









2003 VITA/TCE Form 6745 Volunteer Assistor's Retest

(for use in preparing Tax Year 2006 Returns)

Coming together to strengthen communities through free volunteer tax return preparation programs

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Department of the Treasury Internal Revenue Service

www.irs.gov

Form 6745 (Rev. 2006) Catalog Number 43561G

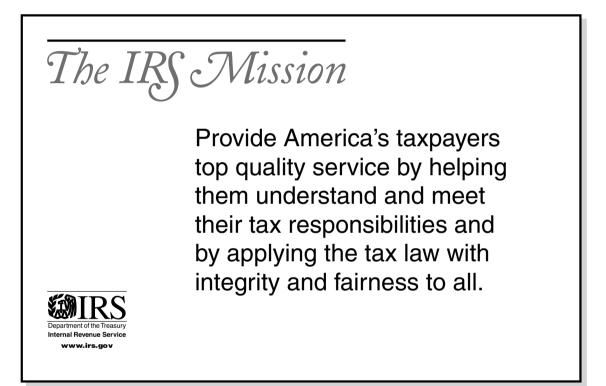
Pending Legislation

At the time this publication went to print, there was pending legislation on tax topics contained in this publication including the expired tax benefits listed below:

Expired Tax Benefits:

- Deduction from adjusted gross income for educator expenses.
- Tuition and fees deduction.
- Deduction for state and local general sales taxes.
- District of Columbia first time homeowner credit (for homes purchased after 2005).

Tax law changes implemented after this publication may cause various forms, tables, and worksheets to change. Visit www.irs.gov for current information on tax changes. If there are changes, additional guidance will be issued in the form of a supplement.



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Confidentiality Statement:

All tax information you receive from taxpayers in your VOLUNTEER capacity is strictly confidential and should not, under any circumstances, be disclosed to unauthorized individuals and should be properly safeguarded

2006 VITA/TCE Retest

Preface

Quality Return Process

The IRS has an ongoing initiative to improve and/or enhance the quality of returns prepared at VITA/TCE sites. For three years the Volunteer Return Preparation Program – Quality Improvement Process has focused on improving the return preparation process.

An accurate return is the most important aspect of providing quality service to the taxpayer; it establishes credibility and integrity in the program and the volunteer who prepared the return. Throughout the training material you were introduced to the major components of the VITA/TCE return preparation process including:

- Understanding and applying tax law
- Screening and interviewing taxpayers (Intake and Interview Sheet)
- Using references, resources, and tools
- Conducting quality reviews

During your training you were given an opportunity to apply the tax law knowledge you gained. You also learned how to properly apply the screening and interview information on the Intake and Interview Sheet to prepare a correct tax return. You also learned how to use your references, resources, and tools; and conduct a quality review of the returns that you have prepared.

Now comes the time to test the knowledge and competencies you have acquired and apply them to specific scenarios. All of these steps help you in achieving the goal of preparing accurate tax returns within your scope of training.

We welcome your comments for improving these materials and the VITA/TCE programs. You may follow the evaluation procedures in this kit or e-mail your comments to partner@irs.gov.

Thank you for being a part of this valuable public service for your neighbors and community.

Retest Instructions

| Special Accommo- dations | If you require special accommodations to complete the retest, please advise your Facilitator immediately. |
|--------------------------------|---|
| Reference Materials | Use 2006 Values for Deductions, Exemptions, Tax, or Credits for all answers on the retest. Remember to round to dollars. Test answers have been rounded up or down at the point of entry on the return. |
| | This is an open book test. You may use your course book and any other reference material you will use as a volunteer. Blank forms for the test are located in the back of the retest booklet. If extra forms are needed they may be photocopied. |
| | Please complete this retest on your own. Taking the test in groups or with outside assistance is a disservice to the customers you have volunteered to help. |
| | Income amounts for these test scenarios may exceed the income limits for VITA sites. |
| Using Software | The retest is designed to be taken on paper. However, volunteers who use tax preparation software to complete the test or retest should be aware of the version of the software. Only the final 2006 version of the software will generate the correct answers for 2006 returns. |
| | All Social Security Numbers, Employer Identification Numbers, and routing/account numbers provided in the scenarios are fictitious. |
| | Volunteers using tax preparation software to complete the retest should replace the X's as directed by the software. Use your city, state, and zip code when completing any of the forms. |
| Retest Answer | When you complete the retest, please transfer all answers to the tear-out Retest Answer Sheet. |
| Sheet | Make sure your name is at the top of the page. |
| | Forward the completed Retest Answer Sheet and the completed Form 13615, Volunteer Agreement, as directed for grading. Do not submit your entire test booklet unless otherwise directed. |

| Retest Score | You will be advised of your retest results. Your Retest Answer Sheet and Volunteer Agreement will be maintained by your Site Coordinator. |
|---------------------|--|
| Certification | Each course must be passed with a minimum score of 80% for certification. If you do not achieve a score of at least 80% , you should discuss it with your Facilitator or Training/Site Coordinator. |
| VITA/TCE Courses | There are five courses. They are Basic, Intermediate, Advanced, Military, and International . Each course is summa- rized below. |
| | • Basic: This course covers the completion of wage earner type returns. |
| | • Intermediate: This course covers completion of returns from wage earners, those who receive pension income, and more complex Forms 1040. |
| | Advanced: This course covers the completion of the full scope of returns. It requires certification in Basic and Intermediate. |
| | Military: This course covers the full scope of returns presented by members of the Armed Forces, Reserve and National Guard. It requires certification in Basic and Intermediate. |
| | • International: This course covers the completion of returns for taxpayers (non-Military) living outside the United States and assisted by volunteers working at U.S. Embassies and Consulates or other areas. This requires certification in Basic and Intermediate. |
| | All volunteers must complete the Basic course. Volunteers who are certified in Basic can prepare returns within the scope of the Basic course. Volunteers can stop with Basic or proceed with other courses. Volunteers can only prepare returns for the level for which they have been certified. |
| | Volunteers who wish to take Advanced, Military or International must complete Basic and Intermediate before proceeding with these additional courses. Remember each course for which you wish to be certified must be passed with a minimum score of 80% accuracy. |

You may take this volunteer certification test online using the Link & Learn Taxes e-learning application at http://www.irs.gov/app/vita/index.jsp

or

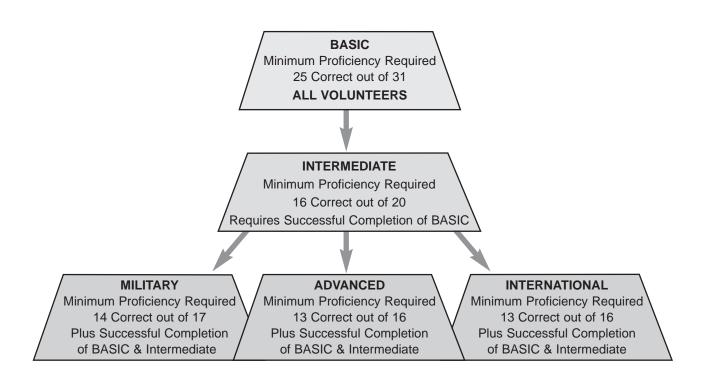
at www.irs.gov, using keyword search: Link and Learn.



VITA/TCE Certification Requirements

Basic certification is required for all volunteers who prepare or review tax returns in the VITA/TCE programs. Volunteers may certify at increasing levels of complexity based on their training and experience. Each level of certification builds on the previous level.

After completing the **Basic** certification (4 Scenarios and 1 Quality Review), volunteers may proceed to the **Intermediate** certification (2 Scenarios) followed by the **Advanced** or **Military** or **International** certification (1 Partial Return and 1 Quality Review of a completed return) as their training and experience warrants.



Retest Answer Sheet

Name

Record all your answers on this tear-out page. Your Facilitator will tell you where to send your Retest Answer Sheet for grading. Be sure to complete and sign the Form 13615, Volunteer Agreement.

Privacy Act Notice

The Privacy Act of 1974 requires that when we ask for information we tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it, and whether your response is voluntary, required to obtain a benefit, or mandatory.

Our legal right to ask for information is 5 U.S.C. 301.

We are asking for this information to assist us in contacting you relative to your interest and/or participation in the IRS voluneer income tax preparation and outreach programs. The information you provide may be furnished to others who coordinate activities and staffing at volunteer return preparation sites or outreach activities. The information may also be used to establish effective controls, send correspondence and recognize volunteers.

Your response is voluntary. However, if you do not provide the requested information, the IRS may not be able to use your assistance in these programs.

| Basic S | Scenario 1 |
|----------|-------------------|
| 1.1 | |
| 1.2 | |
| 1.3 | |
| 1.4 | |
| 1.5 | |
| 1.6 | |
| | Scenario 2 |
| 2.1 | |
| 2.2 | |
| 2.3 | |
| 2.4 | |
| 2.5 | |
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| Basic S | Scenario 3 |
| 3.1 | |
| 3.2 | |
| 3.3 | |
| 3.4 | |
| 3.5 | |
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| Basic S | Scenario 4 |
| 4.1 | |
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| 4.6 | |
| Basic S | Scenario 5 |
| 5.1 | |
| 5.2 | |
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| 5.5 | |
| 5.6 | |
| 5.7 | |
| Total Ar | swers Correct: |
| Total Qu | uestions: 31 |
| Dassin | g Score: 25 of 31 |

| Question | |
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| 6.4 | |
| 6.5 | |
| 6.6 | |
| 6.7 | |
| 6.8 | |
| 6.9 | |
| 6.10 | |
| 6.11 | |
| | diate Scenario 2 |
| 7.1 | |
| 7.2 | |
| 7.3 | |
| 7.4 | |
| 7.5 | |
| 7.6 | |
| 7.7 | |
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| 7.9 | |
| Total Ans | swers Correct: |
| Total Qu | estions: 20 |
| | |
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| Question | Answer |
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| Question Advance 8.1 8.2 8.3 8.4 8.5 8.6 Advance 9.1 9.2 9.3 9.4 9.5 9.6 9.7 9.8 | Answer ed Scenario 1 |
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| Question Advanc 8.1 8.2 8.3 8.4 8.5 8.6 Advanc 9.1 9.2 9.3 9.4 9.5 9.6 9.7 9.8 9.9 9.9 9.10 | Answer ed Scenario 1 |
| Question Advance 8.1 8.2 8.3 8.4 8.5 8.6 Advance 9.1 9.2 9.3 9.4 9.5 9.6 9.7 9.6 9.7 9.8 9.9 9.10 Total An | Answer ed Scenario 1 ed Scenario 2 ed Scenario 2 swers Correct: |
| Question Advance 8.1 8.2 8.3 8.4 8.5 8.6 Advance 9.1 9.2 9.3 9.4 9.5 9.6 9.7 9.8 9.9 9.9 9.10 Total An Total Qu | Answer ed Scenario 1 ed Scenario 2 ed Scenario 2 swers Correct: |

Question Answer **Military Scenario 1** 10.1 10.2 10.3 10.4 10.5 10.6 10.7 10.8 10.9 Military Scenario 2 11.1 11.2 11.3 11.4 11.5 11.6 11.7 11.8 Total Answers Correct: **Total Questions:** 17 **Passing Score:** 14 of 17 Question Answer International Scenario 1 12.1 12.2 12.3 12.4 12.5 12.6 12.7 International Scenario 2 13.1 13.2 13.3 13.4 13.5 13.6 13.7 13.8 13.9 **Total Answers Correct: Total Questions:** 16 Passing Score: 13 of 16 The mission of the VITA/TCE Program is to provide free basic tax return preparation for eligible taxpayers. Volunteers are the program's most valuable resource. To establish the greatest degree of public trust Volunteers have a responsibility to provide high quality service and uphold the highest of ethical standards.

Instructions: To be completed by all volunteers in the VITA/TCE (Certified and non-certified) program.

As a participant in the VITA/TCE Program, I agree to the following standards of conduct:

- I will treat all taxpayers professionally, with courtesy and respect.
- I will safeguard the confidentiality of taxpayer information.
- I will apply the tax laws equitably and accurately to the best of my ability.
- I will only prepare returns within the scope of my training and certification level. (Basic, advance, etc)

Volunteer Information

- I will exercise reasonable care in the use and protection of equipment and supplies.
- I will not solicit business from taxpayers I assist or use the knowledge I have gained about them for any direct or indirect personal benefit for me or any other specific individual.
- I <u>will not accept payment from taxpayers</u> for the services I provide. I may receive compensation as an employee of a program sponsor.

Signature and Date

Daytime Telephone

Was a test taken? Yes

E-mail Address

Print Full Name

Home Street Address

City, State and Zip Code

Site and/or Partner Name

This form is to be retained at the Site or Partner level.

Volunteer position(s)

(screener, preparer, interpreter, etc.)

(IRS or Partner Use Only) Test Results – write the test score in the appropriate box below.

| | Pagia | Intermediate | Advanad | Militory | International | Foreign | Student/S | Scholars |
|---|-----------------|-------------------|-----------------------------|-----------|---------------|-------------|-----------|----------|
| | Basic | Intermediate | Advanced | Military | International | Part 1 | Part 2 | Part 3 |
| Volunteer's VITA/TCE Test Score – Mark the appropriate box | | | | | | | | |
| Certification level – Mark the appropriate box | | | | | | | | |
| Testing Method | Link & Learn | IRS Paper Test | Non-IRS Approved Test | Other (de | escribe metho | d of testin | g) | |
| Mark the appropriate box | | | | | | | | |

Certified by (IRS or SPEC Partner Only):

Date:

No

Privacy Act Notice—The Privacy Act of 1974 requires that when we ask for information we tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it, and whether your response is voluntary, required to obtain a benefit, or mandatory. Our legal right to ask for information is 5 U.S.C. 301. We are asking for this information to assist us in contacting you relative to your interest and/or participation in the IRS volunteer income tax preparation and outreach programs. The information you provide may be furnished to others who coordinate activities and staffing at volunteer return preparation sites or outreach activities. The information may also be used to establish effective controls, send correspondence and recognize volunteers. Your response is voluntary. However, if you do not provide the requested information, the IRS may not be able to use your assistance in these programs.

2006 6745 Retest - Basic Course

Basic Scenario 1: Fred Fulton

| Taxpayer | Fred Fulton completed Form 13614, Intake and Interview Sheet. |
|-----------------------|--|
| Taxpayer Documents | Social Security card for Fred FultonW-2 for Fred Fulton |
| Interview Notes | Fred lived with his parents all year. He does not pay rent or household bills. Fred tells you he does not provide over half of his own support. He started working full-time in 2006 and is saving most of his money. Fred does not want to designate \$3 to go to the Presidential Election Campaign Fund. |
| | Fiel R. Fulton |

| You (and Spouse) will | need: | Intak | e and | Inter | view Sheet | | Call | 3 # 1545-1964 |
|--|-----------------------|--------------------|------------------|--------------------------------------|--|--|--|--|
| Proof of Identity | | | | | Child care | providers' iden | tification nui | nber |
| Copies of ALL W-2 1098, | 1099 for | ns | | | | banking inform | | |
| Social Security (SSN) or I | | Tax | | | | ings deposit slij | 2 | deposits |
| Identification Number (ITI) individuals to be listed on | | 19 | | | | tax payments r | nade, etc. | |
| | | | | | Amounts a | f other income | | |
| Part I: Taxpayer Inform | ation | | Lockble | | | | 0.00N | 17.61 |
| Your First Name FRED | | M.I. R | Last Na FULTC | | | | 2. SSN o | (X - X X X X |
| 3. Date of Birth (mm/dd/yyy 01 / 16 / 1988 | | ob Title STOMER | SERV | CE REP | | | | |
| 5. Spouse's First Name | | M.I. | Last Na | ame | | | 6. SSN o | TITIN |
| 7. Date of Birth (mm/dd/yyy | y) 8. J | ob Title | | | | | - | - |
| 9. Address 551 SOUTH LULLWOOD | | | Apt # | City YOUR | CITY | | State YS | Zip Code YOUR ZIP |
| 10. Phone Numbers: Daytim YOUR PHONE NUMBER | e | Even | ing | | | Cell | | |
| 11. Are you a U.S. Citizen? | V Yes | | 12. 1 | s vour S | pouse a U.S. Ci | tizen? □ Ye | s 🗆 No | |
| 13. Can your parents or som | eone els | e claim y | ou or yo | our spous | se as a depende | ent on their tax | return? | Yes 🗹 No |
| 14. Did you pay more than ha | alf the co | st of kee | ping up | the home | e? 🗆 Yes 屋 | No | | |
| 15. Check if Legally Blind: | Тахр | aver 🗆 | Spouse | | | | | |
| 16. Check if Permanently an | | - | | | C Spource | | | |
| 17. On December 31st 2006 | - | Diggiolog | | алрауы | L 90086 | | | |
| Were you: Vere Single | | / Married | s 🗆 s | eparated | Divorced | | | |
| a. If married, were you liv | | | | | | months of the | /ear? 🗌 Y | es 🗆 No |
| | | es, provi | de the d | ate of de | | / /mmk | dd/yyyy) | |
| 18. Was your spouse decea | sed? If y | | | | aan/ | -/ (uuuv | | |
| | - | | | - Do not | | | | |
| art II. Family and Dep | endent | Inform | ation - | | include you or | your spouse | | |
| Part II. Family and Dep | endent lived in ye | Inform | and outs | | include you or | your spouse | e year. Check if resider of Carada or | a full time student? |
| Part II. Family and Dep Print the name of everyone who | endent lived in ye | Inform | and outs | lde your h I Security | include you or tome that you sup Relationship | your spouse | o yoar. Check if resider | I is the dependent a full time student? (yes or no) (g) |
| | endent lived in ye | Inform | and outs | lde your h Security er or ITIN | include you or tome that you sup Relationship (son, daughter, etc.) | your spouse parted during the Months person Ived with you in 2006 | e year. Check if resider of Caracte or Mexico | a full time student? (yes or no) |
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| Part II. Family and Depo Print the name of everyone who Name | endent lived in ye | Inform | and outs | lde your h Security er or ITIN | include you or tome that you sup Relationship (son, daughter, etc.) | your spouse parted during the Months person lived with you in 2006 (ii) | e yevar. Check if residen of Canada er Mexico dt | a full time student? (yes or no) |

| | | | anduct a thorough interview, please use the decision trees, interview tips and informational charts in 17 in addition to this intake sheet. This intake sheet does not constitute a complete interview. |
|-----------|--------------------|--------|--|
| Filing St | atus Det | ermi | ination – Use Publications 4012 and/or 17 to determine filing status. |
| | d on the w(er) | interv | view, the filing status of the taxpayer is: Single MFJ MFS* HH Qualifying |
| *Spouse | Name | | Social Security Number |
| Depende | ency Det | ermi | ination – Use Publications 4012 and/or 17 to determine dependency exemptions. |
| T Yes | I No | 2. | Did the taxpayer provide more than 50% of the support for the dependents claimed? |
| Yes | No. | | Is there a signed Form 8332 or a divorce decree that allows someone else to claim the dependent(s)? |
| Yes | □ No | 4. | is the dependent permanently and totally disabled? |
| | | 5. | Based on the interview, how many individuals qualify as dependents for this return? |
| | | | COMMONLY USED INCOME AND EXPENSES |
| | | | se Publication 17, Your Federal Income Tax for Individuals and Publication 4012, Guide while discussing the questions below with the taxpayer. |
| Part IV. | Incom | e | In 2006, did you receive: |
| Yes | □ No | 1. | Wages or Salary (Include W-2s for all jobs worked during the year) |
| Yes | No No | 2. | Disability income |
| Yes | No. | 3, | Interest from: checking or savings account, bonds, dividends, CD, or brokerage account |
| Yes | and the second | | State tax refund (may be taxable if you itemized last year) |
| Yes | | | Alimony income |
| Yes | No 🛛 | | Tip income |
| Yes | No No | - 0.7 | Pension and/or IRA distribution |
| Yes. | | | Unemployment |
| Yes | Street Contraction | | Social Security or Railroad Retirement |
| Ves Yes | | | Self Employment Other Income such as gambling winnings, awards, prizes and Jury duty |
| | | | t - Did you have 2006 expenses for: |
| 4 | | | |
| Yes | | | IRA or other retirement account Alimony promote point (If you way must enough the same and SSN) of the registerity |
| Ves Yes | No No | | Alimony payments paid (If yes, you must provide the name and SSN of the recipient) Education related expenses |
| | - | | |
| | - | | Deductions - Did you have 2006 expenses for: |
| Yes | No No | 1. | Un-reimbursed medical expenses |
| Ves Yes | No No | 2. | Home mortgage payments (interest and taxes – see Form 1098) Charitable contributions |
| | | - 05 | |
| Part VII. | | 1.01 | In 2006, did you have: |
| L Yes | No No | 1. | |
| T Van | No No | 3. | Educational expenses for you or your dependents Retirement Savings Contribution |
| Ves | | | ncome Tax Credit Determination – EITC Eligibility |
| Yes | . carne | | |
| TYes | | 4 | Was EITC previously disallowed (if yes taxpayer may not be eligible for EITC) |

| # CU1 | wa numbur | 55555 | Vet 🗖 | For Diffet DMIE fro | | | | | | | |
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Basic Scenario 1 Retest Questions

Directions

Using your resource materials and Interview Notes, answer the following questions. You are a volunteer at site S11011111.

Note: To complete social security numbers and employer identification numbers, replace Xs with 286560 or with the EFIN provided by your instructor.

- **1.1** Fred wants to know if he is required to file a tax return. You answer:
 - a. Yes
 - b. No
- **1.2** Fred decides to file a tax return. Fred's total number of personal exemptions is:
 - a. 0
 - b. 1
 - c. 2
 - d. Fred can choose either 0 or 1
- **1.3** For one question on the Intake and Interview sheet, Fred's answer is inconsistent with the Interview Notes. Which question is that? Provide the number to that question: _____
- **1.4** What is the amount of Fred's standard deduction?
 - a. \$0
 - b. \$850
 - c. \$5,150
 - d. \$5,450
- **1.5** During 2006, Fred's grandmother gave him a \$5,000 gift. Will you include that on Fred's tax return?
 - a. Yes
 - b. No
- **1.6** Does Fred meet the Earned Income Tax Credit eligibility requirements?
 - a. Yes
 - b. No

Basic Scenario 2: Jake and Maria Flood

| Taxpayer | Jake and Maria Flood completed their Intake and Interview Sheet (Form 13614) and want to file together. |
|-----------|---|
| Taxpayer | Social Security card for Jake Flood |
| Documents | Social Security card for Maria Flood |
| | Form W-2 for Jake Flood |
| | Form W-2 for Maria Flood |
| | Form 1099-INT from credit union |
| | Form 1099-G for unemployment Maria received: \$3,000 |
| | • Worker's compensation for Jake: \$1,000 |
| Interview | Jake and Maria do not receive tips from their jobs. |
| Notes | Neither one attends school. |
| | Jake pays child support each month for a son who lives with the son's mother. The son's mother always claims the son on her tax return. |
| | Neither Jake nor Maria has received any distributions from any type of retirement plan. |
| | Both of them want to designate \$3 to go to the Presidential Election Campaign Fund. |
| | 120-XX-XXXX Jake H. Flood Jake H. Flood |

| Form 13614 Rev. August-2006 | | 100000000000000000000000000000000000000 | | | emai Revenue Ser view Sheet | | OME | # 1545-1964 |
|---|---|--|--|--|---|---|---|--|
| You (and Spous | se) will need | : | | | | | | |
| · Proof of Identity | | | | | Child care ; | oroviders' iden | tilication riun | nber |
| Copies of ALL W | -2 1098, 1099 / | orms | | | | banking inform | | |
| Social Security (3 Identification Nun individuals to be i | nber (ITIN) for s | 9ď | | | Estimated t | ngs deposit sli lax payments i f other income | | deposits |
| Part I: Taxpayer | Information | | | | | | | |
| 1. Your First Name JAKE | | M.I. H | Last Na FLOOD | | | | 2. SSN or 1 2 0 - X | ITIN (X-XXX) |
| 3. Date of Birth (m 02 / 27 / | | Job Title USTODIAN | u. | | | | | |
| 5. Spouse's First N | M.I. | Last Na | me | | | 6. SSN or | ITIN | |
| MARIA | | E | FLOOD |) | | | 121-X | X - X X X X |
| 7. Date of Birth (m 08 / 19 / | | Job Title OUSEKEE | PING | | | | | |
| 9. Address | | are or an | Apt # | | oitte | | | Zip Code |
| 2022 RILEY ROW 10. Phone Numbers YOUR PHONE NUI | | Even | 205 ling | YOUR | CITY | Cell | YS | YOUR ZIP |
| 11. Are you a U.S. | | ±s □ No | 12 | lo unuar S | pouse a U.S. Ci | 52002 V | s 🗌 No | |
| 14. Did you pay mor 15. Check if Legally | | | | | 97 🗹 Yes 🗆 |] No | | |
| 16 Check if Perma | nently and Tota | lly Disable | t 🗆 1 | laxpayer | Spouse | | | |
| TO: ONOON IT ONNO | | | | nonmind | | | | |
| On December 3 Were you: S a. If married, we | Single 🗹 Lega | | | | | months of the | year? 🗹 Ye | 98 🗌 No |
| 17. On December 3 Were you: S | šingle 🗹 Lega re you living wit | th your spo | use at a | nytime d | uring the last 6 | | year? 🗹 ¥e dd/yyyy} | 98 🗆 No |
| 17. On December 3 Were you: S a. If married, we 18. Was your spous Part II. Family ar | Single D Legs are you living wit se deceased? I nd Depender | th your spo f yes, provi nt Inform | ide the d nation - | inytime d late of de - Do not | uring the last 6 m with/ include you or |) (mm/ your spouse | dd/yyyy) | 98 🗌 No |
| On December 3 Were you: S a. If married, we 18. Was your spous Part II. Family an Print the name of even | Single D Legs are you living wit se deceased? I nd Depender | th your spo f yes, provi nt Inform i your home | ide the d nation - and outs | inytime d late of de - Do not ide your h | uring the last 6 with/ include you or ome that you sup | ./ (mm/ your spouse | dd/yyyy) e year. | 1 |
| 17. On December 3 Were you: S a. If married, we 18. Was your spous Part II. Family ar | Single D Legs are you living wit se deceased? I nd Depender | th your spo f yes, prov nt Inform your home Date of Birth mm/dd/your | ide the d nation - and outs | inytime d late of de - Do not | uring the last 6 m with/ include you or |) (mm/ your spouse | dd/yyyy) | 1 |
| On December 3 Were you: S a. If married, we 18. Was your spous Part II. Family an Print the name of even | Single D Legs are you living wit se deceased? I nd Depender | th your spo f yes, provi nt inform your home Date of Birth | ide the d nation - and outs Numb | inytime d late of de - Do not kde your h | uring the last 6 m ath/ include you or ome that you sup Relationship | J (mm) | dd/yyyy) e yoar. check if nasdart of Carada or | i is The dependent a full time student |
| 17. On December 3 Were you: S a. If married, we 18. Was your spous Part II. Family an Print the name of even Name | Single D Legs are you living wit se deceased? I nd Depender | th your spo f yes, prov nt Inform your home Date of Birth mm/dd/your | ide the d nation - and outs Numb | Internet de Late of de - Do not kde your h I Securty eror ITIN | uring the last 6 m ath. / include you or one that you sup Relationship (son, daughter, etc.) |) (mm/ your spouse parted during th Norths person lived with you in 2006 | dd/yyyy) e year. chick if naidert of Canada or Mexico | la fra depandan a full time student (yes or no) |
| 17. On December 3 Were you: S a. If married, we 18. Was your spous Part II. Family an Print the name of even Name | Single D Legs are you living wit se deceased? I nd Depender | th your spo f yes, prov nt Inform your home Date of Birth mm/dd/your | ide the d nation - and outs Numb | Internet de Late of de - Do not kde your h I Securty eror ITIN | uring the last 6 m ath. / include you or one that you sup Relationship (son, daughter, etc.) |) (mm/ your spouse parted during th Norths person lived with you in 2006 | dd/yyyy) e year. chick if naidert of Canada or Mexico | la fra dependan a full time student (yes or no) |
| 17. On December 3 Were you: S a. If married, we 18. Was your spous Part II. Family an Print the name of even Name | Single D Legs are you living wit se deceased? I nd Depender | th your spo f yes, prov nt Inform your home Date of Birth mm/dd/your | ide the d nation - and outs Numb | Internet de Late of de - Do not kde your h I Securty eror ITIN | uring the last 6 m ath. / include you or one that you sup Relationship (son, daughter, etc.) |) (mm/ your spouse parted during th Norths person lived with you in 2006 | dd/yyyy) e year. chick if naidert of Canada or Mexico | la the dependen a full time studen (yes or no) |
| 17. On December 3 Were you: S a. If married, we 18. Was your spous Part II. Family an Print the name of even Name | Single D Legs are you living wit se deceased? I nd Depender | th your spo f yes, prov nt Inform your home Date of Birth mm/dd/your | ide the d nation - and outs Numb | Internet de Late of de - Do not kde your h I Securty eror ITIN | uring the last 6 m ath. / include you or one that you sup Relationship (son, daughter, etc.) |) (mm/ your spouse parted during th Norths person lived with you in 2006 | dd/yyyy) e year. chick if naidert of Canada or Mexico | la fra dependan a full time student (yes or no) |
| 17. On December 3 Were you: S a. If married, we 18. Was your spous Part II. Family ar Print the name of even Name (s) | Single Lega re you living with se deceased? I nd Dependen yone who lived in | th your spo f yes, prov nt Inform your home Date of Birth mm/dd/your | ide the d nation - and outs Numb | Internet de Late of de - Do not kde your h I Securty eror ITIN | uring the last 6 m ath. / include you or one that you sup Relationship (son, daughter, etc.) |) (mm/ your spouse parted during th Months person lived with you in 2006 00 | dd/yyyy) e year. Check il needent of Canada or Mexico (5 | Is the dependent a full time student (yes or no) (gi) |
| 17. On December 3 Were you: S a. If married, we 18. Was your spous Part II. Family an Print the name of even Name | Single Legs are you living with se deceased? I nd Dependen yone who lived in 36A | th your spo f yes, prov nt Inform your home Date of Birth ministry (b) | ouse at a ide the d nation - and outs Sonal Runb | Introduction of the second sec | uring the last 6 m ath. / include you or one that you sup Relationship (son, daughter, etc.) |) (mm/ your spouse paried during th Months person level during 2006 000 | dd/yyyy) e year. Check if heredant of Cancels or Menico (f) Form 13614 | la Iha dependan a full lime skolent (yes or no) (g0) |

| | | | induct a thorough interview, please use the decision trees, interview tips and informational charts in 17 in addition to this intake sheet. This intake sheet does not constitute a complete interview. |
|----------|---------------------|--------|--|
| Filing S | tatus Det | ermi | nation – Use Publications 4012 and/or 17 to determine filing status. |
| | ed on the ow(er) | interv | view, the filing status of the taxpayer is: Single MFJ MFS* HH Oualifying |
| *Spouse | Name | | Social Security Number |
| Depend | ency Det | ermi | nation – Use Publications 4012 and/or 17 to determine dependency exemptions. |
| T Yes | T No | 2. | Did the taxpayer provide more than 50% of the support for the dependents claimed? |
| Yes | □ No | | Is there a signed Form 8332 or a divorce decree that allows someone else to claim the dependent(s)? |
| Yes | □ No | 4 | is the dependent permanently and totally disabled? |
| | | 5. | Based on the interview, how many individuals gualify as dependents for this return? |
| | | | COMMONLY USED INCOME AND EXPENSES |
| | | | se Publication 17, Your Federal Income Tax for Individuals and Publication 4012, Guide while discussing the questions below with the taxpayer. |
| Part IV. | Incom | e | In 2006, did you receive: |
| V Yes | | 1 | Wages or Salary (Include W-2s for all jobs worked during the year) |
| Yes | No No | | Disability income |
| V Yes | No No | | Interest from: checking or savings account, bonds, dividends, CD, or brokerage account |
| T Yes | No. | | State tax refund (may be taxable if you itemized last year) |
| Yes | No No | | Alimony income |
| Yes. | No. | | Tip income |
| T Yes | No No | | Pension and/or IRA distribution |
| Yes. | No No | | Unemployment |
| Yes | No No | | Social Security or Railroad Retirement |
| T Yes | No No | | Self Employment |
| Yes | No. | | Other Income such as gambling winnings, awards, prizes and Jury duty |
| Part V. | Adjust | | t – Did you have 2006 expenses for: |
| □ Yes | No. | 1. | IRA or other retirement account |
| Ves | No No | | Alimony payments paid (If yes, you must provide the name and SSN of the recipient) |
| Yes | No No | | Education related expenses |
| Part VI. | Itemize | ed D | eductions – Did you have 2006 expenses for: |
| Yes | No. | 1. | Un-reimbursed medical expenses |
| Yes | No No | 2. | 이 것 같은 이 집 사람은 이 문화를 가지 못 했지? 이 가지 않는 것 같은 것 같 |
| Ves Yes | No No | 3. | Charitable contributions |
| Part VII | Credit | s - | In 2006, did you have: |
| Yes | No No | 1. | Child/dependent care expenses that allow you (and your spouse-if MFJ) to work |
| A | No No | 2. | Educational expenses for you or your dependents |
| Yes | D No | 3. | 그 비가 옷을 가 물었다. 비가 가 있는 것을 것 같아요. 것은 것을 것 같아요. 것은 것은 것을 하는 것이 없는 것을 하는 것이 같아요. 가 있는 것이 같아요. 가 않는 것이 않는 것이 않는 것이 않는 것이 않는 것이 않는 것이 않는 것 이 않는 것이 않이 않는 것이 않는 것이 않는 것이 않이 않. 것이 않 않는 것이 않. 것이 않 않 않는 것이 않는 것이 않는 것이 |
| □ Yes | | ed Ir | ncome Tax Credit Determination – EITC Eligibility |
| T Yes | i. Earne | | |
| TYes | No No | 1. | Was EITC previously disallowed (if yes taxpayer may not be eligible for EITC) |

| e Geminnder | 55555 | Wold 🛄 | For Difficur U OMB No. 194 | | | | |
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| d Employee's good assuring to 120 XX XX | | | | 8.A | manos DO parment | 10. Didenderf so | e berakta |
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| Form W * 2 Statem Copy A For Social Security | | Burgar | | | | Wet Nation, and | thank of Cepy |

| State Worker's | 1216 Jordan Your City, Your State Your Zip |
|---|---|
| Compensation | |
| Commission | |
| January 6, 2007 | |
| Statement of Worker's Compensation Benefits | |
| Period ending 12/31/2006 | |
| Jake H. Flood 120-XX-XXXX | |
| Year to date benefits received | \$1000 |
| | |
| Roger P. Andrews | |

| TEACHERS FEDERAL O 74 PAYDEN PLACE YOUR CITY, STATE ZIP | | S | 2006 | Inte | rest Incom |
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| City, state, and ZP code YOUR CITY, STATE ZIP | CIU | "Ellinger bes stated | 7 Pareign stuntry or possession | 44 | other associan may imposid on you if the ecome is fatisfie as |
| Assout number (see Instaction) | 100 | s | | | itter (RE) datemenan it it has not be reporte |

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|---|--|---|--|---|--|
| YOUR CITY, STATE ZIP | | 2 State or local income tax refunds, credits, or offsets \$ | Eam 1099-G | | |
| PAYER'S federal identification number 02-4XXXXXX | RECIPIENT'S Identification number 121-XX-XXXX | 3 Box 2 amount is for tax year | 4 Federal income tox withins \$ 0 | Copy I For Recipien | |
| RECIPIENT'S same | · · · · · · · · · · · · · · · · · · · | 6 ATAA popments | 6 Taxable grama | This is important to | |
| MARIA E FLOOD | | s | \$ | being furnished to th Internal Revenue | |
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| City, state, and ZIP code YOUR CITY, STATE ZIP | | | | offer sanction may b imposed on you if thi income is taxable an | |
| Account number (see instructions) | j. | 1 | | the IRS determines the If here not been reported | |

