

Practice Return 6

INTERVIEW SHEET

TAXPAYER INFORMATION

Rev. 10/2010

SOCIAL SECURITY # 587- -2345	1.Filing Status Single MFJ MFS <input checked="" type="checkbox"/> HOH Widow (er)	Date Of Birth (DOB) 11/05/1980
Number of Exemptions 3 <small>(Taxpayer=1, Spouse=1, each Dependent=1)</small>	Can you be claimed as a dependent on another person's tax return? Yes <input checked="" type="checkbox"/> NO	
FIRST NAME Jerry	LAST NAME Adams	OCCUPATION Manager
Mailing Address <input checked="" type="checkbox"/> Rent Own 456 Suny Drive, Apt. B-3	HOME PHONE # 746-925-5456	
CITY/STATE/ZIP Your Town, State, Your ZIP	DAY PHONE # 746-925-6345	CELL PHONE # 746-925-4567
Refund Option IRAL <input checked="" type="checkbox"/> RAL ERD DIRECT DEPOSIT MAIL-IN	Are you or a member of your household in the military? Yes <input checked="" type="checkbox"/> NO	

SPOUSE INFORMATION If filing a MFJ or MFS, or Qualifying Widower, you must complete the following:

SPOUSE'S NAME	SOCIAL SECURITY NUMBER	OCCUPATION
SPOUSE'S ADDRESS	DATE OF BIRTH	DATE OF DEATH

DEPENDENT INFORMATION You are not limited to three dependents. Use back of page and tell your preparer.

FIRST NAME	LAST NAME	SOCIAL SECURITY NUMBER	BIRTHDATE	RELATIONSHIP	# OF MONTHS LIVED IN HOME	AGE OF CHILD	FULLTIME STUDENT	DISABLED	PAID CHILD CARE FOR
John	Adams	587-45-8965	5/09/2007	Son	7	2			<input checked="" type="checkbox"/>
Mary	Adams	587-78-9083	11/27/2004	Daughter	12	5			<input checked="" type="checkbox"/>

CHECK THE BOXES BELOW
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NO You paid child care for dependent
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NO You paid college expenses for you or a dependent
Yes <input checked="" type="checkbox"/> NO You purchased a home in 2009
Yes <input checked="" type="checkbox"/> NO You have deductions to itemize
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NO You have other sources of income (1099's, etc)
2 # Of W-2 forms from different employers

COULD YOU PROVIDE THE FOLLOWING ?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NO IF the dependent is not your natural child, Birth Certificates, marriage certificates, OR foster child papers?
Yes <input type="checkbox"/> NO If the dependent is a student over age 19, school records proving the child was a full-time student?
Yes <input type="checkbox"/> NO If your dependent is disabled, do you have written verification from a medical authority?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NO School, doctor records, etc., proving the child lived with you?

I have read the "Consent to Use of Tax Return Information" form prior to signing.
 With my signature below I am verifying the tax information given to prepare my taxes is true. I release the owners and employees of my tax preparation office from having any knowledge of fraudulent tax claims.

SIGNATURE _____ DATE _____

The taxpayer, Jerry Adams, took courses at his local community college. This is his first time to enroll in higher education. He got a student loan for \$2000.00, to which he applied towards tuition. Additionally, he received a scholarship of \$500 and a federal grant of \$1000. These funds were credited towards housing.

Mr. Adams brought in two W-2 forms, and a SSA benefit statement. Also, Mr. Adams paid day care for his two children.

Form SSA-1099		Social Security Benefit Statement	
Box 1. Name JERRY ADAMS		Box 2. Beneficiary's SSN 587-00-2345	
Box 3. Benefits Paid in 2008 12,000	Box 4. Benefits repaid to SSA in 2008	Box 5. Net Benefits for 2008	
		Box 6. Federal Income Tax Withheld*	
		Box 7. Address	
		Box 8. Claim Number	

