE DR)
(SAINT THOMAS VI 00802)

Box 1 Unemployment compensation: (1650)

Box 3 Amount for tax year: (2002)

TEST #6

FORMS INCLUDED: FORM 1040

FORM 1040:

First Name, Initial & Last Name: (TEST D RICHARD)
Social Security Number: (400-00-1006)
Home Address: (94022 PATRICIA CT)
City, State, and Zip Code: (HAPPY JACK AZ 86024)
Do you want \$3.00 to go to the Presidential Campaign Fund: (NO)
Filing Status: (SINGLE)
Number of boxes checked on 6a and 6b: (0)
Total number in box 6d: (0)
Line 8a Taxable interest: (1514)
Line 9 Dividend income: (582)
Line 13 Capital gain or (loss): (-800)
Line 17 Schedule E income or (loss): (5200)
Line 22 Total income: (6496)
Line 35 Adjusted gross income: (6496)
Line 36 Amount from line 35: (6496)
Line 38 Itemized or standard deduction: (750)
Line 39 Subtract line 38 from line 36: (5746)
Line 41 Taxable income: (5746)
Line 42 Tax: (826)
Line 44 Add 42 and 43: (826)
Line 55 Subtract line 54 from line 44: (826)
Line 61 Add lines 55 through 60: (826)
Line 63 2002 Estimated tax payments: (700)
Line 67 Amount paid with Form 4868: (109)
Line 69 Total payments: (809)
Line 73 Amount you owe: (17)

Taxpayers Occupation: (STUDENT)
Third Party Designee (YES)
Third party designee: (ROBERT R ROBERTS)
Third party phone number: (775-555-1313)
Third party PIN number: (15512)

Paid Preparer Information:

Self-employed: (X)
Preparer's SSN: (400-55-4006)
Firm Name: (ROBERTS ENTERPRISES)
EIN: (88-6868686)
Firm Address: (645 SALEM ST)
(NIXON NV 89424)
Phone no: (775-555-1313)

TEST #7

FORMS INCLUDED: FORM 1040EZ, FORM W-2 (1), FORM 1099G (1)

FORM 1040EZ:

First Name, Initial & Last Name: (TEST I WHY)
Social Security Number: (400-00-1007)
Spouses Name, Initial & Last Name: (GWEN R KNOTT)
Spouses Social Security Number: (400-00-2007)
Home Address: (12457 WILSHIRE-ON-THE-HAMPTONS BLVD)
City, State, and Zip: (WYNOT NE 68792)
Do you want \$3.00 to go to the Presidential Campaign Fund: (NO)
If filing joint, does Taxpayers spouse want \$3.00 to go to this fund: (NO)
Filing Status: (MARRIED FILING JOINTLY)
Line 1 Total wages: (6700)
Line 2 Taxable Interest: (63)
Line 3 Unemployment compensation: (200)
Line 4 Adjusted Gross Income: (6963)
Line 5 Can someone else claim you on their return: (NO)
Deduction/Exemption Amount: (13850)
Line 6 Taxable income: (0)
Line 7 Federal Income tax withheld: (670)
Line 8 Earned income credit: (376)
Line 9 Total payments: (1046)
Line 10 Tax: (0)
Line 11a Refund: (1046)
Line 11b RTN: (123456780)
Line 11c Type: (Checking)
Line 11d Account no: (02135763)

Taxpayers Occupation: (TEXTILES)
Spouses Occupation: (HOMEMAKER)
Third Party Designee (YES)
Third party designee: (JOHN DOE)
Third party phone number: (888-555-1111)
Third party PIN number: (11125)

TEST #7: continued:

Form W-2 #1:

b. Employers identification number: (47-1928374)
c. Employers name address and Zip Code: (WEARABLE GARMENTS MANUFACTURING)
(2 WASHINGTON CIRCLE)
(WYNOT NE 68792)
d. Employees social security number: (400-00-1007)
e. Employees name (first, m.i., last): (TEST I WHY)
f. Employees address and Zip code: (12457 WILSHIRE-ON-THE-HAMPTONS BLVD)
(WYNOT NE 68792)

Box 1 Wages, tips, etc.: (6700)
Box 2 Federal Income Tax Withheld: (670)
Box 3 Social Security wages: (6700)
Box 4 Social Security tax withheld: (415)
Box 5 Medicare wages and tips: (6700)
Box 6 Medicare tax withheld: (97)
Box 15 State and State ID Number: (NE 479623)
Box 16 State Wages: (6700)
Box 17 State Income Tax withheld: (186)

Form 1099G #1:

Payer's name, address and Zip code: (STATE OF NEBRASKA)
(1000 MAIN STREET)
(LINCOLN NE 68509)

Payer's federal identification number: (444111114)
Recipients Identification number: (400-00-1007)
Recipients name address and Zip code: (TEST I WHY)
(12457 WILSHIRE-ON-THE-HAMPTONS BLVD)
(WYNOT NE 68792)

Box 1 Unemployment compensation: (200)
Box 3 Amount for tax year: (2002)

TEST #8

FORMS INCLUDED: FORM 1040, FORM W-2 (1), FORM 1099G (1)

FORM 1040:

First Name, Initial & Last Name: (TEST M LUCKY)
Social Security Number: (400-00-1008)
Home Address: (13 WINNERS CIR)
City, State, and Zip: (HORSE SHOE NC 28742)
Do you want \$3.00 to go to the Presidential Campaign Fund: (YES)
Filing Status: (SINGLE)
Dependent #1 Name: (GOTTABE LUCKY)
Social Security Number: (400-55-3008)
Relationship: (SON)
Qualifying child for child tax credit:(X)
Dependent #2 Name: (WANNABE DIPHERANT)
Social Security Number: (400-55-4008)
Relationship: (DAUGHTER)
Qualifying child for child tax credit:(X)
Number of boxes checked on 6a and 6b: (1)
Number of children who did not live with you: (2)
Total number in box 6d: (3)
Line 7 Total wages: (14000)
Line 8a Taxable interest: (290)
Line 9 Dividend income: (76)
Line 19 Unemployment compensation: (2760)
Line 22 Total income: (17126)
Line 24 IRA deduction: (1000)
Line 34 Total adjustments: (1000)
Line 35 Adjusted gross income: (16126)
Line 36 Amount from line 35: (16126)
Line 38 Itemized or standard deduction:(4700)
Line 39 Subtract line 38 from line 36: (11426)
Line 40 Multiply \$3000 by the total number of exemptions: (9000)
Line 41 Taxable income: (2426)
Line 42 Tax: (244)
Line 44 Add lines 42 and 43: (244)
Line 50 Child Tax credit: (244)
Line 54 Total credits: (244)
Line 62 Federal Income tax withheld: (800)
Line 66 Additional Child Tax Credit (365)
Line 68 Other payments: (103)
Line 68b Form 4136: (X)
Line 69 Total payments: (1268)
Line 70 Amount overpaid: (1268)
Line 71a Amount refunded: (1268)

Taxpayers Occupation: (GROUNDSKEEPER)
Third Party Designee (YES)
Third party designee: (IMA LUCKYONE II)
Third party phone number: (888-555-1212)
Third party PIN number: (12345)

Form 8332 filed with this return

TEST #8: continued:

Form W-2 #1:

b. Employers identification number: (56-1234567)
c. Employers name address and Zip Code: (THOROUGHBRED FARMS)
(1 LICKSKILLET LANE)
(HORSE SHOE NC 28742)
d. Employees social security number: (400-00-1008)
e. Employees name (first, m.i., last): (TEST M LUCKY)
f. Employees address and Zip code: (13 WINNERS CIR)
(HORSE SHOE NC 28742)
Box 1 Wages, tips, etc.: (14000)
Box 2 Federal Income Tax Withheld: (800)
Box 3 Social Security wages: (14000)
Box 4 Social Security tax withheld: (868)
Box 5 Medicare wages and tips: (14000)
Box 6 Medicare tax withheld: (203)
Box 15 State and State ID Number: (NC 568866)
Box 16 State Wages: (14000)
Box 17 State Income Tax withheld: (980)

Form 1099G #1:

Payer's name, address and Zip code: (STATE OF NORTH CAROLINA)
(1000 MAIN STREET)
(RALEIGH NC 27634)
Payer's federal identification number: (411111114)
Recipients Identification number: (400-00-1008)
Recipients name address and Zip code: (TEST M LUCKY)
(13 WINNERS CIR)
(HORSESHOE NC 28742)
Box 1 Unemployment compensation: (2760)
Box 3 Amount for tax year: (2002)

TEST #9

FORMS INCLUDED: FORM 1040, FORM W-2 (1)

FORM 1040:

First Name, Initial & Last Name: (TEST C ACAPPELLA)
Social Security Number: (400-00-1009)
Spouses Social Security Number: (400-00-2009)
Home Address: (4 QUARTET CTR)
City, State, and Zip: (SOLO MO 65564)
Do you want \$3.00 to go to the Presidential Campaign Fund: (YES)
Filing Status: (MARRIED FILING SEPARATELY)
Spouse's First Name and Last Name: (DUET ACAPPELLA)
Dependent #1 Name: (FORTISSIMO ARIA)
 Social Security Number: (400-55-3009)
 Relationship: (DAUGHTER)
 Qualifying child for child tax credit: (X)
Number of boxes checked on 6a and 6b: (1)
Number of children who did not live with you: (1)
Total number in box 6d: (2)
Line 7 Total wages: (25600)
Line 22 Total income: (25600)
Line 35 Adjusted Gross Income: (25600)
Line 36 Amount from line 21: (25600)
Line 37b If you are married filing separate and your spouse itemizes: (X)
Line 38 Standard deduction: (2100)
Line 39 Subtract line 24 from line 22: (23500)
Line 40 Multiply \$3000 by total exemptions: (6000)
Line 41 Taxable Income: (17500)
Line 42 Tax: (2329)
Line 44 Add lines 42 and 43: (2329)
Line 50 Child Tax credit: (600)
Line 54 Total Credits: (600)
Line 55 Subtract line 35 from line 28: (1729)
Line 61 Total Tax: (1729)
Line 62 Federal Income Tax Withheld: (1605)
Line 69 Total Payments: (1605)
Line 73 Amount you owe: (124)

Taxpayers Occupation: (MUSICIAN)
Third Party Designee (NO)
Daytime Phone Number (314-555-1008)

This return was prepared by the taxpayer

TEST #9: continued:

Form W-2 #1:

b. Employer identification number: (43-7685943)
c. Employer's name address and Zip Code: (SOLO CITY ORCHESTRA)
(SOLO CENTER SUITE 420)
(SOLO MO 65564)
d. Employee's social security number: (400-00-1009)
e. Employee's first name and initial: (TEST C ACAPPELLA)
f. Employee's address and Zip Code: (4 QUARTET CTR)
(SOLO MO 65564)

Box 1 Wages, tips, other compensation: (25600)
Box 2 Federal Income tax withheld: (1605)
Box 3 Social Security wages: (25600)
Box 4 Social Security tax withheld: (1582)
Box 5 Medicare wages and tips: (25600)
Box 6 Medicare tax withheld: (371)
Box 15 State and Employer's state ID no: (MO 43918273)
Box 16 State wages, tips, etc: (25600)
Box 17 State income tax: (4000)

TEST #10

FORMS INCLUDED: FORM 1040A, FORM W-2 (1)

FORM 1040A:

First Name, Initial & Last Name: (TEST J CAESAR)
Social Security Number: (400-00-1010)
Spouses First Name Initial & Last Name: (CLEO P CAESAR)
Spouses Social Security Number: (400-00-2010)
Home Address: (15 IDES OF MARCH PKWY)
City State and Zip: (ROME MS 38768)
Do you want \$3.00 to go to the Presidential Campaign Fund: (YES)
If joint return, Does Taxpayers spouse want \$3.00 to go to this fund: (YES)
Filing Status: (MARRIED FILING JOINTLY)
Dependent #1 Name: (SALLY CAESAR)
Social Security Number: (400-55-3010)
Relationship: (DAUGHTER)
Qualifying child for child tax credit:(X)
Dependent #2 Name: (JULIUS BRUTUS)
Social Security Number: (900-93-4010)
Relationship: (SON)
Qualifying child for child tax credit:(X)
Number of boxes checked on 6a and 6b: (2)
Number of children who lived with you: (2)
Total number in box 6d: (4)
Line 7 Total wages: (62000)
Line 8a Taxable Interest: (390)
Line 14a Social Security benefits: (5200)
Line 14b Taxable Social Security benefits:(4420)
Line 15 Total Income: (66810)
Line 18 Student loan interest deduction:(135)
Line 20 Total adjustments: (135)
Line 21 Adjusted Gross Income: (66675)
Line 22 Amount from line 21: (66675)
Line 24 Standard deduction: (7850)
Line 25 Subtract line 24 from line 22: (58825)
Line 26 Multiply \$3000 by total exemptions: (12000)
Line 27 Taxable Income: (46825)
Line 28 Tax: (6439)
Line 31 Education credit: (300)
Line 34 Adoption credit: (6139)
Line 35 Total Credits: (6439)
Line 36 Subtract line 35 from line 28: (0)
Line 38 Total Tax: (0)
Line 39 Federal Income Tax Withheld: (2500)
Line 42 Additional Child Tax Credit: (1200)
Line 43 Total Payments: (3700)
Line 44 Amount Overpaid: (3700)
Line 45a Refund: (3700)

Taxpayers Occupation: (ACTOR)
Spouses Occupation: (UNEMPLOYED)
Taxpayers Daytime Phone Number:(601-555-5430)
Third Party Designee (NO)

TEST #10: continued:

Form W-2 #1:

b. Employers identification number: (64-2131415)
c. Employers name address and Zip Code: (THE GREEK PLAYHOUSE)
(98 PARTHANON PLACE)
(ROME MS 38768)
d. Employees social security number: (400-00-1010)
e. Employees name (first, m.i., last): (TEST J CAESAR)
f. Employees address and Zip code: (15 IDES OF MARCH PKWY)
(ROME MS 38768)
Box 1 Wages, tips, etc.: (62000)
Box 2 Federal Income Tax Withheld: (2500)
Box 3 Social Security wages: (63000)
Box 4 Social Security tax withheld: (3906)
Box 5 Medicare wages and tips: (63000)
Box 6 Medicare tax withheld: (914)
Box 12a See instructions: (T 1000)
Box 15 State and State ID Number: (MS 641213)
Box 16 State Wages: (62000)
Box 17 State Income Tax withheld: (4340)