Basic Scenario 2 Retest Questions

Directions

Complete Form 1040 for Jack and Maria Flood through line 56 in order to answer the following questions. You are a volunteer at site S12011111. *Note: To complete social security numbers and employer identification numbers, replace Xs with 286560 or with the EFIN provided by your instructor.*

- 2.1 What is the Floods' total income on line 22 of Form 1040?
- 2.2 What is the Floods' standard deduction amount on line 40 of Form 1040? \$_____
- **2.3** If the Floods' taxable income on line 43 of Form 1040 is \$17,595, what is the tax on line 44? \$_____
- 2.4 On what page of Publication 4012, Volunteer Resource Guide, is there a chart of the requirements for qualifying for the Retirement Savings Credit? _____
- **2.5** There are a number of criteria taxpayers must meet to qualify for the Retirement Savings Contribution Credit. Do the Floods qualify?
 - a. Yes
 - b. No
- **2.6** Is the child support that Jake pays for his son deductible?
 - a. Yes
 - b. No

| Basic Scen | ario 3: Matilde and Darius Howard |
|-----------------------|--|
| Taxpayer | Matilde and Darius Howard completed their Intake and Interview Sheet, Form 13614, and want to file together. Their two children, Michael and Isabelle live with them. |
| Taxpayer Documents | Social security cards for Matilde, Darius, Michael, and Isabelle Howard |
| | Form W-2 for Matilde Howard |
| | Form W-2 for Darius Howard |
| | Form 1099-DIV from US Equity Fund |
| | Form 1098-T from Brown Junior College |
| | Statement from Extended Learning Center |
| | Statement from Outdoor Experiences |
| Interview Notes | Their son, Michael, started college in September, working toward a degree in business. They used a student loan to pay for tuition, fees, books and other expenses since he did not have a scholarship. Michael was free of any felony conviction for possessing or distributing a controlled substance. They showed you a statement from Brown Junior College showing Tuition and Fees paid matching the |
| | dollar amount in box 2 of Form 1098-T. Their daughter, Isabelle, attended school and went to after-school care during the school year until either Darius or Matilde could pick her up. Isabelle attended an overnight camp for one week. |
| | Most of the summer, Michael took care of Isabelle during the day and his parents paid him \$375. This was his only income for the year. |
| | The Howards paid Beatrice Wallace, a neighbor, \$400 to keep Isabelle in Beatrice's home for two weeks during the summer. Her SSN is 134-XX- XXXX, and her address is 1920 Calvin's Court, Plantation FL, 33306. |
| | • The Howards want to claim the Federal Telephone Excise Tax. They state they paid taxes on their long distance service, but did not keep any bills that would show the amount they paid. |

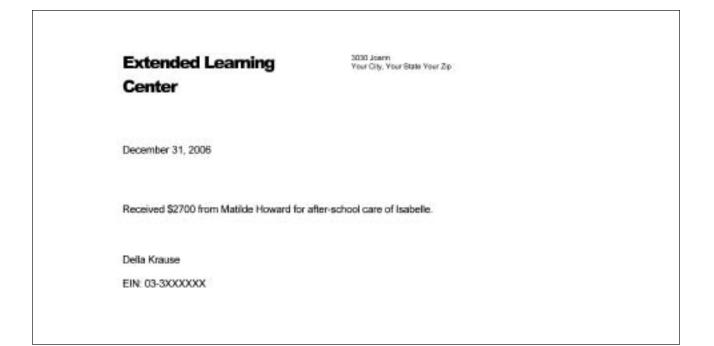
| You (and Spouse) Proof of Identity Copies of ALL W-2 1 | will ne | ed: | | | | | | | |
|--|----------|-----------------|----------------------|-------------------------|-------------|---------------------------------------|---|--|--|
| | | | | | | | | | |
| Copies of ALL W-2 1 | | | | | | Child care ; | providers' iden | tilication nun | nber |
| | 098, 109 | 9 forms | | | | | banking infon | | |
| Social Security (SSN) Identification Number individuals to be lister | (ITIN) N | or all | ix. | | | Estimated t | ngs deposit sl ax payments i f other income | nade, etc. | oeposits |
| art I. Taynayar Inf | o remoti | | | | | - shinee no or | cine another | | |
| Part I: Taxpayer Info 1. Your First Name | ormati | | u. | Last Name | | | | 2. SSN or | ITIN |
| DARIUS | | | P | HOWARD | | | | | X-XXXX |
| 3. Date of Birth (mm/de 09 / 21 / 1960 | | 4. Job TRUCH | | /ER | | | | | |
| 5. Spouse's First Name MATILDE | | 1 | s | Last Name HOWARD | 7.5 | | | 6. SSN or 1 3 1 - X | ITIN X - X X X X |
| Date of Birth (mm/do 03 / 06 / 1961 | | 8. Job SALES | | RK | | | | | |
| 9. Address 1932 CALVIN'S COURT | r . | | | | ty OUR (| CITY | 101 | | Zip Code YOUR ZIP |
| 10. Phone Numbers: Da YOUR PHONE NUMBE | | | Eveni | | | | Cell | | |
| 11. Are you a U.S. Citiz | en? 🗹 | Yes [| No | 12. Is y | our St | ouse a U.S. Ci | izen? 🗹 Ye | s 🗌 No | |
| 13. Can your parents or | 1 | 1.1.1.1.1.1.1 | The late | Channel I | 1000 | | | | |
| 15. Check if Legally Blir | | | | | _ | C. Casura | | | |
| 16. Check if Permanent | | otally Dis | sabied | 1800 | payer | □ spouse | | | |
| On December 31st Were you: Single a. If married, were you | • 1 L | | | | | | months of the | vear? 🗹 Ye | as 🗆 No |
| 18. Was your spouse de | | | | | | | | | |
| Part II. Family and I | | | | | | | | | |
| Print the name of everyone | | | | | | | | | |
| Narm | | Date | ol Birth Istiyyyy | Social Ser Number of | curty | Relationship (son, daughter, etc.) | Months person lived with you in 2006 | Check If resident of Caracte or Mexico | ts the dependent a full time student (yes or no) |
| (a) | | | (b) | 04 | | (d) | 040 | 10 | (g) |
| MICHAEL T HOWA | NRD | 7/25 | 1987 | 132-XX-3 | XXXX | SON | 12 | | YES |
| ISABELLE M HOW | ARD | 12/3 | /1995 | 133-XX- | xxxx | DAUGHTER | 12 | | YES |
| | | | | | | | | | |
| | | | | | | | | - 4004 | |
| Catalog Number 38836A | | | | | | | RTIFIED V | | (Rev. 8-2006 |
| STOP | D | | | | | | | | |

| | | | anduct a thorough interview, please use the decision trees, interview tips and informational charts in 17 in addition to this intake sheet. This intake sheet does not constitute a complete interview. |
|-----------|-------------------|--------|--|
| Filing St | atus Det | ermi | ination – Use Publications 4012 and/or 17 to determine filing status. |
| | d on the w(er) | interv | view, the filing status of the taxpayer is: Single IMFJ MFS* HH Qualifying |
| *Spouse | Name | | Social Security Number |
| Depende | ency Det | ermi | ination – Use Publications 4012 and/or 17 to determine dependency exemptions. |
| T Yes | I No | 2. | Did the taxpayer provide more than 50% of the support for the dependents claimed? |
| Ves | No. | | Is there a signed Form 8332 or a divorce decree that allows someone else to claim the dependent(s)? |
| Ves | □ No | 4. | is the dependent permanently and totally disabled? |
| | | 5. | Based on the interview, how many individuals qualify as dependents for this return? |
| | | | COMMONLY USED INCOME AND EXPENSES |
| | | | |
| | | | se Publication 17, Your Federal Income Tax for Individuals and Publication 4012, Guide while discussing the questions below with the taxpayer. |
| Part IV. | Incom | e – | In 2006, did you receive: |
| Yes | 🗌 No | 1. | Wages or Salary (Include W-2s for all jobs worked during the year) |
| Yes | No No | 2. | Disability income |
| Yes Yes | | | Interest from: checking or savings account, bonds, dividends, CD, or brokerage account |
| Yes | and the second | | State tax refund (may be taxable if you itemized last year) |
| 1 Yes | | | Alimony income |
| Yes | most comments | | Tip income |
| Yes | and the second | - 0.7 | Pension and/or IRA distribution |
| Yes. | | | Unemployment |
| Yes | Stand 1 1 1 1 | | Social Security or Railroad Retirement |
| Yes | | | Self Employment |
| 1 Yes | | | Other Income such as gambling winnings, awards, prizes and Jury duty |
| Part V. | Adjust | men | t – Did you have 2006 expenses for: |
| Yes | No No | 1. | IRA or other retirement account |
| Yes | No No | 2. | Alimony payments paid (If yes, you must provide the name and SSN of the recipient) |
| Yes | No No | 3. | Education related expenses |
| Part VI. | Itemize | ed D | Deductions – Did you have 2006 expenses for: |
| Yes | No No | 1. | Un-reimbursed medical expenses |
| Ves | No No | 2. | Home mortgage payments (interest and taxes - see Form 1098) |
| Ves | No No | 3. | Charitable contributions |
| Part VII. | Credit | s - | In 2006, did you have: |
| Yes | No No | 1. | Child/dependent care expenses that allow you (and your spouse-if MFJ) to work |
| V Yes | No No | 2. | 그 그는 것 같아요. 그는 것 같아요. 아이는 것 같아요. 아이들 것 같아요. 그는 것 같아요. |
| Yes | No. | 3. | 그 말과 것이 많은 것이 잘 하면 이 것을 때 못 친구 못했지 않는 것 같은 것 같이 다. 같이 집 것 같이 많이 |
| | . Earne | ed Ir | ncome Tax Credit Determination – EITC Eligibility |
| Part VIII | | | Was EITC previously disallowed (if yes taxpayer may not be eligible for EITC) |

| a Cartini rombie | 25555 | what 🛄 | For Difficial DATE No. 1 | Ose Doly * INS-0088 | | | |
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| YOUR CITY, STA | iE zir | | | 1.5 | mail which you have | 4 Alicanial titre | |
| d Employee's social securit 130 XX | ty Hortber XXXX | | | 20.0 | fuintee ENC (suprash) | 19 Dependent not | a hanaithe |
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| and Credits | 1001 | Check [] You were born before January II] Spouse was born before January | 2, 1842. sty 2, 1642. | | cked > 30e | | | |
| Standard Deduction | U | If your spouse horvioes on a separate roture or you wa | | | | 40 | 10300 | |
| fiet | 40 | Remized deductions from Schedule A) or Subtract line 40 from line 38 | Your structure | a deduction (a | a su madad | 41 | 28592 | - |
| People who checked why | 12 | If line 38 is over \$112,675, or you provided but | Contractor in the | on the burn | · I + strict here all attents | 1000 | - 123950 F | |
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| Was or 20b or who can be | 43 | Taxable income, Sittract five, 42 from line | 41, # line 42 | austrie Hugh Ar | e 41, enter -0 | 43 | 15392 | _ |
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| nee page 36. | 45 | Attarnative minimum tax lose page 291. At | tooh Form dia | M | (*) (* (* (*) | 45 | 1543 | - |
| Alathem | 47 | Add lines 44 and 45 . Foreign the cristit, Attach Films 11 HEF regi | 29 | E47.1 | 1 | | 1070 | _ |
| Skiple or Married Wing | 10 | Credit for child and dependent care expenses. | No. CONTRACTOR | 500 COMP | | - | | |
| eeperateiky, \$5,150 | 49 | Creater for the etherity or the sits asked. Altact | | 10040 | | | | |
| Marind filing | 90 | Education orginal Attach Form 1989 | | 50 | | | | |
| Cuality or Cualitying | 51 | Petremett average contributions credit. Altai | The second second second second | | | | | |
| wittow(or), B10,300 | 52 | Residential morpy modes. Attach Form 568 | | 52 | | - | | |
| Head of | 53 54 | Drive the priorit (rest page XX). Attach Form Credits here: a C Form 6386 b C Form 633 | | and hereiter | | - | | |
| 101.0471083, \$7,450 | 55 | Other credits: a Form 2000 h Parm 180 | COMPLOCING. | 55 | | | | |
| erveet. | 56 | Add times 47 through 55. These are your bat | A CONTRACTOR OF A CONTRACTOR OFTA CONTRACTOR O | | a la atalia la | : 58 | | _ |
| | 57 | Subtract trie 55 from the 46. If line 56 is m | | THE REPORT OF THE PARTY OF THE | | 57 | | - 1 |
| Other | 58 | Self-employment tax. Attach Schodule SE | | | | 58 | | |
| Taxes | 暁 | Social security and Medicare tax in its income | 10 P 10 C | | And the second | 59 60 | | - |
| | 60 01 | Additional fax on PIAs, other qualified refinent Advance earned income credit payments th | 61 | | - | | | |
| | 62 | Husehold employment taxes. Attact Sche | 02 | | | | | |
| | 63 | Add lines 57 through 62. This is your total 1 | | | | 63 | | |
| Payments | 64 | Federal income tax withheid from Forms W | -2 and 1099 | | | | | |
| Sector Street | 65 | 2008 estimated tax payments and amount applic | at from 2806 re | | | - | | |
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| chitd, attach Schedule EKL | 67 | Acritatable contait per electan [60b] Excess pocies security and tier 1 RRTA tax with | Autor Dates | na 87 | | | | |
| OCTODATO CRU | 00 | Additional unsid tax unside. Attach Form B51 | | 100 | | | | |
| | 69 | Amount paid with request for extension to | | Contraction of the second s | | | | |
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| | 71. | Could be belowed bioghtures encoust biogenet Affacts ? | | | IN | 146 | | |
| 122.000 | 73 | Add inter 64, 00, 05e, and 67 through 71. 1 | Q FLANDS STREET | | Contract of the second s | 72 | | |
| Refund Direct deposit? | 744 | If line 72 is more than line 63, aubtract line 6 Amount of line 73 you want refunded to yo | | | | 744 | | _ |
| See page 58 | - 8 | Routing member | the second s | and the second se | dana 🗍 Serres | Citize . | | |
| shid fill in 740, 14c, and 74d | - d | Account number | | | | | | |
| y Form BEBB | 75 | Armuell of itse 73 year want applied to your 2007 | | The second s | | - | | |
| Amount You Owe | 76 17 | Amount you own. Scittract line 72 from line Estimated tax penalty (see page 60) | r 63. Fuil detai | to on how to pe | ny, see page 60 🕨 | 76 | | |
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Basic Scenario 3 Retest Questions

Directions

Use the partially completed Form 1040 (through line 46) and the additional information to answer the following questions. You are a volunteer at site S13011111. *Note: To complete social security numbers and employer identification numbers, replace Xs with 286560 or with the EFIN provided by your instructor.*

- **3.1** What is the total amount of expenses for Isabelle's care that qualify for inclusion to be entered in box 2c on Part II of Form 2441 (Child and Dependent Care Expenses)? \$_____
- **3.2** If line 6 of Form 2441, Child and Dependent Care Expense, is \$3,000, what is the credit allowed on line 11? \$_____
- **3.3** The Howards' tentative Education Credit on line 7 of Form 8863 is:
 - a. 400
 - b. 690
 - c. 1,550
 - d. 1,650
- **3.4** There are interview tips in Publication 4012, Volunteer Resource Guide, to help determine whether a taxpayer can claim the Child Tax Credit. Those tips are on page _____.
- **3.5** Assume for this question only: if the total amount for line 3 of the Child Tax Credit Worksheet is \$1,480, then the Child Tax Credit the Howards can enter on line 53 of Form 1040 is: _____
- **3.6** What is the amount of Federal Telephone Excise Tax that the Howards may claim on line 71 of Form 1040? \$_____

Basic Scenario 4: Gladys Berry

| Taxpayer | Gladys Berry completed Form 13614, Intake and Interview Sheet. She has two children, Maria and Kevin. |
|-----------------------|--|
| Taxpayer Documents | Social Security card for Gladys Social Security card for Kevin Social Security card for Maria Two Forms W-2 for Gladys |
| | Form 1099-G – unemployment compensation for Gladys Form W-2G for Gladys |
| Interview Notes | Gladys is married but her husband, Sam, moved out of the house and left the family March 2006, and she has not seen Sam since. Gladys' mother (Helen) kept the children (Maria and Kevin) in her home after school and during the summer but did not allow Gladys to pay her anything for this help. Gladys was laid off in August and received unemployment for two months. If she is due a refund, she wants half placed in her checking account and half in her savings account. Gladys spent \$400 purchasing lottery tickets during the year and has the tickets at home. |



| Rev. August-2006 | | of the Treasury - Inter- | | | OM | B # 1545-1964 |
|--|---|---|--|--|---|---|
| You (and Spouse) will r | eed: | | | | | |
| Proof of Identity | | | Child care ; | noviders' iden | tification nul | mber |
| · Copies of ALL W-2 1098, 1 | 099 forms | | | banking inform | | |
| Social Security (SSN) or In Identification Number (ITIN individuals to be listed on til |) for all | | Estimated t | ngs deposit sli ax payments i f other income | | i deposits |
| Part I: Taxpayer Informa | tion | | - Anothis G | Given Provine | | |
| 1. Your First Name | M.L | Last Name | | | 2. SSN o | r ITIN |
| GLADYS | S | BERRY | | | 140-2 | x x - x x x x |
| Date of Birth (mm/dd/yyyy 04 / 29 / 1968 |) 4. Job Title RECEPTION | IST | | | | |
| 5. Spouse's First Name SAM | M.L. A | Last Name BERRY | | | 6. SSN o | r ITIN |
| Date of Birth (mm/dd/yyyy 05 / 15 / 1961 | 8. Job Title CONSTRUC | TION WORKER | | | 10. - 24 24. | |
| 9. Address 129 PETERBOROUGH | | Apt # City YOUR | CITY | | State YS | Zip Code YOUR ZIP |
| 10. Phone Numbers: Daytime YOUR PHONE NUMBER | Eveni | ng | 5416-118 | Cell | | |
| 11. Are you a U.S. Citizen? | Yes 🗆 No | 12. Is your Sp | pouse a U.S. Cit | lizen? 🗹 Ye | s 🗆 No | |
| 16 Charles Million III Direct | i | Socure | | | | |
| 15. Check if Legally Blind: | | - | Spouse | | | |
| Check if Permanently and Check if Permanently and On December 31st 2006: Were you: □ Single Ø a. If married, were you livit | Totally Disabled | Taxpayer Separated | Divorced | months of the | year? 🗌 Y | es 🗹 No |
| 16. Check if Permanently and 17. On December 31st 2008: Were you: Single | Totally Disabled Legally Married ng with your spor | : D Taxpayer | Divorced uring the last 6 r | | year? □ Y dd/yyyy) | es 🗹 No |
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| Check if Permanently and On December 31st 2006: Were you: □ Single ☑ a. If married, were you livit Was your spouse decease | Totally Disabled Legally Married og with your spor ad? If yes, provie ndent Inform | : D Taxpayer Separated use at anytime do de the date of de ation – Do not | Divorced uring the last 6 r ath/ include you or | / (mm/ your spouse | dd/yyyy) | es 🗹 No |
| Check if Permanently and On December 31st 2006: Were you: ☐ Single 2 a. If married, were you livit Was your spouse decease Part II. Family and Dependent | Totally Disabled Logally Married ng with your spor ad? If yes, provis ndent Inform ved /n your home is Date of Sirth mmlddyyyy | : D Taxpayer Separated use at anytime do de the date of de ation – Do not | Divorced uring the last 6 r ath/ include you or | / (mm/ your spouse | dd/yyyy) | t la the dependent |
| 16. Check if Permanently and 17. On December 31st 2006: Were you: Single 2 a. If married, were you livit 18. Was your spouse decease Part II. Family and Depe Print the name of everyone who on Name (4) | Totally Disabled Legally Married ng with your spor ad? If yes, provie ndent Inform ved /n your home a Date of Bith menddayyyy [9] | Taxpayer Separated Separated see at anytime de the date of de ation – Do not and autside your h Social Security Number of TIN (c) | Divorced uring the last 6 r ath/ include you or ame that you sup Relationship (son, daughter, etc.) [4] | / (mm/ your spouse ported during th Months person lived with you in 2006 st | dd/yyyy) e year. Oreck if resider of Canada or | t is the dependent a full time student (yes or no) izi |
| Check if Permanently and On December 31st 2006: Were you: Single a. If married, were you livit Was your spouse decease Part II. Family and Depe Print the name of everyone who on Name | Totally Disabled Logally Married ng with your spor ad? If yes, provis ndent Inform ved /n your home is Date of Sirth mmlddyyyy | Taxpayer Separated Separated see at anytime de the date of de ation – Do not and autside your h Social Security Number of TIN (c) | Divorced uring the last 6 r ath/ include you or ame that you sup Relationship (son, daughter, etc.) [4] | / (mm/ your spouse ported during th Months person lived with yos in 2006 | dd/yyyy) e year. of canada or Nexico | t is the dependent a full time student (yes or no) |
| 16. Check if Permanently and 17. On December 31st 2006: Were you: Single 2 a. If married, were you livit 18. Was your spouse decease Part II. Family and Depe Print the name of everyone who on Name (4) | Totally Disabled Legally Married ng with your spor ad? If yes, provie ndent Inform ved /n your home a Date of Bith menddayyyy [9] | Taxpayer Separated Separated see at anytime de the date of de ation – Do not and autside your h Social Security Number of TIN (c) | Divorced uring the last 6 r ath/ include you or ame that you sup Relationship (son, daughter, etc.) [4] | / (mm/ your spouse ported during th Months person lived with you in 2006 st | dd/yyyy) e year. of canada or Nexico | t is the dependent a full time studen? (yes or no) izi |
| 16. Check if Permanently and 17. On December 31st 2006: Were you: ☐ Single ☑ a. If married, were you livi 18. Was your spouse decease Part II. Family and Depe Print the name of everyone who 0 Name (e) MARIA S BERRY | Legally Married og with your spor ed? If yes, provis ndent Inform ved /n your home is Date of Brith meniddsyny [9] 8/25/2000 | Taxpayer Separated Separated Separated de the date of de ation - Do not and outside your h Social Security Number of ITIN ici 141-XX-XXXX | Divorced uring the last 6 m ath/ include you or ame that you sup Relationship (son, daughler, etc.) [d] DAUGHTER | / (mm/ your spouse ported during th Months person lived with you in 2006 141 12 | dd/yyyy) e year. of canada or Nexico | t is the dependent is fail time student (yes or no) ist YES |
| 16. Check if Permanently and 17. On December 31st 2006: Were you: □ Single a. If married, were you livi 18. Was your spouse decease Part II. Family and Depe Print the name of everyone who o Name (w) MARIA S BERRY | Legally Married og with your spor ed? If yes, provis ndent Inform ved /n your home is Date of Brith meniddsyny [9] 8/25/2000 | Taxpayer Separated Separated Separated de the date of de ation - Do not and outside your h Social Security Number of ITIN ici 141-XX-XXXX | Divorced uring the last 6 m ath/ include you or ame that you sup Relationship (son, daughler, etc.) [d] DAUGHTER | / (mm/ your spouse ported during th Months person lived with you in 2006 141 12 | dd/yyyy) e year. of canada or Nexico | t is the dependent a full time student? (pes or no) ist YES |
| 16. Check if Permanently and 17. On December 31st 2006: Were you: □ Single a. If married, were you livi 18. Was your spouse decease Part II. Family and Depe Print the name of everyone who 0 Name 00 Name 00 MARIA S BERRY KEVIN T BERRY Catalog Number 38836A | Totally Disabled Legally Married og with your spor ed? If yes, provie ndent Inform ved /n your home i Date of Brith mm/dd/yyyy [9] 8/25/2000 6/6/1998 | Taxpayer Separated Separated Separated de the date of de ation - Do not and outside your h Social Security Number of ITIN ici 141-XX-XXXX | Divorced uring the last 6 r ath/ include you or ome that you sup (son, daughter, etc.) (d) DAUGHTER SON | / (mm/ your spouse ported during th Months person lived with you in 2006 iel 12 12 | dd/yyyy) e year. Check If reactor of Canada or Nessico m | t is the dependent a ball time student (res or no) ist YES YES 4 (Rev. 8-2006 |

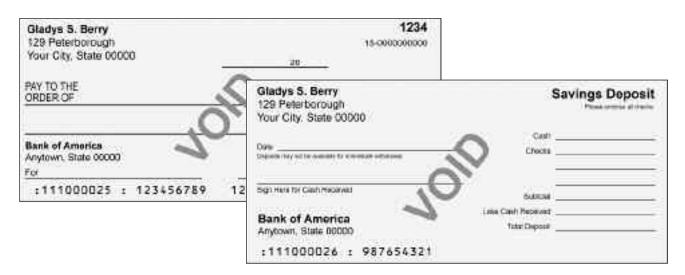
| | | | induct a thorough interview, please use the decision trees, interview tips and informational charts in 17 in addition to this intake sheet. This intake sheet does not constitute a complete interview. |
|-----------|-------------------|-------|--|
| Filing St | atus Det | ermi | nation – Use Publications 4012 and/or 17 to determine filing status. |
| | d on the w(er) | inter | view, the filing status of the taxpayer is: Single MFJ MFS* HH Oualifying |
| *Spouse | Name | | Social Security Number |
| Depende | ency Det | ermi | nation – Use Publications 4012 and/or 17 to determine dependency exemptions. |
| T Yes | T No | 2. | Did the taxpayer provide more than 50% of the support for the dependents claimed? |
| Yes | No. | | Is there a signed Form 8332 or a divorce decree that allows someone else to claim the dependent(s)? |
| Ves | □ No | 4 | is the dependent permanently and totally disabled? |
| | | | Based on the interview, how many individuals gualify as dependents for this return? |
| | | | COMMONLY USED INCOME AND EXPENSES |
| | | | |
| | | | se Publication 17, Your Federal Income Tax for Individuals and Publication 4012, Guide while discussing the questions below with the taxpayer. |
| Part IV. | Incom | e – | In 2006, did you receive: |
| V Yes | □ No | 1. | Wages or Salary (Include W-2s for all jobs worked during the year) |
| Yes. | No No | | Disability income |
| Yes | No No | | Interest from: checking or savings account, bonds, dividends, CD, or brokerage account |
| T Yes | No. | | State tax refund (may be taxable if you itemized last year) |
| Yes | No No | | Alimony income |
| Yes | No. | | Tip income |
| T Yes | No. | | Pension and/or IRA distribution |
| VYes | No No | 8. | Unemployment |
| Yes | No. | | Social Security or Railroad Retirement |
| T Yes | No No | | Self Employment |
| Yes. | No No | | Other Income such as gambling winnings, awards, prizes and Jury duty |
| Part V. | Adjust | | t – Did you have 2006 expenses for: |
| T Yes | No. | - 22 | IRA or other retirement account |
| Ves | No. | | Alimony payments paid (If yes, you must provide the name and SSN of the recipient) |
| Yes | No No | | Education related expenses |
| Part VI. | Itemize | ed D | eductions – Did you have 2006 expenses for: |
| Yes | No No | 1, | Un-reimbursed medical expenses |
| Yes | No No | 2. | 이 동물 방송 이상을 위한 것은 것 같아요. 방송 것이 같아요. 그 동물 못 한 것이 같아요. 그 것은 것이 같아요. 그 것은 것 같아요. 그 것 같아요. 그 것 같아요. 그 것 |
| Ves | No No | 3. | Charitable contributions |
| Part VII. | Credit | s - | In 2006, did you have: |
| Ves | No No | 1. | Child/dependent care expenses that allow you (and your spouse-if MFJ) to work |
| Yes | No No | 2. | Educational expenses for you or your dependents |
| | No. | 3. | Retirement Savings Contribution |
| □ Yes | . Earne | ed Ir | ncome Tax Credit Determination – EITC Eligibility |
| | | | |
| | No No | 1. | Was EITC previously disallowed (if yes taxpayer may not be eligible for EITC) |

| 745 E. 3654552 | 55555 | Yout. | Per Officia DMIA No. | | | | | |
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| POPA VILLER | tal Security Administrat | ratiosChippensiae ess | a traffa Muga | | | | | 1990 0 1999 | Cat. No. 1013 |

| STATE LOTTERY COMMISSION | 1 Gross withings 800 | 2 Federal Income tax withheid 0 | CMB No. 1545-023 | |
|---|--|------------------------------------|---|--|
| Street address 1800 RAINBOW'S END | 3 Type of wager QUICK PICK TICKET | 4 Date wort 07 27 2006 | 2006 Form W-20 | |
| City, state, and ZIP code YOUR CITY, STATE ZIP | 5 Transaction | 6 Rabe | Certai | |
| Federal identification number Telephone number 04-4XXXXXXX | 7 Winsings from identical wagers | & Cashier | Gamblin Winning | |
| WINNERS name GLADYS S BERRY | Winter's suppyer identification no. 140-XX-XXXX | 90 Window | For Privacy Act at Paperwork Reduction A Notice, see the 20 | |
| Street address (including apt. no.) 129 PETERBOROUGH | 11 First I.D. | 12 Second LD. | General Instructions fo Forms 1099, 1098, 5498 | |
| City, state, and ZIP code YOUR CITY, STATE ZIP | 13 StatePayer's state identification mu | 14 State income tax withheld | and W-20 File with Form 109 | |
| Under penalties of perjury, I declare that to the best of rey inconfedge an connectly identify the as the recipient of this payment and any payments from Signature > | a identical wagers, and that no other person is | | Copy / For Internal Revenu Service Cente | |

| PAYER'S name, shreet address, city, STATE UNEMPLOYMENT 1000 GOVERNMENT PLAZ | COMMISSION | 1 Dremplayment compensation \$ 2510.00 | 2006 | Certa | | |
|---|--|--|--|--|--|--|
| YOUR CITY, STATE ZIP | | 2 State or local income tax infunds, credits, or offsets S | Form 1099-G | Payment | | |
| PAYER'S Indexal identification number 04-3XXXXXXX | RECIPIENT'S identification number 140-XX-XXXX | 3 Rex 2 amount is for tax year | 4 Federal income tox with \$ 0 | For Recipien | | |
| RECIPIENT'S same | | \$ ATAA poyments | 8 Taxable grants | This is important to | | |
| GLADYS BERRY | | 5 | 5 | information and i being furnished to the Internal Revenue | | |
| Street address (including apt. no.) 129 PETERBOROUGH | | 7 Agriculture payments \$ | 8 Bos 2 is trade or business income | Service. If you are required to file a return a readigence penality of | | |
| Oty, state, and ZP code YOUR CITY, STATE ZIP | | | | other sanction may b imposed on you if the income is taxable an | | |
| Account number (see instructions) | |] | | the IRS determines the it has not bee reported | | |



Basic Scenario 4 Retest Questions

Directions

Using your resource materials, answer the following questions. You are a volunteer at site S14011111.

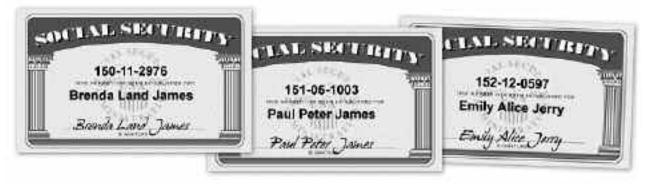
Note: To complete social security numbers and employer identification numbers, replace Xs with 286560 or with the EFIN provided by your instructor.