Form W-2		Wage and Tax Statement	
a. Employee's Social Security Number 587-65-2345	Corrected W-2 <input type="checkbox"/>	1 Wages () () 27,502	2 Fed Tax Withheld
b. Employer's Identification Number 11-1222333		3 SS Wages () 29,502	4 SS Tax Withheld 1,829
c. Employer's Name, Address, ZIP Code THEE THE EMPLOYER THE ROAD WAYNESVILLE NC 28786-0000		5 Medicare Wages 29,502	6 Medicare Tax Wh. 428
d. Control Number		7 Soc Sec Tips	8 Allocated Tips
e. Employee's Name, address & ZIP code JERRY S ADAMS 456 SUNNY DRIVE APT B3 CLINTON MS 39056-0000		9 Adv EIC Paymnt	10 Dep Care Benefits
		11 Non-Qual Plans	12 Employer Use D 2,000
		13 a() b() c()	RRTA T1 / T2
14 Other			
15 State Employer ID MS 111222233	16 State Wages/Tips 27,502	17 State Tax W/hld 800	State Use <input type="checkbox"/>
		18 Local Wages/Tips	19 Local Tax W/hld
		20 Locality Name	

Standard/Non-Standard W-2 Voluntary SDI: SDI:

* W-2's Box 12 with a code of 'Q' represent non-taxable combat pay.

Form W-2

Wage and Tax Statement

a. Employee's Social Security Number 587-65-2345 Corrected W-2 <input type="checkbox"/>		1 Wages () () 2,950	2 Fed Tax Withheld 500			
b. Employer's Identification Number 86-1234561		3 SS Wages (<input type="checkbox"/>) 2,950	4 SS Tax Withheld 183			
c. Employer's Name, Address, ZIP Code ABLE ABLE INC 1 N 1 AVE PHOENIX AZ 85001-0000		5 Medicare Wages 2,950	6 Medicare Tax Wh. 43			
		7 Soc Sec Tips	8 Allocated Tips			
		9 Adv EIC Paymnt	10 Dep Care Benefits			
d. Control Number		11 Non-Qual Plans	12 Employer Use RRTA T1 / T2			
e. Employee's Name, address & ZIP code JERRY S ADAMS 456 SUNNY DRIVE APT B3 CLINTON MS 39056-0000		13 a() b() c() 14 Other				
15 State Employer ID	16 State Wages/Tips	17 State Tax W/hld	State Use	18 Local Wages/Tips	19 Local Tax W/hld	20 Locality Name

Standard/Non-Standard W-2

Voluntary SDI:

SDI:

Note: the following form has been modified for training purposes only

CHILD CARE CREDIT WORKSHEET
FORM 2441

Qualifying persons are children under age 13 or disabled dependents

List qualifying Persons and the expenses for each			
First Name	Last Name	SSN	Total Expenses for the year for that child
John	Adams	587-45-8956--	\$ 1600
Mary	Adams	587-78-7825	\$ 1300
			\$
			\$

Did your employer pay any of these expenses or reimburse you for day care expenses: YES X NO

CARE PROVIDER #2			
Name of Day Care Center or Individual	Happy Place	SSN or EIN	42-5998762
Address	1515 Deter Road		
City/ST/Zip	Test Town, Your State	Total Amount Paid	\$2900

Taxpayer Name: Jerry Adams

SSN: 587-11-2345

Tax Return Summary



2009 Federal 1040 Long Form Tax Return:	Actual	Estimated
Gross Income:	\$37,036.00	\$37,036.00
Adjustments to Income:	\$0.00	\$0.00
Adjusted Gross Income:	\$37,036.00	\$37,036.00
Deductions:	\$8,350.00	\$8,350.00
Exemptions:	\$10,950.00	\$10,950.00
Taxable Income:	\$17,736.00	\$17,736.00
Tax:	\$2,061.00	\$2,061.00
Credits:	\$2,061.00	\$1,867.00
Other Taxes:	\$0.00	\$0.00
Total Tax:	\$0.00	\$194.00
Tax Payments:	\$500.00	\$500.00
Making Work Pay Credit:	\$400.00	\$400.00
Earned Income Credit:	\$689.00	\$689.00
Additional Child Tax Credit:	\$2,000.00	\$2,000.00
Refundable Education Credit:	\$800.00	\$800.00
First Time Home Buyer Credit:	\$0.00	\$0.00
Refund Amount:	\$4,389.00	\$4,389.00
Mississippi Resident Tax Return:		
Taxable Income:	\$16,052.00	
Total Tax:	\$653.00	
Refund Amount:	\$147.00	
Non-Resident Tax Return:		
Taxable Income:	\$0.00	
Total Tax:	\$0.00	
Refund Amount:	\$0.00	