TEST #11

FORMS INCLUDED: FORM 1040A, FORM W-2 (2)

FORM 1040A:

First Name, Initial & Last Name: (TEST N BLOWNAPART)
Social Security Number: (400-00-1011)
Home Address: (781 WATERLOO WAY)
City, State, and Zip: (NAPOLEON MI 49261)
Do you want \$3.00 to go to the Presidential Campaign Fund: (NO)
Filing Status: (HEAD OF HOUSEHOLD)
Dependent #1 Name: (JOSEPHINE BATTLE)
 Social Security Number: (900-78-3011)
 Relationship: (DAUGHTER)
Dependent #2 Name: (JACKIE CLAWS)
 Social Security Number: (400-00-4011)
 Relationship: (Parent)
Number of boxes checked on 6a and 6b: (1)
Number of children who lived with you: (1)
Number of Dependents not included above: (1)
Total number in box 6d: (3)
Line 7 Total wages: (22300)
Line 15 Total income: (22300)
Line 21 Adjusted gross income: (22300)
Line 22 Amount from line 21: (22300)
Line 24 Standard deduction: (6900)
Line 25 Subtract line 24 from line 22: (15400)
Line 26 Multiply \$3000 by Total number in box 6d: (9000)
Line 27 Taxable income: (6400)
Line 28 Tax: (643)
Line 36 Subtract line 35 from line 28: (643)
Line 38 Total Tax: (643)
Line 39 Federal income tax withheld: (2380)
Line 43 Total Payments: (2380)
Line 44 Overpaid: (1737)
Line 45a Refund: (1737)

Taxpayers Occupation: (WELDER)
Third Party Designee (NO)

This return was prepared by the taxpayer

TEST #11: continued:

Form W-2 #1:

b. Employers identification number: (38-3838196)
c. Employers name address and Zip Code: (WELDERS R WE)
(8888 CORKSCREW CIRCLE)
(NAPOLEON MI 49261-8888)
d. Employees social security number: (400-00-1011)
e. Employees name (first, m.i., last): (TEST N BLOWNAPART)
f. Employees address and Zip code: (781 WATERLOO WAY)
(NAPOLEON MI 49261)
Box 1 Wages, tips, etc.: (11500)
Box 2 Federal Income tax withheld: (1300)
Box 3 Social Security wages: (11500)
Box 4 Social Security tax withheld: (713)
Box 5 Medicare wages and tips: (11500)
Box 6 Medicare tax withheld: (167)
Box 15 State and State ID Number: (MI 384759)
Box 16 State Wages: (11500)
Box 17 State Income tax withheld: (805)

Form W-2 #2:

b. Employers identification number: (38-1425336)
c. Employers name address and Zip Code: (BONDO MAGIC COMPANY)
(ONE PLUS ONE DRIVE)
(NAPOLEON MI 49261)
d. Employees social security number: (400-00-1011)
e. Employees name (first, m.i., last): (TEST N BLOWNAPART)
f. Employees address and Zip code: (781 WATERLOO WAY)
(NAPOLEON MI 49261)
Box 1 Wages, tips, etc.: (10800)
Box 2 Federal Income tax withheld: (1080)
Box 3 Social Security wages: (10800)
Box 4 Social Security tax withheld: (670)
Box 5 Medicare wages and tips: (10800)
Box 6 Medicare tax withheld: (157)
Box 15 State and State ID Number: (MI 382176)
Box 16 State Wages: (10800)

TEST #12

FORMS INCLUDED: FORM 1040A, FORM W-2 (1)

FORM 1040A:

First Name, Initial and Last Name: (TEST U PHROZINTOWES)
Social Security Number: (400-00-1012)
Home Address: (1832 NORTH POLE LN)
City, State, and Zip: (COLDFOOT AK 99701)
Do you want \$3.00 to go to the Presidential Campaign Fund:(YES)
Filing Status: (HEAD OF HOUSEHOLD)
Dependent #1 Name: (JESSICA LEE)
Social Security Number: (400-55-3012)
Relationship: (DAUGHTER)
Qualifying child for child tax credit:(X)
Dependent #2 Name: (TAMMY TY)
Social Security Number: (400-55-4012)
Relationship: (FOSTERCHILD)
Qualifying child for child tax credit:(X)
Dependent #3 Name: (SAMMY PHROZINTOWES)
Social Security Number: (400-55-5012)
Relationship: (SON)
Qualifying child for child tax credit:(X)
Number of boxes checked on 6a and 6b: (1)
Number of children who lived with you: (3)
Total number in box 6d:: (4)
Line 7 Total wages: (21200)
Line 15 Total income: (21200)
Line 19 Tuition and fees deduction: (250)
Line 20 Total adjustments: (250)
Line 21 Adjusted gross income: (20950)
Line 22 Amount from line 21: (20950)
Line 24 Standard deduction: (6900)
Line 25 Subtract line 24 from line 22: (14050)
Line 26 Multiply \$3000 by Total number in box 6d:(12000)
Line 27 Taxable income: (2050)
Line 28 Tax: (206)
Line 29 Credit for child care expenses:(206)
Line 35 Total Credits: (206)
Line 37 Advance earned income credit: (412)
Line 38 Total Tax: (412)
Line 39 Federal Income tax withheld: (2240)
Line 41a Earned income credit: (2517)
Line 42 Additional Child tax credit: (1085)
Line 43 Total Payments: (5842)
Line 44 Amount overpaid: (5430)
Line 45a Amount refunded: (5430)

Taxpayers Occupation: (CLERICAL)
Third Party Designee (YES)
Third party designee: (JANE SMITH)
Third party phone number: (123-456-7890)
Third party PIN number: (34567)

TEST #12: continued:

Form W-2 #1:

b. Employers identification number: (38-9391949)
c. Employers name address and Zip Code: (PHRIEZ, EYCICKLE, AND GLACIER)
(21 APPEAL ST)
(KANATA ONTARIO K2K1X-3 .)
d. Employees social security number: (400-00-1012)
e. Employees name (first, m.i., last): (TEST U PHROZINTOWES)
f. Employees address and Zip code: (1832 NORTH POLE LN)
(COLDFOOT AK 99701)

Box 1 Wages, tips, etc.: (21200)
Box 2 Federal Income tax withheld: (2240)
Box 3 Social Security wages: (22700)
Box 4 Social Security tax withheld: (1407)
Box 5 Medicare wages and tips: (22700)
Box 6 Medicare tax withheld: (329)
Box 9 Advance EIC payment: (412)
Box 12a See instructions: (D 1500)
Box 13 Retirement Plan: (X)
Box 15 State and State ID Number: (MI 382461)
Box 16 State Wages: (4800)
Box 17 State Income Tax withheld: (480)

TEST #13

FORMS INCLUDED: FORM 1040A, FORM 1099-R (2)

FORM 1040A:

First Name, Initial and Last Name: (TEST P BARRELL)
Social Security Number: (400-00-1013)
Home Address: (25000 HAM AND BACON JUNCTION)
City, State, and Zip: (PIG TOWN MD 21230)
Do you want \$3.00 to go to the Presidential Campaign Fund:(YES)
Filing Status: (QUALIFYING WIDOW(ER))
Year spouse died: (2001)
Dependent #1 Name: (ROLAND BARRELL)
 Social Security Number: (400-55-3013)
 Relationship: (FOSTERCHILD)
Number of boxes checked on 6a and 6b: (1)
Number of children who lived with you: (1)
Total number in box 6d: (2)
Line 8a Taxable Interest: (8000)
Line 11b Taxable IRA distributions: (2500)
Line 12b Taxable pensions and annuities:(4500)
Line 14a Social Security benefits: (1000)
Line 15 Total income: (15000)
Line 21 Adjusted gross income: (15000)
Line 22 Amount from line 21: (15000)
Line 23a Taxpayer is 65 or older: (X)
 Number of boxes checked: (1)
Line 24 Standard deduction: (8750)
Line 25 Subtract line 24 from line 22: (6250)
Line 26 Multiply \$3000 by Total number in box 6d:(6000)
Line 27 Taxable income: (250)
Line 28 Tax: (26)
Line 30 Credit for elderly or disabled:(26)
Line 35 Total Credits: (26)
Line 36 Subtract 35 from line 28: (0)
Line 38 Total Tax: (0)
Line 39 Federal income tax withheld: (200)
 LITERAL: (FORM 1099)
Line 40 2002 Estimated taxes paid: (500)
Line 43 Total Payments: (700)
Line 44 Overpaid: (700)
Line 45a Refund: (575)
Line 46 Amount applied to 2003 estimated taxes:(125)

Taxpayers Occupation: (RETIRED)
Third Party Designee (YES)
Third Party Designee: (John Doe)
Third Party Pin number: (11122)
Third Party phone number: (888-555-1111)

TEST #13: continued:

Form 1099-R #1:

Payers name address and Zip Code: (OUR SHARE BANK & TRUST)
(72 MARKET PLACE)
(PIG TOWN MD 21230-7272)

Payers identification number: (52-7754541)

Recipients social security number: (400-00-1013)

Recipients name (first, m.i., last): (TEST P BARRELL)

Recipients street address: (25000 HAM AND BACON JUNCTION)

Recipients city, state, and Zip code: (PIG TOWN MD 21230)

Box 1 Gross distribution: (2500)

Box 2a Taxable amount: (2500)

Box 7 Distribution code: (7)

Box 7 IRA /SEP Simple: (X)

Box 11 State (MD)

Form 1099-R #2:

Payers name address and Zip Code: (WECAN DUETTE LOBBYISTS)
(1000 BUCKS ST)
(PIG TOWN MD 21230)

Payers identification number: (52-9081726)

Recipients social security number: (400-00-1013)

Recipients name (first, m.i., last): (TEST P BARRELL)

Recipients street address: (25000 HAM AND BACON JUNCTION)

Recipients city, state, and Zip code: (PIG TOWN MD 21230)

Box 1 Gross distribution: (4500)

Box 2a Taxable amount: (4500)

Box 4 Federal Income tax withheld: (200)

Box 7 Distribution code: (7)

Box 11 State (MD)

TEST #14

FORMS INCLUDED: FORM 1040, FORM W-2 (20)

FORM 1040:

First Name, Initial and Last Name: (TEST T HUNTER)
Social Security Number: (400-00-1014)
Home Address: (1234 LUKE THOMAS BLVD)
City, State, and Zip: (QUINTON AL 35130)
Do you want \$3.00 to go to the Presidential Campaign Fund:(NO)
Filing Status: (SINGLE)
Number of boxes checked on 6a and 6b: (1)
Total number in box 6d: (1)
Line 7 Total wages: (18260)
Line 22 Total income: (18260)
Line 35 Adjusted gross income: (18260)
Line 36 Amount from line 35: (18260)
Line 38 Itemized or standard deduction:(4700)
Line 39 Subtract line 38 from line 36: (13560)
Line 40 Multiply \$3000 by the Total number in box 6d:(3000)
Line 41 Taxable income: (10560)
Line 42 Tax: (1286)
Line 44 Add lines 42 and 43: (1286)
Line 55 Subtract line 54 from line 44: (1286)
Line 57 SS on inc not reported Form 4137: (38)
Line 61 Total tax: (1324)
Line 62 Federal income tax withheld: (310)
Line 64 Earned income credit: (1746)
Line 69 Total payments: (2056)
Line 70 Amount overpaid: (732)
Line 71a Amount refunded: (732)
Line 71b Routing number: (053111674)
Line 71c Type: (CHECKING)
Line 71d Account number: (1234445678)

Taxpayers Occupation: (MUSICIAN)
Taxpayers Daytime Phone Number:(205-555-1020)
Third Party Designee (NO)

TEST #14: continued:

Form W-2 #1:

b. Employers identification number: (63-1234561)
c. Employers name address and Zip Code: (MUSIC ROW CONCERTS CONCERT 1)
(123 JAMES STREET)
(QUINTON AL 35130)
d. Employees social security number: (400-00-1014)
e. Employees name (first, m.i., last): (TEST T HUNTER)
f. Employees address and Zip code: (1234 LUKE THOMAS BLVD)
(QUINTON AL 35130)
Box 1 Wages, tips, etc.: (500)
Box 2 Federal income tax withheld: (20)
Box 3 Social Security wages: (500)
Box 4 Social Security tax withheld: (31)
Box 5 Medicare wages and tips: (500)
Box 6 Medicare tax withheld: (7)
Box 15 State and State ID Number: (AL 63123)
Box 16 State Wages: (500)
Box 17 State Income Tax withheld: (35)

Form W-2 #2:

b. Employers identification number: (63-1234562)
c. Employers name address and Zip Code: (MUSIC ROW CONCERTS CONCERT 2)
(123 JAMES STREET)
(QUINTON AL 35130)
d. Employees social security number: (400-00-1014)
e. Employees name (first, m.i., last): (TEST T HUNTER)
f. Employees address and Zip code: (1234 LUKE THOMAS BLVD)
(QUINTON AL 35130)
Box 1 Wages, tips, etc.: (2000)
Box 2 Federal income tax withheld: (20)
Box 3 Social Security wages: (2000)
Box 4 Social Security tax withheld: (124)
Box 5 Medicare wages and tips: (2000)
Box 6 Medicare tax withheld: (29)
Box 8 Allocated tips: (500)
Box 15 State and State ID Number: (AL 63123)
Box 16 State Wages: (2000)
Box 17 State Income Tax withheld: (120)

TEST #14: continued:

Form W-2 #3:

b. Employers identification number: (63-1234563)
c. Employers name address and Zip Code: (MUSIC ROW CONCERTS CONCERT 3)
(123 JAMES STREET)
(QUINTON AL 35130)
d. Employees social security number: (400-00-1014)
e. Employees name (first, m.i., last): (TEST T HUNTER)
f. Employees address and Zip code: (1234 LUKE THOMAS BLVD)
(QUINTON AL 35130)
Box 1 Wages, tips, etc.: (900)
Box 2 Federal income tax withheld: (20)
Box 3 Social Security wages: (900)
Box 4 Social Security tax withheld: (56)
Box 5 Medicare wages and tips: (900)
Box 6 Medicare tax withheld: (13)
Box 15 State and State ID Number: (AL 63123)
Box 16 State Wages: (900)
Box 17 State Income Tax withheld: (36)