- **4.1** Which filing status should Gladys claim?
 - a. Single
 - b. Married Filing Jointly
 - c. Married Filing Separately
 - d. Head of Household
 - e. Qualifying Widow(er) with dependent child
- **4.2** Do any of Gladys' children qualify for the Child Tax Credit according to Form 13614, Intake and Interview Sheet?
 - a. Yes
 - b. No
- **4.3** If Gladys' taxable income on line 43 on Form 1040 is \$2,900, what is the tax on line 44? \$_____
- **4.4** For all taxpayers, which of the following must be claimed as other income on line 21 of Form 1040?
 - a. Unemployment insurance
 - b. Worker's compensation
 - c. Lottery winnings
 - d. Child support payments

- 4.5 What is the amount of Gladys' Earned Income Tax Credit?
 - a. \$0
 - b. \$3,353
 - c. \$3,364
 - d. \$3,375
- **4.6** If she is due a refund, Gladys wants half deposited into her checking account and half into her savings account. What form should you complete for a split refund? Form number _____.

| Taxpayer | Brenda James completed her Form 13614, Intake and Interview Sheet. Her two children, Paul and Emily, live with her. |
|-----------------------|--|
| Taxpayer Documents | Social security card for Brenda Social security card for Paul Social security card for Emily Two Forms W-2 for Brenda Form 1099-DIV from Small Cap Mutual Fund Form 1099-INT from First National Bank and Trust |
| Interview Notes | Brenda and her family live in Texas. Texas does not have a state income tax. Brenda's mother, Sara Reynolds, takes care of Paul all day and Emily after school in her home while Brenda works. Brenda paid her mother \$600 in 2006. Her mother's address is 5200 Lancaster, Your City, State Zip. Brenda's mother is not eligible for a social security number |

Basic Scenario 5: Brenda James



| | 0.222 | | e and inter | view Sheet | | | # 1545-1964 |
|--|--|--|---|---|--|--|--|
| You (and Spous | e) will ne | ed: | | | | 10-10- | |
| Proof of Identity Copies of ALL W- | 2 1008 10 | 00 forms | | | providers' iden banking infor | | |
| | 41.0003 | | | | ngs deposit sl | | |
| Social Security (S Identification Num individuals to be li | tber (ITIN) f | for all | | | lax payments i f other income | | |
| Part I: Taxpayer | Informati | on | | | | | |
| 1. Your First Name | | M.L. | Last Name | | | 2. SSN or | |
| BRENDA | | L. | JAMES | | | 150-1 | 1-2976 |
| 3. Date of Birth (mn 11 / 29 / 1 | | 4. Job Title CLERK | | | | | |
| 5. Spouse's First N | | M.I. | Last Name | | | 6. SSN or | ITIN |
| 7. Date of Birth (mn | n/dd/ yyyy y) | 8. Job Title | | | | | - |
| 9. Address 1492 COLUMBUS D | DRIVE | | Apt # City AUSTIN | N | | | Lip Code 78701 |
| 10. Phone Numbers YOUR PHONE NUM | | Eveni | ng | | Cell | | |
| 11. Are you a U.S. C | itizen? 🗹 | Yes 🗆 No | 12. Is your S | pouse a U.S. Ci | tizen? 🗌 Ye | is 🗌 No | |
| 13. Can your parents | | na alao alaban | | | at an Ibala ta | | |
| 14. Did you pay more | e than half t | he cost of keep | oing up the home | e? 🗹 Yes 🗆 |] No | | |
| 15. Check if Legally | Blind: 🗌 | Taxpayer 🗌 | Spouse | |] No | | |
| | Blind: 🗌 | Taxpayer 🗌 | Spouse | |] No | | |
| Check if Legally Check if Perman On December 3' Were you: S | Blind: Blind: | Taxpayer | Spouse t | Spouse Divorced | | year? 🗌 Ye | 96 🗌 No |
| Check if Legally Check if Perman On December 3' Were you: Si a. If married, were | Blind: ently and T 1st 2006: ingle L re you living | Taxpayer otally Disabled egally Married with your spor | Spouse Taxpayer Separated use at anytime d | Divorced | months of the | | 96 🗌 No |
| Check if Legally Check if Perman On December 3 Were you: Si a. If married, wer Was your spouse | Blind: ently and T 1st 2006: ingle L te you living e deceased | Taxpayer otally Disabled egally Married with your spor ? If yes, provis | Spouse Taxpayer Separated use at anytime d de the date of de | Divorced | months of the | dd/yyyy} | IB 🗌 NO |
| Check if Legally Check if Perman On December 3' Were you: Si a. If married, were Was your spouse Part II. Family an | Blind: ently and T 1st 2006: ingle L re you living e deceased of Depen | Taxpayer otally Disabled egally Married with your spoi ? If yes, provis dent Inform | Spouse Taxpayer Separated Use at anytime d te the date of de ation – Do not | Divorced | months of the ./ (mm) your spouse | dd/yyyy) | es □ No |
| Check if Legally Check if Perman On December 3 Were you: Si a. If married, wer Was your spouse | Blind: ently and T 1st 2006: ingle L re you living e deceased of Depen | Taxpayer otally Disabled egally Married with your spoi ? If yes, provis dent Inform | Spouse Taxpayer Separated Use at anytime d te the date of de ation – Do not | Divorced | months of the ./ (mm) your spouse | dd/yyyy) | ls Tre dependent a full time student |
| Check if Legally Check if Perman On December 3' Were you: Si a. If married, wer Was your spouse Was your spouse Part II. Family an | Blind: ently and T 1st 2006: ingle L re you living e deceased of Depen | Taxpayer otally Disabled egally Married g with your spor ? If yes, provis dent Inform of in your home i Date of Brits | Spouse Taxpayer Separated use at anytime d te the date of de ation - Do not and outside your h Social Security | Spouse Divorced Di | months of the .) (mm. your spouse ported during th Months person lived with you in | dd/yyyy) a e year. Check if newdert of Canada or | ls the dependent |
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| Check if Legally Check if Perman Check if Perman On December 3' Were you: Si a. If married, were If married, were If married, were Status Part II. Family an Print the name of every Name (a) PETER JAN | Blind: ently and T 1st 2006: ingle L tre you living e deceased id Depen one who live | Taxpayer otally Disabled egally Married g with your spor ? If yes, provis dent Inform of in your home i Date of Birth ministryyy (b) 5/10/2003 | Spouse Taxpayer Separated Use at anytime d te the date of de ation - Do not and outside your h Bocial Security Number or ITIN (cl 151-05-1003 | Spouse S | months of the / (mm) your spouse parted during th Months person lived with you in 2006 00 12 | dd/yyyy) dd/yyyy) t. te year. check if readent of Canada or Mexico | is the dependent a full time student (yes or no) (g) NO |
| Check if Legally Check if Perman Check if Perman On December 3' Were you: Si a. If married, were Was your spouse Part II. Family an Print the name of every Name (a) PETER JAN | Blind: ently and T 1st 2006: ingle L tre you living e deceased id Depen one who live | Taxpayer otally Disabled egally Married g with your spor ? If yes, provis dent Inform of in your home i Date of Birth ministryyy (b) 5/10/2003 | Spouse Taxpayer Separated Use at anytime d te the date of de ation - Do not and outside your h Bocial Security Number or ITIN (cl 151-05-1003 | Spouse S | months of the / (mm) your spouse paried during th Months person lead with you in 2006 00 12 12 | dd/yyyy) Check if nasdert of Earach or Mexico (5 | is the dependent a full time student (yes or no) (g) NO YES |
| Check if Legally Check if Perman On December 3' Were you: Si a. If married, were Was your spouse Part II. Family an Print the name of every Name (a) PETER JAN EMILY JAM | Blind: ently and T 1st 2006: ingle L tre you living e deceased one who live MES IES | Taxpayer otally Disabled egally Married g with your spor ? If yes, provis dent Inform of in your home i Date of Birth ministryyy (b) 5/10/2003 | Spouse Taxpayer Separated Use at anytime d te the date of de ation - Do not and outside your h Bocial Security Number or ITIN (cl 151-05-1003 | Spouse S | months of the / (mm) your spouse paried during th Months person lead with you in 2006 00 12 12 | dd/yyyy) Check if nasdert of Earach or Mexico (5 | ls fre dependent a fail time student (yes or no) (g) NO YES |
| Check if Legally Check if Perman Check if Perman On December 3' Were you: Si a. If married, were Was your spouse Part II. Family an Print the name of every Name (a) PETER JAN | Blind: entity and T 1st 2006: ingle t L te you living e deceased d Depen cone who live MES IES | Taxpayer otally Disabled egally Married with your spor ? If yes, provie dent Inform of in your home i Date of Birth ministry or (b) 5/10/2003 | Spouse Taxpayer Soparated Use at anytime d de the date of de ation – Do not social Security Number of ITPN (cl 151-05-1003 152-12-0597 | Spouse S | months of the _/ (mm) your spouse parted during th Months person head with you in 2000 00 12 12 | dd/yyyy) te year. Check if nasident of Caracte or Mesico (5) Form 13614 | hi The dependent of full litrie student (yes or no) (g) NO YES (Rev. 8-2006) |

| | | | anduct a thorough interview, please use the decision trees, interview tips and informational charts in 17 in addition to this intake sheet. This intake sheet does not constitute a complete interview. | | | | | |
|--|--------------------|-------|--|--|--|--|--|--|
| Filing St | atus Det | ermi | ination – Use Publications 4012 and/or 17 to determine filing status. | | | | | |
| 1. Based on the interview, the filing status of the taxpayer is: Single MFJ MFS* I HH Qualifying Widow(er) | | | | | | | | |
| *Spouse | Name | | Social Security Number | | | | | |
| Depende | ency Det | ermi | nation – Use Publications 4012 and/or 17 to determine dependency exemptions. | | | | | |
| Yes | □ No | 2. | Did the taxpayer provide more than 50% of the support for the dependents claimed? | | | | | |
| Yes | No. | | Is there a signed Form 8332 or a divorce decree that allows someone else to claim the dependent(s)? | | | | | |
| Yes | □ No | 4. | is the dependent permanently and totally disabled? | | | | | |
| | | 5. | Based on the interview, how many individuals qualify as dependents for this return? | | | | | |
| | | | COMMONLY USED INCOME AND EXPENSES | | | | | |
| Valuate | Dian | 300 | se Publication 17, Your Federal Income Tax for Individuals and Publication 4012, | | | | | |
| | | | Guide while discussing the questions below with the taxpayer. | | | | | |
| Part IV. | Incom | 9 - | In 2006, did you receive: | | | | | |
| Yes | 🗌 No | 1. | Wages or Salary (Include W-2s for all jobs worked during the year) | | | | | |
| Yes | | | Disability income | | | | | |
| Yes Yes | | | Interest from: checking or savings account, bonds, dividends, CD, or brokerage account | | | | | |
| Yes | and the second | | State tax refund (may be taxable if you itemized last year) | | | | | |
| 1 Yes | | | Alimony income | | | | | |
| Yes | most comments | | Tip income | | | | | |
| Yes | and the second | | Pension and/or IRA distribution | | | | | |
| 1 Yes | | | Unemployment | | | | | |
| Yes | Street Contraction | | Social Security or Railroad Retirement | | | | | |
| Yes | | | Self Employment | | | | | |
| Yes | | | Other Income such as gambling winnings, awards, prizes and Jury duty | | | | | |
| Part V. | Adjusti | men | t – Did you have 2006 expenses for: | | | | | |
| Yes | | | IRA or other retirement account | | | | | |
| Ves | No No | | Alimony payments paid (If yes, you must provide the name and SSN of the recipient) | | | | | |
| Yes | No No | 3. | Education related expenses | | | | | |
| Part VI. | Itemize | ed D | Deductions – Did you have 2006 expenses for: | | | | | |
| Yes | No No | 1, | Un-reimbursed medical expenses | | | | | |
| Ves | No No | 2. | Home mortgage payments (interest and taxes - see Form 1098) | | | | | |
| 🗆 Yes | No No | 3. | Charitable contributions | | | | | |
| Part VII. | Credit | s - | In 2006, did you have: | | | | | |
| Ves | No No | 1. | Child/dependent care expenses that allow you (and your spouse-if MFJ) to work | | | | | |
| Ves | No No | 2. | 그 그는 것 같아요. 그는 것 같아요. 아이는 것 같아요. 아이들 것 같아요. 그는 것 같아요. | | | | | |
| Yes | No. | 3. | 그 비가 많은 것 같아. 안 전에 걸 것 같아. 못 한 것 않는 것 같아. 가지 않는 것 같아. 같아. | | | | | |
| | . Earne | ed Ir | ncome Tax Credit Determination – EITC Eligibility | | | | | |
| Part VIII | | | Was EITC previously disallowed (if yes taxpayer may not be eligible for EITC) | | | | | |

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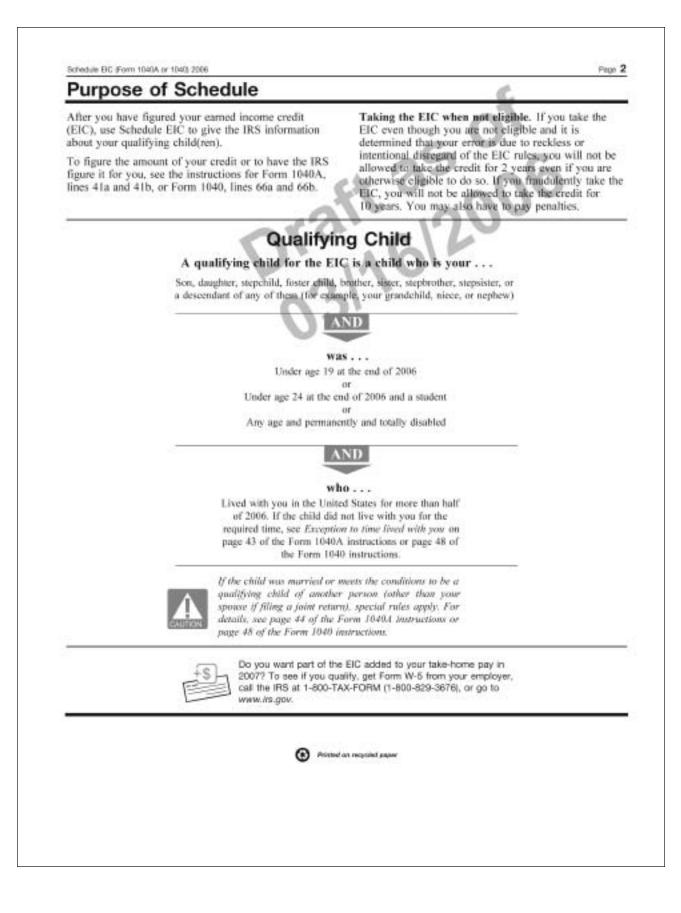
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| and Credits | 294 Check [You even hom before January 2, 1942. Utint.] Total box 4. [Spouse was born before January 2, 1942. DBind.] checked I | 15 • 39a | | |
| Standard Deduction | b. I you appear better or a separate when or you we use out of the page 10 with the | | 40 | 7550 |
| for- | 40 Itemized deductions (Yom Schedule A) or your standard deduction (see left 41 Dubtract line 40 from line 36 | | 41 | 21134 |
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| see page 36 | 48. Alternative minimum tax loss page 20. Artich Form BIR1 | the seal | 45 | |
| · Al others | 46 Additives 44 and 45 | | -45 | 1133 |
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| household. 67.550 | SE Other oudits a C Farm 3900 b C Farm 1801 c C Form | | | |
| 1110 | 56 Add lines 47 through 55. These are your total credits | | 66 | 1133 |
| | 57 Subtract line 56 from line 46. If line 56 is more than line 48, enter -0 | | 57 | 0 |
| Other | 56 Bolf-employment tax, Attach Schecluke SE | | 58 | |
| Taxes | Bocial security and Medicare last or by income instreported to employee. Alliasti Form | | 59 | |
| 122222 | 60 Additional tax on IFAs, other qualified retriement plans, etc. Attach Form \$329 if | 00 61 | | |
| | Advance earned income medit payments from Formov W-2, box 8, | 1111 1111 | 62 | |
| | 62 Add then 57 through 62. The is your total text | | 63 | a |
| Payments | 84 Feateral Income tax withhead from Forms W-2 and 1000 | 1674 | 1000 | 1 |
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| child attacht | b feoritarable combat pay alaction 🕨 66b | | | |
| Schedule BC. | 47 Excess social security and ter 1 PRITA tax withheld (see page 58) 47 | - | 1 | |
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| | Amount paid with request for extension to file (see page 5%) Because there a Fair ball to Fair date from (10 p. 1 fair (00)) 70 | | | |
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| | 72 Add lines 64, 65, 65a, and 67 through 71. These are your total payments | | 72 | 4157 |
| Destand. | 73 Y live 72 is monuthan live 65, subbact line 63 from live 72. This is the amount of | | 73 | 4157 |
| Refund Direct deposit? | 74 Amount of the 75 you want refunded to you. If Form 5858 a statched, sheak | CONTRACTOR CONTRACTOR | 74a | 4157 |
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| ar Fairn BBBB | 76 Amount of the 73 you want applied to your 2007 estimated tox 🕨 75 | | | |
| Amount | 76 Amount you owe. Subtract ine 72 from ine 63. For details on how to pay, see | piego 60 🕨 | 78 | |
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| Third Party | Do you want to ablee emotion person to discuss this return with the PIS (see page 0 | | 2 | an menning (] Me |
| Designee | | Personal identition number (PIN) | anten 🎽 | |
| Sign | Under penalties of penalty, i decare that i make marriered the relian, and accompanying schedules a | nd statements, an | t to the best | of my knowledge and |
| Here | belief, they are iner, samed, and catagines. Declaration of prepare juster than begaperies based or a | a reconcision of a | | |
| Anite return? | Your occusition | | Dayline : | phone manifiae |
| Sam page 17. Keep n copy | | | .L. 1 | |
| for your moonds | Boolec's agriduot. If a joint return, bath must sign. Data boolec's occupation | | | |
| Paid | Propamia Deta Ch | ock F | 10.5250000 | s 0.074 ±= FTT4 |
| Preparer's | | empkryed | | \$15011111 |
| Use Only | Hereia nartee jae adura il salt-oropologiali, adutana, and ZPC code | Dhi | 1. 1 | |
| | actives, and ZP code | Phone mo. | 10.00 | |

| 0.005 | 8812 | Additional Child Tax Cre | edit 1040A | | 2006 |
|-------|--|--|---------------------------|-------------|--|
| wiene | tread of the Treasury of Paversia Service (99 | | 04, or Form 1040NVI | NK-Y | Sequence No. 47 |
| | es) shown on return ENDA L JAMES | | 6 | 105 | 11 2976 |
| Pa | att All File | rs | 07 | | ÷ |
| 1 | page 39 of the F | from line 1 of your Child Tax Credit Worksheet on page 42 of form 1040A instructions, or page 20 of the Form 1040NR in nount from line 8 of the worksheet on page 4 of the publicu | structions. If you used P | 100 C 100 C | 2000 |
| 2 | Enter the amoun | t from Form 1040, line 53, Form 1040A, line 33; or Form 1 | 040NR, line 48 | 2. 2 | 1133 |
| 3 | Subtract line 2 f | rom line I. If zero, stop; you cannot take this credit | | . 3 | 867 |
| 4a | and the second second | earned income (see instructions on back) | 48 2845 | 0 | |
| þ | | but pay (see instructions on | | | |
| 5 | | i line 4a more than \$11,300? | | | |
| | D No. Leave | line 5 blank and enter -0- on line of | - | | |
| J. | | ct \$11,360 from the amount on line 4a. Enter the result . | 5 1715 | | 2573 |
| ٠ | | ount on line 5 by 15% (.15) and enter the result | A - 1 - 5 - 5 | | 2513 |
| | | fi is zero, stop; you cannot take this credit. Otherwise, s | kip Part II and enter th | 1E | |
| | | r of line 3 or line 6 on line 13. | | | |
| | | 6 is equal to or more than line 3, skip Part II and enter th Otherwise, go to line 7. | se amount from line 3 o | a | |
| Par | | n Filers Who Have Three or More Qualifying Cl | hildren | | |
| 7 | Withheld social | security and Medicare taxes from Form(s) W-2, boxes 4 and | | | |
| 1 | 6. If married filli | ng jointhy, include your spouse's amounts with yours. If you froad, see instructions on back | 7 | - | |
| 8 | 1040 filers: | Enter the total of the amounts from Form 1040, lines | | | |
| | | 27 and 59, plus any uncollected social security and | 8 | | |
| | 1040A filers: | Medicare or tier 1 RRTA taxes included on line 63. Enter -0 | | | |
| | 1040NR filers: | and the second sec | | | |
| | | 54, phis any uncollected social security and Medicare | | | |
| | | or tier 1 RRTA taxes included on line 58. | 9 | | |
| 9 | Add lines 7 and 1040 filers: | 8 | - | 1 | |
| | 1040 mers: | ther the total of the amounts from Form 1940, thes 66a and 67. | | | |
| | 1040A filers: | Enter the total of the amount from Form 1040A, line | | | |
| | | 40a, plus any excess social security and tier 1 RRTA | 10 | | |
| | | taxes withheld that you entered to the left of line 42 (see instructions on back). | | | |
| | 1040NR filers: | Enter the amount from Form 1040NR, line 61. | | | |
| | | | | | |
| п | Subtract line 10 | from line 9. If zero or less, enter -0 | an ana | · · II | |
| 12 | Enter the larger | of line 6 or line 11 | | , , 12 | |
| | Next, enter the s | smaller of line 3 or line 12 on line 13. | | 3 | |
| Par | rt III Additio | onal Child Tax Credit | | | |
| 13 | This is source | dditional child tax credit | | 13 | 867 |
| 13 | this is your a | dditional child tax credit | Tion Tion | A For | e this annound on w 1040, line 68, w 10404, line 41, or w 1040NR, line 62 |

| | Qualify attend of the Treasury nal Revenue Genice (20) | ring Child Information | |
|----|---|---|--|
| Ne | nela) ahown on return B | RENDA L JAMES | Your social security numb 105 11 2976 |
| B | afore you begin. See the ins | tructions for Form 1040A, lines 41a and 41 | b, or Form 1040, lines 6ba and |
| - | 000, 10 114 | ke sure that (a) you can take the EIC, and | 10. Vo. Vo. 10 |
| - | to 10 years. See back of | schedule for data is. | not be allowed to take the credit for up |
| 1 | It will take us longer to pr for each gualifying child. | rocess your return and issue your refu | and if you do not fill in all lines that app |
| | Be sure the child's name social security card. Other | nwise, at the time we process your re on the child's social security card is r | SSN) on line 2 agree with the child's sturn, we may reduce or disallow your not correct, call the Social Security |
| Q | ualifying Child Information | hild 1 | Child 2 |
| 1 | Child's name | Entrans Last none | First name Last name |
| | If you have more than two qualifying childre only have to list two to get the maximum cre | | EMILY JAMES |
| | Child's SSN The child must have an SSN as defined on p of the Form 1040A instructions or page 48 of Form 1040 instructions unless the child was died in 2006. If your child was born and died and did not have an SSN, enter "Died" on the and attach a copy of the child's birth certifica | the bom and tin 2006 s line san os sons | |
| 3 | Child's year of birth | Year 2 0 0 3 If hore after 1987, skip lines o and 4b; go to line 3 | |
| - | If the child was born before 190 Was the child under age 24 at the end of 200 station? | | Go to line 5. Continue. |
| b | Was the child permanently and totally disable any part of 2006? | ed during Ves. No. Continue. The child is qualifying c | |
| 5 | Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.) | SON | DAUGHTER |
| 6 | Number of months child lived you in the United States during 2 | | |
| | If the child lived with you for more than h 2006 but less than 7 months, enter "7." | | 11.4V |
| | If the child was been or died in 2006 and y bone was the child's home for the entire t or she was alive during 2006, enter "12." | | The second s |
| (| | e additional child tax credit if your child (a) alien. For more details, see the instructions fo | |



Basic Scenario 5 Retest Questions

Directions

You are conducting a quality review of a return prepared by another volunteer tax preparer. Brenda is sitting with you as you conduct the review. Using your resource materials and all the taxpayer's documents, review the tax return and answer the questions below.

You are a volunteer at site S15011111.

- **5.1** Which names are entered incorrectly on the tax return? (Select only one answer.)
 - a. Paul and Brenda
 - b. Paul and Emily
 - c. Emily and Brenda
 - d. Paul, Emily, and Brenda
- **5.2** The information on the tax return is inconsistent with information from which question in Part I of the Intake and Interview Sheet? Question number _____.
- 5.3 What information did the volunteer fail to enter correctly from Form W-2?
 - a. Wages, tips, other compensation
 - b. Federal income tax withheld
 - c. Advance EIC payment
 - d. Local wages, tips, etc.
 - e. State income tax
- **5.4** On what line of Form 1040 do you record a taxpayer's qualified traditional IRA contribution? Line _____
- **5.5** Which form do you use to determine if a taxpayer is qualified for a Retirement Savings Contributions Credit for their traditional IRA contribution? Form number _____
- **5.6** Did the volunteer take the appropriate credit(s) for the \$600 Brenda paid her mother for taking care of her children?
 - a. Yes
 - b. No
- **5.7** What page of Publication 4012, Volunteer Resource Guide, covers entering direct deposit information correctly on the tax return? Page _____.

This page intentionally left blank.

2006 6745 Retest – Intermediate Course

Intermediate Scenario 1: Paul Harvard

| Taxpayer | Paul Harvard is a general construction worker in Arizona. He is divorced and has no children. |
|-----------------------|---|
| Taxpayer Documents | Social security card for Paul Harvard Forms W-2 Forms W-2G Form 1099-INT Form 1098 Form 1098-E Form 1099-R |
| Interview Notes | Paul won a poker tournament in 2006. He received a form from the casino, but doesn't think he should report the winnings because he lost \$7,215 that weekend. Paul bought a certificate of deposit in 2005. It has matured and he received a 1099-INT from the bank. He has not withdrawn the interest but he is entitled to it without penalty. Paul paid \$700 in interest on his student loan in 2006. Paul served on a jury and received \$150. He kept the money from jury duty and did not turn it over to his employer. When Paul changed jobs in 2006, he cashed out his 401K. He received Form 1099-R for that distribution, and he had taxes withheld. Pursuant to his divorce, which became final in 2004, Paul pays his ex-wife \$400 a month in alimony. The ex-wife's SSN is 211-XX-XXXX. |

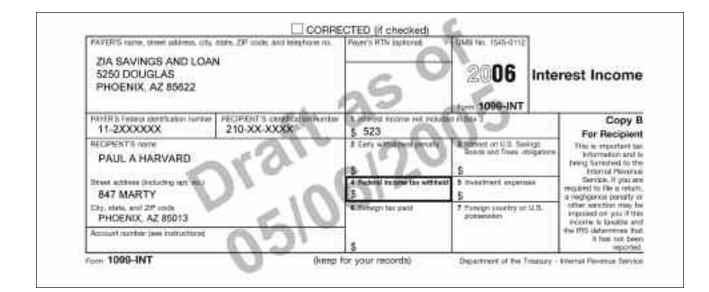
| Interview Notes (continued) | Paul has never itemized his deductions but thinks he may have enough this year. Paul gives you a list of the following items he paid. |
|-----------------------------------|--|
| , , | Interest on car loan \$1,845 |
| | Medical insurance premiums paid \$1,260 |
| | Unreimbursed medical and dental bills \$745 |
| | Non-prescription medicine \$275 |
| | Vehicle registration fees based on the value of his car \$54 |
| | Donation to National Public Radio \$80 (received a mug worth \$10 for his donation) |
| | Cash contributions to church \$560 |
| | Paid medical bills for mother, but cannot claim her as a dependent \$1,150 |
| | Gambling losses \$7,215 |
| | Union dues \$400 |
| | Safe deposit box \$30 (Paul keeps savings bonds in a safety deposit box. These bonds accrue interest that will be taxable when they are redeemed.) |
| | |
| | 210-XX-XXXX |
| | Paul A. Harvard Paul A. Harvard |

| Rev. August-2006 | Intake and Interview Sheet | | | | | | | B#1545-1964 |
|--|---|--|--|--|--|---|---|---------------|
| You (and Spous | e) will nee | ed: | | | | | | |
| Proof of Identity | | | | | Child care | providers' iden | tification nui | nber |
| · Copies of ALL W | -2 1098, 1098 | 9 forms | | | | banking inform | | |
| Social Security (5) | | | | | | ings deposit sl | | deposits |
| Identification Nun individuals to be I | C. S. S. L. S. S. W. S. S. | | | | | tax payments i | nade, etc. | |
| | | | | | Amounts o | f other income | | |
| Part I: Taxpayer 1. Your First Name | and the second se | M.L | Last N | ame | | | 2. SSN o | ITIN |
| PAUL | 2 | A | HARV | | | | and the set of the | x x - x x x x |
| 3. Date of Birth (mi 08 / 10 / | | Job Tit CONSTR | - | UNDRED | s. | | | |
| 5. Spouse's First N | | M.I. | Last N | Contract of Contract of | | | 6. SSN or | TIN |
| | | | | | | | - | - |
| 7. Date of Birth (mi | m/dd/yyyyy) | 8. Job Tit | 9 | | | | | |
| 9. Address | | | Apt # | 1000000000 | 100410 | | | Zip Code |
| 847 MARTY 10. Phone Numbers | Dautime | E | ening | PHOE | NIX | Cell | AZ | 85013 |
| YOUR PHONE NUM | | | ening | | | 0.01 | | |
| 11. Are you a U.S. (| Citizen? Z | Yes 🗆 | No 12. | ls your S | Spouse a U.S. C | tizen? 🗌 Ye | s 🗌 No | |
| 13. Can your parent | ts or someon | e else clai | n you or y | our spou | ise as a depende | ent on their tay | return? | Yes 🔽 No |
| TOUR YOUR PRINT | | | | | | an on their tax | | |
| | | | | | | | | 168 10 160 |
| 14. Did you pay mor | e than half th | e cost of k | eeping up | the hom | |] No | | |
| 14. Did you pay mor 15. Check if Legally | e than half th Blind: 🔲 T | e cost of k laxpayer | eeping up | the hom | e? 🗹 Yes 🗆 | | | |
| 14. Did you pay mor | e than half th Blind: 🔲 T | e cost of k laxpayer | eeping up | the hom | e? 🗹 Yes 🗆 | | | 100 10 100 |
| 14. Did you pay mor 15. Check if Legally | e than half th Blind: 1 T nently and To 11st 2006: Single 1 Le | e cost of k Faxpayer Itally Disat | eeping up | the hom e Taxpaye eparates | r 🗆 Spouse |] No | | |
| Did you pay mor Check if Legally Check if Permar Check if Permar On December 3 Were you: S a. If married, we | e than half th Blind: nently and To Itst 2006: Single Le re you living y | e cost of k Faxpayer Mally Disat agally Man with your s | eeping up Spous Ied: S ied S pouse at a | the hom e Taxpaye eparated anytime o | r Spouse | No No | | |
| Did you pay mor Check if Legally Check if Permar Check if Permar On December 3 Were you: S a. if married, we Was your spous | e than half th Blind: 1 T nently and To 1st 2006: Single 1 Le re you living v se deceased? | e cost of k Faxpayer Itally Disat Ingally Man with your s | eeping up Spous led: S ied S pouse at a ovide the o | the hom c Taxpaye eparates anytime of date of d | e? ₽ Yes r □ Spouse d ₽ Divorced during the last 6 leath/ | No | year? 🗌 Y dd/yyyy) | |
| Did you pay mor Check if Legally Check if Permar Check if Permar On December 3 Were you: S a. If married, we | e than half th Blind: nently and To 11st 2006: Single Le re you living v se deceased? nd Depend | e cost of k Faxpayer Mally Disat egally Man with your s P If yes, pr lent Info | eeping up Spous led: | the hom e Taxpaye eparates anytime o date of d – Do no | e? ₽ Yes r □ Spouse d ₽ Divorced during the last 6 eath/ t include you or | No months of the _/ (mm/ | year? 🗌 Y dd/yyyy) | |
| Did you pay mor Check if Legally Check if Permar Check if Permar Check if Permar On December 3 Were you: S a. If married, we Was your spous Part II. Family ar | e than half th Blind: nently and To 11st 2006: Single Le re you living v se deceased? nd Depend | e cost of k Faxpayer Mally Disat egally Man with your s P If yes, pr lent Info | eeping up Spous led: S pouse at a ovide the o mation me and outs mh Soai | the hom e Taxpaye eparates anytime o date of d – Do no | e? ₽ Yes r □ Spouse d ₽ Divorced during the last 6 eath/ t include you or | No months of the / (mm/ your spouse parted during th Months person Beed with you in | year? 🗌 Y dd/yyyy) | es No |
| Did you pay mor Check if Legally Check if Permar Check if Permar Check if Permar On December 3 Were you: S a. If married, we Was your spous Part II. Family ar Print the name of even | e than half th Blind: nently and To 11st 2006: Single Le re you living v se deceased? nd Depend | e cost of k Faxpayer Mally Disat egally Man with your s I fyes, pr lent Info | eeping up Spous led: S pouse at a ovide the o mation me and outs mh Soai | the hom e Taxpaye eparates anytime o date of d <u>– Do no</u> side your e Securty | Per P Yes P Yes P Spouse d P Divorced during the last 6 leath/ t include you on home that you sup Personny | No months of the _/ (mm/ your spouse parted during th Months person | year? dd/yyyy) , e year. Check finaiden | es 🗌 No |
| Did you pay mor Check if Legally Check if Permar Check if Permar Check if Permar Check if Permar On December 3 Were you: S a. If married, we Was your spous Part II. Family ar Print the name of even | e than half th Blind: nently and To 11st 2006: Single Le re you living v se deceased? nd Depend | e cost of k laxpayer tally Disat egally Marr with your s I f yes, pr lent Info I in your hor Data of the ministry | eeping up Spous led: S pouse at a ovide the o mation me and outs mh Soai | the hom e Texpaye eparated anytime o date of d – Do no side your e Security er or ITIN | e? Ves r Spouse r Spouse d Divorced during the last 6 leath/_ tinclude you or home that you sup [ton, daughter, etc.] | No months of the _/ (mm/ your spouse parted during th Moths parson lead with you in 2006 | year? Y dd/yyyy) check finaiden of Caracte or Mexico | es No |
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| Did you pay mor Check if Legally Check if Permar Check if Permar Check if Permar Check if Permar On December 3 Were you: S a. If married, we Was your spous Part II. Family ar Print the name of even | e than half th Blind: nently and To Itst 2006: Single Le re you living v se deceased? nd Depend | e cost of k laxpayer tally Disat egally Marr with your s I f yes, pr lent Info I in your hor Data of the ministry | eeping up Spous led: S pouse at a ovide the o mation me and outs mh Soai | the hom e Texpaye eparated anytime o date of d – Do no side your e Security er or ITIN | e? Ves r Spouse r Spouse d Divorced during the last 6 leath/_ tinclude you or home that you sup [ton, daughter, etc.] | No months of the _/ (mm/ your spouse parted during th Moths parson lead with you in 2006 | year? Y dd/yyyy) check finaiden of Caracte or Mexico | es No |
| Did you pay mor Check if Legally Check if Permar Check if Permar Check if Permar Check if Permar On December 3 Were you: S a. If married, we Was your spous Part II. Family ar Print the name of even | e than half th Blind: nently and To Itst 2006: Single Le re you living v se deceased? nd Depend | e cost of k laxpayer tally Disat egally Marr with your s I f yes, pr lent Info I in your hor Data of the ministry | eeping up Spous led: S pouse at a ovide the o mation me and outs mh Soai | the hom e Texpaye eparated anytime o date of d – Do no side your e Security er or ITIN | e? Ves r Spouse r Spouse d Divorced during the last 6 leath/_ tinclude you or home that you sup [ton, daughter, etc.] | No months of the _/ (mm/ your spouse parted during th Moths parson lead with you in 2006 | year? Y dd/yyyy) check finaiden of Caracte or Mexico | es No |
| Did you pay mor Check if Legally Check if Permar Check if Permar Check if Permar Check if Permar On December 3 Were you: S a. If married, we Was your spous Part II. Family ar Print the name of even | e than half th Blind: nently and To Itst 2006: Single Le re you living v ae deceased? nd Depend yone who lived | e cost of k laxpayer tally Disat egally Marr with your s I f yes, pr lent Info I in your hor Data of the ministry | eeping up Spous led: S pouse at a ovide the o mation me and outs mh Soai | the hom e Texpaye eparated anytime o date of d – Do no side your e Security er or ITIN | e? Ves r Spouse r Spouse d Divorced during the last 6 leath/_ tinclude you or home that you sup [ton, daughter, etc.] | No Months of the (mm/ your spouse parted during th Bed with you in 2006 (0) | year? Y dd/yyyy) dd/yyyy) o e year. Check if naiden of Canada or blexico if | es No |
| 14. Did you pay mor 15. Check if Legally 16. Check if Permar 17. On December 3 Were you: Sa. If married, we 18. Was your spous Part II. Family ar Print the name of every Name (a) | e than half th Blind: 1 nently and To 11st 2006: Single 1 Le re you living v se deceased? nd Depend yone who lived | e cost of k Taxpayer tally Disat tally Disat tally Disat tally Nam with your s If yes, pr tent Info Date of 8 ministry (b) | eeping up Spous Ied: S pouse at a ovide the o me and outs min Sods | the hom e Taxpaye eparated anytime o date of d - Do no side your e Seconty ber or ITIN (cl | e? Ves r Spouse r Spouse d Divorced during the last 6 leath/_ tinclude you or home that you sup [ton, daughter, etc.] | No months of the | year? Y dd/yyyy) e year. Check if reader of Caracte or Medico 16 | es No |

| | | | induct a thorough interview, please use the decision trees, interview tips and informational charts in 17 in addition to this intake sheet. This intake sheet does not constitute a complete interview. |
|----------------|-------------------|--------|--|
| Filing St | atus Det | ermi | nation – Use Publications 4012 and/or 17 to determine filing status. |
| | d on the w(er) | interv | riew, the filing status of the taxpayer is: 📓 Single 🗌 MFJ 🗌 MFS* 🗌 HH 🔲 Qualifying |
| *Spouse | Name _ | | Social Security Number |
| Depend | ency Det | ermi | nation – Use Publications 4012 and/or 17 to determine dependency exemptions. |
| T Yes | | 2. | Did the taxpayer provide more than 50% of the support for the dependents claimed? |
| Ves | □ No | | Is there a signed Form 8332 or a divorce decree that allows someone else to claim the dependent(s)? |
| Ves | □ No | 4. | is the dependent permanently and totally disabled? |
| | | | Based on the interview, how many individuals gualify as dependents for this return? |
| | | | COMMONLY USED INCOME AND EXPENSES |
| | | | |
| | | | se Publication 17, Your Federal Income Tax for Individuals and Publication 4012, Guide while discussing the questions below with the taxpayer. |
| Part IV. | Incom | e – | In 2006, did you receive: |
| Yes | □ No | 1. | Wages or Salary (Include W-2s for all jobs worked during the year) |
| Yes. | No No | | Disability income |
| Yes | No No | 3. | Interest from: checking or savings account, bonds, dividends, CD, or brokerage account |
| Yes. | No. | 4. | State tax refund (may be taxable if you itemized last year) |
| Yes | No. | 5. | Alimony income |
| Yes | No No | 6. | Tip income |
| Yes | D No | 7. | Pension and/or IRA distribution |
| Yes | No. | 8. | Unemployment |
| Yes | No No | 9. | Social Security or Railroad Retirement |
| T Yes | No No | 10. | Self Employment |
| Yes | No No | 11. | Other Income such as gambling winnings, awards, prizes and Jury duty |
| Part V. | Adjustr | men | t – Did you have 2006 expenses for: |
| □ Yes | No No | 1. | IRA or other retirement account |
| V Yes | No No | 2. | Alimony payments paid (If yes, you must provide the name and SSN of the recipient) |
| Yes | 🗆 No | | Education related expenses |
| Part VI. | Itemize | ed D | eductions – Did you have 2006 expenses for: |
| Yes | No No | 1. | Un-reimbursed medical expenses |
| Yes | No No | 2. | |
| V Yes | 🗆 No | 3, | Charitable contributions |
| Part VII. | Credit | s - | In 2006, did you have: |
| | No No | 1. | Child/dependent care expenses that allow you (and your spouse-if MFJ) to work |
| 1 Yes | No No | 2. | Educational expenses for you or your dependents |
| □ Yes | No. | 3. | Retirement Savings Contribution |
| | | | ncome Tax Credit Determination – EITC Eligibility |
| □ Yes □ Yes | | ed Ir | Come Tax credit beternination - Erc Englishity |
| □ Yes □ Yes | | | Was EITC previously disallowed (if yes taxpayer may not be eligible for EITC) |

| e Centrat | 26 | 55555 | Visit 🚺 | He Office DMB frio | | | - | | | |
|--|---|-------|---------|-----------------------|-----|--------------|---------------------------------------|---|-------------------------|--|
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| PHOENIX, AZ 85501 | | | | | | 1.5 | mini terratity tipe | 4 Alecanet tax | | |
| il Englishe's social tessific laritier 210 XX XXXX | | | | | | 8.00 | Same OC payment | 10 Dijecteri 13 | 10 Dijecteri zaw kentin | |
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| 847 MA PHOEN | RTY IX, AZ 85013 | | | | | 10 | 0 0 | 5% 104 | | |
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| | e Social Security Admit # Social Security Ac | | | | | | | | Cat. Wo 1013 | |

| e Consideration | 2 | 5555 | wai 🚺 | DMIT HU. 1 | | C | | | | |
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| 11-5XXXXXXX | fasatiope kunntalaan SERAA C | | | | | | içini, taşı, sıfıki isənən adılırı 800 | 3 | Factorial Income 115 | # 300 will 91401 |
| | e, sittees, and ZP us 1 NOVERS | ÷ | | | | | cat selectly wages | 4 | Sector mounty 124 | bui withitiad |
| SHORT HAUL MOVERS 7850 WINDTALKER | | | | | B Meetina's single-method 2000 | | | Wething the withput 3 | | |
| PHOENIX, AZ 85501 | | | | | 1.1 | icel security taxa | - 8 | Abcord ton | | |
| medda da ar an | the descardly characteristics CX XXXX | | | | | 9 m | bane EK piyment | 18 | Conversion t co | n hanatte |
| PAUL A | riane and price | HARVAN | ω | | 248 | tt. N | ogual/Fied plane | 734 E | tion math at the 200 | ie fier 600 12 . |
| | TY , AZ 85013 | | | | | 14 D | | 13 | 1 | |
| S Sun Driphty | e'n siste 10 namber XXXXX | | Ar unges Tan ett. 800 | 17 Sam 49 | hear | NI TRO | Wilson wape, the sec | 19 1.5 | al access the | 30 Could re |
| | Wage and Tax Statement al Security Adminis | | Soud this with | | 0(| 36 | | Print | a Act and Pep | d Rowman Dev erwent Raslact Laark of Depy Cat. No. 1000 |



| PAVER'S rame DEALERS CHOICE CASINO | 1 Gross winnings 5500 | 2 Federal income tax withheid 1375 | CMH No. 1545-023 | |
|---|--|---------------------------------------|--|--|
| Broot address | 3 Type of wager | 4 Date wort | 2006 | |
| 7261 S VIRGINIA ST | POKER TOURNAMENT | | Form W-2G | |
| City, state, and ZIP code RENO, NV 98566 | \$ Transaction | # Race | Certain | |
| Federal identification number Telephone number 11-3XXXXXXX | 7 Winings from identical wagers | 8 Casher 7522 | Gambling Winnings | |
| WIMER'S name PAUL A HARVARD | Wines's tapayer identification mp. 210-XX-XXXX | 10 Window 5 | For Privacy Act and Paperwork Reduction Act Notice, set the 2006 | |
| Street address (including upt. no.) 847 MARTY | 11 Frei LD. | 12 Second LD. | General Instructions fo Forms 1099, 1098, 549 | |
| City, state, and ZIP code PHOENIX, AZ 85013 | 13 Stah-Pejer's state identification m. 14 State income tax withheld 11-3XXXXXX 0 | | And W-20. File with Form 1096. | |
| Under parallies of perjury, I declars that, is the best of ray knowledge and connectly identify me on the recipient of this payment and any payments from Signature > | a identical wagers, and that no other person is | | Copy A For Internal Revenue Service Center | |

| FIRST MORTGAGE C 9800 WENGLER WAY YOUR CITY, STATE Z | OMPANY | ⁴ Gastion: The account shown may not be fully deductible by your lands deaded on the ioan annount and the cost and value of the second property may apply. Also, you may any induct intervent to the extent if your countered by you, actually paid by you, and not mentioned by another parton. | 2006 Form 1098 | Mortgage Interest Statement | | |
|--|---|---|--|-----------------------------------|--|--|
| RECIPENT'S locked identification no. 11-4XXXXXX | PWYER'S social accurity number 210-XX-XXXX | 1 Mortgage interest receive \$3045 | Copy B For Payer The intermition in boses (,); and 3 is importent tice intermedian and a being brieflicht to the totenuk Henomus Service, F yes are required to the arthum, a regigenous penalty or other amotion may be imposed | | | |
| PAYER'S/BORROWERTS name | | 2 Points pied on purchase - | | | | |
| PAUL A HARVARD | | \$ | | | | |
| Street address (including apt. no.) | | 3 Refund of overpaid intere | | | | |
| 847 MARTY | | \$ | on you if the IP determines that a | | | |
| City, state, and ZIP code | | 4 | underpayment of tax result because you overstated | | | |
| PHOENIX, AZ 85013 | | REAL ESTATE T | deduction for this montant | | | |
| Account number (see instructions) | | | internet of for these point or because you did in report this refund of interes private refue | | | |

| PECIPIENT'S1_ENDER'S IMPR. 003 Financial Aid Partners 666 Lincoln PHOENIX, AZ 85622 | ress, and telephone number | | 2006 Form 1098-E | Studen Loan Interes Statemen |
|---|--|---|--|---|
| RECIPIENT'S todinal identification no. 11-6XXXXXX | BORROWER'S social security sumber 210-XX-XXXX | 1 Student loan interest re \$ 700 | ceived by lancler | Copy I For Borrowe |
| BORROWER'S name PAUL A HARVARD Street address (including apt. no.) 847 MARTY City, state, and ZIP code PHOENIX, AZ 85013 | | | | This is important to information and is bein foundated to the Inform Revenue Service. If yo are required to the relative an explored penalty or other another may be imposed on you the RFS observices the on underperment of to |
| Account Humber (see instructions) | | 2 Box 1 includes loan capitalized Werest (if cl) | results toocause yo overstated a deductio for student loan interes | |

| PAYER'S name, street address, city, state, and ZIP code SOUTHWEST FIDELITY 9910 OAK KNOLL YOUR CITY, STATE ZIP | | 1 Gross distribution § 4550 2a Taxable amount § 3350 | ©©©© | | |
|---|-----------------------------------|--|---|--|--|
| PAYER'S federal identification | RECIPIENT'S identification | 2b Tasable amount not determined 3 Capital gain (Included in box 2a) | Total distribution | income on you | |
| 11-7XXXXXX | 210-XX-XXXX | s _ O | s 385 | federal ta return. If thi form show federal incom | |
| PAUL A HARVARD | | Employee contributions or mauatos premiumas decignated Roth basis \$ 1200 | 6 Not unrealized appreciation in employme's securit | tax withheld i box 4, attac this copy t your return | |
| Street address (including apt. n 847 MARTY | ×31 | 7 Distribution IRA cookers 1 | 8 Other S | This information being furnished to the intern | |
| City, state, and ZIP code PHOENIX, AZ 85013 | | Ra Your percentage of total distribution % | 9b Total employee contribu S | | |
| | Hist year of desig. Roth dontrio, | 10 Bate tax withheld § 226 S | 11 State/Payer's stab | e no, 12 State distributio \$ | |
| Account number (see instructions | Ord, | 5 13 Local tax withheid S | 14 Name of locality | 3 15 Local distributio \$ | |

Intermediate Scenario 1 Retest Questions

Directions

Using your resource materials and interview notes, complete Form 1040 through line 64, complete Schedule A, and answer the following questions. You are a volunteer at site S21012222.

Note: To complete social security numbers and employer identification numbers, replace Xs with 286560 or with the EFIN provided by your instructor.

- 6.1 Paul's adjusted gross income on Line 37 of Form 1040 is \$_____
- 6.2 Paul's medical and dental expenses on line 1 of Schedule A are:
 - a. \$2,005
 - b. \$2,330
 - c. \$3,155
 - d. \$3,430
- 6.3 What amount is on line 9 of Schedule A in the Taxes You Paid section?\$_____
- 6.4 The sum of the interest Paul paid, listed on line 14 of Schedule A, is:
 - a. \$3,045
 - b. \$3,745
 - c. \$4,890
 - d. \$5,590
- 6.5 What amount is on line 18 of Schedule A in the Gifts to Charity section?\$_____
- **6.6** The sum of Paul's Job Expenses and Certain Miscellaneous Deductions, listed on line 23 of Schedule A, is:
 - a. \$0
 - b. \$430
 - c. \$5,930
 - d. \$7,645
- 6.7 What amount is on line 27 of Schedule A in the Other Miscellaneous Deductions section? \$_____

- **6.8** Paul had taxes withheld when he cashed out his 401K; however, he owes an additional tax. What is the additional tax on IRAs Paul owes, listed on line 60 on Form 1040?
 - a. \$0
 - b. \$34
 - c. \$335
 - d. \$455
- 6.9 In general, if taxpayers pay alimony, can they deduct it?
 - a. Yes
 - b. No
- 6.10 On what page of Publication 4012, Volunteer Resource Guide, are there examples of income items with the appropriate line on Form 1040? Page _____
- 6.11 What is the total federal income tax withholding reported on all of Paul's income reporting documents which would be on line 64 of Form 1040? \$_____

| Taxpayer | George and Alberta completed Form 13614, Intake and Interview Sheet, and want to file together. |
|-----------------------|--|
| Taxpayer Documents | Social security card for George C. Farmer Social security card for Alberta L. Farmer Form W-2 for Alberta Farmer Form 1099-INT Form 1099-DIV Form 1099-MISC Forms 1099-R Form SSA-1099 for George Farmer |
| Interview Notes | George retired in 2004 and is receiving a pension and social security. George began doing consulting work on a gardening book in June 2006. This requires him to travel to public and private gardens. He received Form1099-MISC, which included all income from this business. George has written records for all of his business expenses: August 26, 2006, he purchased a truck used primarily for business travel (he has another car for personal use). He logged 5,300 miles on the truck including 5,100 miles for business use. Office expenses (paper, postage, envelopes, etc.) of \$216. Long distance phone calls \$94. Alberta works part-time at a nursing home as a cook. Because she doesn't have a retirement plan, she contributed \$1,000 in 2006 to a traditional IRA. Alberta took \$4,000 out of the IRA in 2006 so George could buy a truck to use for his gardening business. |

| Interview | • | They received \$244 interest on municipal bonds they own, but did |
|-----------------------------|---|--|
| Notes (continued) | | not get a statement from the city that issued the bonds. The city issuing the bonds was Your City. |
| | | |

- They have not itemized their deductions since their home was paid off four years ago and do not want to itemize this year.
- The Farmers remodeled their home this year and installed an energy efficient door. They have the manufacturer's certification that it qualifies for the energy credit. The total cost was \$1,000. (\$700 for the door and \$300 for the installation.)



| Rev. August-2006 | | | | asury - Internal Revenue Ser I Interview Sheet | | OM | 3 # 1545-1964 |
|--|---|---|--|---|--|---|---|
| You (and Spous Proof of Identity | | | | 35 - 53 - 53 | providers' ider | | |
| Copies of ALL W Social Security (Identification Nur Individuals to be | SSN) or Indivis mber (ITIN) for | dual Tax rail | | andlor sav Estimated | ' banking infon ings deposit si tax payments f other income | ip) for refund made, etc. | |
| Part I: Taxpayer | Informatio | n | | | | 15 | |
| 1. Your First Name GEORGE | | | | ime ER | | 2. SSN or 2 2 0 -) | ITIN (X-XXXX |
| 3. Date of Birth (m 03 / 17 / | | 4. Job Title RETIRED | | | | | |
| 5. Spouse's First MALBERTA | | | | | 6. SSN or 2 2 1 -) | ITIN (X-XXXX | |
| 7. Date of Birth (m 11 / 22 / | | 8. Job Title COOK | | | | | |
| 9. Address 1551 BALTIC | | 64 | Apt # | City YOUR CITY | | | Zip Code YOUR ZIP |
| 10. Phone Number YOUR PHONE NU | | Even | ing | | Cell | | |
| 11. Are you a U.S. | Citizen? V | res 🗆 No | 12.1 | s your Spouse a U.S. Ci | tizen? 🔽 Ye | s □ No | |
| | | | | ur spouse as a depende the home? 🗹 Yes 🛛 | ent on their tax | return? | Yes 🗹 No |
| 15. Check if Legally | | | | | | | |
| | 31st 2006: | | 1.1.1.1.2.2.4 | anpayer Spouse parated Divorced | | | |
| On December 3 Were you: 3 a. If married, we | | | use at a | nyume during the last 6 | months of the | year? 🕑 Y | es 🗆 No |
| Were you: S a. If married, we 18. Was your spour | ere you living v se deceased? | with your spo If yes, provi | de the d | ate of death/ | _/ (mm | dd/yyyy} | es □ No |
| Were you: S a. If married, we 18. Was your spour Part II. Family a | ere you living v se deceased? nd Depende | with your spo If yes, provi ent Inform | de the d ation - | ate of death/ | _/ (mm. r your spouse | dd/yyyy} | 98 🗌 No |
| Were you: S a. If married, we 18. Was your spour Part II. Family an Print the name of even | ere you living v se deceased? nd Depende | with your spo If yes, provi ent Inform in your home | de the d ation - and outs | ate of death/ | _/ (mm. r your spouse parted during th | dd/yyyy) e year. | 1 |
| Were you: S a. If married, we 18. Was your spour Part II. Family a | ere you living v se deceased? nd Depende | with your spo If yes, provi ent Inform | de the d ation - and outsi Social Numb | ate of death/ | _/ (mm. r your spouse | dd/yyyy} | l la Tra clependari |
| Were you: S a. If married, we 18. Was your spour Part II. Family an Print the name of even Name | ere you living v se deceased? nd Depende | with your spo If yes, provi ent Inform in your home Date of Birth mm/dd/yoy | de the d ation - and outsi Social Numb | Bo not include you or Co not include you or do your home that you sup Security Relationship ison, daughter, etc.) | J (mm your spouse parted during th Norths person lead with you in 2006 | dd/yyyy) dd/yyyy) a a yexar. Chuck if nasdan of Canada of Mexico | l la lha dependen a full lime student (yes or no) |
| Were you: S a. If married, we 18. Was your spour Part II. Family an Print the name of even Name | ere you living v se deceased? nd Depende | with your spo If yes, provi ent Inform in your home Date of Birth mm/dd/yoy | de the d ation - and outsi Social Numb | Bo not include you or Co not include you or do your home that you sup Security Relationship ison, daughter, etc.) | J (mm your spouse parted during th Norths person lead with you in 2006 | dd/yyyy) dd/yyyy) a a yexar. Chuck if nasdan of Canada of Mexico | l la lha dependen a full lime student (yes or no) |
| Were you: S a. If married, we 18. Was your spour Part II. Family an Print the name of even Name | ere you living v se deceased? nd Depende | with your spo If yes, provi ent Inform in your home Date of Birth mm/dd/yoy | de the d ation - and outsi Social Numb | Bo not include you or Co not include you or do your home that you sup Security Relationship ison, daughter, etc.) | J (mm your spouse parted during th Norths person lead with you in 2006 | dd/yyyy) dd/yyyy) a a yexar. Chuck if nasdan of Canada of Mexico | l la lha dependen a full lime student (yes or no) |
| Were you: S a. If married, we 18. Was your spour Part II. Family an Print the name of even Name | ere you living v se deceased? nd Depende ryone who lived | with your spo If yes, provi ent Inform in your home Date of Birth mm/ddPyyy (b) | de the d and outs Social Numb | Bo not include you or Co not include you or do your home that you sup Security Relationship ison, daughter, etc.) | J (mm r your spouse paried during If Northis person level spot 2006 00 | dd/yyyy) ie year. Chuck if needer of Canado or Mexico 15 Form 1361 4 | I Is the dependent a full time student (yes or no) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g |

| | | | anduct a thorough interview, please use the decision trees, interview tips and informational charts in 17 in addition to this intake sheet. This intake sheet does not constitute a complete interview. |
|-----------|---------------------|--------|--|
| Filing St | atus Det | ermi | ination – Use Publications 4012 and/or 17 to determine filing status. |
| | d on the i w(er) | interv | view, the filing status of the taxpayer is: 🗌 Single 📓 MFJ 🗌 MFS* 🗌 HH 🔲 Qualifying |
| *Spouse | Name _ | | Social Security Number |
| Depende | ency Det | ermi | ination – Use Publications 4012 and/or 17 to determine dependency exemptions. |
| Yes | D No | 2. | Did the taxpayer provide more than 50% of the support for the dependents claimed? |
| Yes | 🗌 No | З. | Is there a signed Form 8332 or a divorce decree that allows someone else to claim the dependent(s)? |
| Yes | No No | 4, | Is the dependent permanently and totally disabled? |
| | | 5. | Based on the interview, how many individuals qualify as dependents for this return? |
| | | | COMMONLY USED INCOME AND EXPENSES |
| | | | se Publication 17, Your Federal Income Tax for Individuals and Publication 4012, Guide while discussing the questions below with the taxpayer. |
| Part IV. | Incom | 9 - | In 2006, did you receive: |
| Yes | □ No | 1. | Wages or Salary (Include W-2s for all jobs worked during the year) |
| □ Yes | No No | | Disability income |
| Yes Yes | No No | 3. | Interest from: checking or savings account, bonds, dividends, CD, or brokerage account |
| Yes | No. | 4. | |
| Yes | No No | | Alimony income |
| Yes | No No | | Tip income |
| Yes Yes | No No | | Pension and/or IRA distribution |
| 1 Yes | | | Unemployment |
| Yes | No No | | Social Security or Railroad Retirement |
| Yes | No No | | Self Employment Other Income such as gambling winnings, awards, prizes and Jury duty |
| | | | t - Did you have 2006 expenses for: |
| V Yes | | | IRA or other retirement account |
| | No No | | Alimony payments paid (If yes, you must provide the name and SSN of the recipient) |
| | No No | | Education related expenses |
| | | | Deductions - Did you have 2006 expenses for: |
| | | | Un-reimbursed medical expenses |
| Ves | No No | 2. | |
| Yes | No No | | Charitable contributions |
| Part VII. | Credit | 5 - | In 2006, did you have: |
| Ves | No No | 1. | Child/dependent care expenses that allow you (and your spouse-if MFJ) to work |
| Yes | No No | | Educational expenses for you or your dependents |
| 🗌 Yes | No No | 3. | Retirement Savings Contribution |
| Part VIII | . Earne | d Ir | ncome Tax Credit Determination – EITC Eligibility |
| Ves | No No | | Was EITC previously disallowed (if yes taxpayer may not be eligible for EITC) Based on the interview, is the taxpayer gualified for EITC? |

| e Cemi numer | 55555 | West 🗖 | Per Official L DMR No. 15 | | 2 | | |
|--|------------------------|--------------|------------------------------|---------------------------|--------------------------------------|---|------------------|
| b) Employee united states out 13-1XXXXXXX | 196 J.24 | | | | ejes fas, inter companisation 880 | 3 Paintini Hopere 192 | s San with Nobil |
| WEST DALE RETIR | | 6 | | | eso | State security 613 | tai witriwiz |
| 1001 RIVENDALE | en het herende Sign | | | | elitare auges and the 680 | % Midsare inc./ 143 | WPTellit |
| YOUR CITY, STATE | ZIP | | | 3.5 | and bacardy task | a Asicated ton | |
| d Employee's social security 221 XX XX | 0XX | | | . N . Ar | provce EX3 footunery | Ad - Dependent De | a besefia: |
| Englisher's that norte and ALBERTA L | FARM | | 1 | Lat. 11 Nonspatibul plane | | Gia Sae Ivelumbre for too 13 | |
| 1551 BALTIC YOUR CITY, STA | | | | 14 0 | ner pro mine her | 126 126 | |
| 15 Jan Errepsyster meter C YS 13-1XXXXXX | ryanhar 46 | 9680 9680 | 17 State of 00 | ist anos | 18 Later Augen Iger, arc. | 19 Local doorde fais | 89 Jorethy ren |
| way W-2 Wage Stater Dopy A For Social Securit | Administration - | | Page with | 106 | Distantioner Fo | et for Transcy-Atoms of Privace Act and Pape Act Reflect, ser | |

| NEIGHBORHOOD BANK 98 FIESTA CIRCLE YOUR CITY, STATE ZIP | | SSOT ETH OPLINE | 2006 1098-INT | Inte | rest Income |
|---|--|----------------------------------|------------------------------------|-------------------|--|
| PAYER'S Federal Identifiation surface 13-2XXXXXX | RECIPIENT'S NEXT AND A DECISION OF THE SECOND SECON | 3 Motor on Linear and the Land | at in dates 3 | | Copy I For Recipier |
| GEORGE C FARMER | 1.81 | 2 Enty withdrawn periods 3 75 | Bonds and Trees, of | irgs bligstore | This is important to internation and henry furnished to th feternal freezes |
| Street address (rectaining apr. vit) 1551 BALTIC |) . n | A Fallets incase to without 5 | 5 Investment opera \$ | 40 | Gentos II por a regarecita Se a retar la regigence poraty |
| Oty, state, and ZP code YOUR CITY, STATE ZIP | CIU | C Fiveign tax post | 7 Pensigi scanity or procession | 115 | mposed on you if to income to focult to |
| Account runtar toe statractions) | 0.01 | e | | | the #15 determine the in the polyter |

| PAYER'S name, street address, city, state, ZP code, and telephone no. INTERNATIONAL VALUE FUNDS 623 ARBOR HILL YOUR CITY, STATE ZIP | | ta Total erdinary dividende § 330 16 Qualified dividends \$ 200 | 2006 Form 1099-DIV | Dividends and Distribution |
|--|--------------------------------------|--|--|--|
| | | 2a Total sapital gain distr. § 100 | 29 Umecap. Soc. 1250 | For Recipier |
| PAYER'S federal identification mamber | RECIPIENT'S identification member | | 200 | |
| 13-3XXXXXX | 220-XX-XXXX | | | |
| RECIPIENT'S name | | 2e Section 1202 gain | 2d Collectibles (28%) | gain This is importan |
| GEORGE C FARMER | | \$ | \$ | tax informatio |
| OCONDE OT ANMEN | | Nondividend distributions | 4 Federal insome tas with S | furnished to th |
| Street address (including spt. no.) | | \$ | 5 Investment expense | Internal Revenu |
| 1551 BALTIC | | | 12 | are required t |
| Oty, state, and ZIP code | | 6 Foreign tax paid | Foreign country or U.S. pote | file a return, neoficienc |
| YOUR CITY, STATE Z | P | \$ | | penalty or othe |
| Account number (see instructions) | | 8 Cash liquidation distributions | 9 Noncash liquidation distributions | imposed on yo if this income |
| | | \$ | \$ | taxable and th |
| | | | | IRS determine that it has no been reported |

| PWVER'S name, street address, i | ity, state, ZIP code, and telephone no. | 1 Pents | OMB No. 1545-0115 | | | |
|--|---|---|--|--|--|--|
| RTK ENTERPRISES | | ¢ | 0000 | Miscellaneous Income | | |
| 8009 CENTER YOUR CITY, STATE ZI | P | 2 Pizyaties | 2006 | | | |
| | | s | Form 1099-MISC | | | |
| | | 3 Other income | 4 Federal locame too withheld | Copy I | | |
| | | 5 | \$ | For Recipient | | |
| PAVER'S fedoral identification manber | RECIPIENT'S identification member | 6 Fishing boat procee | ds 0 Medical and health care payment | 1. | | |
| 13-4XXXXXX | 220-XX-XXXX | s | s | | | |
| GEORGE C FARMER | | 7 Newsyshows compare \$4200 | | This is important ta information and i being furnished it the Internal Revenu Service, If you ar | | |
| Street address (including spt. no 1551 BALTIC | | 9 Projet made climatic task \$5,000 or more of car products to a bayer (recipient) for relade. | Name | required to file return, a negligenc penalty or othe sanction may b | | |
| Oty, state, and ZIP code YOUR CITY, STATE | ZIP | 11 | 12 | imposed on you this income taxable and the IR | | |
| Account number (see instructions | Account number (see instructions) | | chute 14 Gross proceeds paid to an attorney | determines that has not been | | |
| | | \$ | \$ | | | |
| 15a Section 408A defensis | 15b Section 409A income | 16 State tax withheid | 17 State/Payer's state no. | 18 State income | | |
| e. | e | S | | 2 | | |

| PAYER'S name, street address, city, state, and ZIP code WALTERS, MORGAN & RUIZ 1102 WINDY WAY | | 10 | 1 Gross distribution (§ 4000 | | | | | | Distributions From Pensions, Annuities, Retirement or Profit-Sharing | |
|---|-------------------------|----|---|----------|----------------|-----------------|----------------------|--|---|--|
| | | | 4000 | nount | | 100 | UD 099-R | | Profit-Shar Plans, IR Insura Contracts, (| |
| | | 28 | Taxable an not determ | | | | Total distributio | | Cop | |
| RECIPIES number | NT'S identification | 3 | Capital gai in box 2a) | | eded | 4 Fode with | ral income wild | tax | income on y federal | |
| 221-X) | (-XXXX | s | 1 | - 1 | \cup | \$ 800 | S2 | | form she federal inco | |
| | 54 | 5 | 5 Employee contributions or insurance premiums/ designated Roth basis \$ | | AUTTS! | appreciation in | | tax withheld box 4, attac this copy 1 your return | | |
| | 31, | 7 | Distribution code(n) 1 | | FAU SERVICE | 8 Oh | r | * | This informatic being furnishe the Inte | |
|) \ | | 94 | Your percent distribution | taga of | total 8 96 | ib Total \$ | mployee con | aproprete | Revenue Serv | |
| fist year o | rl desig. Roth contrib. | 10 | State tax w 250 | thineid | 1 | | Payer's s 5XXXXX | | 12 State distribu \$ 4000 | |
| 0 | 120 | 13 | Local tax w | rithheid | | 4 Nam | e of localit | Y | \$ 15 Local distribution | |
| V | | 5 | | | | | | | \$ \$ | |

| PAYER'S name, street address, city, state, and ZIP code SIMPSON & SONS MANUFACTURING 7261 EMERALD DRIVE YOUR CITY, STATE ZIP | | 1 Gross distribution § 21960 2a Taxable amount § 21960 | - 2006 Form 1099-R | Distributions From Pensions, Annuities Retirement of Profit-Sharin Plans, IRA: Insuranc Contracts, etc |
|---|---|---|--|--|
| PAYER'S federal identification number 13-6XXXXXX | RECIPIENT'S identification number 220-XX-XXXX | 2b Taxable amount not determined 3 Capital gain (includ in box 24) | Total distribution 4 Federal income to withheld 5 2508 | federal ta return. If thi form show |
| RECIPIENT'S name GEORGE C FARMER | ¢k. | 5 5 Employee contribute or insulative premium designed Roth bas 5 | ms/ 6 Net unrealized | tax withheld in box 4, attac this copy t your return |
| Street address (including apt. no.) 1551 BALTIC City, state, and 2P code YOUR CITY, STATE ZIP | | 7 Distribution IR codets 7 Ba Your percentage of to distribution | S S | 95 This information i being furmished to the interna Revenue Service |
| | Hist year of desig. Rath oprime | 10 State tax withheld § 876 S | 11 State Payer's sta 13-6XXXXXX | |
| Account number (see instructions | ON. | 13 Local tax withheld \$ | 14 Name of locality | 15 Local distributio S |

| 2006 : PART OF YOUR SOCIAL SECURITY SEE THE REVERSE FOR MORE INFO Bos 1. Nume GEORGE C FARMER | | | Box 2. Beneficiary's Social Security Number 223-XX-XXXX | | | |
|--|------------------------------|-----------------|--|--|--|--|
| Box 3. Benefits Paid in 2008 10800 | Bax 4. Denefits Repaid to S | 5A in 2006 | Dox 5. Net Benefits for 2005 (Box 3 minus Box 4) 10800 | | | |
| Benefits paid by o \$9,138 MEDICARE PRE DEDUCTED \$1,0 Voluntary Federa Withholding \$600 | MIUMS 162 I Income Tax | | DESCRIPTION OF AMOUNT IN BOX 4 | | | |
| TOTAL \$10,800 | | Box 5. V 600 | oluntarly Federal Income Tax Withholding | | | |
| | | | BALTIC R CITY, STATE ZIP | | | |
| | | Box 8. C | aim Number gas the number if you need to contact 654. | | | |

Intermediate Scenario 2 Retest Questions

Directions

Use the information provided to answer the following questions. You are a volunteer at site S22052222.

Note: To complete social security numbers and employer identification numbers, replace Xs with 286560 or with the EFIN provided by your instructor.

- 7.1 George's taxable interest income on line 8a of Form 1040 is \$_____.
- **7.2** The taxable portion of social security benefits on line 20b of Form 1040 is:
 - a. \$0
 - b. \$5,400
 - c. \$9,190
 - d. \$10,800
- **7.3** The amount that goes on line 30 of Form 1040, penalty on early withdraw of savings is \$_____.
- **7.4** In general, self-employed taxpayers must include income from Form 1099-MISC Box 7 as gross business receipts on line 1 of Schedule C-EZ.
 - a. Yes
 - b. No
- **7.5** The amount of George's total business expenses, as reported on line 2 of Schedule C-EZ, Net Profit from Business, is \$_____.
- **7.6** Assume that the net profit George reported on line 3, part II of Schedule C-EZ is \$1,620. What is the adjustment to gross income on line 27 Form 1040?
 - a. \$0
 - b. \$115
 - c. \$1,000
 - d. \$1,115
- **7.7** Assume that the taxable amount of George's pension was not shown on his Form 1099-R and that there was an entry of \$25,000 in box 5 of that form, and Alberta is the beneficiary of George's pension. What would line 3 of the Simplified Method Worksheet be? _____

- **7.8** If the Farmers received a state tax refund in 2006 for tax year 2005 for \$120, and did not itemize their deductions for 2005, what would be the taxable amount they would report on line 10 of their 2006 Form 1040? \$_____
- **7.9** What is the amount of the Farmers' residential energy credit entered on line 52 of Form 1040?
 - a. \$0
 - b. \$70
 - c. \$100
 - d. \$700

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Advanced Scenario 1: Jenna E. Duboise

| Taxpayer | Jenna completed Form 13614, Intake and Interview Sheet, and wants to file her tax return. Her husband, Jason, died in 2005. Jenna has not remarried. She has one daughter, Amanda. |
|-----------------------|--|
| Taxpayer Documents | Social security card for Jenna E. Duboise Social security card for Amanda S. Duboise Form W-2 for Jenna Duboise Form 1099-R from Southeast ISD Form 1099-B from National Equity Form 1099-B from Lincoln Investments |
| Interview Notes | In February 2006, Jenna started receiving survivors benefit payments from her husband's retirement plan (see Form 1099-R). Jason had not retired. He died while he was still working. Jenna had to sell some of her stock to cover her bills. She brought the broker's statements with her. Both stocks were held as her separate property and neither stock had reinvested dividends. Stock Information: ABC stock Purchased 300 shares on 01/07/2006 Cost \$2,100 Sold 300 shares on 05/15/2006 Sale price: \$1,820 (see Form 1099-B) Broker's fee on sale was \$25 XYZ stock Purchased 100 shares on 06/01/2003 Cost of 100 shares was \$2,500 Sold 60 shares XYZ stock on 10/12/2006 Sale price: \$8,000 net commission |

Interview • Jenna and her husband have never itemized deductions.

Notes

Amanda lived with Jenna all year.

(continued)

• Jenna made four estimated tax payments in the amount of \$475 each for 2006.



| Form 13614 Rev. August-2000 | | | | y - Internal Revenue Ser Iterview Sheet | | OME | # 1545-1964 |
|--|--|--|--|---|---|---|----------------------|
| You (and Spous | se) will nee | ed: | | | | | |
| · Proof of identity | | | | Child care ; | oroviders' iden | tilication riun | nber |
| Copies of ALL W | -2 1098, 109 | 9 forms | | | banking inform | | |
| Social Security (Identification Nur individuals to be | mber (ITIN) fo | or all | | Estimated t | ings deposit sli lax payments i f other income | | 0eposits |
| Part I: Taxpayer | Informatio | on | | | | | |
| 1. Your First Name M.I. JENNA E | | | Last Name DUBOISE | | | 2. SSN or 3 1 0 - X | ITIN X - X X X X |
| 3. Date of Birth (m 12 / 11 / | | 4. Job Title DAY CARE V | WORKER | | | 1 | |
| 5. Spouse's First N | | M.I. | Last Name | | | 6. SSN or | |
| JASON 7. Date of Birth (m | middhaaad | R 8. Job Title | DUBOISE | | | 311-X | (X - X X X X |
| 7. Date of Birth (m 03 / 17 / | | DECEASED | | | | | |
| 9. Address 388 NASH | | | Apt # Cit | UR CITY | | | Zip Code YOUR ZIP |
| 10. Phone Number YOUR PHONE NU | | Eveni | | 19968-79141 | Cell | 100 | |
| 11. Are you a U.S. | Citizen? | Yes 🗆 No | 12. Is ur | our Spouse a U.S. Cit | lizen? 🗹 Ye | s 🗆 No | |
| | | | | | | | |
| 13. Can your paren 14. Did you pay more | | | 1.1.1 | spouse as a depende home? 🗹 Yes 🗌 | ent on their tax | return? 🗌 | Yes 🗹 No |
| | re than half th | ne cost of keep | bing up the | | 100 | return? 🗌 | Yes 🗹 No |
| 14. Did you pay more | re than half th / Blind: 🔲 ' | ne cost of keep Taxpayer 🗌 | bing up the Spouse | home? 🗹 Yes 🗌 | 100 | return? 🗌 | Yes 🗹 No |
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| | | | induct a thorough interview, please use the decision trees, interview tips and informational charts in 17 in addition to this intake sheet. This intake sheet does not constitute a complete interview. |
|-----------|---------------------|-------|---|
| Filing S | latus Det | ermi | nation – Use Publications 4012 and/or 17 to determine filing status. |
| | ed on the ew(er) | inter | view, the filing status of the taxpayer is: Single MFJ MFS* HH Oualifying |
| *Spouse | Name | | Social Security Number |
| Depend | ency Det | ermi | nation – Use Publications 4012 and/or 17 to determine dependency exemptions. |
| T Yes | T No | 2 | Did the taxpayer provide more than 50% of the support for the dependents claimed? |
| Yes | No. | | Is there a signed Form 8332 or a divorce decree that allows someone else to claim the dependent(s)? |
| □ Yes | □ No | 4 | is the dependent permanently and totally disabled? |
| | | 5. | Based on the interview, how many individuals gualify as dependents for this return? |
| | | | COMMONLY USED INCOME AND EXPENSES |
| | | | se Publication 17, Your Federal Income Tax for Individuals and Publication 4012, Guide while discussing the questions below with the taxpayer. |
| Part IV. | Incom | e | In 2006, did you receive: |
| V Yes | □ No | 1 | Wages or Salary (Include W-2s for all jobs worked during the year) |
| Yes | No No | | Disability income |
| T Yes | No. | | Interest from: checking or savings account, bonds, dividends, CD, or brokerage account |
| T Yes | No. | 4. | 그 그녀가 들어가 잘 안 했다. 그는 것 같아? 아이가 있는 것 같아? 그는 것 같아? 그는 것 같아? ? ? ? ? ? ? ? ? ? ? ? ? ? ? ? ? ? ? |
| Yes | No No | | Alimony income |
| T Yes | No. | | Tip income |
| V Yes | No No | | Pension and/or IRA distribution |
| T Yes | No. | | Unemployment |
| TYes | No. | | Social Security or Railroad Retirement |
| T Yes | No No | | Self Employment |
| Ves. | No. | | Other Income such as gambling winnings, awards, prizes and Jury duty |
| Part V. | Adjust | _ | t - Did you have 2006 expenses for: |
| T Yes | No. | | IRA or other retirement account |
| Ves | No No | | Alimony payments paid (If yes, you must provide the name and SSN of the recipient) |
| Yes | _ | | Education related expenses |
| Part VI. | Itemize | ed D | eductions – Did you have 2006 expenses for: |
| Yes | No. | 1. | Un-reimbursed medical expenses |
| Yes | No No | | Home mortgage payments (interest and taxes - see Form 1098) |
| Ves Yes | No No | 3. | Charitable contributions |
| Part VII | Credit | s - | In 2006, did you have: |
| Ves | No No | 1. | |
| Yes | No No | 2. | Educational expenses for you or your dependents |
| □ Yes | No. | 3. | Retirement Savings Contribution |
| Dant Mill | . Earne | ed Ir | ncome Tax Credit Determination – EITC Eligibility |
| Part VII | | | |
| Yes | No No | 1. | Was EITC previously disallowed (if yes taxpayer may not be eligible for EITC) |

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| PAYER'S name, sheet address, city, state, and ZIP code SOUTHEAST ISD 1809 QUAIL YOUR CITY, STATE ZIP | | 1 Gross distribution § 20450 2a Taxable amount § | - 2006 Form 1099-R | Distributions From Pensions, Annuities Retirement o Profit-Sharing Plans, IRAs Insurano Contracts, etc | |
|---|---|---|---|--|--|
| | | 2b Taxable amount not determined | C. Total | Copy I | |
| PAYER'S tederal identification number 20-2XXXXXX | RECIRENTS Identification number 310-XX-XXXX | 3 Capital gain (include in box 2a) | and the second se | Beport this income on you federal tas return. If this form shows federal income tax withheld is | |
| JENNA E DUBOISE | | | ns 8 Net unneatzed appreciation in ompeoyer's securit | tax withheld in box 4, attacl | |
| Street address (including apt. n 388 NASH | 1612 | 7 Distribution Pa codeful 4 | W. | This information i being furnished to the interna | |
| City, state, and ZIP code YOUR CITY, STATE ZI | | Pa Your percentage of tot distribution | al 9b Total employee contribu % \$ 58775 | | |
| | fist year of desig. Rath centrils. | 10 Blate tax withheld \$ \$ | 11 State/Payer's stat | e no. 12 State distributio \$ \$ | |
| Account number (see instructions | On. | 13 Local tax withheld S | 14 Mame of locality | 15 Local distributio S | |

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Advanced Scenario 1 Retest Questions

Directions

Use the information provided to answer the following questions. You are a volunteer at S31053333.