Form W-2 #4:

b. Employers identification number: (63-1234564)
c. Employers name address and Zip Code: (MUSIC ROW CONCERTS CONCERT 4)
(123 JAMES STREET)
(QUINTON AL 35130)
d. Employees social security number: (400-00-1014)
e. Employees name (first, m.i., last): (TEST T HUNTER)
f. Employees address and Zip code: (1234 LUKE THOMAS BLVD)
(QUINTON AL 35130)
Box 1 Wages, tips, etc.: (1800)
Box 2 Federal income tax withheld: (20)
Box 3 Social Security wages: (1800)
Box 4 Social Security tax withheld: (112)
Box 5 Medicare wages and tips: (1800)
Box 6 Medicare tax withheld: (26)
Box 15 State and State ID Number: (AL 63123)
Box 16 State Wages: (1800)
Box 17 State Income Tax withheld: (126)

TEST #14: continued:

Form W-2 #5:

b. Employers identification number: (63-1234565)
c. Employers name address and Zip Code: (MUSIC ROW CONCERTS CONCERT 5)
(123 JAMES STREET)
(QUINTON AL 35130)
d. Employees social security number: (400-00-1014)
e. Employees name (first, m.i., last): (TEST T HUNTER)
f. Employees address and Zip code: (1234 LUKE THOMAS BLVD)
(QUINTON AL 35130)
Box 1 Wages, tips, etc.: (755)
Box 2 Federal income tax withheld: (20)
Box 3 Social Security wages: (755)
Box 4 Social Security tax withheld: (47)
Box 5 Medicare wages and tips: (755)
Box 6 Medicare tax withheld: (11)
Box 15 State and State ID Number: (AL 63123)
Box 16 State Wages: (755)
Box 17 State Income Tax withheld: (53)

Form W-2 #6:

b. Employers identification number: (63-1234566)
c. Employers name address and Zip Code: (MUSIC ROW CONCERTS CONCERT 6)
(123 JAMES STREET)
(QUINTON AL 35130)
d. Employees social security number: (400-00-1014)
e. Employees name (first, m.i., last): (TEST T HUNTER)
f. Employees address and Zip code: (1234 LUKE THOMAS BLVD)
(QUINTON AL 35130)
Box 1 Wages, tips, etc.: (1300)
Box 2 Federal income tax withheld: (20)
Box 3 Social Security wages: (1300)
Box 4 Social Security tax withheld: (81)
Box 5 Medicare wages and tips: (1300)
Box 6 Medicare tax withheld: (19)
Box 15 State and State ID Number: (AL 63123)
Box 16 State Wages: (1300)
Box 17 State Income Tax withheld: (91)

TEST #14: continued:

Form W-2 #7:

b. Employers identification number: (63-1234567)
c. Employers name address and Zip Code: (MUSIC ROW CONCERTS CONCERT 7)
(123 JAMES STREET)
(QUINTON AL 35130)
d. Employees social security number: (400-00-1014)
e. Employees name (first, m.i., last): (TEST T HUNTER)
f. Employees address and Zip code: (1234 LUKE THOMAS BLVD)
(QUINTON AL 35130)
Box 1 Wages, tips, etc.: (1400)
Box 2 Federal income tax withheld: (20)
Box 3 Social Security wages: (1400)
Box 4 Social Security tax withheld: (87)
Box 5 Medicare wages and tips: (1400)
Box 6 Medicare tax withheld: (20)
Box 15 State and State ID Number: (AL 63123)
Box 16 State Wages: (1400)
Box 17 State Income Tax withheld: (98)

Form W-2 #8:

b. Employers identification number: (63-1234568)
c. Employers name address and Zip Code: (MUSIC ROW CONCERTS CONCERT 8)
(123 JAMES STREET)
(QUINTON AL 35130)
d. Employees social security number: (400-00-1014)
e. Employees name (first, m.i., last): (TEST T HUNTER)
f. Employees address and Zip code: (1234 LUKE THOMAS BLVD)
(QUINTON AL 35130)
Box 1 Wages, tips, etc.: (300)
Box 3 Social Security wages: (300)
Box 4 Social Security tax withheld: (19)
Box 5 Medicare wages and tips: (300)
Box 6 Medicare tax withheld: (4)
Box 15 State and State ID Number: (AL 63123)
Box 16 State Wages: (300)
Box 17 State Income Tax withheld: (21)

TEST #14: continued:

Form W-2 #9:

b. Employers identification number: (63-1234569)
c. Employers name address and Zip Code: (MUSIC ROW CONCERTS CONCERT 9)
(123 JAMES STREET)
(QUINTON AL 35130)
d. Employees social security number: (400-00-1014)
e. Employees name (first, m.i., last): (TEST T HUNTER)
f. Employees address and Zip code: (1234 LUKE THOMAS BLVD)
(QUINTON AL 35130)
Box 1 Wages, tips, etc.: (450)
Box 3 Social Security wages: (450)
Box 4 Social Security tax withheld: (28)
Box 5 Medicare wages and tips: (450)
Box 6 Medicare tax withheld: (7)
Box 15 State and State ID Number: (AL 63123)
Box 16 State Wages: (450)
Box 17 State Income Tax withheld: (31)

Form W-2 #10:

b. Employers identification number: (63-1234560)
c. Employers name address and Zip Code: (MUSIC ROW CONCERTS CONCERT 10)
(123 JAMES STREET)
(QUINTON AL 35130)
d. Employees social security number: (400-00-1014)
e. Employees name (first, m.i., last): (TEST T HUNTER)
f. Employees address and Zip code: (1234 LUKE THOMAS BLVD)
(QUINTON AL 35130)
Box 1 Wages, tips, etc.: (475)
Box 3 Social Security wages: (475)
Box 4 Social Security tax withheld: (29)
Box 5 Medicare wages and tips: (475)
Box 6 Medicare tax withheld: (7)
Box 15 State and State ID Number: (AL 63123)
Box 16 State Wages: (475)
Box 17 State Income Tax withheld: (33)

TEST #14: continued:

Form W-2 #11:

b. Employers identification number: (63-1234511)
c. Employers name address and Zip Code: (MUSIC ROW CONCERTS CONCERT 11)
(123 JAMES STREET)
(QUINTON AL 35130)
d. Employees social security number: (400-00-1014)
e. Employees name (first, m.i., last): (TEST T HUNTER)
f. Employees address and Zip code: (1234 LUKE THOMAS BLVD)
(QUINTON AL 35130)
Box 1 Wages, tips, etc.: (530)
Box 2 Federal income tax withheld: (10)
Box 3 Social Security wages: (530)
Box 4 Social Security tax withheld: (33)
Box 5 Medicare wages and tips: (530)
Box 6 Medicare tax withheld: (8)
Box 15 State and State ID Number: (AL 63123)
Box 16 State Wages: (530)
Box 17 State Income Tax withheld: (37)

Form W-2 #12:

b. Employers identification number: (63-1234512)
c. Employers name address and Zip Code: (MUSIC ROW CONCERTS CONCERT 12)
(123 JAMES STREET)
(QUINTON AL 35130)
d. Employees social security number: (400-00-1014)
e. Employees name (first, m.i., last): (TEST T HUNTER)
f. Employees address and Zip code: (1234 LUKE THOMAS BLVD)
(QUINTON AL 35130)
Box 1 Wages, tips, etc.: (1100)
Box 2 Federal income tax withheld: (20)
Box 3 Social Security wages: (1100)
Box 4 Social Security tax withheld: (68)
Box 5 Medicare wages and tips: (1100)
Box 6 Medicare tax withheld: (16)
Box 15 State and State ID Number: (AL 63123)
Box 16 State Wages: (1100)
Box 17 State Income Tax withheld: (77)

TEST #14: continued:

Form W-2 #13:

b. Employers identification number: (63-1234513)
c. Employers name address and Zip Code: (MUSIC ROW CONCERTS CONCERT 13)
(123 JAMES STREET)
(QUINTON AL 35130)
d. Employees social security number: (400-00-1014)
e. Employees name (first, m.i., last): (TEST T HUNTER)
f. Employees address and Zip code: (1234 LUKE THOMAS BLVD)
(QUINTON AL 35130)
Box 1 Wages, tips, etc.: (275)
Box 3 Social Security wages: (275)
Box 4 Social Security tax withheld: (17)
Box 5 Medicare wages and tips: (275)
Box 6 Medicare tax withheld: (4)
Box 15 State and State ID Number: (AL 63123)
Box 16 State Wages: (275)
Box 17 State Income Tax withheld: (19)

Form W-2 #14:

b. Employers identification number: (63-1234514)
c. Employers name address and Zip Code: (MUSIC ROW CONCERTS CONCERT 14)
(123 JAMES STREET)
(QUINTON AL 35130)
d. Employees social security number: (400-00-1014)
e. Employees name (first, m.i., last): (TEST T HUNTER)
f. Employees address and Zip code: (1234 LUKE THOMAS BLVD)
(QUINTON AL 35130)
Box 1 Wages, tips, etc.: (980)
Box 2 Federal income tax withheld: (20)
Box 3 Social Security wages: (980)
Box 4 Social Security tax withheld: (61)
Box 5 Medicare wages and tips: (980)
Box 6 Medicare tax withheld: (14)
Box 15 State and State ID Number: (AL 63123)
Box 16 State Wages: (980)
Box 17 State Income Tax withheld: (69)

TEST #14: continued:

Form W-2 #15:

b. Employers identification number: (63-1234515)
c. Employers name address and Zip Code: (MUSIC ROW CONCERTS CONCERT 15)
(123 JAMES STREET)
(QUINTON AL 35130)
d. Employees social security number: (400-00-1014)
e. Employees name (first, m.i., last): (TEST T HUNTER)
f. Employees address and Zip code: (1234 LUKE THOMAS BLVD)
(QUINTON AL 35130)
Box 1 Wages, tips, etc.: (780)
Box 2 Federal income tax withheld: (20)
Box 3 Social Security wages: (780)
Box 4 Social Security tax withheld: (48)
Box 5 Medicare wages and tips: (780)
Box 6 Medicare tax withheld: (11)
Box 15 State and State ID Number: (AL 63123)
Box 16 State Wages: (780)
Box 17 State Income Tax withheld: (55)

Form W-2 #16:

b. Employers identification number: (63-1234516)
c. Employers name address and Zip Code: (MUSIC ROW CONCERTS CONCERT 16)
(123 JAMES STREET)
(QUINTON AL 35130)
d. Employees social security number: (400-00-1014)
e. Employees name (first, m.i., last): (TEST T HUNTER)
f. Employees address and Zip code: (1234 LUKE THOMAS BLVD)
(QUINTON AL 35130)
Box 1 Wages, tips, etc.: (400)
Box 2 Federal income tax withheld: (10)
Box 3 Social Security wages: (400)
Box 4 Social Security tax withheld: (25)
Box 5 Medicare wages and tips: (400)
Box 6 Medicare tax withheld: (6)
Box 15 State and State ID Number: (AL 63123)
Box 16 State Wages: (400)
Box 17 State Income Tax withheld: (28)

TEST #14: continued:

Form W-2 #17:

b. Employers identification number: (63-1234517)
c. Employers name address and Zip Code: (MUSIC ROW CONCERTS CONCERT 17)
(123 JAMES STREET)
(QUINTON AL 35130)
d. Employees social security number: (400-00-1014)
e. Employees name (first, m.i., last): (TEST T HUNTER)
f. Employees address and Zip code: (1234 LUKE THOMAS BLVD)
(QUINTON AL 35130)
Box 1 Wages, tips, etc.: (830)
Box 2 Federal income tax withheld: (20)
Box 3 Social Security wages: (830)
Box 4 Social Security tax withheld: (51)
Box 5 Medicare wages and tips: (830)
Box 6 Medicare tax withheld: (12)
Box 15 State and State ID Number: (AL 63123)
Box 16 State Wages: (830)
Box 17 State Income Tax withheld: (58)

Form W-2 #18:

b. Employers identification number: (63-1234518)
c. Employers name address and Zip Code: (MUSIC ROW CONCERTS CONCERT 18)
(123 JAMES STREET)
(QUINTON AL 35130)
d. Employees social security number: (400-00-1014)
e. Employees name (first, m.i., last): (TEST T HUNTER)
f. Employees address and Zip code: (1234 LUKE THOMAS BLVD)
(QUINTON AL 35130)
Box 1 Wages, tips, etc.: (670)
Box 2 Federal income tax withheld: (20)
Box 3 Social Security wages: (670)
Box 4 Social Security tax withheld: (42)
Box 5 Medicare wages and tips: (670)
Box 6 Medicare tax withheld: (10)
Box 15 State and State ID Number: (AL 63123)
Box 16 State Wages: (670)
Box 17 State Income Tax withheld: (47)

TEST #14: continued:

Form W-2 #19:

b. Employers identification number: (63-1234519)
c. Employers name address and Zip Code: (MUSIC ROW CONCERTS CONCERT 19)
(123 JAMES STREET)
(QUINTON AL 35130)
d. Employees social security number: (400-00-1014)
e. Employees name (first, m.i., last): (TEST T HUNTER)
f. Employees address and Zip code: (1234 LUKE THOMAS BLVD)
(QUINTON AL 35130)
Box 1 Wages, tips, etc.: (540)
Box 3 Social Security wages: (540)
Box 4 Social Security tax withheld: (33)
Box 5 Medicare wages and tips: (540)
Box 6 Medicare tax withheld: (8)
Box 15 State and State ID Number: (AL 63123)
Box 16 State Wages: (540)
Box 17 State Income Tax withheld: (38)

Form W-2 #20:

b. Employers identification number: (63-1234520)
c. Employers name address and Zip Code: (MUSIC ROW CONCERTS CONCERT 20)
(123 JAMES STREET)
(QUINTON AL 35130)
d. Employees social security number: (400-00-1014)
e. Employees name (first, m.i., last): (TEST T HUNTER)
f. Employees address and Zip code: (123 SAMS STREET)
(QUINTON AL 35130)
Box 1 Wages, tips, etc.: (1775)
Box 2 Federal income tax withheld: (50)
Box 3 Social Security wages: (1775)
Box 4 Social Security tax withheld: (110)
Box 5 Medicare wages and tips: (1775)
Box 6 Medicare tax withheld: (26)
Box 15 State and State ID Number: (AL 63123)
Box 16 State Wages: (1775)
Box 17 State Income Tax withheld: (124)

TEST #15

FORMS INCLUDED: FORM 1040, FORM W-2 (1), FORM 1099-R (3), FORM 2439 (1)

FORM 1040:

First Name, Initial and Last Name: (TEST A HOAGIE)
Social Security Number: (400-00-1015)
Spouse's First Name, Initial, and Last Name:(TUNA S HOAGIE)
Spouse's Social Security Number: (400-00-2015)
Home Address: (123 FRONT ST)
City, State, and Zip: (PUNTA GORDA BELIZE .)
Do you want \$3.00 to go to the Presidential Campaign Fund:(YES)
If joint return, Does Taxpayers spouse want \$3.00 to go to this fund:(YES)
Filing Status: (MARRIED FILING JOINTLY)
Number of boxes on 6a and 6b: (2)
Total number in box 6d: (2)
Line 7 Total wages: (5000)
Line 12 Schedule C - gain or (loss): (15000)
Line 13 Schedule D - gain or (loss): (2852)
Line 15a Total IRA distributions: (11500)
Line 15b Taxable IRA distributions: (10000)
Line 16a Total pensions & annuities: (46000)
Line 16b Taxable pensions & annuities: (44000)
Line 21 Other income - LITERAL: (STATEMENT #1)
(FORM 2555 -12627)
(FORM 2555 -5000)
Line 21 Total other income: (-17627)
Line 22 Total income: (59225)
Line 29 One-half self employment tax: (1060)
Line 30 Self-employed Health insurance:(1313)
Line 34 Add lines 23 through 33a: (2373)
Line 35 Adjusted gross income: (56852)
Line 36 Amount from line 35: (56852)
Line 37a You were 65 or older: (X)
Line 37a Add the number of boxes checked (1)
Line 38 Itemized or standard deduction:(8750)
Line 39 Subtract line 38 from line 36: (48102)
Line 40 Multiply \$3000 by the Total number in box 6d:(6000)
Line 41 Taxable income: (42102)
Line 42 Tax: (10656)
Line 42b Form 4972: (X)
Line 44 Add lines 42 and 43: (10656)
Line 55 Subtract line 54 from line 44: (10656)
Line 56 Self-employment tax: (2120)
Line 61 Add lines 55 through 60 total tax: (12776)
Line 62 Federal income tax withheld: (13000)
LITERAL: (FORM 1099)
Line 68 Other payments: (100)
Line 68a Form 2439: (X)
Line 69 Add 62 through 68 total payments: (13100)
Line 70 Amount you overpaid: (324)
Line 71a Amount you want refunded to you: (324)

TEST #15: continued:

Taxpayers Occupation: (SPORT FISHING GUIDE)
Spouses Occupation: (WAITRESS)
Third Party Designee (YES)
Third Party Designee: (John Doe)
Third Party phone number: (888-555-1111)
Third Party Pin number: (11122)

Form W-2 #1:

b. Employers identification number: (99-1234567)
c. Employers name address and Zip Code: (RONS RIB RACK ON THE RIVER)
(15 RIVERFRONT RD)
(PUNTA GORDA BELIZE .)
d. Employees social security number: (400-00-2015)
e. Employees name (first, m.i., last): (TUNA S HOAGIE)
f. Employees address and Zip code: (123 FRONT ST)
(PUNTA GORDA BELIZE .)
Box 1 Wages, tips, etc.: (5000)
Box 3 Social Security wages: (5000)
Box 4 Social Security tax withheld: (310)
Box 5 Medicare wages and tips: (5000)
Box 6 Medicare tax withheld: (73)

Form 1099-R #1:

Payers name address and Zip Code: (PROVOLONE CREDIT UNION)
(106 PROVOLONE CENTER)
(SANDWICH MA 02563)
Payers federal identification number: (04-2131324)
Recipients indentification number: (400-00-1015)
Recipients name (first, m.i., last): (TEST A HOAGIE)
Recipients Street Address: (123 FRONT ST)
Recipients City, State, Zip (PUNTA GORDA BELIZE .)
Box 1 Gross distribution: (11500)
Box 2a Taxable amount: (10000)
Box 4 Federal Income tax withheld: (2000)
Box 7 Distribution code: (7)
Box 7 IRA /SEP Simple: (X)
Box 11 State: (MA)

TEST #15: continued:

Form 1099-R #2:

Payers name address and Zip Code: (PUMPERNICKLE RYE AND HOAGIE)
(87 SUBWAY CENTER)
(SANDWICH MA 02563)

Payers federal identification number: (04-9876542)

Recipients identification number: (400-00-2015)

Recipients name (first, m.i., last): (TUNA S HOAGIE)

Recipients Street Address: (123 FRONT ST)

Recipients City, State, Zip (PUNTA GORDA BELIZE .)

Box 1 Gross distribution: (46000)

Box 2a Taxable amount: (44000)

Box 3 Capital gain: (8000)

Box 4 Federal Income tax withheld: (8800)

Box 7 Distribution code: (7)

Box 11 State: (MA)

Form 1099-R #3:

Payers name address and Zip Code: (ASSOCIATED RETIREMENT)
(1402 RESTFUL WAY)
(ATLANTA GA 30301)

Payers federal identification number: (04-1466321)

Recipients identification number: (400-00-1015)

Recipients name (first, m.i., last): (TEST A HOAGIE)

Recipients Street Address: (123 FRONT ST)

Recipients City, State, Zip (PUNTA GORDA BELIZE .)

Box 1 Gross distribution: (43800)

Box 2a Taxable amount: (43800)

Box 3 Capital gain: (8000)

Box 4 Federal Income tax withheld: (2200)

Box 7 Distribution code: (7A)

Box 11 State: (MA)

Form 2439 #1:

Regulated Investment company: (ACME INVESTMENT CORP)

Investment company street address: (2041 INVEST STREET)

Investment City, State, Zip: (AUSTIN TX 78774)

Investment Co Identification number: (111111111)

Shareholders Identification number: (400-00-1015)

Shareholders name (first, m.i., last): (TEST A HOAGIE)

Shareholders Street Address: (123 FRONT ST)

Shareholders City, State, Zip (PUNTA GORDA BELIZE .)

Box 1a Total undistributed long term capital gains: (2000)

Box 2 Tax paid by Investment company:(100)

TEST #16

FORMS INCLUDED: FORM 1040

FORM 1040:

First Name, Initial and Last Name: (TEST L TONTO SR)
Social Security Number: (400-00-1016)
Spouse's Name, Initial and Last Name: (SILVER N TONTO)
Spouse's Social Security Number: (400-00-2016)
Home Address: (21 LONE RANGER CIR)
City, State, and Zip: (SMOKE SIGNAL AZ 86503)
Do you want \$3.00 to go to the Presidential Campaign Fund:(NO)
If filing joint, does Taxpayers spouse want \$3.00 to go to this fund:(NO)
Filing Status: (MARRIED FILING JOINTLY)
Number of boxes checked on 6a and 6b: (2)
Total number in box 6d: (2)
Line 12 Schedule C gain or (loss): (39126)
Line 14 Form 4797 other gain or (loss):(-2040)
Line 22 Total income: (37086)
Line 29 One-half self-employment tax: (2764)
Line 31 Keogh or SEP plan: (750)
Line 34 Add lines 23 through 33a: (3514)
Line 35 Adjusted gross income: (33572)
Line 36 Amount from line 35: (33572)
Line 37a Spouse was blind: (X)
Line 37a Number of boxes checked: (1)
Line 38 Itemized or standard deduction:(8750)
Line 39 Subtract line 36 from line 34: (24822)
Line 40 Multiply \$3000 by the Total number in box 6d:(6000)
Line 41 Taxable income: (18822)
Line 42 Tax: (2224)
Line 44 Add lines 42 and 43: (2224)
Line 55 Subtract line 54 from line 44. (2224)
Line 56 Self-employment tax: (5528)
Line 60 Household Emp taxes Sch H: (306)
Line 61 Add lines 55 through 60 Total tax: (8058)
Line 63 2002 estimated tax payments: (7500)
Line 69 Add lines 62 through 68 Total payments: (7500)
Line 73 Amount you owe: (558)

Taxpayers Occupation: (SELF-EMPLOYED)
Spouses Occupation: (SELF-EMPLOYED)
Third Party Designee: (NO)

Return was prepared by VITA

TEST #17

FORMS INCLUDED: FORM 1040, FORM W-2 (2), FORM 1099G (1)

FORM 1040:

First Name, Initial and Last Name: (TEST R DE LA HALO)
Social Security Number: (400-00-1017)
Spouse's Name, Initial and Last Name: (RUBY D MONDAY)
Spouse's Social Security Number: (400-00-2017)
Home Address: (7 HEAVENS LN)
City, State, and Zip: (BETHLEHEM KY 40007)
Do you want \$3.00 to go to the Presidential Campaign Fund:(NO)
If filing joint, does Taxpayers spouse want \$3.00 to go to this fund:(NO)
Filing Status: (MARRIED FILING JOINTLY)
Literal: (STATEMENT #1)
Dependent #1 Name: (ANGELA DE LA HALO)
Social Security Number: (400-55-3017)
Relationship: (DAUGHTER)
Qualifying child for child tax credit:(X)
Dependent #2 Name: (GABRIEL DE LA HALO)
Social Security Number: (400-55-4017)
Relationship: (SON)
Qualifying child for child tax credit:(X)
Dependent #3 Name: (MICHAEL MONDAY)
Social Security Number: (400-55-5017)
Relationship: (SON)
Qualifying child for child tax credit:(X)
Dependent #4 Name: (LUCKY MONDAY)
Social Security Number: (400-55-6017)
Relationship: (DAUGHTER)
Qualifying child for child tax credit:(X)
Dependent #5 Name: (ARCHIBALD DE LA HALO)
Social Security Number: (900-93-7017)
Relationship: (SON)
Qualifying child for child tax credit:(X)
Dependent #6 Name: (DAVID SAINT)
Social Security Number: (400-55-8017)
Relationship: (PARENT)
Dependent #7 Name: (MARY SAINT)
Social Security Number: (400-55-9017)
Relationship: (PARENT)

TEST #17: continued:

Number of boxes checked on 6a and 6b:	(2)
Number of children who lived with you:	(5)
Number of other dependents:	(2)
Total number in box 6d:	(9)
Line 7 Total wages:	(78800)
Line 12 Schedule C income or (loss):	(12161)
Line 19 Unemployment compensation:	(2670)
Line 22 Total income:	(93631)
Line 28 Moving Expenses:	(263)
Line 29 One-half self-employment tax:	(808)
Line 34 Total adjustments:	(1071)
Line 35 Adjusted gross income:	(92560)
Line 36 Amount from line 35:	(92560)
Line 38 Itemized or standard deduction:	(8135)
Line 39 Subtract line 38 from line 36:	(84425)
Line 40 Multiply \$3000 by the Total number in box 6d:)	(27000)
Line 41 Taxable income:	(57425)
Line 42 Tax:	(9301)
Line 43 Alternative minimum tax:	(531)
Line 44 Add line 42 and 43:	(9832)
Line 50 Child tax credit:	(3000)
Line 51 Adoption credit:	(5000)
Line 54 Total credits:	(8000)
Line 55 Subtract line 54 from line 44:	(1832)
Line 56 Self-employment tax:	(1615)
Line 61 Total tax:	(3447)
Line 62 Federal Income tax withheld:	(10878)
Line 63 2002 estimated tax payments:	(500)
Line 65 Excess SS & RRTA tax withheld:	(198)
Line 69 Total payments:	(11576)
Line 70 Amount overpaid:	(8129)
Line 71a Amount refunded to you:	(8129)

Taxpayers Occupation:	(TREE TRIMMER)
Spouses Occupation:	(ANIMAL TRAINER)
Third Party Designee	(NO)

TEST #17: continued:

Form W-2 #1:

b. Employers identification number: (61-6270532)
c. Employers name address and Zip Code: (ANIMAL STAR CIRCUS)
(RR 72 BOX 187)
(BETHLEHEM KY 40007)
d. Employees social security number: (400-00-2017)
e. Employees name (first, m.i., last): (RUBY D MONDAY)
f. Employees address and Zip code: (7 HEAVENS LN)
(BETHLEHEM KY 40007)
Box 1 Wages, tips, etc.: (75600)
Box 2 Federal Income Tax Withheld: (10800)
Box 3 Social Security wages: (84900)
Box 4 Social Security tax withheld: (5264)
Box 5 Medicare wages and tips: (84900)
Box 6 Medicare tax withheld: (1231)
Box 12a See instructions: (P 1000)
Box 12b See instructions: (D 9300)
Box 13 Retirement Plan: (X)
Box 15 State and State ID Number: (KY 617283)
Box 16 State Wages: (75600)
Box 17 State Income Tax withheld: (1250)

Form W-2 #2:

b. Employers identification number: (61-2987342)
c. Employers name address and Zip Code: (FICA CIRCUS)
(123 BLUEBIRD CIRCLE)
(BETHLEHEM KY 40007)
d. Employees social security number: (400-00-2017)
e. Employees name (first, m.i., last): (RUBY D MONDAY)
f. Employees address and Zip code: (7 HEAVENS LN)
(BETHLEHEM KY 40007)
Box 1 Wages, tips, etc.: (3200)
Box 2 Federal Income Tax Withheld: (78)
Box 3 Social Security wages: (3200)
Box 4 Social Security tax withheld: (198)
Box 5 Medicare wages and tips: (3200)
Box 6 Medicare tax withheld: (46)
Box 15 State and State ID Number: (KY 619823)
Box 16 State Wages: (3200)
Box 17 State Income Tax withheld: (23)

Form 1099G:

Payer's name, address and Zip code: (KENTUCKY EMPLOYMENT SECURITY COMM)
(899 THOROBRED LANE)
(FRANKFORT KY 40618)
Payer's federal identification number: (122384433)
Recipients Identification number: (400-00-1017)
Recipients name address and Zip code: (TEST R DE LA HALO)
(7 HEAVENS LANE)
(BETHLEHEM KY 40007)
Box 1 Unemployment compensation: (2670)

TEST #18

FORMS INCLUDED: FORM 1040, FORM W-2 (1), FORM W-2G (1), FORM 1099-R (1)

FORM 1040:

First Name, Initial and Last Name: (TEST T ISLANDER)
Social Security Number: (400-00-1018)
Home Address: (123 PLAY HERE ST)
City, State, and Zip: (WASHINGTON DC 20011)
Do you want \$3.00 to go to the Presidential Campaign Fund:(YES)
Filing Status: (HEAD OF HOUSEHOLD)
Qualifying person's name: (MICHAEL ISLANDER)
Qualifying person's SSN: (400-55-3018)
Number of boxes checked on 6a and 6b: (1)
Total number in box 6d: (1)
Line 12 Schedule C income or (loss): (15075)
Line 16b Taxable pensions & annuities: (3000)
Line 21 Other income - LITERAL: (BLACKJACK)
Line 21 Total other income: (5000)
Line 22 Total income: (23075)
Line 35 Adjusted gross income: (23075)
Line 36 Amount from line 35: (23075)
Line 38 Itemized or standard deduction:(6900)
Line 39 Subtract line 38 from line 36: (16175)
Line 40 Multiply \$3000 by the Total number in box 6d:(3000)
Line 41 Taxable income: (13175)
Line 42 Tax: (1476)
Line 44 Add lines 42 and 43: (1476)
Line 52 Other credits: (1476)
Line 52d Form 8859: (X)
Line 54 Add lines 45 through 53 Total credits: (1476)
Line 55 Subtract line 54 from line 44: (0)
Line 58 Tax on qualified retirement plans:(150)
Line 61 Add lines 55 through 60 Total tax:(150)
Line 62 Federal Income tax withheld: (3500)
Line 69 Add lines 62 through 68 Total payments: (3500)
Line 70 Amount overpaid: (3350)
Line 71a Amount refunded to you: (3350)
Line 71b Routing transit number: (024567891)
Line 71c Type: (SAVINGS)
Line 71d Account number: (ABC-123-4567890)

Taxpayers Occupation: (INSURANCE BROKER)
Third Party Designee: (NO)

TEST #18: continued:

Form W-2 #1:

b. Employers identification number: (58-2346821)
c. Employers name address and Zip Code: (OUT OF STATE INSURANCE SERVICES)
(7000 SIX FLAGS DR)
(ATLANTA GA 30301)
d. Employees social security number: (400-00-1018)
e. Employees name (first, m.i., last): (TEST T ISLANDER)
f. Employees address and Zip code: (123 PLAY HERE ST)
(WASHINGTON DC 20011)
Box 1 Wages, tips, etc.: (28900)
Box 2 Federal Income Tax Withheld: (3000)
Box 3 Social Security wages: (28900)
Box 4 Social Security tax withheld: (1792)
Box 5 Medicare wages and tips: (28900)
Box 6 Medicare tax withheld: (419)
Box 13 Statutory employee: (X)
Box 15 State and State ID Number: (GA 5879871)
Box 16 State Wages: (28900)
Box 17 State Income tax withheld: (2023)

Form W-2G #1:

Payers name, address and Zip codes: (GULF CRUISE LINES)
(DOCK 106 HARBOR ROW)
(DESTIN FL 32540)
Payers identification number: (65-7294862)
Winners name address and Zip code: (TEST T ISLANDER)
(123 PLAY HERE ST)
(WASHINGTON DC 20011)
Box 1 Gross winnings: (5000)
Box 2 Federal Income tax withheld: (500)
Box 3 Type of wager: (BLACKJACK)
Box 4 Date won: (02-14-2002)
Box 9 Winner's taxpayer ID No.: (400-00-1018)
Box 13 State/Payer's state ID No.: (GA 5822768)

TEST #18: continued:

Form 1099-R #1:

Payers name address and Zip Code:	(VACATION INSURANCE SERVICES) (93 BAY ST) (DESTIN FL 32540)
Payers identification number:	(65-9687321)
Recipients social security number:	(400-00-1018)
Recipients name (first, m.i., last):	(TEST T ISLANDER)
Recipients street address:	(123 PLAY HERE ST)
Recipients city state and Zip code:	(WASHINGTON DC 20011)

Box 1	Gross distribution:	(3000)
Box 2a	Taxable amount:	(3000)
Box 2b	Total distribution:	(X)
Box 7	Distribution code:	(1)

TEST #19

FORMS INCLUDED: FORM 1040

FORM 1040:

First Name, Initial and Last Name: (TEST O OLYMPICS)
Social Security Number: (400-00-1019)
Home Address: (121 TORCH ST)
City, State, and Zip: (ATLANTA GA 30301)
Do you want \$3.00 to go to the Presidential Campaign Fund:(YES)
Filing Status: (QUALIFYING WIDOW(ER))
Year Spouse Died: (2001)
Dependent #1 Name: (WENDY OLYMPICS)
Social Security Number: (400-55-3019)
Relationship: (DAUGHTER)
Qualifying child for child tax credit: (X)
Number of boxes checked on 6a and 6b: (1)
Number of children who lived with you: (1)
Total number in box 6d: (2)
Line 8a Taxable interest: (22482)
Line 8b Tax-exempt interest: (35699)
Line 9 Dividend income: (16166)
Line 13 Capital gain or loss: (33265)
Line 22 Total income: (71913)
Line 35 Adjusted gross income: (71913)
Line 36 Amount from line 35: (71913)
Line 38 Itemized or standard deduction:(34044)
Line 39 Subtract line 38 from line 36:(37869)
Line 40 Multiply \$3000 by the total number in box 6d:(6000)
Line 41 Taxable income: (31869)
Line 42 Tax: (4181)
Line 43 Alternative min tax Form 6251:(2865)
Line 44 Add lines 42 and 43: (7046)
Line 50 Child tax credit: (600)
Line 53 Form 8801: (X)
Line 54 Total credits: (600)
Line 55 Subtract line 54 from line 44:(6446)
Line 61 Add lines 55 through 60 Total tax: (6446)
Line 63 2002 estimated tax payments: (6300)
Line 69 Add lines 62 through 68 Total payments: (6300)
Line 73 Amount you owe: (146)

Taxpayers Occupation: (INVESTMENT SPECIALIST)
Taxpayers Daytime Phone number:(404-555-1020)
Third Party Designee: (NO)

TEST #20

FORMS INCLUDED: FORM 1040

FORM 1040:

First Name, Initial and Last Name: (TEST T LIVINGWATERS)
Social Security Number: (400-00-1020)
Spouse's Name, Initial and Last Name: (ISABEL H LIVINGWATERS)
Spouse's Social Security Number: (400-00-2020)
Home Address: (341 RONALD RD)
City, State, and Zip: (HULL IL 62343)
Do you want \$3.00 to go to the Presidential Campaign Fund:(YES)
If filing joint, does Taxpayers spouse want \$3.00 to go to this fund:(YES)
Filing Status: (MARRIED FILING JOINTLY)
Number of boxes checked on 6a and 6b: (2)
Total number in box 6d: (2)
Line 13 Schedule D capital gain or (loss): (1000)
Line 14 Form 4797 other gain or (loss):(3338)
Line 18 Schedule F income or (loss): (17139)
Line 20a Social Security Benefits: (2200)
Line 22 Total income: (21477)
Line 29 One-half of self-employment tax:(1211)
Line 34 Add lines 23 through 33a: (1211)
Line 35 Adjusted gross income: (20266)
Line 36 Amount from line 35: (20266)
Line 37a Taxpayer is 65/older: (X)
Taxpayer is blind: (X)
Spouse is 65/older: (X)
Total number of boxes checked: (3)
Line 38 Itemized or standard deduction:(10550)
Line 39 Subtract line 38 from line 36: (9716)
Line 40 Multiply \$3000 by the Total number in box 6d:(6000)
Line 41 Taxable income: (3716)
Line 42 Tax: (370)
Line 44 Add lines 42 and 43: (370)
Line 47 Credit for elderly and disabled Schedule R: (25)
Line 54 Total credits: (25)
Line 55 Subtract line 54 from line 44: (345)
Line 56 Self-employment tax: (2422)
Line 61 Total tax: (5105)
LITERAL: (ICR 2000)
LITERAL: (FMSR 338)
Line 63 2002 estimated tax payments: (3000)
Line 69 Total payments: (3000)
Line 73 Amount you owe: (2108)
Line 74 Estimated tax penalty: (3)

Taxpayers Occupation: (RETIRED)
Spouses Occupation: (FARMER)
Third Party Designee: (NO)

TEST #21

FORMS INCLUDED: FORM 1040, FORM W-2 (2)

FORM 1040:

First Name, Initial and Last Name: (TEST L CHARITY)
Social Security Number: (400-00-1021)
Spouse's First Name, Initial, and Last Name:(MARY B CHARITY)
Spouse's Social Security Number: (400-00-2021)
Home Address: (923 HOPE ST)
City, State, and Zip: (FAITH NC 28041-0923)
Do you want \$3.00 to go to the Presidential Campaign Fund:(NO)
If filing joint, Does Taxpayers spouse want \$3.00 to go to this fund:(NO)
Filing Status: (MARRIED FILING JOINTLY)
Dependent #1 Name: (JEFFREY CHARITY)
Social Security Number: (400-55-3021)
Relationship: (SON)
Qualifying child for child tax credit:(X)
Dependent #2 Name: (SAMUEL CHARITY)
Social Security Number: (400-55-4021)
Relationship: (SON)
Qualifying child for child tax credit:(X)
Dependent #3 Name: (SANDRA CHARITY)
Social Security Number: (400-55-5021)
Relationship: (DAUGHTER)
Qualifying child for child tax credit:(X)
Number of boxes checked on 6a and 6b: (2)
Number of children who lived with you: (3)
Total number in box 6d: (5)
Line 7 Total wages: (38840)
Line 13 Schedule D capital gain or loss:(65)
Line 17 Schedule E income or loss: (16456)
Line 21 Other income: (1850)
LITERAL: (FORM 8814 1850)
Line 22 Total income: (57211)
Line 23 Educator expenses: (210)
Line 24 IRA deduction: (3440)
Line 33a Alimony paid: (1600)
Line 33b Recipient's SSN: (400-66-2021)
Line 33 LITERAL: (SUB-PAY TRA 400)
Line 34 Total adjustments: (5250)
Line 35 Adjusted gross income: (51961)

TEST #21: continued:

Line 36	Amount from line 35:	(51961)
Line 38	Itemized or standard deduction:	(8007)
Line 39	Subtract line 38 from line 36:	(43954)
Line 40	Multiply \$3000 by the number of exemptions:	(15000)
Line 41	Taxable income:	(28954)
Line 42	Tax:	(3906)
Line 42a	Form 8814:	(X)
Line 44	Add lines 42 and 43:	(3906)
Line 50	Child tax credit:	(1800)
Line 54	Total Credits:	(1800)
Line 55	Subtract line 54 from line 44:	(2106)
Line 61	Total tax:	(2106)
Line 62	Federal income tax withheld:	(1470)
Line 63	2002 estimated tax payments:	(200)
Line 69	Total payments:	(1670)
Line 73	Amount you owe:	(436)
	Third Party Designee	(NO)
	Taxpayers Occupation:	(TEACHER)
	Spouses Occupation:	(REAL ESTATE PROFESSIONAL)

Return prepared by taxpayer

TEST #21: continued:

Form W-2 #1:

b. Employers identification number: (56-1241111)
c. Employers name address and Zip Code: (WORKINGHARD INDUSTRIES)
(280 LABOR ST)
(FAITH NC 28041-0280)
d. Employees social security number: (400-00-1021)
e. Employees name (first, m.i., last): (TEST L CHARITY)
f. Employees address and Zip code: (923 HOPE ST)
(FAITH NC 28041-0923)
Box 1 Wages, tips, etc.: (32000)
Box 2 Federal Income tax withheld: (680)
Box 3 Social Security wages: (32000)
Box 4 Social Security tax withheld: (1984)
Box 5 Medicare wages and tips: (32000)
Box 6 Medicare tax withheld: (464)
Box 12a See instructions: (L 350)
Box 13 Retmnt Plan: (X)
Box 15 State and State ID Number: (NC 562211)
Box 16 State Wages: (32000)
Box 17 State Income tax withheld: (920)

Form W-2 #2:

b. Employers identification number: (56-3046224)
c. Employers name address and Zip Code: (GOLD BLAZER REAL ESTATE)
(459 DWELLING AVE)
(FAITH NC 28041)
d. Employees social security number: (400-00-2021)
e. Employees name (first, m.i., last): (MARY B CHARITY)
f. Employees address and Zip code: (923 HOPE ST)
(FAITH NC 28041-0923)
Box 1 Wages, tips, etc.: (6840)
Box 2 Federal Income tax withheld: (790)
Box 3 Social Security wages: (6840)
Box 4 Social Security tax withheld: (424)
Box 5 Medicare wages and tips: (6840)
Box 6 Medicare tax withheld: (99)
Box 12a See instructions: (L 575)
Box 13 Retmnt Plan: (X)
Box 15 State and State ID Number: (NC 563754)
Box 16 State Wages: (6840)
Box 17 State Income tax withheld: (75)

TEST #22

FORMS INCLUDED: FORM 1040

FORM 1040:

First Name, Initial and Last Name: (TEST T THOMAS)
Social Security Number: (400-00-1022)
Spouse's Social Security Number: (400-00-2022)
Home Address: (511 JONATHAN CAROL BLVD)
City, State, and Zip: (JEWELL OH 43530)
Do you want \$3.00 to go to the Presidential Campaign Fund:(YES)
Filing Status: (MARRIED FILING SEPARATELY)
Spouse's First Name and Last Name: (CLARA THOMAS)
Number of boxes checked on 6a and 6b: (1)
Total number in box 6d: (1)
Line 12 Schedule C income or (loss): (979)
Line 17 Schedule E income or (loss): (20820)
Line 22 Total income: (21799)
Line 29 One-half self-employment: (378)
Line 34 Total adjustments: (378)
Line 35 Adjusted gross income: (21421)
Line 36 Amount from line 35: (21421)
Line 37b MFS and spouse itemized: (X)
Line 38 Itemized or standard deduction:(2360)
Line 39 Subtract line 38 from line 36: (19061)
Line 40 Multiply \$3000 by the number of exemptions:(3000)
Line 41 Taxable income: (16061)
Line 42 Tax: (2111)
Line 44 Add lines 42 and 43: (2111)
Line 55 Subtract line 54 from line 44: (2111)
Line 56 Self-employment tax: (755)
Line 61 Total tax: (2866)
Line 63 2002 estimated tax payments: (2000)
Line 67 Form 4868 amount paid: (300)
Line 69 Total payments: (2300)
Line 73 Amount you owe: (566)

Taxpayers Occupation: (ENTREPRENEUR)
Third Party Designee: (YES)
Third Party Name: (JOHN DOE)
Third Party Phone: (888-555-1111)
Third Party PIN: (11122)

TEST #23

FORMS INCLUDED: FORM 1040, FORM W-2 (1), FORM 1099-R (1)

FORM 1040:

First Name, Initial and Last Name: (TEST F STILES)
Social Security Number: (400-00-1023)
Home Address: (4664 COUSINS PL)
City, State, and Zip: (TILLAMOOK OR 97141)
Do you want \$3.00 to go to the Presidential Campaign Fund:(NO)
Filing Status: (SINGLE)
Number of boxes checked on 6a and 6b: (1)
Total number in box 6d: (1)
Line 7 Total wages: (17400)
Line 8a Taxable interest: (4300)
Line 9 Dividend income: (6190)
Line 13 Schedule D Capital gain or (loss):(1186)
Line 17 Schedule E income or (loss): (23200)
Line 22 Total income: (52276)
Line 26 Tuition and fees deduction: (2000)
Line 34 Add lines 23 through 33a: (2000)
Line 35 Adjusted gross income: (50276)
Line 36 Amount from line 35: (50276)
Line 38 Itemized or standard deduction:(4700)
Line 39 Subtract line 38 from line 36:(45576)
Line 40 Multiply \$3000 by the number of exemptions:(3000)
Line 41 Taxable income: (42576)
Line 42 Tax: (7839)
Line 42b Form 4972: (X)
Line 44 Add lines 42 and 43: (7839)
Line 45 Form 1116 Foreign tax credit: (3497)
Line 54 Total credits: (3497)
Line 55 Subtract line 54 from line 44:(4342)
Line 61 Total tax: (4342)
Line 62 Federal income tax withheld: (2580)
LITERAL: (FORM 1099)
Line 63 2002 estimated tax payments: (1500)
Line 69 Total payments: (4080)
Line 73 Amount you owe: (262)

Taxpayers Occupation: (STOCK BROKER)
Third Party Designee: (NO)

TEST #23: continued:

Form W-2 #1:

b. Employers identification number: (93-1422446)
c. Employers name address and Zip Code: (MEXICO AVENTURAS)
(RIO LERMO NO 1665 81000 XALAPA)
(VERACRUZ .)
d. Employees social security number: (400-00-1023)
e. Employees name (first, m.i., last): (TEST F STILES)
f. Employees address and Zip code: (4664 COUSINS PL)
(TILLAMOOK OR 97141)
Box 1 Wages, tips, etc.: (17400)
Box 2 Federal Income tax withheld: (2100)
Box 3 Social Security wages: (17400)
Box 4 Social Security tax withheld: (1079)
Box 5 Medicare wages and tips: (17400)
Box 6 Medicare tax withheld: (252)
Box 14 Other: (FOR TAX 1600)
Box 15 State and State ID Number: (OR 934142)
Box 16 State Wages: (17400)
Box 17 State Income tax withheld: (1023)

Form 1099-R #1:

Payers name address and Zip Code: (CANADIAN RETIREMENT SYSTEM)
(359 QUEBEC BLVD)
(KANATA ONTARIO K2K1X3 .)
Payers identification number: (99-5244433)
Recipients identification number: (400-00-1023)
Recipients name (first, m.i., last): (TEST F STILES)
Recipients street address: (4664 COUSINS PL)
Recipients city, state and Zip code: (TILLAMOOK OR 97141)

Box 1 Gross distribution: (3800)
Box 2a Taxable Amount: (3800)
Box 2b Total Distribution: (X)
Box 4 Federal income tax withheld: (480)
Box 7 Distribution Code: (4A)
Box 9a Percentage of total: (50)
Box 13 Local tax withheld: (420)
Box 14 Name of locality: (CANADA)
Box 15 Local distribution: (3800)

TEST #24

FORMS INCLUDED: FORM 1040

FORM 1040:

First Name, Initial and Last Name: (TEST E RATT)
Social Security Number: (400-00-1024)
Spouse's First Name, Initial, and Last Name:(WHARF B RATT)
Spouse's Social Security Number: (400-00-2024)
Home Address: (452 MOUSETRAP CT)
City, State, and Zip: (CHEESETOWN PA 17201)
Do you want \$3.00 to go to the Presidential Campaign Fund:(YES)
If filing joint, Does Taxpayers spouse want \$3.00 to go to this fund:(YES)
Filing Status: (MARRIED FILING JOINTLY)
Number of boxes checked on 6a and 6b: (2)
Total number in box 6d: (2)
Line 8a Taxable interest: (390)
Line 14 Form 4797 gain or (loss): (85)
Line 17 Schedule E income or (loss): (10858)
Line 18 Schedule F income or (loss): (9086)
Line 22 Total income: (20419)
Line 29 One-half of self-employment tax:(642)
Line 34 Total adjustments: (642)
Line 35 Adjusted gross income: (19777)
Line 36 Amount from line 35: (19777)
Line 38 Itemized or standard deduction:(9217)
Line 39 Subtract line 38 from line 36:(10560)
Line 40 Multiply \$3000 by the number of exemptions:(6000)
Line 41 Taxable income: (4560)
Line 42 Tax: (458)
Line 44 Add lines 42 and 43: (458)
Line 52 Other credits: (255)
Line 52a Form 8396: (X)
Line 54 Total credits: (255)
Line 55 Subtract line 54 from line 44:(203)
Line 56 Self-employment tax: (1284)
Line 61 Total tax: (1487)
Line 73 Amount you owe: (1487)

Taxpayers Occupation: (FARMER)
Spouses Occupation: (FARMER)
Third Party Designee: (YES)
Third Party Name: (JOHN DOE)
Third Party Phone: (888-555-1111)
Third Party PIN: (11122)

TEST #25

FORMS INCLUDED: FORM 1040, FORM W-2 (2)

FORM 1040:

First Name, Initial and Last Name: (TEST J CADEN)
Social Security Number: (400-00-1025)
Home Address: (USS ROBERT E LEE)
City, State, and Zip: (FPO AP 96222)
Do you want \$3.00 to go to the Presidential Campaign Fund:(YES)
Filing Status: (HEAD OF HOUSEHOLD)
Dependent #1 Name: (JASMINE CADEN)
Social Security Number: (400-55-3025)
Relationship: (DAUGHTER)
Number of boxes checked on 6a and 6b: (1)
Number of children who lived with you: (1)
Total number in box 6d: (2)
Line 7 Total Wages: (26600)
Line 8a Taxable interest: (1025)
Line 8b Tax-exempt interest: (80)
Line 9 Dividend income: (120)
Line 10 Taxable refunds, credits, etc:(180)
Line 11 Alimony received: (12000)
Line 12 Schedule C income or (loss): (-1488)
Line 13 Capital gain or loss: (25)
Line 13 If not required, check here: (X)
Line 17 Schedule E income or (loss): (254)
Line 18 Schedule F income or (loss): (95)
Line 22 Total income: (38811)
Line 25 Student loan interest deduction:(131)
Line 28 Moving expenses: (807)
Line 32 Penalty on early withdrawal: (26)
Line 34 Total adjustments: (964)
Line 35 Adjusted gross income: (37847)
Line 36 Amount from line 35: (37847)
Line 38 Itemized or standard deduction:(6900)
Line 39 Subtract line 38 from line 36:(30947)
Line 40 Multiply \$3000 by the number of exemptions:(6000)
Line 41 Taxable income: (24947)
Line 42 Tax: (3239)
Line 44 Add lines 42 and 43: (3239)
Line 48 Education credits: (1500)
Line 54 Total credits: (1500)
Line 55 Subtract line 54 from line 44:(1739)
Line 61 Total tax: (1739)
Line 62 Federal income tax withheld: (1410)
Line 69 Total payments: (1410)
Line 73 Amount You Owe: (329)

Taxpayers Occupation: (SAILOR)
Third Party Designee: (YES)
Third Party Designee: (John Doe)
Phone Number: (888-555-1111)
PIN: (11122)

TEST #25: continued:

Form W-2 #1:

b. Employers identification number: (99-1236541)
c. Employers name address and Zip Code: (US NAVY)
(1100 MILITARY AVE)
(WASHINGTON DC 20222-1643)
d. Employee's social security number: (400-00-1025)
e. Employee's name (first, m.i., last): (TEST J CADEN)
f. Employee's address and Zip code: (USS ROBERT E LEE)
(FPO AP 96222)
Box 1 Wages, tips, etc.: (24800)
Box 2 Federal Income tax withheld: (1200)
Box 3 Social Security wages: (24800)
Box 4 Social Security tax withheld: (1538)
Box 5 Medicare wages and tips: (24800)
Box 6 Medicare tax withheld: (360)
Box 12a See instructions: (P 500)
Box 15 State and State ID Number: (NC 56124022)
Box 16 State Wages: (24800)
Box 17 State Income tax withheld: (1600)

Form W-2 #2:

b. Employers identification number: (56-1242342)
c. Employers name address and Zip Code: (WILSONS SUPERMARKET)
(91 FISH HAWK CT)
(WILMINGTON NC 28403)
d. Employees social security number: (400-00-1025)
e. Employees name (first, m.i., last): (TEST J CADEN)
f. Employees address and Zip code: (USS ROBERT E LEE)
(FPO AP 96222)
Box 1 Wages, tips, etc.: (1800)
Box 2 Federal Income tax withheld: (210)
Box 3 Social Security wages: (1800)
Box 4 Social Security tax withheld: (112)
Box 5 Medicare wages and tips: (1800)
Box 6 Medicare tax withheld: (26)
Box 15 State and State ID Number: (NC 56420214)
Box 16 State Wages: (1800)
Box 17 State Income tax withheld: (20)

TEST #26

FORMS INCLUDED: FORM 1040, FORM W-2 (1)

FORM 1040:

First Name, Initial and Last Name: (TEST M EDGEWOOD)
Social Security Number: (400-00-1026)
Spouse's First Name, Initial, and Last Name:(ROSEANNE G EDGEWOOD)
Spouse's Social Security Number: (400-00-2026)
Home Address: (86 OUTSIDE CIR)
City, State, and Zip: (PERIMETERSCENTERSVILLE GA 30555-0086)
Do you want \$3.00 to go to the Presidential Campaign Fund:(NO)
If filing joint, Does Taxpayers spouse want \$3.00 to go to this fund:(YES)
Filing Status: (MARRIED FILING JOINTLY)
Number of boxes checked on 6a and 6b: (2)
Total number in box 6d: (2)
Line 7 Total wages: (62000)
Line 8a Taxable interest: (15610)
Line 9 Dividend income: (429)
Line 21 Other income: (-61920)
Other income - LITERAL: (MSA 80)
Other income - LITERAL: (FORM 2555-EZ -62000)
Line 22 Total income: (16119)
Line 27 MSA deductions: (1600)
Line 34 Add lines 23 through 33a: (1600)
Line 35 Adjusted gross income: (14519)
Line 36 Amount from line 35: (14519)
Line 38 Itemized or standard deduction:(7850)
Line 39 Subtract line 38 from line 36: (6669)
Line 40 Multiply \$3000 by the number of exemptions:(6000)
Line 41 Taxable income: (669)
Line 42 Tax: (66)
Line 44 Add lines 42 and 43: (66)
Line 55 Subtract line 54 from line 44: (66)
Line 58 Tax on IRAs Form 5329: (54)
Line 61 Total tax: (132)
LITERAL: (MSA 12)
Line 63 2002 estimated tax payments: (100)
Line 69 Total payments: (100)
Line 73 Amount you owe: (32)

Taxpayers Occupation: (CHEMIST)
Spouses Occupation: (HOMEMAKER)
Third Party Designee: (NO)

TEST #26: continued:

Form W-2 #1:

b. Employers identification number: (13-4243335)
c. Employers name address and Zip Code: (WEEDS AND SEEDS INC)
(88 DANDELION DR)
(PASTURELAND NY 14818)
d. Employees social security number: (400-00-1026)
e. Employees name (first, m.i., last): (TEST M EDGEWOOD)
f. Employees address and Zip code: (86 OUTSIDE CIR)
(PERIMETERSCENTERSVILLE GA 30555-0086)

Box 1 Wages, tips, etc.: (62000)
Box 3 Social Security wages: (62000)
Box 4 Social Security tax withheld: (3844)
Box 5 Medicare wages and tips: (62000)
Box 6 Medicare tax withheld: (899)
Box 15 State and State ID Number: (GA 5832524)
Box 16 State Wages: (62000)
Box 17 State Income tax withheld: (1245)

TEST #27

FORMS INCLUDED: FORM 1040

FORM 1040:

First Name, Initial and Last Name: (TEST L PARTNER)
Social Security Number: (400-00-1027)
Home Address: (123 FRIGID LN)
City, State, and Zip: (STARKWEATHER ND 58377)
Do you want \$3.00 to go to the Presidential Campaign Fund:(NO)
Filing Status: (SINGLE)
Number of boxes checked on 6a and 6b: (1)
Total number in box 6d: (1)
Line 9 Ordinary dividends: (2000)
Line 17 Schedule E income or (loss): (11000)
Line 22 Total income: (13000)
Line 35 Adjusted gross income: (13000)
Line 36 Amount from line 35: (13000)
Line 38 Itemized or standard deduction:(4700)
Line 39 Subtract line 38 from line 36:(8300)
Line 40 Multiply \$3000 by the number of exemptions:(3000)
Line 41 Taxable income: (5300)
Line 42 Tax: (533)
Line 44 Add lines 42 and 43: (533)
Line 53 Other credits: (533)
Line 53a Form 3800: (X)
Line 54 Total credits: (533)
Line 55 Subtract line 54 from line 44:(0)
Line 61 Total tax: (560)
LITERAL: (LIHCR 560)
Line 73 Amount you owe: (560)

Taxpayers Occupation: (PROPERTY MANAGER)

Third Party Designee: (NO)

TEST #28

FORMS INCLUDED: FORM 1040, FORM W-2 (2)

FORM 1040:

First Name, Initial and Last Name: (TEST O MACDONALD)
Social Security Number: (400-00-1028)
Spouse's First Name, Initial, and Last Name:(DAISY MACDONALD)
Spouse's Social Security Number: (400-00-2028)
Home Address: (1 FIRST STREET APT 3)
City, State, and Zip: (SUNSHINE IA 52544)
Do you want \$3.00 to go to the Presidential Campaign Fund:(NO)
If filing joint, Does Taxpayers spouse want \$3.00 to go to this fund:(NO)
Filing Status: (MARRIED FILING JOINTLY)
Dependent #1 Name: (JETHRO MACDONALD)
 Social Security Number: (400-55-3028)
 Relationship: (SON)
Dependent #2 Name: (ELLIE MAE MACDONALD)
 Social Security Number: (400-55-4028)
 Relationship: (DAUGHTER)
Number of boxes checked on 6a and 6b: (2)
Number of children who lived with you: (2)
Total number in box 6d: (4)
Line 7 Total Wages: (37967)
Line 18 Schedule F income or (loss): (2962)
Line 21 Other income: (742)
 LITERAL: (FORM 6478 742)
Line 22 Total income: (41671)
Line 29 One-half of self-employment tax:(209)
Line 34 Add lines 23 through 33a: (209)
Line 35 Adjusted gross income: (41462)
Line 36 Amount from line 35: (41462)
Line 38 Itemized or standard deduction:(7850)
Line 39 Subtract line 38 from line 36:(33612)
Line 40 Multiply \$3000 by the number of exemptions:(12000)
Line 41 Taxable income: (21612)
Line 42 Tax: (2644)
Line 44 Add lines 42 and 43: (2644)
Line 53 Other credits: (2644)
Line 53a Form 3800: (X)
Line 54 Total credits: (2644)
Line 55 Subtract line 54 from line 44:(0)
Line 56 Self-employment tax: (418)
Line 61 Add lines 55 through 60 Total tax:(418)
Line 62 Federal income tax withheld: (749)
Line 69 Add lines 62 through 68 Total payments:(749)
Line 70 Amount Overpaid: (331)
Line 71a Refund: (331)

Taxpayers Occupation: (TRUCK DRIVER)
Spouses Occupation: (FARMER)
Third Party Designee: (NO)
Daytime Phone Number: (515-555-1212)

TEST #28: continued:

Form W-2 #1:

b. Employers identification number: (42-8765421)
c. Employers name address and Zip Code: (TURNIP TRUCK PRODUCE)
(8439 VEGGIE LANE)
(VINING IA 52348)
d. Employee's social security number: (400-00-1028)
e. Employee's name (first, m.i., last): (TEST O MACDONALD)
f. Employee's address and Zip code: (1 FIRST STREET APT 3)
(SUNSHINE IA 52544)
Box 1 Wages, tips, etc.: (30000)
Box 2 Federal Income tax withheld: (749)
Box 3 Social Security wages: (30000)
Box 4 Social Security tax withheld: (1860)
Box 5 Medicare wages and tips: (30000)
Box 6 Medicare tax withheld: (435)
Box 13 Retmnt Plan: (X)
Box 15 State and State ID Number: (IA 4200001)
Box 16 State Wages: (30000)
Box 17 State Income tax withheld: (2100)

Form W-2 #2:

b. Employers identification number: (42-6651220)
c. Employers name address and Zip Code: (PACK AND MOVE)
(321 TRAVELLERS REST)
(SUNSHINE IA 52544)
d. Employees social security number: (400-00-1028)
e. Employees name (first, m.i., last): (TEST O MACDONALD)
f. Employees address and Zip code: (1 FIRST STREET APT 3)
(SUNSHINE IA 52544)
Box 1 Wages, tips, etc.: (7967)
Box 3 Social Security wages: (7967)
Box 4 Social Security tax withheld: (494)
Box 5 Medicare wages and tips: (7967)
Box 6 Medicare tax withheld: (115)
Box 15 State and State ID Number: (IA 4201240)
Box 16 State Wages: (7967)
Box 17 State Income tax withheld: (26)

TEST #29

FORMS INCLUDED: FORM 1040

FORM 1040:

First Name, Initial and Last Name: (TEST G HERBALIST)
Social Security Number: (400-00-1029)
Home Address: (50 FEEL GOOD AVENUE)
City, State, and Zip: (GREEN VALLEY LAKE CA 92341)
Do you want \$3.00 to go to the Presidential Campaign Fund:(YES)
Filing Status: (SINGLE)
Number of boxes checked on 6a and 6b: (1)
Total number in box 6d: (1)
Line 12 Schedule C income or (loss): (76800)
Line 22 Total income: (76800)
Line 29 One-half of self-employment tax:(5426)
Line 34 Total adjustments: (5426)
Line 35 Adjusted gross income: (71374)
Line 36 Amount from line 35: (71374)
Line 38 Itemized or standard deduction:(4700)
Line 39 Subtract line 38 from line 36:(66674)
Line 40 Multiply \$3000 by the number of exemptions:(3000)
Line 41 Taxable income: (63674)
Line 42 Tax: (13538)
Line 44 Add lines 42 and 43: (13538)
Line 53 Other credits: (4276)
Line 53a Form 3800: (X)
Line 53c Form 8834: (X)
Line 54 Total credits: (4276)
Line 55 Subtract line 54 from line 44:(9262)
Line 56 Self-employment tax: (10852)
Line 61 Total tax: (20114)
Line 73 Amount you owe: (20782)
Line 74 Estimated tax penalty: (668)

Taxpayers Occupation: (CHEMIST)
Third Party Designee: (YES)
Third Party Name: (JOHN DOE)
Third Party Phone: (888-555-1111)
Third Party PIN: (11122)

TEST #30

FORMS INCLUDED: FORM 1040, FORM W-2 (1)

FORM 1040:

First Name, Initial and Last Name: (TEST A LOTT)
Social Security Number: (400-00-1030)
Spouse's First Name, Initial, and Last Name:(EDNA K LOTT)
Spouse's Social Security Number: (400-00-2030)
Home Address: (45020 GREEN WAY)
City, State, and Zip: (DALLAS TX 75202)
Do you want \$3.00 to go to the Presidential Campaign Fund:(YES)
If filing joint, Does Taxpayers spouse want \$3.00 to go to this fund:(NO)
Filing Status: (MARRIED FILING JOINTLY)
Number of boxes checked on 6a and 6b: (2)
Total number in box 6d: (2)
Line 7 Total Wages: (1225500)
Line 12 Schedule C income or (loss): (170533)
Line 22 Total income: (1396033)
Line 29 One-half of self-employment tax:(7548)
Line 34 Total adjustments: (7548)
Line 35 Adjusted gross income: (1388485)
Line 36 Amount from line 35: (1388485)
Line 38 Itemized or standard deduction:(99664)
Line 39 Subtract line 38 from line 36:(1288821)
Line 40 Multiply \$3000 by the number of exemptions:(0)
Line 41 Taxable income: (1288821)
Line 42 Tax: (468244)
Line 44 Add lines 42 and 43: (468244)
Line 53 Other credits: (9290)
Line 53a Form 3800: (X)
Line 53c Form 8844: (X)
Line 54 Total credits: (9290)
Line 55 Subtract line 54 from line 44:(458954)
Line 56 Self-employment tax: (15095)
Line 61 Total tax: (487333)
LITERAL: (FORM 8866 13284)
Line 62 Federal income tax withheld: (417000)
Line 69 Total payments: (417000)
Line 73 Amount you owe: (70333)

Taxpayers Occupation: (SELF-EMPLOYED)
Spouses Occupation: (BANKER)
Third Party Designee: (NO)

TEST #30: continued:

Form W-2 #1:

b. Employers identification number: (73-1111222)
c. Employers name address and Zip Code: (THIRD REGIONAL BANK)
(ONE TOWER SQUARE)
(DALLAS TX 75266)
d. Employee's social security number: (400-00-2030)
e. Employee's name (first, m.i., last): (EDNA K LOTT)
f. Employee's address and Zip code: (45020 GREEN WAY)
(DALLAS TX 75202)
Box 1 Wages, tips, etc.: (1225500)
Box 2 Federal Income tax withheld: (417000)
Box 3 Social Security wages: (84900)
Box 4 Social Security tax withheld: (5264)
Box 5 Medicare wages and tips: (1225500)
Box 6 Medicare tax withheld: (17770)
Box 13 Retmnt Plan: (X)
Box 15 State and State ID Number: (OK 73012456)
Box 16 State Wages: (1200)

TEST #31

FORMS INCLUDED: FORM 1040A, FORM W-2 (1), FORM 1099-G (1)

FORM 1040A:

First Name, Initial and Last Name: (TEST T BEHAVIOR)
Social Security Number: (400-00-1031)
Home Address: (1215 LONG ST)
City, State, and Zip: (MORGAN GA 31766)
Do you want \$3.00 to go to the Presidential Campaign Fund:(NO)
Filing Status: (HEAD OF HOUSEHOLD)
Qualifying person's name: (DARRELL BEHAVIOR)
Qualifying person's SSN: (400-55-3031)
Number of boxes checked on 6a and 6b: (1)
Total number in box 6d: (1)
Line 7 Total Wages: (12000)
Line 9 Ordinary dividends: (100)
Line 10 Capital gain distributions: (2500)
Line 13 Unemployment compensation (200)
Line 15 Total income: (14800)
Line 16 Educator Expenses: (225)
Line 17 IRA deduction: (2000)
Line 20 Total adjustments: (2225)
Line 21 Adjusted gross income: (12575)
Line 22 Amount from line 21: (12575)
Line 24 Standard deduction: (6900)
Line 25 Subtract line 24 from line 22: (5675)
Line 26 Multiply \$3000 by the Total number in box 6d:(3000)
Line 27 Taxable income: (2675)
Line 28 Tax: (269)
Line 32 Retirement savings contribution: (269)
Line 35 Add lines 29 through 34 total credits: (269)
Line 36 Subtract line 35 from line 28: (0)
Line 38 Total tax: (0)
Line 39 Federal Income tax withheld: (750)
Line 43 Add lines 39 through 42 Total payments:(750)
Line 44 Amount overpaid: (750)
Line 45a Amount refunded to you: (750)
Line 45b Routing transit number: (012456778)
Line 45c Type: (CHECKING)
Line 45d Account number: (111-222-5555)

Taxpayers Occupation: (COUNSELOR)
Third Party Designee: (NO)

TEST #31: continued:

Form W-2 #1:

b. Employers identification number: (58-2243633)
c. Employers name address and Zip Code: (MORGAN ELEMENTARY)
(1 MAIN ST)
(MORGAN GA 31766)
d. Employees social security number: (400-00-1031)
e. Employees name (first, m.i., last): (TEST T BEHAVIOR)
f. Employees address and Zip code: (1215 LONG ST)
(MORGAN GA 31766)
Box 1 Wages, tips, etc.: (12000)
Box 2 Federal Income Tax Withheld: (750)
Box 3 Social Security wages: (12000)
Box 4 Social Security tax withheld: (744)
Box 5 Medicare wages and tips: (12000)
Box 6 Medicare tax withheld: (174)
Box 15 State and State ID Number: (GA 5832524)
Box 16 State Wages: (12000)
Box 17 State Income tax withheld: (375)

Form 1099G #1:

Payer's name address and Zip Code: (MORGAN COUNTY EXTENSION)
(10 MAIN ST)
(MORGAN GA 31766)
Payer's telephone number: ((888)-555-1111)
Payer's federal identification number: (56-1245455)
Recipients identification number: (400-00-1031)
Recipients name address and zip code: (TEST T BEHAVIOR)
(1215 LONG ST)
(MORGAN GA 31766)
Box 1 Unemployment compensation: (200)
State: (PA)

TEST #32

FORMS INCLUDED: FORM 1040EZ, FORM W-2 (1)

FORM 1040EZ:

First Name, Initial & Last Name: (TEST A EAU DE TOILETTE)
Social Security Number: (400-00-1032)
Home Address: (5 GOTTA SMELL GOOD ST)
City, State, and Zip: (COLOGNE MO 64188)
Do you want \$3.00 to go to the Presidential Campaign Fund: (YES)
Filing Status: (SINGLE)
Line 1 Total wages: (9000)
Line 2 Taxable Interest: (370)
Line 4 Adjusted Gross Income: (9370)
Line 5 Can someone else claim you on their return: (NO)
Deduction/Exemption Amount: (7700)
Line 6 Taxable income: (1670)
Line 7 Tax Withheld: (750)
Line 8 Earned income credit: (129)
Line 9 Total payments: (879)
Line 10 Tax: (166)
Line 11a This is your refund: (713)

Taxpayers Occupation: (SALES CLERK)
Third Party Designee: (NO)

Form W-2 #1:

b. Employers identification number: (41-8765432)
c. Employers name address and Zip Code: (SWEET AROMA HEALTH AND BEAUTY AIDES)
(7 FRAGRANT WAY)
(COLOGNE MO 64188)
d. Employees social security number: (400-00-1032)
e. Employees name (first, m.i., last): (TEST A EAU DE TOILETTE)
f. Employees address and Zip code: (5 GOTTA SMELL GOOD ST)
(COLOGNE MO 64188)
Box 1 Wages, tips, etc.: (9000)
Box 2 Federal Income tax withheld: (750)
Box 3 Social Security wages: (9000)
Box 4 Social Security tax withheld: (558)
Box 5 Medicare wages and tips: (9000)
Box 6 Medicare tax withheld: (131)
Box 15 State and State ID Number: (MO 41777)
Box 16 State Wages: (9000)
Box 17 State Income Tax withheld: (525)

TEST #33

FORMS INCLUDED: FORM 1040A, FORM 1099-R (2)

FORM 1040A:

First Name, Initial and Last Name: (TEST Y INSIGHTFUL)
Social Security Number: (400-00-1033)
Spouse's First Name, Initial, and Last Name:(IRENE K INSIGHTFUL)
Spouse's Social Security Number: (400-00-2033)
Home Address: (512 HOWARD DR)
City, State, and Zip: (WINTER PARK FL 32789)
Do you want \$3.00 to go to the Presidential Campaign Fund:(NO)
If filing joint, Does Taxpayers spouse want \$3.00 to go to this fund:(NO)
Filing Status: (MARRIED FILING JOINTLY)
Number of boxes checked on 6a and 6b: (2)
Total number in box 6d: (2)
Line 8a Taxable interest: (12000)
Line 11a Total IRA distributions: (700)
Line 11b Taxable amount: (100)
Line 12a Total pensions and annuities: (15000)
Line 12b Taxable amount: (12000)
Line 14a Social security benefits: (23000)
Line 14b Taxable amount: (1800)
Line 15 Total income: (25900)
Line 21 Adjusted gross income: (25900)
Line 22 Amount from line 21: (25900)
Line 23a Spouse is 65/older: (X)
Spouse is blind: (X)
Total number of boxes checked: (2)
Line 24 Standard deduction: (9650)
Line 25 Subtract line 24 from line 22: (16250)
Line 26 Multiply \$3000 by the Total number in box 6d:(6000)
Line 27 Taxable income: (10250)
Line 28 Tax: (1028)
Line 36 Subtract line 35 from line 28: (1028)
Line 38 Total tax: (1028)
Line 47 Amount you owe: (1069)
Line 48 Estimated tax penalty: (41)