Note: To complete social security numbers and employer identification numbers, replace Xs with 286560 or with the EFIN provided by your instructor.

- 8.1 Which filing status would you recommend for Jenna?
 - a. Single
 - b. Married Filing Jointly
 - c. Married Filing Separately
 - d. Head of Household
 - e. Qualifying Widow(er) with dependent child
- 8.2 What is the short-term capital gain or loss from line 7 of Schedule D?\$_____
- 8.3 What is the long-term capital gain or loss from line 15 of Schedule D?
 - a. \$5,500 gain
 - b. \$6,195 gain
 - c. \$6,475 gain
 - d. \$6,500 gain
- **8.4** Refer to the Simplified Method worksheet to determine the taxable amount of Jenna's survivor's annuity, reported on line 16b of Form 1040.
 - a. \$0
 - b. \$18,654
 - c. \$18,873
 - d. \$20,450
- **8.5** Whose age(s) must be used to compute the taxable amount of the pension income?
 - a. Jenna's
 - b. Jason's
 - c. Jenna's and Jason's

- 8.6 What are the total payments on line 72 of Jenna's Form 1040?
 - a. \$1,320
 - b. \$2,384
 - c. \$2,736
 - d. \$3,220

Advanced Scenario 2: Ralph Drake

| Taxpayer | Ralph Drake completed Form 13614, Intake and Interview Sheet. |
|-----------|--|
| Taxpayer | Social security card for Ralph E. Drake |
| Documents | Social security card for Sean K. Drake |
| | Social security card for Jackson T. Drake |
| | Form W-2 for Ralph Drake |
| | Form 1098-T from State University |
| | Form 1099-MISC from James Haskins, PA |
| | Form 1099-INT from Professional Bank |
| Interview | Ralph Drake is 66 years old, divorced with two sons. |
| Notes | Ralph's two sons, Sean and Jackson, lived with him all year. Neither of the boys worked during the year. The boys did not receive any taxable income. |
| | Sean, 20 years old, is a sophomore at State University. He did not receive any scholarships. He is an eligible student for the Hope Credit. |
| | Ralph took out a \$6,000 education loan and paid \$578 interest on the student loan. |
| | Jackson, 16 years old, is in high school. Ralph has sole custody of Jackson. |
| | Ralph is supposed to pay his ex-wife, Alyson Drake (323-XX- XXXX), \$350 per month in court-ordered alimony. He only paid it from January through August 2006. |
| | On 7/30/2006, Ralph sold an unimproved lot that he inherited from his father. |
| | Sale price of lot: \$5,000. |
| | Expense of sale: Realtor fee of \$300 |
| | His father purchased the lot for \$500 on July 1, 1995. |
| | Fair market value (FMV) of the lot at date of his father's death on 03/29/2001 was \$1,000 |
| | Ralph has Form W-2 from Engineering Systems where he worked part of the year. |

| Interview Notes | In June 2006, after he quit his job, he started a small business in systems engineering. His 2006 earnings from the new business were \$4,200, which |
|--------------------|---|
| | includes the \$3,000 shown on Form 1099-MISC. |
| | Expenses for the systems engineering business: \$319 - office supplies and postage \$480 - business phone charges \$200 - printing expenses \$1000 - legal fees \$200 - professional fees Car business expenses starting June 12, 2006: Total miles on the car are 18,500, as this is his only car. Business miles are 3,800. He has written documentation to support the business miles deduction. |
| | He decided to delay applying for social security and Medicare B benefits because he is working on a new career. |
| | Ralph has not itemized his deductions in previous years and does not have enough expenses to itemize deductions this year. |



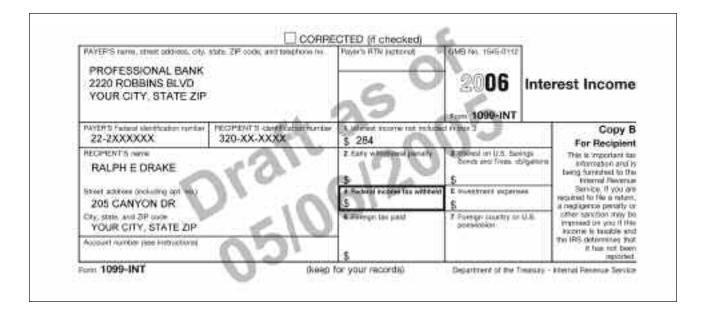
| Rev. August-2006 | | | | - Internal Revenue Ser terview Sheet | | OME | # 1545-1964 |
|--|--|-----------------------------|--------------------------------|---|--|------------------------|--|
| You (and Spous | e) will need | t: | | | | | |
| Proof of Identity | | | | Child care ; | providers' iden | tilication nun | nber |
| Copies of ALL W | -2 1098, 1099 | lorms | | | banking infor | | |
| Social Security (3 Identification Nun individuals to be individuals. | nber (ITIN) for | ອຫັ | | Estimated t | ngs deposit sli ax payments i ' other income | made, etc. | <i>deposits</i> |
| Part I: Taxpayer | Information | 1 | | 111 14075410453 | | | |
| 1. Your First Name RALPH | And should be a set of the second | M.I. | Last Name DRAKE | | | 2. SSN or | ITIN X - X X X X |
| 3. Date of Birth (m | | Job Title | | | | 320-7 | |
| 05 / 16 / 5. Spouse's First N | | M.L. | Last Name | | | 6. SSN or | ITIN |
| | 20020 | 10000 | | | | - | |
| 7. Date of Birth (m | m/dd/yyyyy) 8. | Job Title | | | | | |
| 9. Address 205 CANYON DRIV | /E | | Apt # City YC | y DUR CITY | | | Zip Code YOUR ZIP CO |
| 10. Phone Numbers YOUR PHONE NUI | | Evenir | 19 | | Cell | l | |
| 11. Are you a U.S. | Citizen? V | es 🗆 No | 12. Is vo | ur Spouse a U.S. Ci | szen? 🗆 Ye | s 🗆 No | |
| 14. Did you pay mor 15. Check if Legally | | | 108 X A. 1977 - | nome? 🗹 Yes 🗆 |] No | | |
| 16. Check if Perma | nently and Tota | ally Disabled | Taxp | syer 🗌 Spouse | | | |
| | iingle 🗌 Leg re you living w | ith your spou | ise at anytir | ated I Divorced me during the last 6 r | | year? 🗌 Ye dd/yyyy) | as 🗌 No |
| to. Hos your spour | | | | | | | |
| Part II. Family an | | | | | | | |
| | | | | | Months person | Check If resident | Is the dependent a full time student? |
| Part II. Family an Print the name of even Name | | Date of Birth mm/dzPyyyy | Social Secu Number or 1 | | lived with you in | of Canada or Mexico | |
| Print the name of ever | | | | | | | (yee or no) (a) |
| Print the name of every Name | RAKE | mm/dzPyyyy | Number or 1 | TRN (scn, daughter, etc.) (d) | lived with you in 2006 | Mexico | (Nee or no) |
| Print the name of every Name (a) | <u> </u> | 100 (b) | Number or 1 | (id) (xXX SON | lived with you in 2006 (iii) | Mexico | (yes or no) (g) |
| Print the name of ever Name (a) SEAN K. DF | <u> </u> | (b) 2/12/1986 | Number or 1 (c) 321-XX-X | (id) (xXX SON | 12006 (x) 12 | Mexico | (yes or no) (g) YES |
| Print the name of ever Name (a) SEAN K. DF | <u> </u> | (b) 2/12/1986 | Number or 1 (c) 321-XX-X | (id) (xXX SON | 12006 (x) 12 | Mexico | (yes or no) (g) YES |
| Name (a) SEAN K. DF | DRAKE | (b) 2/12/1986 | Number or 1 (c) 321-XX-X | (id) (xXX SON | 12 12 12 | Mexico 16 | (yes or no) (g) YES |

| | | | induct a thorough interview, please use the decision trees, interview tips and informational charts in 17 in addition to this intake sheet. This intake sheet does not constitute a complete interview. |
|----------|---------------------|--------|--|
| Filing S | tatus Det | ermi | nation – Use Publications 4012 and/or 17 to determine filing status. |
| | ed on the ow(er) | interv | view, the filing status of the taxpayer is: 🗌 Single 📋 MFJ 🗌 MFS* 🗌 HH 📄 Qualifying |
| *Spouse | Name _ | | Social Security Number |
| Depend | ency Det | ermi | nation – Use Publications 4012 and/or 17 to determine dependency exemptions. |
| T Yes | | 2. | Did the taxpayer provide more than 50% of the support for the dependents claimed? |
| Yes | No No | | Is there a signed Form 8332 or a divorce decree that allows someone else to claim the dependent(s)? |
| Yes | No No | 4. | is the dependent permanently and totally disabled? |
| | | 5. | Based on the interview, how many individuals qualify as dependents for this return? |
| | | | COMMONLY USED INCOME AND EXPENSES |
| | | | se Publication 17, Your Federal Income Tax for Individuals and Publication 4012, |
| | 70.002.5.50 | | Guide while discussing the questions below with the taxpayer. In 2006, did you receive: |
| | | - | |
| Yes | No No | | Wages or Salary (Include W-2s for all jobs worked during the year) |
| Yes. | No No | | Disability income |
| Yes Yes | No No | 1.20 | Interest from: checking or savings account, bonds, dividends, CD, or brokerage account State tax refund (may be taxable if you itemized last year) |
| Ves | No | 4. | Alimony income |
| □ Yes | No No | | Tip income |
| □ Yes | No | | Pension and/or IRA distribution |
| 1 Yes | No. | | Unemployment |
| Ves. | No. | | Social Security or Railroad Retirement |
| V Yes | No No | 10. | |
| Ves. | No. | | Other Income such as gambling winnings, awards, prizes and Jury duty |
| | | | t – Did you have 2006 expenses for: |
| □ Yes | | 110 | IRA or other retirement account |
| V Yes | | | Alimony payments paid (If yes, you must provide the name and SSN of the recipient) |
| V Yes | | | Education related expenses |
| - | | ed D | eductions - Did you have 2006 expenses for: |
| 10.000 | | | Un-reimbursed medical expenses |
| Ves | No No | | Home mortgage payments (interest and taxes - see Form 1098) |
| Yes. | No No | | Charitable contributions |
| Part VII | Credit | ts - | In 2006, did you have: |
| Yes | No No | 1. | Child/dependent care expenses that allow you (and your spouse-if MFJ) to work |
| | No No | | Educational expenses for you or your dependents |
| Yes. | No No | 3. | Retirement Savings Contribution |
| Yes Yes | | ed Ir | ncome Tax Credit Determination – EITC Eligibility |
| ☐ Yes | I. Earne | | |
| Part VII | No No | | Was EITC previously disallowed (if yes taxpayer may not be eligible for EITC) |

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| PAYER'S name, street address, of JAMES P HASKINS, PA 8817 KRISTEN | ty, state, ZP code, and telephone no. | \$ | 1 Perts \$ 2 Royaltes | | 18 No. 1545 0115 20 06 | Miscellaneou | |
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| | | \$ | | \$ | d. | | |
| PAYER'S federal identification mamber | RECIPIENT'S identification number | .8 | Fishing boat proceeds | 8 | Wedical and health core payment | 0 | |
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| Street address (including spt. no.) 205 CANYON DRIVE | | 9 | Pager made direct raise of \$5,000 or more of consumer products to a bayer (recipient) for seals > | 10 | Crop issurance prisceed | required to file return, a negligenc penalty or othe | |
| City, state, and ZIP code YOUR CITY, STATE 2 | (IP | 11 | 1 | 12 | | d This is important ta information and i being furnished t the Informal Revenu Sarvice. If you as required to file return, a negligenc penaity or othe sanction may b imposed on you this income i taxable and the IRG | |
| Account number (see instructions) | | 13 | Excess golden parachute payments | 14 | Gross proceeds paid to an attorney | | |
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| fores 1040 \$7885 | | | | 1.1 | 2 | | | | | | upi 2 |
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| Tax | 38 | Amount from line 37 (adjusted gross mome | | | 6 | | | 1 | 38 | 33694 | |
| and Credits | 1200 | Check P You were from before January 1 Spouse was from before January | 2, 1942, | 1 10 | nt] 1 | Total taxes checked P | | ١ | | | |
| Standord | h | If your openant therefore, an a separate refurn on you way | saris creat | tist for | page 3 | Intitud | here > 38 | ۰C | | - 1.1 h | |
| Deduction | 40 | Itemized deductions (Yom Schoolufe A) dr. | our standar | d ded | uction. | ibea kitt r | margirò . | | 40 | | |
| Year 1 | 41 | Bubbact line 40 from line 58 | | ***** | | | | | 41 | 26144 | |
| People who checked any | 42 | If into 38 is mor \$112,878, or you provided her | using to a pit | non di | phoop | by Humo | ane Kahir | 12. | 100 | merada | |
| bick on line 39a or 39b or | | see page 37. Otherway, multiply \$3,300 by th | e total numb | actes | write: | ris clairie | d on line t | nd . | 42 | | |
| Who sen be | 45 | Taxable income, Biblinard Ine, 42 hum Ine | 41. II irm;42 | H anti | a Hain | line 41. s | inter-0- | 29 | 43 | 16244 | |
| claimed as a dissendent. | 44 | Tex two page 07, Obers d any tas a form a | Furnol 88 | 14 1 | | om 497 | 2 | 199 | 44 | 1496 | |
| see page 36 | 48 | Alternative minimum tax (see page 20). Art | REPORT OF THE PARTY OF THE PARTY | | | | 1. 1. 1. | | 45 | | |
| Al others | 46 | Additiones 44 and 45 | . Bette | | in a | 1000 | S. 2 | • | 46 | | |
| Strafe or | 47 | Foreign tax credit. Attach Form 1118 if recal | 185 | | 47 | | 111 | 1 | | | |
| Married filling | 48 | Gnefft for child and dependent have exceenses. | Attach Forma | 2441 | -40 | | | | 1 | | |
| superately, \$5,750 | 49 | Credit for the elderly or the delabled. Altach | | | 49 | | | | | | |
| Married filing | 50 | | | | 80 | | 1496 | - | | | |
| aintly ar | 51 | Retrement auxilias oprofitucions count, Attac | | | 51 | | | _ | | | |
| Qualifying widowiers | 12 | Residented every system. Attach Form 582 | 1. S. | | 82 | | | | | | |
| B10,300 | 53 | Child file craft (see page 30). Attach Form | R001 # 1004 | me | -53 | | | | 1 | | |
| Head 12 | 54 | Credits from: a C From 12282 b C Farre 5531 | | | 64 | | | | £ | | |
| household. 67.550 | 56 | Other criedita: # C Farm 3800 b C Farm 8801 | A CONTRACTOR OF CONTRACT | | .55 | | | | 1 | | |
| | 66 | Add lines 47 through 55. These are your tot | al credits | | | | | | 56 | 1496 | |
| | 51 | Subtract line 56 From line 46. If line 56 is me | one than line | 48, and | NE-0- | 1.1.1.00 | 14.3 | | 57 | 0 | |
| 0.00 | 58 | Self-employment tax, Attach Schedule SE | Section 2 | | 100 | (Same) | | 277 | 58 | | |
| Other | 35 | Bocker security and Medicare tax set by income | ind reported 5 | o errere | one At | lati Fam | 4137 | 111 | 69 | | 50 444 96 96 0 0 0 0 10 10 10 10 10 10 10 |
| Taxes | 60 | Additional tax on IEAs, other qualified retrien | | 2012/11/ | 201207 | | | 20 | 00 | | |
| | 61 | Advance earned income credit payments to | SOUTH AND ADDRESS | | | | S | 1 40 7650 41 26144 32 9900 42 9900 43 16244 44 1496 45 46 46 1496 45 46 46 16244 46 16244 46 16244 46 16244 47 16244 48 16244 57 0 58 0 63 0 63 0 72 4710 473 4710 72 4710 73 4710 74a 4710 4 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | |
| | 62 | Household employment taxes. Attach Scher | Contraction and the second | 1200 | | | - E - E | 6.6 | 62 | | _ |
| | 63 | Add lines 57 through 62. This is your total t | 10E | 1.1.4 | 1. | 1 1 1 1 1 1 | Steve | • | 63 | 0 | |
| Payments | 64 | Featural instance tax withheld from Forms W- | d and 1000 | | 64 | 0.000 | 4710 | 1 | | i î î | |
| - ognianas | 66 | 2000 estimated tax payments and amount apple | d from 2005 in | THE | 66 | | | | 12 | | |
| If you have a | 68.8 | Kanned accome credit (EKC) | | | 664 | | | | | | |
| qualitying | -b | Nontavable compatipay alaction 🕨 66b | | 1 | | | | | 1 | | |
| Schedule BC | 67 | Excess social sensitiy and her 1 RETA tax with | nelt See poo | 6.58 | 47 | | | | 14 | | |
| and the second | 88 | Additional shild tax crodit, Attach Furm 881; | Distance and the | | 68 | | | | 12 | | |
| | 00 | Amount paid with request for extension to t | lie isee zoor | 9.56 | 69 | | | | 1 | | |
| | 70 | Payments born: a C Fors 3408 b C Fors 410 | | | 70 | | | | | | |
| | 71 | Ered) for faileral telephone occurs fan yok! Atlach F | Corre Bill 1 June | und . | 71 | | | L | | 1.000 | |
| | 72 | Add lines 64, 65, 68a, and 67 through 71. 7 | heme sere you | in the test | payme | inte i cas | 111.10 | • | 72 | 4710 | |
| Refund | 78 | If live 72 is more than live 65, subbact live 6 | 3 from line 75 | 2. This | e the e | mount (in | a average | d i | 73 | 4710 | |
| Direct deposit? | 748 | Amount of line 75 you want refunded to you | u, # Form 88 | 198 1 1 | thicke | d, oteck | here 🏲 🗌 | 1 3 | 74a | 4710 | |
| See page till | . 6 | Routing number | | | | | Durna | | | | |
| nd 11 in T4b. No. and 74d. | • 0 | Account number | 1.4 1.1 | 111 | 11 | 11 | TT | | | | |
| gr Form 8988 | 76 | Amount utilize 70 you want applied to your 2007 | estimated too | | 75 | | | - | 1.00 | | |
| Amount | 70 | Amount you owe. Subtract Ine 72 from Ine | | | | 1415; 500 | page 60 l | • | 76 | | |
| You Owe | 77 | Estimated tex penety (see page 60) . | | | 77 | | 1 | | | | |
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| Depart | rm 1040) ment of the Trianuty i Revenue Service | (Se ► Partnerships, joint vent | fit From Business ole Proprietorship) ures, etc., must file Form 1065 or 1041. > See instructions | | ŝ | 200 | 6 09A |
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| | of proprietor PH E DRAKE | | | C ⁵⁰ | 100 | ity number (5 XX XXX | |
| Par | ti General li | nformation | G | 2 | 1 | 4 | |
| Sche Inste Sche | May Use edule C-EZ edule C edule C iff You: | Had business expenses of \$5,000 less. Use the cash method of accountry. Did not have an inventory at my time during the year. Did not have a net loss from your business. Had only one business as either a sole proprietor or statutory employee. | yven du ed to He mid Amo See the C, line 1 t if you t expense of your I vrior yea ty losses | 8 | | | |
| A | Principal business or | profession, including product or served | <u> </u> | В | Enter cod | e fram pages D- | E. 9. & 10 |
| Syst | ems Engineering | | 34 | | | 5 4 1 4 | 1 0 |
| С | Business name. If no | o separate business name, leave blank. | | D | Employe | r ID sumber (S | 350, if as |
| Par | | fice, state, and ZIP code ur Net Profit | | | | | |
| 1 | employee" box on | aution. If this income was reported that form was checked, see Statu , on page C-3 and check here . | | | 1 | 42 | 00 |
| 2 | Total expenses is | ee instructions). If more than \$5.00 | 00, you must use Schedule (| | 2 | 38 | 90 |
| 3 | Form 1040, line 1 | ct line 2 from line 1. If less than z 2, and also on Schedule SE, line Je SE, line 2. Estates and trusts, e | 2. (Statutory employees do n | | 3 | 3 | 10 |
| Par | t III Informatio | on on Your Vehicle. Complete th | nis part only if you are clai | ming car or tr | uck exp | penses on | line 2. |
| 4 | When did you play | e your vehicle in service for busine | ess purposes? (month, day,) | year) ► | 12 | / 2005 | |
| 5 | Of the total number | er of milles you drove your vehicle o | during 2006, enter the numb | er of miles you | used y | our vehicle | for: |
| | Business | 3800 b Commuting (see in | istruction() | c Other | 1 | 4,700 | |
| 6 | Do you (or your ap | ouse) have another vehicle availab | le for personal use? | | + + + | 🛛 Yes | E No |
| 7 | Was your vehicle a | wailable for personal use during of | f-duty hours? | | | E Yes | |
| Ba | Do you have evide | nce to support your deduction? | | | | 🗹 Yes | 🗆 Ne |
| ~ | If "Yes," is the evid | dence written? | | + + + + + | ++ | Ves | |
| _b | | Act Notice, see page 2. | Cat. No. 14374D | the second s | | -EZ (Form 1 | |

| SCHEDU (Form 10 Department of Internal Proven | 040) the Treatury | Attach to Fe Use Se | orm 1040. 🕨 | | LOSSES ns for Schedule D sactions for lines 1 | | | 2006 Attachment Sequence No. 12 | 2 |
|---|--|---|--|--|--|--|---|--|-----|
| | which Form 1040 | 1 | | | | 0 | You | r social security nu | |
| RALPH | DRAKE | | | 785740740274 | P | \sim | | 320 XX XXX | κ |
| Part I | Short-Tern | n Capital Gains | and Losses- | -Assets Held | ess | 1 | | | |
| | Ja) Description o (Example: 100 s) | | Loads | th Gain or too Subbact (a) from | | | | | |
| 1 | countries into si | R. X12 000 | (Mo., day, yr.) | (MD: 047, 9°) | the instructions | the putties: | 4 | Contract (e) item | yaş |
| | | 4 | nr' | 91. | all | 10. | ~ | | |
| | | | Y _a | 319 | 90' | | | | |
| | | erm totals, if an | | | | | | | |
| | | ales price amour | | A. A. A. | | 2 | | | |
| | | | | | 1001 0001 | 1000 C 1000 C | | | |
| | | m Form 6252 and in or (loss) from | | C | | | 4 | | |
| | | | | | | | 5 | | |
| Sche | edule(s) K-1 , | | | * * * * * | * * * * * * | | | | _ |
| 6 Shor | rt-term capital | loss carryover. E | nter the amount | , if any, from I | ine 8 of your Ca | pital Loss | | 1 | 3 |
| 6 Shor Carr | t-term capital yover Worksh | loss carryover. E eet on page D-6 | of the instruction | , if any, from I ns | Ine 8 of your Ca | pital Loss | 6 | (| 3 |
| 6 Shor Carr | t-term capital yover Worksh | loss carryover. E | of the instruction | , if any, from I ns | Ine 8 of your Ca | pital Loss | | (|) |
| 6 Shor Carr | t-term capital yover Worksh short-term ca | loss carryover. E leet on page D-6 | nter the amount of the instructions). Combine line | t, if any, from I ns s 1 through 6 i | ine 8 of your Ca | pital Loss | 6 | (|) |
| 6 Sho Can 7 Net | t-term capital yover Worksh short-term ca Long-Term Ial Description of (Complet: 100 st | loss canyover. E seet on page D-6 pital gain or (los n Capital Gains of property h. XYZ Co.) | nter the amount of the instructions). Combine line | t, if any, from I ns s 1 through 6 i | ine 8 of your Ca | pital Loss | 6 7 | (I) Gain or (los Subtract (ii) from | |
| 6 Sho Can 7 Net | t-term capital yover Worksh short-term ca Long-Term | loss canyover. E seet on page D-6 pital gain or (los n Capital Gains of property h. XYZ Co.) | of the instruction s). Combine line and Losses- | s 1 through 6 i | Ine 8 of your Ca n column (f) More Than On (d) Sales price One price Than of | pital Loss | 6 7 | to carri or post | |
| 6 Sho Can 7 Net | t-term capital yover Worksh short-term ca Long-Term Ial Description of (Complet: 100 st | loss canyover. E seet on page D-6 pital gain or (los n Capital Gains of property h. XYZ Co.) | Inter the amount of the instruction s). Combine line and Losses- B(Con- accurred Mo., day, yt) | L if any, from I ns s 1 through 6 i Assets Held (No., day, pr.) | Ine 8 of your Ca n column (). More Than On (4) Sales price (hes page D-8 of the instructions) | Pital Loss Pe Year Pe Year Pe Cost or other the instruction | 6 7 | Subtract (e) from | |
| 6 Shor Carr 7 Net Part II 8 Lot 27 9 Ente | r your long-te | Iosa carryover. E leet on page D-6 pital gain or (los n Capital Gains of property h.xvz.co.) b | A from Schedu | L if any, from i ns s 1 through 6 i Assets Held (Mo., day, pr.) 07/30/2006 | Ine 8 of your Ca n column (). More Than On (4) Sales price (hes page D-8 of the instructions) | Pital Loss Pe Year Pe Year Pe Cost or other the instruction | 6 7 | Subtract (e) from | |
| 6 Shor Carr 7 Net Part II 8 Lot 27 9 Ente ine 10 Tota | r your long-term sa | Iosa carryover. E leet on page D-6 pital gain or (los n Capital Gains of property h.xvz co.) b erm totals, if any sites price amount | A from Schedu | L if any, from I ns | Ine 8 of your Ca n column (). More Than On (4) Sales price (hes page D-8 of the instructions) | Pital Loss Pe Year Pe Year Pe Cost or other the instruction | 6 7 | Subtract (e) from | |
| 6 Shor Carr 7 Net Pert III 8 Lot 27 9 Ento line 10 Tota colu 11 Gain (loss | r your long-term sa blk G Sec 11- Blk G Sec 11- | Iosa carryover. E leet on page D-6 pital gain or (los n Capital Gains of property h XYZ Co.) 8 8 9 9 9 7, Part I; long-te 1684, 6761, and 8 | Mo. day, yt) where the amount of the instruction s). Combine line and Losses- Mo. day, yt) MO. day, yt) MOLENTED y, from Schedu s. Add lines 8 s m gain from Fo 824 | t, if any, from I ns | Ine 8 of your Ca n column (f) More Than On (a) Sales price (her page D-R of The instructions) 5000 5000 5000 5000 | pital Loss Pe Year Pe Year Pe Cost or othe Deel page D 1000 1000 1000 | 6 7 | Subtract (e) from | |
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| 6 Shor Carr 7 Net Part II 8 Lot 27 9 Enter Ine 10 Tota colu 11 Gain (loss 12 Net Schw 13 Cap | r your long-term ca ial Description of Completing the term Bik G Sec 11- Bik G Sec 11- Bik G Sec 11- Bik G Sec 11- Bik G Sec 11- Discription of term 9 from Form 4 long-term gal ictuie(s) K-1 . that gain distrib p-term capital 1 | Iosa carryover. E leet on page D-6 pital gain or (los n Capital Gains of property h XYZ Co.) & erm totals, if any serm totalserm totals, if any s | A framework of the instruction o | L if any, from 1 s 1 through 6 i Assets Held (No. dxy, pr.) 07/30/2006 0/ | Ine 8 of your Ca n column (f) More Than On (d) Sales price (her prop D-ft of the instructions) 5000 5000 6252; and long-te , estates, and t | pital Loss Pe Year Pe Year Pe Cost or othe Inser page D- Ite instructs 1000 Inser gain or Insets from pital Loss | 6 7 (tatel) (t | Subtract (e) from | |

| Pa | rt III | Summary | 6. 6 | | |
|----|---------|---|---------|------------------|---|
| | | <u> </u> | 6 | | Γ |
| 10 | | iou lines 7 and 15 and enter the result. If Inia 16 is a joss, skip lines 17 through 20, and line 21. If a gain, enter the gain on Form 1040, line 13, and then go to lice 17 below | 16 | 4000 | + |
| 17 | Are lin | ies 15 and 16 both gains? | 1 | 4 | |
| | | es. Go to line 18. | | 0 | |
| | LING | a. Skip lines 16 through 21, and go to line 22. | | <u> </u> | |
| 18 | | the amount, if any, from line 7 of the 28% Rate Gain Worksheet on page D-7 of the coord | 18 | • | |
| | | | | | |
| 19 | | the amount, if any, from the T6 of the Unreceptured Section 1259 Gain Worksheet on D-8 of the instructions | 19 | • | + |
| 20 | Are in | es 18 and 19 both zero or blank? | | | |
| | Ca | is, Complete Form 1040 through line 43, and then complete the Qualified Dividends and spital Gain Tax Worksheet on page 38 of the isofractions for Form 1049. Do not complete es 21 and 22 below. | | | |
| | D No | a. Complete Form 1040 through line 43, and then complete the Schedule D Tax Worksheet page D-8 of the instructions. Do not complete lines 21 and 22 below. | | | |
| 21 | If fine | 16 is a loss, enter here and on Form 1040, line 13, the smaller of: | | | |
| | • The | loss on live 16 or | 21 | (| |
| | • (\$3, | 000), or if married filing separately, (\$1,500) | | | |
| | Note. | When figuring which amount is smaller, treat both amounts as positive numbers. | | | |
| 22 | Do yo | o have qualified dividends on Form 1040, Ine 967 | | | |
| | | is. Complete Form 1040 through line 43, and then complete the Qualified Dividends and apital Gain Tax Worksheet on page 38 of the instructions for Form 1049. | | | |
| | | a. Complete the rest of Form 1040. | | | |
| - | _ | | -the d | uie D (Form 1040 | |
| | | | | an o para loio | |
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Printed an emperial paper

| | 8863 | 10.000 | Education Co d Lifetime Le > See instruction tach to Form 1040 or | arning Cr | edits) | | 2006 Attachment Sequence No. 50 | , |
|-----|---|---|---|--|--|----------|--|----------|
| _ | est shown on return | | | Torini Toriare | 0 | Your | ocial security num | _ |
| RA | LPH E DRAKE | | | | | 320 | XX XX | XX |
| Cau | tion: You cannot take the | e Hope credit and the | Methine learning cre | dit for the sam | e student in the | serre j | (ear. | |
| Pa | t I Hope Credit. Ca | aution: You cannot t | ake the Hope credi | t for more the | m 2 tax years for | the st | me student. | |
| 1 | (a) Student's name (as shown on page 1 of your tax return) First name Last name | (b) Student's social security number (as shown on page 1 of your tax return) | (c) Qualified expenses (see instructions). Do not enter more than \$2,200' for each student. | (d) Enter th smaller of t amount in column (d) \$1,100** | the (c) Add column (c) or column | and | (f) Enter one-I of the amount column (e) | t in |
| | SEAN K DRAKE | 321 XX XXXX | 2200 | 1100 | 330 | 0 | 1650 | |
| | | | - 11 | 1 1 | | | | |
| | | t t | - Kali | 1 | | | | |
| | | | | S.c. | | - | | |
| | * For each student who attended **For each student who attended | t an eligible educational institu t an eligible educational institu | for in the Gall Opportunity | Zone, do not enter Zone, enter the enter | more than \$4,400. Her of the arrowtl m | | | |
| • | column (c) or \$2,290 | and the common second | $\mathbf{\nabla}$ | | | | | |
| 2 | Tentative Hope credit. / credit for another studen | | | | | 2 | 1650 | |
| Par | t II Lifetime Learni | ing Credit | - 55 H | | and a second second | | Anna an an Ash | |
| 3 | (a) Student's | name (as shown on p | age 1 of your tax ret | tum) | (b) Student's social s | | (c) Qualitied | |
| | First name | Last n | OF THE | | number (as shown or 1 of your tax retu | | expenses (se instructions | |
| | Frist name | Lagi II | di i i c | | | | | <i>y</i> |
| | | | | | | | | |
| | | | | | | 0.11-0 | | |
| 4 | Add the amounts on line | e 3, column (c), and e | nter the total | 200 A.S. 195 | | 4 | | |
| 5a | Enter the smaller of line | | | | | 5a | - | |
| b | For students who attend the smaller of \$10,000 o | | | | | 5b | | |
| C | Subtract line 5b from in | ie 5a | | | | 5c | | |
| | Multiply line 5b by 40% | | | | · · · · · · · · · | 69 | | |
| D | Multiply line 5c by 20% Tentative lifetime learn | (.20) | Ra and 6b and on to | Part III | | 6b 6c | | |
| - | Allowable Educ | and the second se | on and on and Ho is | 2 1 M I I I I I I I I I I I I I I I I I I | | 00 | | - |
| 7 | Tentative education cred | dits. Add lines 2 and 6 | è anterana ana | second to a | and the second s | 7 | 1650 | |
| 8 | Enter: \$110,000 if marrie | | | sehold, | | 11111 | | |
| | or qualifying widow(er) | | | 8 | 55000 | - | | |
| 9 | Enter the amount from F | | 8.15 CONTENTS (C. 1. 1. | 200 00000 | 32816 | - | | |
| 10 | Subtract line 9 from lin education credits | e 8. If zero or less, t | | 10 | 22184 | | | |
| 11 | Enter: \$20,000 if married or qualifying widow(er) | filing jointly: \$10,000 | f single, head of hou | sehold, | 10000 | | c. | |
| 12 | line 14. If line 10 is les | s than line 11, divide | line 10 by line 11. | Enter the res | ult as a decimal | 12 | × . | |
| 13 | (rounded to at least thre Multiply line 7 by line 12 | | | | | 13 | 1650 | |
| 14 | 1000 COM COMPLEX CONTRACTORS | | | | | 14 | 1496 | |
| 15 | Enter the total, if any, of or Form 1040A, lines 29 | | 1 1 2 2 3 4 T 1 4 T 1 1 1 T 1 7 5 | ugh 49, | 0 | | | |
| | Subtract line 15 from lin education credits | | - + - + + + + | 16 | 1496 | | | |
| 16 | | a stress management of the second stress with | from Simila 5.6 bases more i | on Form 1040 | line 50, or Form | | | |

Form 1040-44

| Be | fore you begin: 7 | See the instructions for line - figure your tax. If you do not have to file Sci you checked the box on line | technie D | and you rea | 36 In a rivel n | oe if you ca opital gain d | n use thi Ishibuti | is worksheet |
|-----|---|--|--------------|-------------|-----------------------|-------------------------------|-----------------------|--------------|
| 1. | Enter the amount from F | mm 1040, Ting 43 | | | . i | 16244 | | |
| | | mm 1040, fine 9b | | | | 2004052 | | |
| | Are you filing Schedule 1 | | | | | | | |
| | | r of line 15 or 16 of ther line 15 or line 16 is a | | 1.1.25 | | | | |
| 1 | hoos, unter -0- | : from Form 1040, line 13 | (b) | 4000 | - | | | |
| | | | 124 | 4000 | | | | |
| 5. | If you are claiming loves 4952, enter the amount fi | unent interest expense on Form um line 4g of that form | 1971 | | - | | | |
| | | | | 0 | | | | |
| | | 4. If zero at less, enter (0, | | | - 6 | 4000 | | |
| | Subtract line 6 from line Enter the smaller of: | I. If zero or less, outer -0+ | | ******** | 7 | 12244 | -1 | |
| | The amount on line \$30,650 if single or \$61,300 if married (\$41,050 if head of 3 | or married filing separately, iling jointly or qualifying widow coschold | ieri, } | | н. | 15244 | 1 | |
| 9. | | qual to or more than the amount | | | | | | |
| | No. Fater the amount | agh 11; go to line 12 and check from line 7 | | ******** | | | 1 | |
| | | N., | | | | | | |
| н, | Multiply line 10 by 5% (| 05) | | | 244-13 | | .11. | 200 |
| 3 | Are the amounts on lines Yes, Skip fines 12 thr | | | | | | | |
| | | ne 10 tif line 10 is blank, onter 4 | | | and the second second | | -1 | |
| | | e 12 . | | | | | -11 | |
| | | (15) | | | | | 14 | |
| | | suit on line 7. Use the Tax Table | | | | | 1993 | |
| | | | | | | | .16. | 1295 |
| 17. | Add lines 11, 15, and 16 | | | | | | . 17. | 1496 |
| EN. | Figure the tax on the ans whichever applies | ant on line 1. Use the Tax Table | t or Tax I | | | hcot, | .18. | 1896 |
| | | ne. Enter the smaller of line 17 | | | | | 3(9) | 1496 |

Need more information or forms? See page 7.

- 38 -

Advanced Scenario 2 Retest Questions

Directions

Using your resource materials and Ralph's completed tax return, verify the information and calculations on the return to answer the following questions. You are a volunteer at site S32053333.

Note: To complete social security numbers and employer identification numbers, replace Xs with 286560 or with the EFIN provided by your instructor.

- **9.1** Which of the following sections on Ralph's Form 1040, page 1 should be corrected?
 - a. Label
 - b. Social security number
 - c. Personal exemptions
 - d. Information on dependents
- **9.2** Is the amount of total expenses shown on line 2, Part II of Schedule C-EZ correct?
 - a. Yes
 - b. No
- **9.3** Which of the following is an increase to basis when figuring the adjusted basis of property?
 - a. Travel costs to meet with potential buyers
 - b. Maintenance costs
 - c. Capital improvements
 - d. All of the above
- **9.4** Which of these lines on Ralph's Schedule D has an error that needs to be corrected?
 - a. Line 8c Date sold
 - b. Line 8d Sales price
 - c. Line 8e Cost or other basis
 - d. All the above
- **9.5** What is the correct amount for adjustments to income on Line 36 of Form 1040? \$_____

- **9.6** Does the deduction amount on line 40 of Form 1040 need to be corrected?
 - a. Yes
 - b. No
- 9.7 What is the correct amount on line 1c of Form 8863? \$_____
- 9.8 What prevents Ralph from qualifying for Earned Income Tax Credit?
 - a. His earned income is too low
 - b. He does not have a qualifying child
 - c. He is delinquent on his alimony payments
 - d. His investment income is too high
- **9.9** Does the Additional Child Tax Credit amount on line 68 of Form 1040 need to be corrected?
 - a. Yes
 - b. No
- 9.10 If Ralph made a contribution to an IRA, is it deductible?
 - a. Yes
 - b. No

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2006 6745 Retest - Military Course

Military Scenario 1: Diana Stewart

| Taxpayer | Diana Stewart completed Form 13614, Intake and Interview Sheet |
|-----------------------|---|
| Taxpayer Documents | Form 13614 Social security cards for Diana and Lily and an ITIN card for Henri 3 Forms W2 for Diana Stewart Form 1099INT |
| Interview Notes | Deployed: In Iraq from 7/12/06 through 2/26/07 Military training: Attended weekend-long military training sessions each month from 01/01/06 through 06/30/06 (the expenses were not reimbursed) Mileage: 1,560 (based on Internet map data not written records) Lodging: \$900 (within federal per diem rate for the area) Meals: \$675 (within federal per diem rate for the area) Married: Married Dr. Henri Dumont in 2006; Henri's tax information: Income: no income in 2006 Citizenship: Swiss; has never been to the United States Individual tax identification number: 940-XX-XXXX Wants to file jointly; does not want to contribute to the Presidential Election Campaign Fund One child: Has full custody of her daughter, Lily Care: Diana's sister, Louise took care of Lily at no cost; Louise lived with Diana, but was not her dependent Cost: Diana allotted some of her military pay to cover all household bills and anything Lily needed |

| Interview | ٠ | Properties: |
|--|--------------|--|
| Notes (continued) | | Rental property: Purchased property: 04/30/03 Rented: 01/01/06 – 09/30/06 Not offered for rent: 10/01/06-10/31/06 Rental property became taxpayer's primary residence 11/01/06 Rental income: \$8,500 Annual real estate taxes: \$1,350 Management company fees for the time the property rented: \$750 |
| | | Furnace repair 02/15/06: \$290 Depreciation from 01/01/06 – 09/30/06 (based on a schedule provided by the taxpayer): \$2,325 Home sale: Purchased property: 02/03/03 for \$79,800 Sold property (primary residence until it was sold): 10/31/06 for \$105,000 |
| | • | Stock and shares: A&B Stock Inherited: 100 shares on 03/15/06 Fair market value on 3/15/06: \$3,500 Sold: all shares on 04/30/06 Selling price: \$3,700 (net of commissions) Equity Index Mutual Fund Bought: 06/01/05 through 04/15/06 Sold: 300 shares on 4/30/06 Share cost basis: \$1,500 Selling price: \$1,000 (net of commission) |
| | • | Additional information: Not enough deductions to itemize Diana wants to designate \$3 for the Presidential Election Campaign Fund |
| 10-XX-XXXX 10-XX-XXXX ina P. Stewart | 4 1 1 | Individual Taynayar |

Dian P. Stewart

SIDE

| Form 13614 Rev. August-2006 | | | | Internal Revenue Ser erview Sheet | | OMB | # 1545-1964 | |
|---|----------------|-----------------------------|---------------------------------------|--------------------------------------|---|--|------------------------------------|--|
| You (and Spous | e) will nee | ed: | | | | | | |
| Proof of Identity | | | | Child care ; | oroviders' ider | tification nun | tber | |
| Copies of ALL W | -2 1098, 109 | 9 forms | | | banking infon | | | |
| Social Security (3 Identification Nun individuals to be I | nber (ITIN) fo | r að | | Estimated : | ings deposit sl lax payments f other income | made, etc. | deposits | |
| Part I: Taxpayer | Informatio | n | | | | | | |
| 1. Your First Name DIANA | 1 | M.I. P | Last Name STEWART | | | 2. SSN or 4 1 0 - X | ITIN X-XXXX | |
| 3. Date of Birth (m 10 / 02 / | | 4. Job Title NURSE | | | | | | |
| 5. Spouse's First N HENRI | | 10000 CA | Last Name DUMONT | | | 6. SSN or 9 4 0 - X | ITIN X - X X X X | |
| 7. Date of Birth (mi 09 / 29 / | | 8. Job Title PHYSICIAN | 20 . 22 | | | | | |
| 9. Address 176 CHASE | | | Apt # City YOU | R CITY | | | Zip Code YOUR ZIP | |
| 10. Phone Numbers YOUR PHONE NUM | | Eveni | ng | | Cell | | | |
| 11. Are you a U.S. (| Citizen? | Yes 🗌 No | 12. Is your | Spouse a U.S. Ci | tizen? 🗌 Ye | s 🗹 No | | |
| 13. Can your parent | ts or someon | e else claim y | ou or your spe | ouse as a depende | ent on their tax | return? | Yes 🗹 No | |
| 14. Did you pay mor | e than half th | e cost of keep | ing up the ho | me? 🗹 Yes 🗆 |] No | | | |
| 15. Check if Legally | Blind: 🗌 1 | Taxpayer 🗌 | Spouse | | | | | |
| 16. Check if Permar | nently and To | tally Disabled | П Тахрау | er 🗌 Spouse | | | | |
| | ingla 🗹 La | | · · · · · · · · · · · · · · · · · · · | ed 🔲 Divorced during the last 6 | months of the | year? 🗹 Ye | es 🗌 No | |
| 18. Was your spous | e deceased? | If yes, provid | le the date of | death/ | ./ (mm | dd/yyyy} | | |
| Part II. Family ar | nd Depend | ent Inform | ation – Do n | ot include you or | your spouse | 66 C | | |
| Print the name of every | yone who lived | - | | | | | | |
| Natio | | Date of Birth mm/dd/yyyy | Social Security Number or ITR | (son, daughter, etc.) | Nonths person lived with you in 2006 | Check if readent of Canada or Mexico | a full time student (yes or no) | |
| LILY M STEV | MADT | 7/23/1996 | 04 411-XX-XXX | | 12 | 19 | WES WES | |
| LILT M STEV | WART . | 7723(1995 | 411-00-000 | CA DADGHTER | 12 | | TEO | |
| | | | | | | | 1 | |
| | | | | | | | | |
| | | | | | | | | |
| Catalog Number 388 STOP | | | | TED BY CER | | | (Rev. 8-2006 | |

| | | | induct a thorough interview, please use the decision trees, interview tips and informational charts in 17 in addition to this intake sheet. This intake sheet does not constitute a complete interview. |
|----------|---------------------|--------|---|
| Filing S | tatus Det | ermi | nation – Use Publications 4012 and/or 17 to determine filing status. |
| | ed on the sw(er) | interv | view, the filing status of the taxpayer is: Single MFJ MFS* HH Qualifying |
| *Spouse | Name | | Social Security Number |
| Depend | ency Det | ermi | nation – Use Publications 4012 and/or 17 to determine dependency exemptions. |
| □ Yes | T No | 2. | Did the taxpayer provide more than 50% of the support for the dependents claimed? |
| Yes. | No No | | Is there a signed Form 8332 or a divorce decree that allows someone else to claim the dependent(s)? |
| Yes | □ No | 4. | Is the dependent permanently and totally disabled? |
| 111990 | | | Based on the interview, how many individuals gualify as dependents for this return? |
| | | | COMMONLY USED INCOME AND EXPENSES |
| | | | se Publication 17, Your Federal Income Tax for Individuals and Publication 4012, Suide while discussing the questions below with the taxpayer. |
| | 15 0 6 7 4 7 2 | 100 | In 2006, did you receive: |
| V Yes | | | |
| V Yes | No No | | Wages or Salary (Include W-2s for all jobs worked during the year) Disability income |
| V Yes | No No | | Interest from: checking or savings account, bonds, dividends, CD, or brokerage account |
| T Yes | No No | | State tax refund (may be taxable if you itemized last year) |
| Ves | No No | | Alimony income |
| T Yes | No. | | Tip income |
| T Yes | No. | | Pension and/or IRA distribution |
| Ves. | No. | | Unemployment |
| Ves. | No No | | Social Security or Railroad Retirement |
| T Yes | NO NO | | Self Employment |
| V Yes | No No | | Other Income such as gambling winnings, awards, prizes and Jury duty |
| Part V. | Adjust | - | t – Did you have 2006 expenses for: |
| T Yes | No. | - | IRA or other retirement account |
| Ves | No | | Alimony payments paid (If yes, you must provide the name and SSN of the recipient) |
| Ves | No No | | Education related expenses |
| Part VI. | Itemize | ed D | eductions - Did you have 2006 expenses for: |
| | | | Un-reimbursed medical expenses |
| T Yes | No No | | Home mortgage payments (interest and taxes - see Form 1098) |
| Yes | No No | | Charitable contributions |
| Part VII | Credit | is - | In 2006, did you have: |
| Yes | No No | 1. | Child/dependent care expenses that allow you (and your spouse-if MFJ) to work |
| Yes | No No | 2. | 가슴을 잘 잘 들었다. 그는 것이 안 집에 있는 것이 같아요. 김 전 것이 같아요. 것이 같아요. 그는 것이 것이 많이 가지 않아요. 것이 같아요. 그는 그 것이 같아요. 그는 |
| | No No | | Retirement Savings Contribution |
| Ves | . Earne | ed Ir | ncome Tax Credit Determination – EITC Eligibility |
| | | | |
| | No No | 1. | Was EITC previously disallowed (if yes taxpayer may not be eligible for EITC) |

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Military Scenario 1 Retest Questions

Directions

Using your resource materials, answer the following questions. You are a volunteer at site S41024444.

Note: To complete social security numbers and employer identification numbers, replace Xs with 286560 or with the EFIN provided by your instructor.

- **10.1** Which filing status would Diana qualify for that would minimize her taxes if Henri did not have an individual tax identification number or did not elect to be treated as a resident alien? (For all other questions, Henri does have an individual tax identification number.)
 - a. Single
 - b. Married Filing Jointly
 - c. Married Filing Separately
 - d. Head of Household
 - e. She could file jointly, but not claim Henri's exemption
- **10.2** Their total rental real estate and royalty income or loss on line 26 of Schedule E is: _____
- **10.3** Diana's combat zone income exclusion from box 12a of Form W-2 should be reported on line 7 of Form 1040.
 - a. Yes
 - b. No
 - c. Not applicable to return
- **10.4** In general, excluded combat zone income may be used to compute earned income tax credit by taxpayers who meet all the other qualifications.
 - a. Yes
 - b. No
- 10.5 What are their total adjustments to gross income on line 36 Form 1040?
 - a. \$0
 - b. \$694
 - c. \$1,932
 - d. \$2,288

10.6 Their deduction on line 40 of Form 1040 is:

10.7 What is the total tax on line 63 of Form 1040?

- a. \$3
- b. \$126
- c. \$1,003
- d. \$1,126
- **10.8** The short term gain or loss on Schedule D, line 7 is: \$_____
- **10.9** Diana asks you if they qualify for Earned Income Tax Credit. You answer:
 - a. Yes
 - b. No

| Military Sce | enario 2: Peter and Beth Anderson |
|-----------------------|--|
| Taxpayer | Peter and Beth Anderson completed Form 13614, Intake and Interview Sheet. |
| Taxpayer Documents | Form 13614 Social security cards for Peter, Beth, and three children Form W2 Form 1098 Form 1098T Form 1099INT Voided check Form 1040 Form 1040, Schedule E Form 8863 |
| Interview Notes | Stationed in Italy for all of tax year 2006 Properties: Sold home in US where they lived for 2½ years Purchased: 10/31/97 for \$215,000 Sold: 11/30/06 for \$365,000 Improvements: \$5,600 Use: House had never been rented or used for business Rental property: condominium Rental income: \$9,000 Taxes: \$970 Maintenance fees: \$420 Interest: \$2,145 Management fees: \$720 Repairs: \$275 Depreciation: \$1,500 (taken from a worksheet Beth's accountant created) |

| Interview Notes (continued) | Three children: Raymond: Full time student: Sophomore at Texas State University Lives in dormitory Does not work 2 other children: Live at home No income |
|-----------------------------------|--|
| | Beth Anderson's job (with an Italian firm): Paid: \$5,500. Paid in Euros; has appropriate exchange rate record |
| | Italian income tax paid: \$500 The income and tax are in U.S. dollars and she has already applied the appropriate exchange rate. |
| | Other: Contributions to church \$1,300 (money put in collections |
| | weekly) Presidential Election Campaign Fund: Both Peter and Beth want to designate \$3 |
| | Refund: If they get a refund, they want to have it deposited to their checking account |



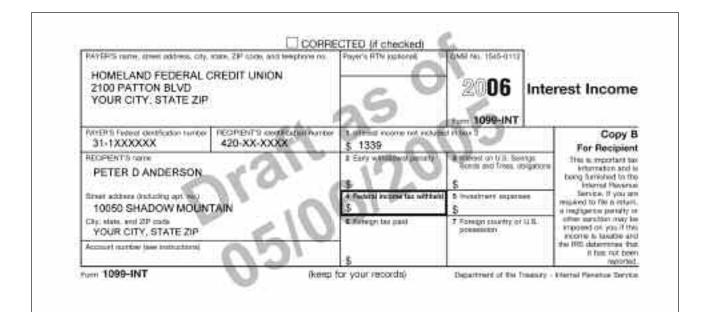
| Rev. August-2006 Intake and Interview Sheet | | | | | | | | # 1545-1964 |
|---|---|---|---|---|--|--|---|--|
| You (and Spouse) will i | need: | | | | | | | |
| Proof of identity | | | | | Child care ; | vroviders' iden | tification run | nber |
| Copies of ALL W-2 1098, 1 | 099 forms | 8 | | | | banking informings deposit sh | | |
| Social Security (SSN) or In Identification Number (ITIN) | | ВX | | | | ax payments i | | oepoats |
| individuals to be listed on t | | | | | | ather income | | |
| Part I: Taxpayer Informa | ation | | | | | | | |
| 1. Your First Name | and the second se | M.L. | Last Nar | | | | 2. SSN or | |
| PETER | 0 0 0 | D | ANDER: | SON | | | 4 2 0 - X | X - X X X X |
| Date of Birth (mm/dd/yyy) 07 / 27 / 1959 | AIR F | | OFFICE | 2 | | | | |
| 5. Spouse's First Name | 1 | | Last Nar | | | | 6. SSN or | |
| BETH 7. Data of Birth /mmlddbase | 1 8 Job | | ANDERS | SON | | | 4 2 1 - X | X - X X X X |
| Date of Birth (mm/dd/yyy) 06 / 06 / 1961 | A 147.444 | E MAKE | R | | | | | |
| 9. Address | | | | City | | | | Zip Code |
| 10050 SHADOW MOUNTAIN 10. Phone Numbers: Daytime | | Eveni | | YOUR | ALLA | Cell | YS | YOUR ZIP |
| YOUR PHONE NUMBER | | | | | | Con | | |
| 11. Are you a U.S. Citizen? | Yes | No 🗆 | 12. Is | your Sp | ouse a U.S. Ci | izen? 🗹 Ye | s 🗌 No | |
| 13. Can your parents or some | eone else | claim y | ou or you | ir spous | e as a depende | nt on their tax | return? | Yes 🗹 No |
| 14. Did you pay more than ha | | | | | |] No | | |
| | | | | | . 100 1 | 1 140 | | |
| 15. Check if Legally Blind: | | | | | | | | |
| 16. Check If Permanently and | d Totally D | isabled | Ta | oxpayer | Spouse | | | |
| 17. On December 31st 2006: | | Inmind | Sec. | arated | Discover | | | |
| Were you: Single a. If married, were you live | | | | | | nonths of the | year? 🗌 Ye | es 🗆 No |
| Were you: Single 2 a. If married, were you live | ing with yo | our spou | use at an | ytime d | uring the last 6 | | year? 🗌 Ye dd/yyyy) | 96 🗌 No |
| Were you: Single 2 a. If married, were you live 18. Was your spouse decease | ing with yo ed? If yes | sur spou | use at an de the da | ytime di te of de | uring the last 6 m | .) (mm/ | dd/yyyy} | 98 🗌 No |
| Were you: Single 2 a. If married, were you live | ed? If yes ed? If yes indent In | aur spou a, provie n form | use at an de the da ation – | ytime di te of de Do not | uring the last 6 ath/ include you or | / (mm/ your spouse | dd/yyyy) | 98 🗌 No |
| Were you: Single a. If married, were you live 18. Was your spouse decease Part II. Family and Depe | ed? If yes ed? If yes indent in wed in your | sur spou s, provie n form r home a s of Birth | lise at an de the da ation – and outsid board 5 | ytime di te of de Do not le your h acurty | uring the last 6 m ath/ include you or one that you sup Relationship |) (mm/ your spouse parted during th Months person | dd/yyyyy) e year. Check if needent | Is the dependent |
| Were you: Single a. If married, were you livi 18. Was your spouse decease Part II. Family and Depe Print the name of everyone who i Name | ed? If yes ed? If yes indent in wed in your | our spou a, provie n form r home a | lise at an de the da ation – and outsid Social S Number | ytime du te of de Do not le your h acurty or ITIN | aring the last 6 i ath. / include you or me that you sup Relationship (son, daughter, etc.) |) (mm/ your spouse parted during th Norths person lived with you in 2006 | dd/yyyy) e year. check if needen of Canada or Mexico | la fha depandan a full time student (yes or no) |
| Were you: Single a. If married, were you live 18. Was your spouse decease Part II. Family and Deper Print the name of everyone who is | ing with ye ed? If yes indent In fived in you Date me | a, provia forma nhome a of Birth | lise at an de the da ation – and outsid board 5 | ytime di te of de Do not le your h ecurty or ITIN | uring the last 6 m ath/ include you or one that you sup Relationship |) (mm/ your spouse parted during th Norths person lived with you in | dd/yyyy) e year. check if needent of Esnada or | i is The dependent a full time student |
| Were you: Single a. If married, were you livi 18. Was your spouse decease Part II. Family and Depe Print the name of everyone who in Name (a) | ed? If yes ndent lin wed in you Data min 4 3/1 | aur spou s, provie n form r home a s of Birth vide/your (b) | tise at an de the da ation – and outsid booal 5 humber 0 | ytime du te of de Do not le your h security or ITN 4 (-XXXX | aring the last 6 i ath / include you or ome that you sup Relationship (son, daughter, etc.) (d) |) (mm/ your spouse parted during th Months person lived with you in 2006 00 | dd/yyyy) e year. check if needen of Canada or Mexico | is the dependent a full time student (yes or no) (gp) |
| Were you: Single a. If married, were you live 18. Was your spouse decease Part II. Family and Depe Print the name of everyone who in Name (a) RAYMOND C ANDERSON | ing with ye ed? If yes indent li wed in you min i i i i i i i i i i i i i i i i i i | our spou a, provie nform <i>r home a</i> <i>e of Birth</i> <i>etal Provi</i> (b) 7/1988 | the dation - ation - and outsid boom 5 humber 0 423-XX | ytime di te of de Do not le your h or ITN : :-XXXX | ating the last 6 in ath / include you or ome that you sup Relationship (sort, daughter, etc.) (d) SON |) (mm/ your spouse parted during th Months person heed with you in 2006 00 12 | dd/yyyy) e year. check if needen of Canada or Mexico | Is the dependent a full time student (yes or no) (g) YES |
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| Were you: Single a. If married, were you livi 18. Was your spouse decease Part II. Family and Depe Print the name of everyone who in Name (s) RAYMOND C ANDERSON JOSHUA R ANDERSON | ing with ye ed? If yes indent li wed in you min i i i i i i i i i i i i i i i i i i | our spou s, provid nform r home a of Brith vid Brith vid Brith (b) 7/1988 5/1989 | Ise at an de the da ation – and outsid founder 0 423-XX 424-XX | ytime di te of de Do not le your h or ITN : :-XXXX | aring the last 6 i ath/ include you or ome that you sup Relationship (son, daughter, etc.) (d) SON SON |) (mm/ your spouse parted during the bed with you in 2006 00 12 12 | dd/yyyy) e year. check if needen of Canada or Mexico | is the dependent a full time student (yes or not) (g) YES YES |
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| Were you: Single a. If married, were you livi 18. Was your spouse decease Part II. Family and Depe Print the name of everyone who i Name (a) RAYMOND C ANDERSON JOSHUA R ANDERSON KENNETH E ANDERSON KENNETH E ANDERSON | ing with ye ed? If yes indent lin ived in you in ived in you in in i i i i i i i i i i i i i i i i | xur spoi a, provic nform r home a a of Birth ddfyran (b) 7/1988 5/1989 6/1992 | le the da ation – and outsid boai 5 humber 0 423-XX 425-XX | ytime di te of de Do not le your h security or TTN 4 (-XXXX (-XXXX (-XXXX) | aring the last 6 i ath/ include you or ome that you sup Relationship (son, daughter, etc.) (d) SON SON |) (mm/ your spouse paried during th Months person bed awiny you in 2006 00 12 12 12 12 | dd/yyyy) e year. Check if heredant of Cancels or Mexico (6 | hi The dependent a hall time student (yee or no) go YES YES YES YES |

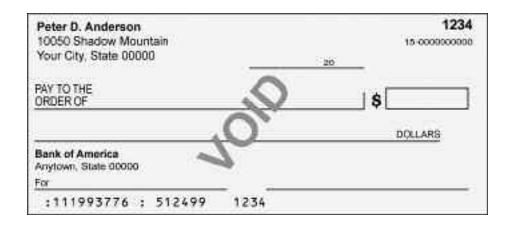
| | | | nduct a thorough interview, please use the decision trees, interview tips and informational charts in 17 in addition to this intake sheet. This intake sheet does not constitute a complete interview. |
|-------------------------|---------------------|--------|--|
| Filing S | tatus Det | ermi | nation – Use Publications 4012 and/or 17 to determine filing status. |
| | ed on the ow(er) | interv | view, the filing status of the taxpayer is: Single MFJ MFS* HH Qualifying |
| *Spouse | Name | | Social Security Number |
| Depend | ency Det | ermi | nation – Use Publications 4012 and/or 17 to determine dependency exemptions. |
| T Yes | T No | 2 | Did the taxpayer provide more than 50% of the support for the dependents claimed? |
| Yes | □ No | | Is there a signed Form 8332 or a divorce decree that allows someone else to claim the dependent(s)? |
| Yes | □ No | - 4 | is the dependent permanently and totally disabled? |
| | | 5. | Based on the interview, how many individuals qualify as dependents for this return? |
| | | | COMMONLY USED INCOME AND EXPENSES |
| | | | se Publication 17, Your Federal Income Tax for Individuals and Publication 4012, Guide while discussing the questions below with the taxpayer. |
| Part IV. | Incom | e - | In 2006, did you receive: |
| V Yes | □ No | 1 | Wages or Salary (Include W-2s for all jobs worked during the year) |
| Yes. | No No | | Disability income |
| V Yes | No No | 3. | Interest from: checking or savings account, bonds, dividends, CD, or brokerage account |
| T Yes | No. | 4. | 그 밖사가 잘 안 집 방법에 잘 잘 들었다. 것은 것 같아요. 그는 것은 것 같아요. 나는 것은 것 같아요. 것은 것 같아요. 그는 것이 같아요. 그는 것이 같아요. 같아요. 같아요. 것이 같아요. 같아요. ???????????????????????????????????? |
| Yes | No No | | Alimony income |
| T Yes | No. | | Tip income |
| T Yes | No No | | Pension and/or IRA distribution |
| T Yes | No. | | Unemployment |
| TYes | No No | | Social Security or Railroad Retirement |
| T Yes | No No | | Self Employment |
| Yes | No. | | Other Income such as gambling winnings, awards, prizes and Jury duty |
| Part V. | Adjust | men | t – Did you have 2006 expenses for: |
| □ Yes | No No | 1. | IRA or other retirement account |
| Ves | No No | | Alimony payments paid (If yes, you must provide the name and SSN of the recipient) |
| Yes | _ | | Education related expenses |
| Part VI. | Itemize | ed D | eductions – Did you have 2006 expenses for: |
| Yes | No No | 1, | Un-reimbursed medical expenses |
| Yes Yes | 🗆 No | 2. | 이 것 같은 이 것 사람은 이 문화를 가지도 못했어? 이 가지도 가지도 못했다. 것 같은 것 같 |
| V Yes | 🗆 No | 3. | Charitable contributions |
| Part VII | Credit | s - | In 2006, did you have: |
| | No No | 1. | Child/dependent care expenses that allow you (and your spouse-if MFJ) to work |
| ☐ Yes | No No | 2. | Educational expenses for you or your dependents |
| - | | З. | Retirement Savings Contribution |
| Ves | No. | | |
| □ Yes ☑ Yes □ Yes | | ed Ir | come Tax Credit Determination – EITC Eligibility |
| □ Yes ☑ Yes □ Yes | | | Was EITC previously disallowed (if yes taxpayer may not be eligible for EITC) |

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| NATIONAL BANK AND TRUST 2710 W 15TH YOUR CITY, STATE ZIP | | * Condition: This account above may not be fully deductible by you. Limits above on the least amount and the cost and ratios of the second property may apply. Also, you may any deduct relevant to the uniter it was recurred by you. actually peed by you, and not extrainly peed by you, and not. | 2006 2006 | Mortgage Interest Statement | | | |
|--|---|--|--|-----------------------------------|--|--|--|
| REDPENT'S televal identification no. 31-3XXXXXX | PWYER'S social security number 420-XX-XXXX | 1 Mortgage interest receive \$5800 | Copy B For Payer | | | | |
| PAYER'S BORROWER'S name PETER D ANDERSON | | 2 Pointo paid on purchase | The internation in pares 2, and 2 is important to information and is bein furnished to the inform Reseman Service. If you in required to file a refurn. | | | | |
| Street address (including apt. no.) 10050 SHADOW MOUNTAIN | | Refund of overpaid intere | negligence penalty or othe sanction may be impose on you if the IR otherwaters that a | | | | |
| City, state, and ZP code YOUR CITY, STATE ZIP | | | + REAL ESTATE TAXES \$3580 | | | | |
| Account number (see instructions) | | | deduction for this mortgag interest or for these point or because you did no report this refund of science On your other | | | | |