Taxpayers Occupation: (RETIRED)
Spouses Occupation: (RETIRED)
Third Party Designee: (NO)
Taxpayer PIN: (19360)
Taxpayer Signature Date: (2003-02-12)
Spouse PIN: (19340)

TEST #33: continued:

Form 1099-R #1:

Payers name address and Zip Code: (THEME PARK PENSION PLAN)
(1 BUENA VISTA WAY)
(ANAHEIM CA 92812)
Payers identification number: (33-4234444)
Recipients social security number: (400-00-2033)
Recipients name (first, m.i., last): (IRENE K INSIGHTFUL)
Recipients street address: (512 HOWARD DR)
Recipients city state and Zip code: (WINTER PARK FL 32789)

Box 1 Gross distribution: (15000)
Box 2a Taxable amount: (12000)
Box 7 Distribution code: (7)
Box 10 State tax withheld: (100)
Box 11 State/Payers state no: (CA330011)
Box 12 State distribution: (1000)

Form 1099-R #2:

Payers name address and Zip Code: (BIG BROKERS)
(12 WALL STREET)
(NEW YORK CITY NY 10005)
Payers identification number: (13-4433221)
Recipients social security number: (400-00-2033)
Recipients name (first, m.i., last): (IRENE K INSIGHTFUL)
Recipients street address: (512 HOWARD DR)
Recipients city state and Zip code: (WINTER PARK FL 32789)

Box 1 Gross distribution: (700)
Box 2a Taxable amount: (100)
Box 7 Distribution code: (7)
Box 7 IRA/SEP/SIMPLE: (X)
Box 11 State/Payers state no: (NY132143)
Box 12 State distribution: (100)

TEST #34

FORMS INCLUDED: FORM 1040, FORM W-2 (2), FORM 1099-R (1)

FORM 1040:

First Name, Initial and Last Name: (TEST T HAMMER)
Social Security Number: (400-00-1034)
Spouse's First Name, Initial, and Last Name:(MARY B HAMMER)
Spouse's Social Security Number: (400-00-2034)
Home Address: (74 BUILDER DR)
City, State, and Zip: (GREENVILLE SC 29601)
Do you want \$3.00 to go to the Presidential Campaign Fund:(YES)
If filing joint, Does Taxpayers spouse want \$3.00 to go to this fund:(NO)
Filing Status: (MARRIED FILING JOINTLY)
LITERAL: (STATEMENT #1)
Dependent #1 Name: (BILL HAMMER)
Social Security Number: (400-55-3034)
Relationship: (SON)
Dependent #2 Name: (BOB HAMMER)
Social Security Number: (400-55-4034)
Relationship: (SON)
Qualifying child for child tax credit:(X)
Dependent #3 Name: (KIM HAMMER)
Social Security Number: (400-55-5034)
Relationship: (DAUGHTER)
Qualifying child for child tax credit:(X)
Dependent #4 Name: (KATIE HAMMER)
Social Security Number: (400-55-6034)
Relationship: (DAUGHTER)
Qualifying child for child tax credit:(X)
Dependent #5 Name: (LEAH HAMMER)
Social Security Number: (400-55-7034)
Relationship: (DAUGHTER)
Qualifying child for child tax credit:(X)
Dependent #6 Name: (LANCE HAMMER)
Social Security Number: (400-55-8034)
Relationship: (SON)
Qualifying child for child tax credit:(X)
Number of boxes checked on 6a and 6b: (2)
Number of children who lived with you: (6)
Total number in box 6d: (8)
Line 7 Total wages - LITERAL: (DCB 2400)
Line 7 Total wages: (27400)
Line 15a IRA distributions: (1000)
Line 15b Taxable amount IRA: (500)
Line 17 Schedule E income or loss: (6000)
Line 20a Social security benefits: (13000)
Line 20b Taxable amount: (3200)
Line 22 Total income: (37100)
Line 24 IRA deduction: (2000)
Line 34 Add lines 23 through 33a: (2000)

TEST #34: continued:

Line 35	Adjusted gross income:	(35100)
Line 36	Amount from line 35:	(35100)
Line 37a	You were over 65:	(X)
Line 37a	Add the number of boxes:	(1)
Line 38	Itemized or standard deduction:	(8750)
Line 39	Subtract line 38 from line 36:	(26350)
Line 40	Multiply \$3000 by the number of exemptions:	(24000)
Line 41	Taxable income:	(2350)
Line 42	Tax:	(236)
Line 44	Add lines 42 and 43:	(236)
Line 46	Child and dependent care credit:	(200)
Line 49	Retirement savings contributions credit:	(36)
Line 54	Total Credits:	(236)
Line 55	Subtract line 54 from line 44:	(0)
Line 60	Household employment taxes:	(355)
Line 61	Total tax:	(355)
Line 62	Federal income tax withheld:	(500)
Line 66	Additional child tax credit:	(1990)
Line 69	Total payments:	(2490)
Line 70	Amount overpaid:	(2135)
Line 71a	Amount refunded:	(2135)

Taxpayers Occupation:	(CONSTRUCTION)
Spouses Occupation:	(BANK TELLER)
Third Party Designee:	(YES)
Third Party Designee:	(JOHN DOE)
Phone Number:	(888-555-1111)
PIN:	(11112)

TEST #34: continued:

Form W-2 #1:

b. Employers identification number: (57-2587950)
c. Employers name address and Zip Code: (TIMELY BUILDERS)
(12 BUILDER DR)
(GREENVILLE SC 29601)
d. Employee's social security number: (400-00-1034)
e. Employee's name (first, m.i., last): (TEST T HAMMER)
f. Employee's address and Zip code: (74 BUILDER DR)
(GREENVILLE SC 29601)
Box 1 Wages, tips, etc.: (24000)
Box 2 Federal Income tax withheld: (500)
Box 3 Social Security wages: (24000)
Box 4 Social Security tax withheld: (1488)
Box 5 Medicare wages and tips: (24000)
Box 6 Medicare tax withheld: (348)
Box 10 Dependent care benefits: (3400)
Box 12a See instructions: (D 1000)
Box 15 State and State ID Number: (SC 5712345)
Box 16 State Wages: (24000)
Box 17 State Income tax withheld: (250)

Form W-2 #2:

b. Employers identification number: (57-8234588)
c. Employers name address and Zip Code: (GREENVILLE BANK)
(1200 CENTRAL AVE)
(GREENVILLE SC 29601)
d. Employees social security number: (400-00-2034)
e. Employees name (first, m.i., last): (MARY B HAMMER)
f. Employees address and Zip code: (74 BUILDER DR)
(GREENVILLE SC 29601)
Box 1 Wages, tips, etc.: (1000)
Box 3 Social Security wages: (1000)
Box 4 Social Security tax withheld: (62)
Box 5 Medicare wages and tips: (1000)
Box 6 Medicare tax withheld: (15)
Box 15 State and State ID Number: (SC 5734246)
Box 16 State Wages: (1000)

TEST #34: continued:

Form 1099-R #1:

Payers name address and Zip Code: (PHILLIP JOHNSON BROKERS)
(12 WALL STREET)
(NEW YORK CITY NY 10009)
Payers identification number: (57-8888875)
Recipients social security number: (400-00-1034)
Recipients name (first, m.i., last): (TEST T HAMMER)
Recipients street address: (74 BUILDER DR)
Recipients city state and Zip code: (GREENVILLE SC 29601)

Box 1 Gross distribution: (1000)
Box 2a Taxable amount: (1000)
Box 7 Distribution code: (T)
Box 7 IRA/SEP/SIMPLE: (X)
Box 11 State/Payers state no: (SC5701434)
Box 12 State distribution (1000)

TEST RETURNS #35 AND #36 ARE FOR ON-LINE FILING ONLY

TEST #35

FORMS INCLUDED: FORM 1040A, FORM W-2 (2)

FORM 1040A:

First Name, Initial & Last Name: (TEST O MAPLE)
Social Security Number: (400-00-1035)
Home Address: (7842 WEEPING WILLOW LN)
City, State, and Zip: (AUDUBON NJ 08106-7842)
Do you want \$3.00 to go to the Presidential Campaign Fund: (YES)
Filing Status: (SINGLE)
Number of boxes on 6a and 6b: (0)
Total number box 6d: (0)
Line 7 Total wages: (4400)
Line 8a Taxable Interest: (6500)
Line 8b Tax exempt interest: (1000)
Line 9 Dividends: (3000)
Line 15 Total Income: (13900)
Line 21 Adjusted Gross Income: (13900)
Line 22 Amount from line 21: (13900)
Line 24 Standard deduction: (4650)
Line 25 Subtract line 24 from line 22: (9250)
Line 26 Multiply \$3000 by total exemptions: (0)
Line 27 Taxable Income: (9250)
Line 28 Tax: (1091)
Line 36 Subtract line 35 from line 28: (1091)
Line 38 Total Tax: (1091)
Line 39 Federal Income Tax Withheld: (1360)
Line 43 Total Payments: (1360)
Line 44 Amount you overpaid: (269)
Line 45a Amount you want refunded: (269)

Taxpayers Occupation: (TREE TRIMMER)
Third Party Designee: (NO)
Taxpayer PIN: (19821)
Taxpayer Signature Date: (2003-03-21)
Daytime Phone Number: (201-555-1111)

TEST #35: continued:

Form W-2 #1:

b. Employers identification number: (22-2244661)

c. Employers name address and Zip Code: (TREE TOPPERS INC)
(783 CHRISTMAS TREE DRIVE)
(AUDUBON NJ 08106)

d. Employees social security number: (400-00-1035)

e. Employees name (first, m.i., last): (TEST O MAPLE)

f. Employees address and Zip code: (7842 WEEPING WILLOW LN)
(AUDUBON NJ 08106-7842)

Box 1 Wages, tips, etc.: (1200)

Box 2 Federal Income tax withheld: (480)

Box 3 Social Security wages: (1200)

Box 4 Social Security tax withheld: (74)

Box 5 Medicare wages and tips: (1200)

Box 6 Medicare tax withheld: (17)

Box 15 State and State ID Number: (NJ 22130)

Box 16 State Wages: (1200)

Box 17 State Income tax withheld: (84)

Form W-2 #2:

b. Employers identification number: (22-3355771)

c. Employers name address and Zip Code: (OAKLEYS YARD AND GARDEN)
(87 KUDZU CENTER)
(AUDUBON NJ 08106)

d. Employees social security number: (400-00-1035)

e. Employees name (first, m.i., last): (TEST O MAPLE)

f. Employees address and Zip code: (7842 WEEPING WILLOW LN)
(AUDUBON NJ 08106-7842)

Box 1 Wages, tips, etc.: (3200)

Box 2 Federal Income tax withheld: (880)

Box 3 Social Security wages: (3200)

Box 4 Social Security tax withheld: (198)

Box 5 Medicare wages and tips: (3200)

Box 6 Medicare tax withheld: (46)

Box 15 State and State ID Number: (NJ 07543917)

Box 16 State Wages: (3200)

TEST #36

FORMS INCLUDED: FORM 1040A, FORM 1099-R (2)

FORM 1040A:

First Name, Initial and Last Name: (TEST Y INSIGHTFUL)
Social Security Number: (400-00-1036)
Spouse's First Name, Initial, and Last Name:(IRENE K INSIGHTFUL)
Spouse's Social Security Number: (400-00-2036)
Home Address: (512 HOWARD DR)
City, State, and Zip: (WINTER PARK FL 32789)
Do you want \$3.00 to go to the Presidential Campaign Fund:(NO)
If filing joint, Does Taxpayers spouse want \$3.00 to go to this fund:(NO)
Filing Status: (MARRIED FILING JOINTLY)
Number of boxes checked on 6a and 6b: (2)
Total number in box 6d: (2)
Line 8a Taxable interest: (12000)
Line 11a Total IRA distributions: (700)
Line 11b Taxable amount: (100)
Line 12a Total pensions and annuities: (15000)
Line 12b Taxable amount: (12000)
Line 14a Social security benefits: (23000)
Line 14b Taxable amount: (1800)
Line 15 Total income: (25900)
Line 21 Adjusted gross income: (25900)
Line 22 Amount from line 21: (25900)
Line 23a Spouse is 65/older: (X)
Spouse is blind: (X)
Total number of boxes checked: (2)
Line 24 Standard deduction: (9650)
Line 25 Subtract line 24 from line 22: (16250)
Line 26 Multiply \$3000 by the Total number in box 6d:(6000)
Line 27 Taxable income: (10250)
Line 28 Tax: (1028)
Line 36 Subtract line 35 from line 28: (1028)
Line 38 Total tax: (1028)
Line 47 Amount you owe: (1069)
Line 48 Estimated tax penalty: (41)

Taxpayers Occupation: (RETIRED)
Spouse Occupation: (RETIRED)
Third Party Designee: (NO)
Taxpayer PIN: (19360)
Taxpayer Signature Date: (2003-02-12)
Spouse PIN: (19340)

TEST #36: continued:

Form 1099-R #1:

Payers name address and Zip Code: (THEME PARK PENSION PLAN)
(1 BUENA VISTA WAY)
(ANAHEIM CA 92812)
Payers identification number: (33-4234444)
Recipients social security number: (400-00-2036)
Recipients name (first, m.i., last): (IRENE K INSIGHTFUL)
Recipients street address: (512 HOWARD DR)
Recipients city state and Zip code: (WINTER PARK FL 32789)

Box 1 Gross distribution: (15000)
Box 2a Taxable amount: (12000)
Box 7 Distribution code: (7)
Box 10 State tax withheld: (100)
Box 11 State/Payers state no: (CA330011)
Box 12 State distribution: (1000)

Form 1099-R #2:

Payers name address and Zip Code: (BIG BROKERS)
(12 WALL STREET)
(NEW YORK CITY NY 10005)
Payers identification number: (13-4433221)
Recipients social security number: (400-00-2036)
Recipients name (first, m.i., last): (IRENE K INSIGHTFUL)
Recipients street address: (512 HOWARD DR)
Recipients city state and Zip code: (WINTER PARK FL 32789)

Box 1 Gross distribution: (700)
Box 2a Taxable amount: (100)
Box 7 Distribution code: (7)
Box 7 IRA/SEP/SIMPLE: (X)
Box 11 State/Payers state no: (NY132143)
Box 12 State distribution: (100)