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| Statemer | Form 109B-T | Arrowski, kilosi kur spadifist kyton and related eggersen \$ | 601 UNIVERSITY DRIVE SAN MARCOS, TX 78666 | | | |
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| | 10 SS. CARDIN HILD AND AND A | B Crisci # a jundante studient | Charge # 20 1948 Traffictions advance | Revide Paparet Aut, Mr. | | |





| 1040 | U.S. Individual Income Tax | Return Lesse | 1108.000 | and the second s | Drig- the res | _ | MB No. 1045-0074 | _ | |
|------------------------------|---|--|-----------------------|--|--|-----------------------------|--|----------|--|
| Label | Your first name and initial | Lipt many | | | | Your social security number | | | |
| See 4 | PETER D | ANDERSON | ř | 1 | | 420 | XX XX | xx | |
| on page 16) | If a joint retart, spound's first name and, while | I Ditate | | in li | | Space | e's social sesurity in | unter | |
| Use the IRS | ВЕТНА | ANDERSON | 1.12 | | | 421 | XX XX | XX | |
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| please print | | Received and street | 11 6 | 10. 10. | | A 3 | our SSNN Above | <u> </u> | |
| or type. | City, from or poor other, shape and 210 code | , if you have allowing a | and the second | and page 18. | | | ng a box below will | | |
| Presidential | T Check here if you or your spouse fill | NUMBER OF STREET | | min from the set | | 1.1.0.0 20.0 | your tax or refund | | |
| Election company | | and formally when each | | | | | | | |
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| one box. | and ful name hare. > | and a sent here at | - # E | | | depen | pers seed brint trads | e 17). | |
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| Exemptions | b 🗹 Spouse | | | | 1.19- | | No. of children | | |
| | 6 Dependents: | 12) Department annual ascenty to | | (2) Dependents relationship (b) | 1000 TO 200 | 110 | · lived with you | 3 | |
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| of more than hour | RAYMOND C ANDERSON JOSHUA R ANDERSON | 7888 1.7889 1.2 | CXXX CXXX | SON | | | or separation (see page 20) | | |
| dependents, see | KENNETH E ANDERSON | | CXXX | SON | 2 | | Dependents on St. | | |
| page 18. | CONTRACTOR FOR A CONTRACTOR | 144 00 1 | unn - | 0011 | - ñ | | rad entered above | _ | |
| | d Total number of exemptions claimer | d | | and the training | | | Add maribers int | : 특 | |
| | 7 Wapes, salartes, tips, etc. Attact: Pa | ernial W.F | 100 | 23.10.21 | 1.2.1 | 7 | 63590 | | |
| Income | Be Taxable ettenest. Attach Schedule 3 | | | | 1.523 | lia. | 1339 | | |
| Attach Fermisi | to Tax-exempt interest. Do not includ | te pri lave ita | i eti | 61 | 1 | | | | |
| W-2 here. Also | 9a Ordinery dividende: Attach Scheduly | e Bifrequined | - Ukne | Generation | | Ra | | | |
| attach Forma W-20 and | Ib Gustified dividends (see page 23) | | 1.10 | | _ | (para) | | | |
| 1099-R If tax | 10 Taxable refunds, creatilia, or offseta | | | | B) - 1 | 10 | | _ | |
| was withheld. | 11 Alimonty received | | 10292 | 122/2121 | 1.2.1. | 11 12 | | - | |
| | 12 Business income or Ikes), Attach 5 | CITY STATISTICS IN CONTRACTOR | terez | 100000 | 214 | 13 | | - | |
| ft you did not | Copital gain or (loss). Attach Schedl Other gains or lossesi. Attach Tom | | The second second | | | 14 | | _ | |
| get a W-2, | 15a IFA detricutore 15a | owner a star | | the second data | | 156 | | | |
| swe maps 22 | 16a Pensions and avruities 16a | | 0.171000 | ble arrourt (see | 0.351.01520 | 160 | | | |
| Eincluse, but de | 17 Flering real estate, royaltare, partment | hips, S curponitions. | | | the second s | 17 | 4470 | | |
| not attach, any | 18 Farm income or thiss! Attach Scher | Contract of the second s | | Arc - 10 | 111 | 10 | | | |
| payment, Also. please use | 19 Unemployment compensation | | 36. | 1. A. A. A. | 1 | 19 | | | |
| Form 1040-V. | 269 Social codulty banafits . 209 | | th Take | to anourt bee | 10093 27) | 206 | | _ | |
| | 21 Other income. List type and amount | t (sau page 29) \$55 | 00 (wo | rk overseas) | and the second | 21 | 5500 | - | |
| | 22 Add the amounts in the far right colu | - Line is a | and the second | _ | cone P | 22 | 74899 | - | |
| Adjusted | 23 Aroner MSA deduction. Attach Form | | 23 | - | | | 1 I | | |
| Gross | 24 Certain businese expension of reservata fee-table government officials. Attach | 2002 SCHEMELING WARDEN | 1 1 10 1 | | | | | | |
| un uda | 25 Health asympt account defluction. A | COMPARED STREET | 1.00 | | | | | | |
| Income | 26 Moving expenses. Attach Form 090 | | 26 | | | | | | |
| | 27 One-half of self-employment tax. Att | | 27 | | | 18 | | | |
| | | | 78 | | _ | | | | |
| | 28 Self-employed SEP, SMPLE, and u | | | - | - | | | | |
| | CLUBE CONTRACTOR TO THE CONTRACT MANY MANY MANY | duction (see page 30 | | | - | | | | |
| | 28 Sef-employed SEP, SMPLE, and g 29 Sef-employed health murance dec 30 Penalty on early withchavel of sector | all how reaction work where | | | | | | | |
| | 28 Self-employed SEP, SMPLE, and g 29 Self-employed health imprace dec 30 Panalty on early withdrawal of section 31a Avrony paid to Recipient's SSI: • | 40× | 31 | | | 12 | | | |
| | Self-employed SEP, SMPLE, and g Self-employed health immance dec Panalty on early withdrawal of section Annony paid to Pacipient's SSN 32 IRA deduction (see page 31) | ···· | 31/ | | | | | | |
| | Self-employed SEP, SMPLE, and q Self-employed health imprace dec Panalty on early withdrawal of section Annony paid to Pacipient's SSR E IRA deduction the page 311 Student loan interest deduction peed | 904 | 31a 32 33 | | - | | | | |
| 2 - C. A. P. B. P. | 28 Self-employed SEP, SMPLE, and q 29 Self-employed health imprace dec 30 Penalty on early withorawal of section 31a Annony paid to Paupient's SSR F 32 IRA deduction there page 31; 33 Student loan interest deduction (see 34 Any duty pay pay gave to your error | o page 33) | 31a 32 30 34 | | | | | | |
| | Self-employed SEP, SMPLE, and q Self-employed health imprace dec Panalty on early withdrawal of section Annony paid to Pacipient's SSR E IRA deduction the page 311 Student loan interest deduction peed | nga o page 331 Skown Ion, Atlasti Form 2002 | 31a 32 30 34 | | | 36 | | | |

| Fores 1040 57990 | | | | - | 1 | | | | | | upi d |
|--|----------|--|---|-----------|---------------|--------------------|------------------|-------|----------------|--------------------|-------|
| Tax | 38 | Amount from line 37 (adjusted gross moone | d | | 61. | | | | 38 | 74899 | |
| and | 394 | Check [] You were born before January | 2, 1942, | | | Total treves | 207 | | | | |
| Credits | | 1 Spouse was born before January | ary 2, 1947. | □ ei | na í s | thecked P | - 29a L | | | | |
| Standord | h | If your openane therefore, an a separate refurn at you way | saris aris | at in | page 1 | and shade | han >35 | ьC | 1 | | |
| Deduction for- | 40 | Itemized deductions (Yom Schoolin A) or | your standar | d dødk | rotion | ibea kitt r | nargirò . | 11 | 40 | 10300 | _ |
| · Propie who | 41 | Bubbact line 40 from line 56 | torest en | tistel. | · -6 | Antipart - | | | 41 | 64599 | |
| checked any | 42 | If into DB is mor \$112,878, or you provided her | 110 0 0 0 0 0 0 0 | | 1.000 | | | | | 1000 | |
| bisk on line 39a or 39b or | | see page 37. Otherway, multiply \$3,300 by th | and the second se | Sec. 1998 | Contraction 1 | | | nd : | 42 | 13200 | _ |
| who sen be claimed as a | 43 | Taxable income, Bildmard ine 42 hum ine | I SHOTTAL CONTRACTOR | | COLUMN CO. | | | 11 | 43 | 6951 | - |
| chistendent. | 44 | Tax nee page 37. Decisit any tas a from a | REPORT OF THE PARTY OF THE PARTY | | | om 480 | 8:12 5 | 40 | 44 | 0401 | _ |
| see page 36 | 41,0 | Alternative minimum fax (see page 20). At | 10.00 | | 8. S. | 1. 1. 11 | 201.5 | 3.1 | 45 | 6961 | - |
| Al others | <u>M</u> | Addition 44 and 45 | | • (•) | 47 | 10000 | 100 | • | 40 | . 0001 | - |
| Single or Married filling | 47 | Foreign tax credit, Attach Form 1110 If requ | | | 40 | | - | | | | |
| expandsly, 85,190 | 48 | Credit for child and dependent date expension. Credit for the elderly in the despired. Altach | | | 49 | | - | | | | |
| Married filing | 50 | | | | 80 | | 1650 | | | | |
| jointly or | 51 | Religionation of the second se | t Ehren HERT | | 51 | | | | 1 | | |
| Qualifying widdwile's | 52 | Residential every precise. Attach Form 582 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | 52 | | | | 8 | | |
| B13,300 | 53 | Child the cradit use cape XXI. Attach Form | | | -53 | | 1000 | | | | |
| Head of | 34 | Control and the second s Second second se Second second se Second second sec | | | | | 0.010 | | | | |
| household. 67,550 | 56 | Other oudits # C Farm 3800 h C Farm 1800 | Contraction of the second second | | -55 | | | | 5E | | |
| 74UV | 00 | Add lines 47 through 56. These are your tot | COLUMN TO DO TO TO | | | | | 17.1 | 56 | 2050 | |
| | 51 | f Subtract line 56 from line 48. If kne 56 is more than line 48, enter -0 | | | | | | 57 | 4301 | | |
| Other | 58 | Bolf-amployment tax, Attach Schedule SE | | - | | 122765 | | - | 58 | | |
| Taxes | 59 | Bocial security and Medicare las lot by income not reported to employee. Attach Form 4137 | | | | | | 59 | | _ | |
| 10405 | 80 | 2.2.1. 이 제공에는 2.4.1.1.1.2.1.2.2.2.1.2.1.1.2.2.2.2.2.2. | | | | | | 00 | | _ | |
| | 61 | CONTRACTOR AND A DESCRIPTION OF AND LODING AND ADDRESS ON UNITS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS | | | | | | đt | | | |
| | 62 | Household employment taxes. Attach Scher | and the second se | | 1.5 | 6.0100 | 1.1.1 | 2.3 | 62 | 4304 | _ |
| | 63 | Add there 57 through 62. The is your total t | All shares and shares | | | 110100 | 5120 | | 63 | 4301 | _ |
| Payments | 84 | Featural Instance has withheld from Forms W- | | to inte | 66 | | 5120 | - | | | |
| | 66 | 2000 estimated tax payments and amount apple | | | 66a | | - | - | 2.4 | | |
| diversity of the second | 688 | Earned accome credit (EKC) | 10.00 A | | 4041 | 1 | - | - | 10 C | | |
| offett attauts | b | Neontaxable combat pay alaction 🏲 [60b] | | | 47 | | | | | | |
| Schedule BD | 65 | Eacess social security and fee 1 PETA tax with Additional shild tax credit, Attach Form 881; | C PORTAGO A CONTRACTOR OF C | 60 | | | | | | | |
| | 00 | Amount paid with request for extension to 1 | CALL-ADDRESS IN | | 60 | | - | | | | |
| | 70 | Payments from: a . Fors 343 b . Fors 413 | | | 70 | | | | | | |
| | 71 | Eredit for failend telephone occur fan puel. Attach F | | 71 | | | | | | | |
| | 72 | Add lines 64, 65, 66a, and 67 through 71. These are your total payments | | | | | | • | 72 | 5120 | |
| Refund | 78 | If live 72 is monithan live 65, subbact line 6 | B from line 72 | This | s the p | mount se | d diverpa | d | 73 | 819 | |
| Direct deposit? | 748 | Amount of line 75 you want refunded to you | | 1003100 | | I COMPANY AND A | CONVERSE. | Q. 14 | 74a | 819 | |
| See page till | - 6 | Routing number 1 1 1 9 9 3 7 | 7 6 - | e Typ | R. | Decking 1 | Derto | ń. | | | |
| ind 111 in T4b. T4c, and 74d. | • 0 | Account number 6 1 2 4 0 0 | 1.4 | | | | | | | | |
| er Faim BBBB | 76 | Amount of the 70 years applied to your 2007 | estimated tax | | 75 | | | - | and the second | | |
| Amount | 70 | Amount you owe. Subtract Inc 72 from Inc | B3. For deta | Ps.oin t | | pity; 600 : | page 60 | • | 78 | | |
| You Owe | n | Estimated tex penety (see page 60) | ab at at | 1. 10 | 77 | University | WIPE R | - | | VALUE OF CONSTRUCT | -1-1- |
| Third Party | 1.0 | you want to abow emotion person to discuss | | IC ROAD I | 102 (100 | | | | 2 | en soconité : | - 10 |
| Designee | | | Prune no 🕨 i | 1 | | | Westerne in | | ation _ | | 1 |
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| Joint return? | 369 | et okginatione | Date | 704 | iocortas | all and the second | | | Dayline a | store names | |
| San page 17. | | | | AIF | FOR | CE OFF | ICER | | LL | | |
| Keep a copy for your | lo. | wait's signature. If a joint return, both must sign | Date | 11.555 | | rispitation: | | | | | |
| nicorda. | 1 | and the second | 11 - IV | | ITER | - | | | | | |
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| Use Only | 10 | rs il self-orzpłojech, treas, and ZP zode | | | | | Phone y | ¥1. | 1. 1 | | |
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| Depa | erm 1040) etheni of the Treasury sel Pervenue Tension (99) | (From S cor | rental real est porations, est HONR or Form 334 | ate, royaltie: ates, trusts, | RÉMICs, e | hips, tc.) | 0471 | Contraction into the | | |
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| | ets) shown on return TER D & BETH A ANDERSON | | | | | 0 | 1927 | coial security | | |
| Pa | att I Income or Loss From Re | | | | | | of renting p | | | |
| 1 | Schedule C or C-EZ (see pa List the type and location of each | Part in some sort of some | and the second second second second second second | | a state of the sta | 4835 on page 2, fr rental real esta | Contraction and the second | | is No | |
| A | LUNDU | | | 11 200 | | n line 1, did you | | | | |
| ~ | SACREMENTO CA | | | Sec. 1. | | uring the tax yes | | | V | |
| в | | | -0 | 100 | 14 d | as for more than mys or | the greater | 00 | - | |
| _ | | | | 1. 4 | 10% | of the total day | s rented a | B | | |
| С | | | 110 | | 100 Total 100 To | ental value? | | | | |
| - | | - | 1 . | 100 | perties | oge E-3.) | - | C | | |
| Inc | ome: | | A | in MO | B | c | - Mark | Totals d columns A, B | and C | |
| 3 | Rents received | 3 | 9000 | 1 4 | | | 3 | 900 | | |
| 4 | Royalties received | 4 | O.V | 11 | | | 4 | | - | |
| Exp | penses: | | 1 1 4 | 1 | | | 1000 | | | |
| | Advertising | | | | | | | | | |
| 6 | Auto and travel (see page E-4), | 6 | | - | | | _ | | | |
| 7 | Cleaning and maintenance | 7 | | - | | | _ | | | |
| 8 | Commissions , , , , , , | 8 | | | | | _ | | | |
| 9 | Insurance | | - | - | | _ | _ | | | |
| 10 | Legal and other professional feet Management fees | 11 | 720 | | | | _ | | | |
| | Mortgage interest paid to banks | | | | | | | | | |
| | etc. (see page E-4) | | 2145 | | | | 12 | 214 | 15 | |
| 13 | | | | - | | | 1000 | | | |
| 14 | Repairs | 14 | 275 | _ | _ | | _ | | | |
| 15 | Supplies | 15 | | - | - | - | _ | | | |
| 16 | Taxes | 16 | 970 | - | | | _ | | | |
| 17 18 | Utilities | 14 | | | | | _ | | | |
| 10 | MAINTENANCE FEE | | 420 | - | | | | | | |
| | | 18 | | | | | | | | |
| | | | | | | | _ | | | |
| 10 | Add lines 5 through 18 | 19 | 4530 | - | | - | 19 | 457 | 0 | |
| | Depreciation expense or depletion | | 1.000 | | | | 1.0 | | - | |
| | (see page E-4) | 20 | | 2 | | | 20 | | - | |
| | Total expenses. Add lines 19 and 20 | | 4503 | _ | | | _ | | | |
| 22 | Income or (loss) from rental real estate or royalty properties Subtract line 21 from line 3 (rents or line 4 (royalties). If the result is a (loss), see page E-5 to find our | | 4470 | | | | | | | |
| 23 | If you must file Form 6198 Deductible rental real estate loss Caution. Your rental real estate loss on line 22 may be limited. See | | 4470 | | | | | | | |
| | page E-5 to find out if you mus file Form 8582. Real estats professionals must complete line 43 on page 2 | | (|)(| | t | , | | | |
| | Income. Add positive amounts s | | | | | | 24 | 447 | 0 | |
| | and the second s | | | | | | 25 | L. | - | |
| 26 | Total rental real estate and royalt If Parts II, III, IV, and line 40 on pa line 17. Otherwise, include this amo | ge 2 do | not apply to you | u, also enter t | | | 26 | 40 | 10 | |

| Depart | 8863 | | 2006 Attachment Sequence No. 50 | ñ., | | | | |
|--------|--|--|---|---|--|----------|-------------------------------|----|
| _ | (s) shown on return | | | | 0 | Your | locial security num | _ |
| PE | TER D AND BETH A AND | ERSON | | | - V | 420 | XX XX | XX |
| _ | tion: You cannot take the | | and the second se | | the second s | | | |
| | a per encientaria di seconda di s | sution: You cannot to | | for mone the | so 2 tax years for | the so | ime student. | |
| 1 | (a) Student's name (as shown on page 1 of your tax return) First name Last name | (b) Student's social security number (as shown on page 1 of your tax return) | (c) Qualitied expenses (see instructions). Do not enter more than \$2,200° for each student. | (d) Enter th smaller of t amount in polumn (d), \$1,100*1 | the (e) Add in column (c) a of column (d) | | and of the amount | |
| | RAYMOND C | and i was sugar | | Aus | - | | | |
| | ANDERSON | 423 XX XXXX | 2200 | 1100 | 330 | 0 | 1650 | |
| | | | - 11 | 2 " | · | | | |
| | | it is vo | - 611 | Ø | | | | |
| | - For each student who attended | An obsidiar and a strengt and | AN IN THE OWN OWNERS | toos do set anto | Colore France Ball and | - | | |
| | "For each student who attended | an eligible echicational methol | Ren in the Gulf Opportunity. | Zone, enter the arm | aller of the arrowth m | | | |
| 2 | column (c) or \$2,290 Tentative Hope credit, / | Add the amounts on an | e 1, column (fl. # you | are taking the | e lifetime learning | | | |
| | credit for another studen | | vise, go to Part III . | | | 2 | 1650 | |
| | t II Lifetime Learni | | - 19 M | | | | | - |
| 3 | (a) Student's r | name (as shown on pe | ige 1 of your tax ret | um) | (b) Student's social s number (as shown of | | (c) Qualified expenses (se | |
| | First name | Last ru | ате | | 1 of your tax retuined | | instructions | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | 1. | | |
| | Add the amounts on line | | | | | 4 | | _ |
| | Enter the smaller of line For students who attend | | | | | | | |
| | the smaller of \$10,000 or | | | | | 5b | | |
| | Subtract line 5b from line | | | + + + + | | 5c | | |
| | Multiply line 5b by 40% | | | | · · · · · · · · · · · | 6a 6b | | |
| D | Multiply line 5c by 20% Tentative lifetime learning | (.20) | Sa and 6b and go to | Part III | | 6c | | |
| | t III Allowable Educ | | | | | 1.00 | | _ |
| 7 | Tentative education cred | lits. Add lines 2 and 6 | • | anana an | a an an an an an an | 7 | 1650 | |
| 8 | Enter: \$110,000 if married | | | | ****** | | | |
| 2 | or qualifying widow(er) . Enter the amount from F | | | | 110000 | - | | |
| 9 | Subtract line 9 from line | | | | | | | |
| ÷., | | | | 10 | 35101 | | | |
| 11 | Enter: \$20,000 if married or qualifying widow(er) | filing jointly; \$10,000 i | f single, head of hour | sehold, | 20000 | | | |
| 12 | If line 10 is equal to or | | | | | | | |
| | line 14. If line 10 is less | | | | | 12 | × . | |
| 13 | (rounded to at least thre Multiply line 7 by line 12 | | | | | 13 | 1650 | _ |
| 14 | Enter the amount from F | | | | | 14 | 6951 | |
| 15 | Enter the total, if any, of or Form 1040A, lines 29 | your credits from Form | n 1040, lines 47 throu | ugh 49, | 0 | | | |
| 16 | Subtract line 15 from lin education credits | the state of the second states of the second | | | 6951 | | | |
| 17 | | the smaller of line 13 | or line 16 here and | on Form 1040 | | 17 | 1650 | |
| | | | | | for the amount to enter. | - | | _ |

Military Scenario 2 Retest Questions

Directions

Using your resource materials, answer the following questions about the tax return prepared for the Anderson's. You are at site S41024444.

Note: To complete social security numbers and employer identification numbers, replace Xs with 286560 or with the EFIN provided by your instructor.

- 11.1 Are the wages, salaries, tips, etc. listed on line 7 of Form 1040 correct?
 - a. Yes
 - b. No
- **11.2** Are all the names listed correctly?
 - a. Yes
 - b. No
- **11.3** Is the deduction on line 40 of Form 1040 correct?
 - a. Yes
 - b. No
- 11.4 Is the sum of expenses on line 19 of Schedule E correct?
 - a. Yes
 - b. No
 - c. Not applicable for this return
- **11.5** The correct total rental real estate and royalty income or loss on line 26 of Schedule E is: _____
- **11.6** To maximize their tax refund, or minimize their tax liability, the Andersons should take the Foreign Earned Income Exclusion instead of the Foreign Tax Credit.
 - a. Yes
 - b. No
- **11.7** What is the correct education credit amount on line 17 of Form 8863, Education Credits? _____
- **11.8** Is the information for site designation on Form 1040 correct?
 - a. Yes
 - b. No
 - c. Not applicable for this return

This page intentionally left blank.

International Scenario 1: Jason and Ella Barnes

| Taxpayer | Jason and Ella Barnes completed Form 13614, Intake and Interview Sheet |
|-----------------------|---|
| Taxpayer Documents | Form 13614 Social security cards for Jason and Ella Barnes Form W-2 for Ella Barnes Form 1099INT |
| Interview Notes | Jason and Ella Barnes are both U.S. citizens who have lived and worked in France since June 23, 2003. They did not return to the U.S. at any time during 2006. Income Jason has a teaching position and received his wages in French currency, which total \$37,500 after converting to US dollars. Jason had \$2,366 in French income tax withheld from his wages. They have taken the Foreign Earned Income Exclusion for Jason's wages in 2004 and 2005, and expect to do that again this year. They have never revoked this exclusion. Ella worked at the U.S. consulate and has a W-2 for her salary. They have a checking and savings account at a French bank. The interest from those accounts is \$1,715; they paid \$429 in French income tax that was withheld on that interest income. They also have an account in a U.S. bank (Form 1099INT). Sale of Property, lake lot Purchased August 8, 2000, for \$10,000 Sold March 25, 2006, for \$17,000 Paid sales commission and closing costs of \$1,620 |

| Interview | • | Sale of stock |
|-----------------------------|---|--|
| Notes (continued) | | Ella inherited 550 shares of J & J Imports stock on January 19, 2006 |
| | | Eair market value at the time they were inherited was \$16,500 |

- Fair market value at the time they were inherited was \$16,500
 Sold 250 shares on May 1, 2006, for \$9,250 (net of commis-
- sions)
- Additional Information
 - Neither of them wants to designate \$3 to the Presidential Campaign Election Fund



| Form 13614 Rev. August-2006 | | | | - Internal Revenue Ser erview Sheet | | OME | 3 # 1545-1964 |
|--|--|--|---|--|--|---|--|
| You (and Spouse) |) will need | : | | | | | |
| Proof of Identity | | | | Child care ; | oroviders' iden | tification nun | nber |
| · Copies of ALL W-2 | 1098, 1099 1 | orms | | | banking inform | | |
| Social Security (SS | | | | | ngs deposit sl | | deposits |
| Identification Numb individuals to be list | | | | | lax payments i f other income | | |
| | | | | - Amounts of | outer alconne | | |
| Part I: Taxpayer In 1. Your First Name | formation | MLL | Last Name | | | 2. SSN or | ITIN |
| JASON | | P | BARNES | | | | (X - X X X) |
| 3. Date of Birth (mm/ 10 / 3 / 19 | | Job Title EACHER | | | | | |
| 5. Spouse's First Nar | | M.I. | Last Name | | | 6. SSN or | ITIN |
| ELLA | | M | BARNES | | | 511-) | (X - X X X X |
| 7. Date of Birth (mm/ 12 / 21 / 19 | | Job Title ECRETAR | Y | | | | |
| 9. Address | | | Apt # City | | | State | Zip Code |
| 720 RUE DE LA MAIN 10. Phone Numbers I | | Ever | | IN, FRANCE | Cell | | |
| YOUR PHONE NUME | | 1,10 | | | Gen | | |
| 11. Are you a U.S. Cit | lizen? 🗹 Ye | s 🗆 No | 12. Is you | r Spouse a U.S. Ci | tizen? 🗹 Ye | s 🗌 No | |
| 13. Can your parents | or someone of | else claim | you or your sp | ouse as a depende | ent on their tax | return? | Yes 🗹 No |
| 14. Did you pay more t | | | | | No | | |
| | | | | | | | |
| | | | | | - 1.00 | | |
| 15. Check if Legally B | lind: 🗌 Ta | xpayer 🗌 | Spouse | | | | |
| | lind: 🗌 Ta | xpayer 🗌 | Spouse | | 2.110 | | |
| Check if Legally B Check if Permane On December 31s Were you: Sin | tind: 🗌 Ta: ntly and Tota # 2006: gle 🗹 Lega | xpayer 🗆 Ily Disable ally Marrie | Spouse d: | yer 🗌 Spouse ted 🗌 Divorced | | vear? 🗌 Y | es 🗆 No |
| Check if Legally B Check if Permane On December 31s Were you: □ Sin a. If married, were | lind: 		Ta: ntly and Tota at 2006: gle 		Lega you living wit | xpayer 🗌 Ily Disable ally Marrier th your spo | Spouse d: | yer Spouse ted Divorced e during the last 6 | months of the | | es 🗌 No |
| Check if Legally B Check if Permane On December 31s Were you: Sin a. If married, were Was your spouse | tind: Ta: ntly and Tota at 2006: gle P Lege you living wit deceased? 1 | xpayer Ily Disable ally Marrier th your spo f yes, prov | Spouse d: Taxpa d Separa ouse at anytim ide the date o | yer Spouse ted Divorced e during the last 6 f death. | months of the | dd/yyyy) | es 🗌 No |
| Check if Legally B Check if Permane On December 31s Were you: □ Sin a. If married, were | tind: | xpayer Ily Disable ally Marries th your spo f yes, prov nt Inform | Spouse d: Texpa d Separa buse at anytim ide the date o hation – Do | yer Spouse ted Divorced e during the last 6 f death/ not include you or | months of the ./ (mm/ | dd/yyyy) | es 🗌 No |
| Check if Legally B Check if Permane Check if Permane On December 31s Were you: □ Sin a. If married, were Was your spouse Part II. Family and | tind: | xpayer Ily Disable ally Married th your spor f yes, prov nt Inform 1 your home Date of Brith | Spouse d: Texps d Separa suse at anytim ide the date o nation – Do and outside yo Social Securi | yer Spouse ted Divorced e during the last 6 f death/ not include you or ur home that you sup y Belaterating | months of the / (mm/ your spouse parted during th Months person | dd/yyyy) | t la Pre depunden |
| Check if Legally B Check if Permane Check if Permane On December 31s Were you: Sin a. If married, were Was your spouse Was your spouse Part II. Family and | tind: | xpayer Ily Disable ally Married th your spo f yes, prov nt Inform | Spouse d: Texps d Separa suse at anytim ide the date o nation – Do and outside yo Social Securi | yer Spouse ted Divorced e during the last 6 f death. // not include you or ur home that you sup y Relatoration | months of the ./ (mm/ your spouse parted during th | dd/yyyy) e year. Check if residen | t la live chepunderi |
| Check if Legally B Check if Permane Check if Permane On December 31s Were you: Sin a. If married, were Was your spouse Was your spouse Part II. Family and Print the name of everyou | tind: | xpayer Ily Disable ally Marrier th your spo f yes, prov nt Inform your home Data of Brit mitizhyon | Spouse d: Taxpa d Separa ouse at anytim ide the date o nation – Do and outside yo Sociel Securi Number or fit | yer Spouse ted Divorced e during the last 6 f death. / not include you or ur home that you sup y Relationality N | months of the _/ (mm/ your spouse parted during th Months person lead with you in 2006 | dd/yyyy) , e year. Check if resident of Canada of Mexico | i la Pie depender a fuil time studeri (yes or no) |
| Check if Legally B Check if Permane Check if Permane On December 31s Were you: Sin a. If married, were Was your spouse Was your spouse Part II. Family and Print the name of everyou | tind: | xpayer Ily Disable ally Marrier th your spo f yes, prov nt Inform your home Data of Brit mitizhyon | Spouse d: Taxpa d Separa ouse at anytim ide the date o nation – Do and outside yo Sociel Securi Number or fit | yer Spouse ted Divorced e during the last 6 f death. / not include you or ur home that you sup y Relationality N | months of the _/ (mm/ your spouse parted during th Months person lead with you in 2006 | dd/yyyy) , e year. Check if resident of Canada of Mexico | i la Pis depender a full lime studeri (yes or no) |
| Check if Legally B Check if Permane Check if Permane On December 31s Were you: Sin a. If married, were Was your spouse Was your spouse Part II. Family and Print the name of everyou | tind: | xpayer Ily Disable ally Marrier th your spo f yes, prov nt Inform your home Data of Brit mitizhyon | Spouse d: Taxpa d Separa ouse at anytim ide the date o nation – Do and outside yo Sociel Securi Number or fit | yer Spouse ted Divorced e during the last 6 f death. / not include you or ur home that you sup y Relationality N | months of the _/ (mm/ your spouse parted during th Months person lead with you in 2006 | dd/yyyy) , e year. Check if resident of Canada of Mexico | i la Pis depender a full lime studeri (yes or no) |
| Check if Legally B Check if Permane Check if Permane On December 31s Were you: Sin a. If married, were Was your spouse Was your spouse Part II. Family and Print the name of everyou | tind: | xpayer Ily Disable ally Marrier th your spo f yes, prov nt Inform your home Data of Brit mitizhyon | Spouse d: Taxpa d Separa ouse at anytim ide the date o nation – Do and outside yo Sociel Securi Number or fit | yer Spouse ted Divorced e during the last 6 f death. / not include you or ur home that you sup y Relationality N | months of the _/ (mm/ your spouse parted during th Months person lead with you in 2006 | dd/yyyy) , e year. Check if resident of Canada of Mexico | i la Pis dependen a full lime studen (yes or no) |
| Check if Legally B Check if Permane Check if Permane On December 31s Were you: Sin a. If married, were Was your spouse Was your spouse Part II. Family and Print the name of everyou | tind: | xpayer Ily Disable ally Marrier th your spo f yes, prov nt Inform your home Data of Brit mitizhyon | Spouse d: Taxpa d Separa ouse at anytim ide the date o nation – Do and outside yo Sociel Securi Number or fit | yer Spouse ted Divorced e during the last 6 f death. / not include you or ur home that you sup y Relationality N | months of the _/ (mm/ your spouse parted during th Months person lead with you in 2006 | dd/yyyy) , e year. Check if resident of Canada of Mexico | i la Pis depender a full lime studeri (yes or no) |
| Check if Legally B Check if Permane Check if Permane On December 31s Were you: Sin a. If married, were Was your spouse Was your spouse Part II. Family and Print the name of everyou | tind: Tax ntly and Tota at 2006: gle Legr you living will deceased? I Dependent ne who lived in | xpayer Ily Disable ally Marrier th your spo f yes, prov nt Inform your home Data of Brit mitizhyon | Spouse d: Taxpa d Separa ouse at anytim ide the date o nation – Do and outside yo Sociel Securi Number or fit | yer Spouse ted Divorced e during the last 6 f death. / not include you or ur home that you sup y Relationality N | months of the _/ (mm/ your spouse parted during th Months person bed with you in 2006 (iii) | dd/yyyy) e year. Check if resident of Caracts of Mexico 16 | i la Pie depender a fuil time studeri (yes or no) |
| Check if Legally B Check if Permanent On December 31s Were you: Sin a. If married, were Was your spouse Part II. Family and Print the name of everyou Name (a) | tind: Ta: ntly and Tota t 2006: gle Legi you living will deceased? I Dependen ne who lived in | xpayer Ily Disable ally Marrier th your spo f yes, prov nt Inform Date of Brith mm/dd/you (b) | Spouse d: Taxpa d Separa ouse at anytim ide the date o nation – Do n and outside yo Docid Securi Number or IT (d) | yer Spouse ted Divorced e during the last 6 f death. / not include you or ur home that you sup y Relationality N | months of the _/ (mm/ your spouse parted during th Months person lived with you in 2000 00 | dd/yyyy) e year. Check if residen of Graside of Medico 16 | t la tre dependent a fuil time student (teo or no) (g) (g) 4 (Rev. 8-2006 |

| | | | induct a thorough interview, please use the decision trees, interview tips and informational charts in 17 in addition to this intake sheet. This intake sheet does not constitute a complete interview. |
|--|---------------------|--------|--|
| Filing S | tatus Det | ermi | nation – Use Publications 4012 and/or 17 to determine filing status. |
| | ed on the sw(er) | interv | view, the filing status of the taxpayer is: 🗌 Single 📓 MFJ 🗌 MFS* 🗌 HH 🗌 Qualifying |
| *Spouse | Name | | Social Security Number |
| Depend | ency Det | ermi | nation – Use Publications 4012 and/or 17 to determine dependency exemptions. |
| T Yes | T No | 2 | Did the taxpayer provide more than 50% of the support for the dependents claimed? |
| Yes | □ No | | Is there a signed Form 8332 or a divorce decree that allows someone else to claim the dependent(s)? |
| Yes | □ No | 4 | is the dependent permanently and totally disabled? |
| | | 5. | Based on the interview, how many individuals qualify as dependents for this return? 0 |
| | | | COMMONLY USED INCOME AND EXPENSES |
| | | | se Publication 17, Your Federal Income Tax for Individuals and Publication 4012, Guide while discussing the questions below with the taxpayer. |
| 1. | | | In 2006, did you receive: |
| V Yes | | - | Wages or Salary (Include W-2s for all jobs worked during the year) |
| Yes | No No | 2. | 그 날 때 김 것 요 정말한 것 같 것, 것, 것, 것 같아요. 요 한 것, 영양을 것 같 것 같아요. 한 것 |
| V Yes | No No | | Interest from: checking or savings account, bonds, dividends, CD, or brokerage account |
| Yes | No. | | State tax refund (may be taxable if you itemized last year) |
| 1 Yes | No No | | Alimony income |
| □ Yes | No No | | Tip income |
| □ Yes | No | | Pension and/or IRA distribution |
| 1 Yes | No. | | Unemployment |
| T Yes | No No | | Social Security or Railroad Retirement |
| I Yes | No No | | Self Employment |
| V Yes | D No | | Other Income such as gambling winnings, awards, prizes and Jury duty |
| Part V. | Adjust | | t – Did you have 2006 expenses for: |
| □ Yes | | - | IRA or other retirement account |
| □ Yes | No No | | Alimony payments paid (If yes, you must provide the name and SSN of the recipient) |
| T Yes | No. | | Education related expenses |
| Part VI. | Itemize | ed D | eductions - Did you have 2006 expenses for: |
| Yes | No. | 1. | Un-reimbursed medical expenses |
| Ves | No No | 2. | 이 동물 방송 이 것 있었던 이 것 같은 방송 것 같은 것 같 |
| Yes | No No | 3. | Charitable contributions |
| Part VII | Credit | s - | In 2006, did you have: |
| Ves | No No | 1. | Child/dependent care expenses that allow you (and your spouse-if MFJ) to work |
| Yes | No No | 2. | 는 같은 것 같은 것 같은 것 같은 것은 것 같은 것은 것 같은 것을 알았다. 것 같은 것은 것 같은 것은 것 같은 것 같은 것 같은 것 같은 것 |
| Yes | No. | З. | Retirement Savings Contribution |
| | . Earne | ed Ir | ncome Tax Credit Determination – EITC Eligibility |
| Part VII | | | |
| Part VII | No No | 1. | Was EITC previously disallowed (if yes taxpayer may not be eligible for EITC) |

| a Comininantae | 5555 | 2 Viii 🗌 | Par Dificial Us OMB No. 1545 | | | ~ | | |
|--|---------------|---------------------------|---------------------------------|--|---|--|---------------|--|
| 40-1XXXXXX | tersi (car) | | | 1. | iste, lan, ofter comparaulter 6600 | 3 Peters income tax stiftshill 2124 | | |
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| 97 RUE ST JACQU | ES | | | edicate wages and tipe 7500 | Medicare tax a 399 | errebi | | |
| LYON, FRANCE | | | | 7.1 | mel famility film | a Advantisi tan | | |
| 511 XX X | NXX XXX | | H . A | hame DS pigment | 10 Dependent im | 10 Dependent une havelle. | | |
| Englishe's first manual and ELLA M | | RNES | 144 | 11.12 | engaalilied plants | tile Generation for tox til D 900 | | |
| 720 RUE DE LA LYON, FRANCE | | | | 14 0 | 0 0 | 126 126 106 | | |
| S has Argicies's state | | 10 State surgers have end | 17 likale puzz | mayi basi | William organization. | 19 Local Hourse fait | 20 Coalty nor | |
| | | | | re-Molella | Topartourt o For | of the Teasury—Hama Princip Act and Pape Act Notice, are | much Patheth | |

| PAYER'S name, sheet address, uny, state, 28° code, and selectorie no. | Payer's RTN inplicent | 2049 26. 1545-01U | |
|---|---------------------------------------|-------------------------------------|--|
| TEACHER'S FEDERAL CREDIT UNION 7200 APPLE TREE YOUR CITY, STATE ZIP | 250 | 2006 | Interest Incom |
| PAYER's Federal dentification number 40-2XXXXXXX FEGIPENT's dooffed from humber 511-XX-XXXX | 1 offense known me mouth \$ \$360 | Control 1 | Copy I For Recipier |
| ELLA BARNES | 2 Eddy water provident for | S | |
| 720 RUE DE LA MAIN | A Received Inclumentary with the of S | 5 investment separate S | Service. If you are enabled to file a return a respiration parality to |
| LYON, FRANCE | 4 Milege tet part | 7 Poregn country or U possession | traposed on you it the tractine to baselite an |
| Accurd autor best instactions | 5 | | ittes IPS statesteenee the It has not bee massive |

International Scenario 1 Retest Questions

Directions

Using your resource materials, answer the following questions. You are a volunteer at site number S5101555.

Note: To complete social security numbers and employer identification numbers, replace Xs with 286560 or with the EFIN provided by your instructor.

- 12.1 The wages, salaries, tips, etc. reported on line 7 of Form 1040 are:\$_____
- **12.2** What is the Barnes' net short-term capital gain or loss on line 7 of Schedule D?
 - a. 0
 - b. 1,750
 - c. 5,380
 - d. 7,130
- **12.3** The Barnes' net long-term capital gain or loss on line 15 of Schedule D is: \$_____
- 12.4 What is the Barnes' total income on line 22 of Form 1040?
 - a. 9,205
 - b. 34,090
 - c. 35,805
 - d. 73,305
- **12.5** Select the correct start and end dates for the Barnes' bona fide residence as recorded on line 1b of Form 2555EZ.
 - a. Leave blank
 - b. Continues, 12/31/2006
 - c. 06/23/2003, 12/31/2006
 - d. 06/23/2003, Continues
- **12.6** The sum of the Barnes' tax and alternative minimum tax on line 46 of Form 1040 is: \$_____

- **12.7** What is the Barnes' foreign tax credit on line 47 of Form 1040?
 - a. 123
 - b. 249
 - c. 429
 - d. 2,119

| Internationa | International Scenario 2: Douglas and Claire Richards | | | | | | |
|-----------------------|--|--|--|--|--|--|--|
| Taxpayer | Douglas and Claire Richards completed Form 13614, Intake and Interview Sheet. | | | | | | |
| Taxpayer Documents | Form 13614 Social security cards for Douglas, Claire and Patrick Form W-2 Form 1099-R Form 1098-T Forms 1099-INT Voided check | | | | | | |
| Interview Notes | Citizenship: Douglas Richards is a U.S. citizen who is married to Claire, a citizen of Singapore. Both have social security numbers. Residence: Moved to Singapore 01/23/06 Visited U.S. 12/22/06 through 01/04/07 Currently renting home in Singapore Children: They have one child who is a junior in college. Douglas and Claire pay all of his expenses and he does not work. Employment: Douglas: Retired as a professor of architecture on 01/03/06 Receives monthly pension payments starting 02/01/06; Claire will receive beneficiary payments after his death Employed part-time in Singapore for Liam and Sons Architectural Design, 52 Poet's Lane, Singapore Income: \$7,200 Singapore Dollars (SGD); withholding: \$1,800 SGD for income tax; average exchange rate for the period he received the payments: 1.4549 | | | | | | |

| Claire: Self-employed physical therapist Did not work in the U.S. in 2006 Income: \$5,400 United States Dollars (USD) Income tax: \$500 SGD (exchange rate on the day she made the payment was 1.2661) Business code: 621340 Supplies and equipment: \$540 USD Licenses: \$250 USD Professional dues: \$300 USD Advertising: \$475 USD Automobile use: purchased car 02/18/06; started using it for work 04/03/06; total mileage 12,100; mileage for business 1,550 (kept diary of mileage) |
|--|
| Property: Primary home: Bought U.S. home 04/22/85 for \$125,000 Sold home on 01/18/06 for \$435,000 (net after commissions and closing costs) Made capital improvements of \$35,000 between 1985 and date of sale Lived in house until sale Rental duplex: Rented one side all year; used other side for storage Income: \$7,200 Interest on entire duplex: \$3,200 Real estate taxes on the entire duplex: \$1,500 Painting inside the entire duplex: \$760 Insurance on entire duplex: \$900 Depreciation for just the rental side: \$2,200 (schedule provided by taxpayer) |
| |

| Interview Notes (continued) | Other: Foreign Earned Income Exclusion: Have never claimed it; want to know if it is appropriate for them Potential qualifying period identified by taxpayers: 02/01/2006 through 01/31/2007 | r |
|-----------------------------------|--|---|
| | Interest income: \$3,275 (bank provided conversion to U.S. dollars) from accounts at Kerry Home Bank; \$819 U.S. dollars withheld for income tax Several open U.S. accounts shown on Forms 1099-INT | ł |
| | Itemizing: They do not think they have enough qualified expenses | |
| | Presidential Election Campaign Fund: Neither wants to designate \$3 | - |
| | Refund or payment: Douglas wants to have a direct deposit o direct debit using their savings account #062332 at University Bank, RTN 111900659 | |

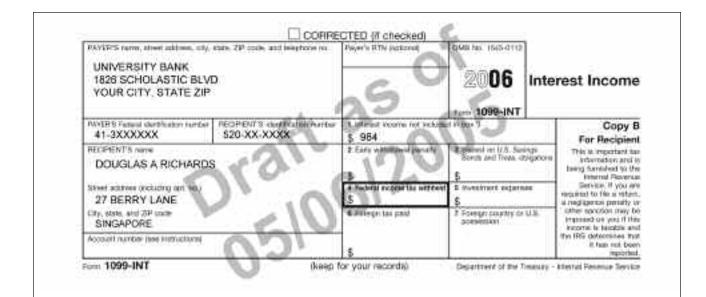


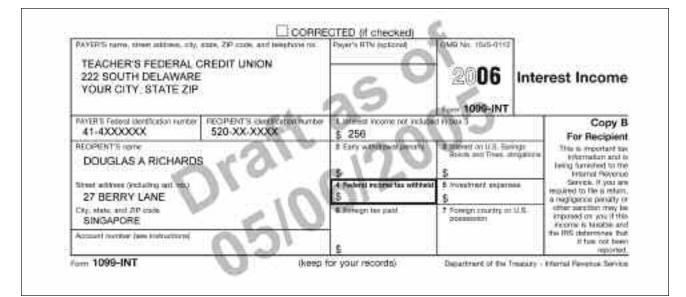
| Form 13614 Rev. August-2006 | | | | | | ernal Revenue Ser view Sheet | | OME | 8 # 1545-1964 | |
|--|---------------|-----------------|----------------------|---|------------------------|--------------------------------------|---|---|--|--|
| You (and Spouse |) will nee | d: | | | | | | | | |
| Proof of Identity | | | | | | Child care ; | oroviders' iden | tification nun | nber | |
| · Copies of ALL W-2 | 1098, 1099 | forms | | | | | banking inform | | | |
| Social Security (SS Identification Numb individuals to be list | er (ITIN) for | að | x | | | Estimated t | ngs deposit al ax payments i other income | made, etc. | deposits | |
| Part I: Taxpayer In | formatio | n | | | | ni 200340000 | | | | |
| 1. Your First Name | inormatio | | l.l. | Last Na | me | | | 2. SSN or | ITIN | |
| DOUGLAS | | | | RICHA | RDS | | | 520-> | (X-XXX) | |
| Date of Birth (mm/ 05 / 11 / 19 | | 4. Job RETIR | | CHITE | CT | | | | | |
| 5. Spouse's First Nar | me | 1.22 | | Last Na | 0 | | | 6. SSN or | | |
| CLAIRE | | | | RICHA | RDS | | | 521-> | (X - X X X X | |
| Date of Birth (mm/ 01 / 16 / 19 | | B. Job PHYSI | | HERAP | IST | | | | | |
| 9. Address 27 BERRY LANE | | | | Apt # | City SINGA | PORE | | State | Zip Code | |
| 10. Phone Numbers: I YOUR PHONE NUME | | | Evenir | and the second se | | | | | | |
| 11. Are you a U.S. Cit | iben? V | (es T | No | 12.1 | s your St | pouse a U.S. Cit | izen? 🗆 Ye | s 🗹 No | | |
| 13. Can your parents | or someone | ake c | laim w | | | | and the second | | Yes 🗹 No | |
| | | | | | | | | | 168 121140 | |
| 14. Did you pay more | than half the | e cost o | и кеер | ing up t | he home | Y 🖌 Yes 🗆 |] No | | | |
| 15. Check if Legally B | lind: 🗌 T | axpaye | ar 🗆 | Spouse | ē | | | | | |
| 16. Check if Permane | ntly and Tot | ally Di | sabled | | axpayer | Spouse | | | | |
| On December 31s Were you: Sin a. If married, were | gle 🗹 Le | | | | | | months of the | year? 🗹 Y | es 🗆 No | |
| 18. Was your spouse | deceased? | If yes, | provid | le the d | ate of de | ath. / |)(mm/ | dd/yyyy) | | |
| Part II. Family and | Depende | ent In | form | ation - | Do not | include you or | your spouse | | | |
| | | | | | | ome that you sup | | | | |
| Prive and name or everyo | | | of Brith Schronit | | Security or or ITIN | Helaborahip (scn, daughter, elc.) | Months person lived with you in 2006 | Check if resident of Canada of Mexico | t is the dependent a full time student (yes or no) | |
| Print and marine of everyo Name | | | 20 | | 04 | (d) | 00 | 16 | (10) | |
| | | | | | | | | | YES | |
| Nativa | IARDS | - | /1985 | - | X-XXXX | SON | 12 | | 1.0000 | |
| Narro (a) | IARDS | - | - | - | x-xxxx | SON | 12 | | | |
| Narro (a) | IARDS | - | - | - | x-xxxx | SON | 12 | | | |
| Narro (a) | IARDS | - | - | - | x-xxxx | SON | 12 | | | |
| Narro (a) | IARDS | - | - | - | x-xxxx | SON | 12 | | | |
| Narro (a) | | - | - | - | x-xxxx | SON | | Form 1361 4 | | |
| Nama (a) PATRICK D RICH | A | 9/25 | /1985 | 522-X | | SON | | | 4 (Rev. 8-2006 | |

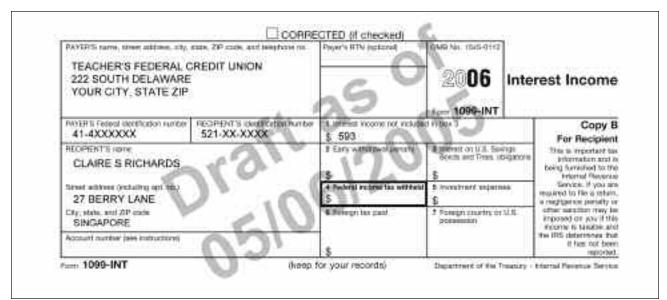
| | | | induct a thorough interview, please use the decision trees, interview tips and informational charts in 17 in addition to this intake sheet. This intake sheet does not constitute a complete interview. |
|----------|---------------------|-------|--|
| Filing S | tatus Det | ermi | nation – Use Publications 4012 and/or 17 to determine filing status. |
| | ed on the sw(er) | inter | view, the filing status of the taxpayer is: 🗌 Single 📓 MFJ 🗌 MFS* 🗌 HH 🗌 Qualifying |
| *Spouse | Name | | Social Security Number |
| Depend | ency Det | ermi | nation – Use Publications 4012 and/or 17 to determine dependency exemptions. |
| Yes | T No | 2. | Did the taxpayer provide more than 50% of the support for the dependents claimed? |
| Yes | No. | | Is there a signed Form 8332 or a divorce decree that allows someone else to claim the dependent(s)? |
| Yes | No No | 4 | is the dependent permanently and totally disabled? |
| | | 5. | Based on the interview, how many individuals qualify as dependents for this return? 1 |
| | | | COMMONLY USED INCOME AND EXPENSES |
| | | | se Publication 17, Your Federal Income Tax for Individuals and Publication 4012, Guide while discussing the questions below with the taxpayer. |
| Part IV. | Incom | e - | In 2006, did you receive: |
| V Yes | □ No | - | Wages or Salary (Include W-2s for all jobs worked during the year) |
| Yes | No No | | Disability income |
| V Yes | No. | | Interest from: checking or savings account, bonds, dividends, CD, or brokerage account |
| T Yes | No. | 4. | 그 그녀가 들어가 잘 안 했다. 그 것은 것 같아요. 그는 것 같아. 그는 것은 것 같아요. 나는 것 같아요. 나는 것은 것 같아요. 그는 것 싶. 그는 것 같아요. 그는 것 같이. 그는 그는 것 같아요. 그는 것 같아요. 그는 것 같아요. 그는 것 같아요. 그 |
| Yes | No No | | Alimony income |
| T Yes | No. | | Tip income |
| V Yes | I No | | Pension and/or IRA distribution |
| T Yes | No. | | Unemployment |
| T Yes | No No | | Social Security or Railroad Retirement |
| V Yes | D No | | Self Employment |
| T Yes | No. | | Other Income such as gambling winnings, awards, prizes and Jury duty |
| Part V. | Adjust | men | t – Did you have 2006 expenses for: |
| T Yes | No No | 1. | IRA or other retirement account |
| Yes | No No | 2. | Alimony payments paid (If yes, you must provide the name and SSN of the recipient) |
| Yes | No No | | Education related expenses |
| Part VI. | Itemize | ed D | eductions – Did you have 2006 expenses for: |
| Yes | No No | 1, | Un-reimbursed medical expenses |
| Yes | No No | 2. | Home mortgage payments (interest and taxes – see Form 1098) |
| □ Yes | No No | 3. | Charitable contributions |
| Part VII | Credit | s - | In 2006, did you have: |
| Yes | No No | 1. | Child/dependent care expenses that allow you (and your spouse-if MFJ) to work |
| | No No | 2. | Educational expenses for you or your dependents |
| Yes Yes | No. | 3. | Retirement Savings Contribution |
| Yes Yes | | d Ir | ncome Tax Credit Determination – EITC Eligibility |
| Yes | . Earne | - | |
| Yes | I. Earne | | Was EITC previously disallowed (if yes taxpayer may not be eligible for EITC) |

| e Connol Parties | 55555 | word. | OWE HIL | | C | | | |
|--|-----------------|---------------------------|----------|---------------|-------|---------------------------------------|-------------------------|--|
| 41-1XXXXXXX | untas Etil | | | | | içes, tası, ofler compression 0000 | 3 Federal Incom 3000 | e 300 vittijeld |
| CITY UNIVERSITY | | | | | 3 10 | cial briably waters | 4. fixed security Q | thi worker? |
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| YOUR CITY, STAT | E ZIP | | | 1 | 7.5 | contractivity fibra | 8 Aldunid fan | |
| d Erstligen's evolut second 520 XX | nartber KXXX | | | | ¥. 4 | Norok EKI paprant | 14 Dispersion in | |
| DOUGLAS A | RICHA | | | 24 | 11.10 | rigal/Fed (data | D 2500 | na fila dese T.C. |
| 27 BERRY LAN SINGAPORE | | | | | 10 10 | | 126 124 | |
| V Creptover's attract and VS 41-1XXXXXX | ID turtitier 18 | Nax sages tas en 10000 | | o incor CO | 100 | 18 Late soper time an | TR Local House the | 10 (Juli) 14 |
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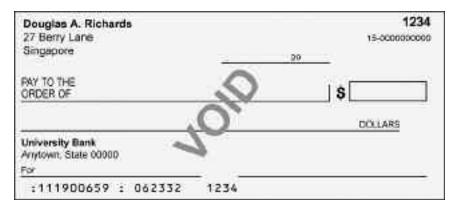
| PAYER'S name, street address, TEACHER RETIREMEN 1513 WEST DALTON YOUR CITY, STATE, ZIP | T SYSTEM | 1 Gross distribution § 75000 2a Taxable amount § | 0M9 No. 1545-0119 2006 Farm 1099-R | Distributions From Pensions, Annuities Retirement o Profit-Sharing Plans, IRAs Insurance Contracts, etc |
|---|--------------------------------------|--|--|---|
| | | 2b Taxable amount not determined | Total distribution | Copy I Report thi |
| PAYER'S federal identification number | RECIPIENT'S identification number | 3 Capital gain (included in box 2a) | 4 Federal income to withheld | |
| 41-2XXXXXXX | 520-XX-XXXX | s ~ O | s 9850 | return. If the form show federal incom |
| RECIPIENT'S name DOUGLAS A RICHARD | s sk | Employee contributions or insurance premiums designated Roth basis \$ | | tax withheld in box 4, attack |
| Street address (including act. n 27 BERRY LANE | "r31" | 7 Distribution 100 costols 7 Distribution 100 SEP 190/11 | B Other S | This information i being furnished to the interne |
| City, state, and ZIP code SINGAPORE | | 9a Your percentage of total databation % | 9b Tetal employee centrib \$ 245800 | |
| | Tat year of desig. Rath corenes | 10 Statu tax withheld S.S.S. | 11 State/Payer's sta | te no. 12 State distributio \$ \$ |
| Account number (see instructions) | Ore. | 13 Local tax withheld \$ | 14 Name of locality | 15 Local distributio |







| PRIVATE WESTERN ST/ 2100 OCEAN SIDE | a statu. 70° code, and talephone cumber NTE UNIVERSITY | 5 Therearts recorded for spatial to first und related to journee 5 \$6500 | 2006 | Tuitio |
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| PORTLAND, OR 97206 | | Avenuets tabled for gas/find tables and related copetities | Pum 1098-T | Statemen |
| 41-5XXXXXX | STUCENT'S NELLY SECOND INCOME 522 XX XXXX | Check # process change reporting itsehold by STOP | | Copy / |
| PATRICK D RICHARDS | | Automit main train train John you | E lichtantein o prom | Internal Revenue Service Cente File with Form 109 For Privacy At |
| 1456 ATHENS | | Adjustmenta to scholarshels or gravita- tor a prior year. | I Churk the box if the amount is box if or if Headay amount to | BOO Patrerway Restriction As |
| PORTLAND, OR 97206 | | 5 | Marri ISIT + | 2006 General Instructions for |
| Servers Previllan/Acril: No. Dev (1931) | B Chick # M Intel fast time moont | R Chait # a godula. rucker . | s s | Farms 1098, 5098 B498, and W-20 |



| 1040 | U.S. Individual Income Tax | | . 110.000 | and the second se | - 20 | | MU No. 1045-0074 | _ |
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| Label | Your first name and initial | Lipt starting 5 | _ | | | | excial security mand | ber. |
| See 4 | DOUGLAS A | RICHARDS | <u>}</u> | - 1 | Þ | 520 | | XX |
| on page 1E) | If a joint return, spould's fest name and all | RICHARDS | | - AV | | 2012 | e's social sesurity in | |
| Use the IRS L tabel. | CLAIRE S | The second se | CA 18. | 5. 10. An. r | - | 521 | A must anter | XX |
| Otherwise, | 27 BERRY LANE | Q | 10 | 10 | | | our SSNSI Above | |
| or type. # | City, town or post offices shake and 24P to | dk if you have although | allowing. | and propriate | - 1 | | ng a box below will | |
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| Election company | t D Beim | inter jointy, where as | 4 | a section in the section of the sect | | | d pyramit. (See page | - |
| Filing Status | 2 2 Martied filing jointy lowers if only | core had accored | 1085 | | | | it not your dependent | |
| Check anly | 3 🗍 Marrielt filing separately. Erter s | And the second se | 1.1 | ten ebbfn nar | | 100.00 | 10.0 (E. 95) - 20 | |
| one box. | and Minate hare. ► 6a 🖌 Yoursett JI utmotre can rise | | 10000 | and the Property | | 1 deper | there while the good and the second | 2 |
| Exemptions | b P Spone | un Ant ne n celleture | ni, od no | A crisca buy na | 1.10 | 2.2 | on 5a and 5b | - |
| 8 | 6 Dependents | 12) Ocparia | | (2) Departments relationship (b) | NIV C BR | | · do file telles: · · · · · · · · · · · · · · · · · · · | 1 |
| | PATRICK D RICHARDS | 522 XX | XXXX | BON | Celt (set o | | · did not live with you due to diverse | |
| It more than four | PATRICK D RICHARDS | 944 7 44 | AAAA | DUM | - 5 | - | or separation (see page 20) | _ |
| dependents, see page 19. | | | | | | | Dependents an 6s rost aniared show | |
| 2251.100 | A Value and the second second | | - | | | _ | Add manters an | 3 |
| - | d Total number of exemptions claim 7 Waters, salartes, tips, etc. Attach | | | - | | 17 | tites above > 14949 | - |
| Income | Be Taxable ethnist. Attach Schedule | | | | 155 | -Ba | 1833 | |
| Attach Fermisi | to Tax-exempt interest. Do not inclu | Construction of the second structure of the | a | el | 1 | | | |
| W-2 here. Also attach Forms | 9a Ordinary dividendi: Attach Sched | CONTRACTOR A | | 101010101 | 1 1 1 | Ra | | - |
| W-20 and 1099-R If tax | b GusHed dvidends isee page 23) 10 Taxable refunds, creatila, or offset | | . <u>1</u> .11 | | 100 | 10 | | |
| was withheld. | | | | | 1 | 11 | | |
| | 12 Dueines income or (lass), Attach | at the second second second second | | -esteros | 0.00 | 惶 | 3145 | - |
| ft you did not | Copital gain or (loss). Attach Sche Other gains or (losses). Attach To | where an internet will be been internet of | | rad, check here | Ц | 13 | | - |
| get a W-2, | tise IFA detributions | maco | - Barris and State | abb anount data | nintri 25) | 156 | | |
| one caste 32 | 16a Pensions and annuties 16a | 75000 | the Texa | stile arrount (see | page 25) | 160 | 67487 | |
| Eincluse, but de not attach, any | 17 Perdal real estate, royaltee, partre | | n, trusta, | white Attach Sch | ectule E | 17 | 1820 | - |
| payment, Also. | 18 Farm income re line), Attach Sch 19. Unemployment compensation | | | 10000 | 1.5.1 | 19 | | |
| Form 1040-V. | 209 Social security parents 209 | | b Tasa | ablo amount bee | 10091 27) | 206 | | |
| | 21 Other income. List type and amou | atter Names Scotting and 1000 | CONTRACTOR IN | 23)F2555EZ(4 | ACC-00448 | 21 | (7872) | |
| | 22 Add the amounts in the far right on | - Long and a | 22 | | come • | 22 | 81362 | 1 |
| Adjusted | 29 Aroter MSA deduction. Attach Fo 24 Certain busines expenses of reserve | | 100 | | - | | l i | |
| Gross | fee-tase government officials. Attack | | | | _ | | | |
| Income | 25 Health asvings account deduction | Allach Form 8889 . | 25 | | - | | | |
| | 26 Moving expenses Attach Form 05 | | 21 | | 222 | - | | |
| | 27 One-half of self-employment tax. A 28 Self-employed SEP, SMPLE, and | | 71 | | | | | |
| | 29 Self-employed health insurance d | A REAL PROPERTY AND A DESCRIPTION OF | 10 25 | 1 | | | | |
| | 30 Penalty on early withdrawal of sec | | | | - | - | | |
| | 31a Alytony paid to Recipient's SSN ► 32 IRA deduction (see page 31) | | 31 | | - | | | |
| | 32 Invicentiation (we page 31) . 33 Student ison interest ibeduction in | | 33 | | | 1 | | |
| | 22 OCALIBRYT SUMT KITEFTER (DRUGUCTION IN | | 10 C | 10 | | 112 | | |
| | 34 Jury duty pay you gave to your er | | 04 | | | | | |
| | C 25 C 26 C 20 | riskover clion. Attack Form 60 | | | | 36 | 222 | |

| Tax | 38 Amount from live 37 (adjusted gross moorne) | | 10.0 | | | 38 | 81140 |
|-------------------------------------|--|---|---------------------------|--|----------------|---------------|---------------------|
| and Credits | 19a Check Check Government from before January 2 10 Spouse was born before January 2 | y 2, 1942, 1 | - EAnd | | | | |
| Standard Deduction | b. I you aprove thereines are a separate refurn or you wear | EX. Control (1998) | Contraction of the second | | | - | 40300 |
| for- | 40 Itemized deductions (Yom Schedule A) or st | | | | 61413 | 40 | 10300 |
| · Propie who | | | | Addition | <u></u> | 41 | 70840 |
| checked any box on line | 42 If into 38 is mor \$112,875, or you provided hour | | | | | 42 | 9900 |
| 39a or 39b or | see page 37. Otherway, multiply \$3,300 by the | and the second se | | and the second | | 43 | 60940 |
| who sen be claimed as a | 43 Taxable income, Billmart Ine 42 hum Ine 4 | AUDAL DOLL | 400. YOULE | | | 44 | 8384 |
| chipendent, see page 36 | Tax per page 37. Decit il any tas is from a L.J. Atternative minimum tax (see page 30. Artis | POINT OF THE REAL PROPERTY | | Form Age/2: + | + + 1 | 45 | |
| Al sthes | 46 Addines 44 and 45 | 10.00 | | 1. W. W. W. W. | 321 | 40 | 6384 |
| Single or | 47 Foreign tax credit. Attach Form 1118 if require | | 47 | 403 | A. F. | | |
| Married filling | 48 Contrit for child and dependent date excession. A | | | | | | |
| expanately, 88,190 | 49 Credit for the elderty in the despired. Mtach t | | the second second | | | | |
| Married filing | | 1. F | | 177 | t | | |
| dirtly ar | \$1 Retemiett survivos contitucions credit. Attach | | | | | | |
| Qualitying widowiers | 52 Residential every system. Attach Form 5035 | | | | | | |
| B10,360 | 53 Child five credit (use page 30), Attach Form i | 1001 # requi | no <u>59</u> | - | - | | |
| Head of nousehold. | 54 Gredits from: a 🛄 Pipers 8298 b 🛄 Farri 5529 a | | | •• | - | 5 | |
| 67,550 | 56 Other credity: # 🖸 Farm 3800 h 🗍 Farm 8801 / | A CONTRACT OF A | | | 1 | | |
| | 60 Add lines 47 through 55. These are your total | | | 2011/12/2011 | 11233 | 66 | 2178 |
| | 5Y Subtract line 56 from line 46. If line 56 is mor | Charles and a second second second | u, smer ~ | | - | 57 | 6206 |
| Other | SE Belf-employment tax, Attach Scheckule SE | | Con another | | 1.5 | 50 | |
| Taxes | 39 Bocker seturity and Medicane tax set by income in 60 Additional tax on IRAs, other gualified retrement | 10.03500.0000.000 | 0000 Ta 0591 | | 2.24 | 00 | |
| | 60 Additional tax on IRAs, other qualified retrements 01 Advance samed income credit payments from | A DEAL PROPERTY OF COMPANY | | | | 61 | |
| | 62 Household employment taxes. Attach Schedu | Contraction of the second second | a' here et." | 1. 1 (1 (1 (1 (1 (1 (1 (1 (1 (1 | 101 | 62 | |
| | 63 Add lines 57 through 62. This is your total to | | | | | 63 | 6650 |
| Payments | 84 Featural instance tax withheld from Forms W-2 | and 1099 . | 64 | 12850 | 1 | | 101.00 Y |
| . eginanas | 66 2000 estimated tax payments and amount applied | from 2005 ret | MTI 65 | | | 45 I. | |
| If you have a | Otta Earned accome credit (EIC) | | 661 | ř. | | | |
| chid attach | b Nontavable combat pay alattica 🕨 66b | | - | | | | |
| Schedule BC | 67 Excess social security and her 1 PETA tax within | CALL COLOR AND SHOT | | | | 2 | |
| | 68 Additional abilit hax credit, Attauth Farm 8812 | All Contains and the second | - 60 | - | + | 4 | |
| | 40 Amount paid with request for extension to fill | | | | + | 2.5 | |
| | Payments from: a [] Fors 3408 b [] Fors 4100 Credit to failed telephone occurs fae paid. Atlach For | and the second se | ALC: NOT THE OWNER | | + | | |
| | 72 Add lines 54, 55, 55a, and 67 through 71. The | | | | | 72 | 12850 |
| 913010 B | 73 7 kiw 72 is more than line 65, subbact line 68 | | | COLUMN THE REAL PROPERTY OF TH | | 73 | 6200 |
| Refund Direct deposit? | 74a Amount of line 75 you want refunded to you. | | - COLUMN 110 110 110 110 | A REPORT AND A REPORT OF A | | 74a | 6200 |
| See page till | b Routing number 1 1 1 5 0 0 6 | Concerning for an and the | | CONTRACTOR AND AN ADDRESS | | | |
| ind 111 in T4b. T4c, and 74d. | d Account number 0 6 2 3 3 2 | | | TITI | 2. | | |
| rr Farm 8988. | 76 Amount utilize 70 you want applied to your 2007 et | stimuted tax | ► 1 75 | | 1 | | |
| Amount | 70 Amount you owe. Subtract Ine 72 from Ine 8 | and the second se | | n pay, too page 6 | | 76 | |
| You Owe | 77 Estimuted tex penalty (see page 80) | 8. 4. 4. 9 | 77 | The second s | 1 | | |
| Third Party | Do you want to ablee another person to discuss to | de return will | PH PS 9 | ies trids 0.12 | Yes. | Compilate 1 | the following: 🗌 No |
| Designee | Despress P | 2012 | GT . | Personal rumber | | ation | |
| Sign | Under penaltes of penalty, I decare that i news married to | Name of Concession, Name of Street, or other | of parately | and the second se | and the second | 1 to The best | of my exceletoe and |
| Here | betiet, may are too, surrent, and camplesis. Decimentarising e | store juter to | in telepayen | s balector at rearran | cen of e | not prepara | tas any knowedge. |
| Joint return? | Your signature | Date | Your pope | anges i | | Dayline : | phone manificar |
| Sant page 17. | | | | | | LL | |
| Keep a copy for your records. | Texasis bilgnature. If a joint return, both must sign | Date | byokee's | ociupatien. | | | |
| Paid | Proporter a | | Ortal | Check F self-employe | an- | Preparat | s 0.04 # F104 |
| Preparer's | Firm's name for | | | EN EN | 9. L.I. | | |
| Use Only | joburn il soft orophoyeth, achtives, and ZIP code | | | Pton | 1707 | 1. 1 | |
| | and a second sec | | | | - 194 | - F. (| |

| internal sectors. | rm 1040) ment of the Treasur, i Parvenue Bervies | Attach to Form 1040 or 1041. See instructions on back. | E | 2000 | |
|------------------------|--|---|--|--|-----------|
| | of proprietor | | 521 | xity number (SSN XX XXXXX | 1 |
| Par | ti Gene | eral Information | | ~ | |
| Sche Inste Sche | May Use edule C-EZ ad of edule C y If You: | | and to fil and Am . See th C, line 1 ut if you ct expen- ption yes | is Form 4562, ortization, for e instructions 13, on page must file, must file, must for home, ar unallowed | |
| A | Brincipal husis | ess or profession, including product or service | Enter rea | de fram pages C-8, 9 | 5 10 |
| 3.5.0 | SICAL THER | APIST | | 6 2 1 3 | 4 0 |
| C | Business nam | e. If no separate business name, leave blank. D | Employ | er iD number (EIN) |), if any |
| E | Business addr | ess (including suite or room no.). Address not required if same as on Form 1040, page 1. | | | 11.0 |
| | City, town or ; | post office, state, and ZIP code | | | |
| _ | | | | | |
| Par | tll Figur | e Your Net Profit | | | _ |
| 1 | employee" b | ets. Caution. If this income was reported to you on Form W-2 and the "Statutory ox on that form was checked, see Statutory Employees in the instructions for line 1, on page C-3 and check here | 1 | 5400 | |
| 2 | Total expen | ses (see instructions). If more than \$5,000, you must use Schedule C | 2 | 2255 | 2 |
| 3 | Form 1040, | Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on line 12, and also on Schedule SE, line 2. (Statutory employees do not report this ichedule SE, line 2. Estates and trusts, enter on Form 1041, line 3.) | 3 | 3146 | 5 |
| Par | t III Infor | mation on Your Vehicle. Complete this part only if you are claiming car or to | ruck ex | penses on lin | e 2. |
| 4 | When did yo | u place your vehicle in service for business purposes? (month, day, year) > | , 03 | / 2005 | |
| 5 | Of the total r | number of miles you drove your vehicle during 2006, enter the number of miles you | used y | our vehicle for | 8 |
| 50 | Busness | 1550 b Commuting (see instructions) c Other | | 12100 | |
| | | cur apouse) have another vehicle available for personal use? | | | No |
| * | | hicle available for personal use during off-duty hours? | | Yes [| No |
| | Was your ve | | | . 🗹 Yes 🛛 | No |
| * 6 7 | | evidence to support your deduction? | | | |
| # 6 7 8a | Do you have | evidence to support your deduction? | | Yes [| No |
| # 6 7 8a b | Do you have If "Yes," is th | e evidence written? | + + | Ves 0 | |

Schedule C-EZ (Form 1040) 2008

Instructions

You can use Schedule C-EZ instead of Schedule C if you operated a business or practiced a profession as a sole proprietorship or you were a statutory employee and you have met all the requirements listed in Schedule C-EZ, Part I.

Line A

Describe the business or professional activity that provided your principal source of income reported on line 1. Give the general field or activity and the type of product or service.

Line B

Enter the six-digit code that identifies your principal business or professional activity. See pages C-8 through C-10 of the Instructions for Schedule C for the list of codes.

Line D

You need an employer identification number (EIN) only if you had a qualified retirement plan or were required to file an employment, excise, estate, trust, or alcohol, tobacco, and frearms tax return. If you need an EIN, see the instructions for Form SS-4. If you do not have an EIN, leave line D blank, Do not enter your SSN.

Line E

Enter your business address. Show a street address instead of a box number. Include the suite or room number, if any.

Line 1

Enter gross receipts from your trade or business. Include amounts you received in your trade or business that were properly shown on Forms 1099-MISC. If the total amounts that were reported in box 7 of Forms 1099-MISC are more than the total you are reporting on line 1, attach a statement explaining the difference. You must show all items of taxable income actually or constructively received during the year (in cash, property, or services). Income is constructively received when it is credited to your account or set aside for you to use. Do not offset this amount by any losses.

Line 2

Enter the total amount of all deductible business expenses you actually paid during the year. Examples of these expenses include advertising, car and truck expenses, commissions and fees, insurance, interest, legal and professional services, office expense, rent or lease expenses, repairs and maintenance, supplies, taxes, travel, the allowable percentage of business meals and entertainment, If you claim car or truck expenses, be sure to complete Schedule C-EZ. Part III.

Line 5b 🌌

Generally, commuting is travel between your home and a work location. If you converted your vehicle during the year from personal to business use (or vice verse), enter your commuting miles only for the period you drove your vehicle for business. For information on certain travel that is considered a business expense rather than commuting, see the Instructions for Form 2108.

Paperwork Reduction Act Notice. We ask for the

information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

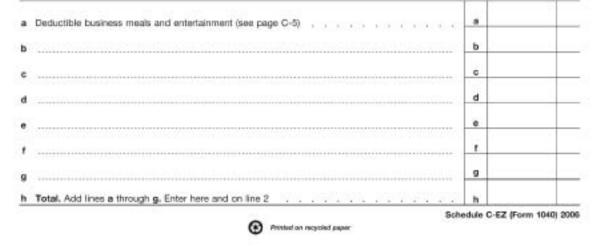
You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Internal Revenue Code section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated burden for individual taxpayers filing this form is included in the estimates shown in the instructions for their individual income tax return. The estimated burden for all other taxpayers who file this form is approved under OWB control number 1545-1973 and is shown below.

| Recordkeeping | | | | | | | , 45 min. |
|--|------|------|---|---|---|-------|-----------|
| Learning about the law | | | | | | | |
| or the form | | | | | | | . 4 min. |
| Preparing the form. | | | + | + | 4 | 4 | . 35 min. |
| Copying, assembling, and sending the form to | | | | | | | |
| If you have comments time estimates or sugges | | | | | | | |

we would be happy to hear from you. See the instructions for ment, the tax return with which this form is filed.

Optional Worksheet for Line 2 (keep a copy for your records)



| Form 11116 Department of the Treasury Internal Neuronian Devices (1999) | ► A | (Indivi Itach to Fo | dual, Estat m 1040, 10 | x Credit le, or Trust) 40NR, 1041, o nstructions. | | | ş | | 2006 Mitacheroort Requescie No. 19 |
|--|---|--|--|--|---|--|---|----------|--|
| Name DOUGLAS A AND CLAIR | E S RICHARDS | 014.10 | | | Identify | | as chow 520-XX | | ige 1 of your tax return X |
| Use a separate Form 1116 fo | r each category of inc | ome listed | below. See (| Categories of | f Income o | n page 3 o | t the ins | tructio | ons. Check only one |
| box on each Form 1116. Re | | | cept where | | 60. <i>and</i> | | 100 | G | |
| a 🗹 Passive income | d 🗌 Shipping | - C. | 0 | | | sum distrik | 10. 100. | WC. | |
| b High withholding tax interest | e 🗌 Divident | | 10 1 1 Jack 10 10 10 10 10 10 10 10 10 10 10 10 10 | | | s 901(j) inc | 105. U | | e |
| Financial services inc: | f Certain sales co | | is from a for FSC) or fam | | | income n imitation | · • • • • • • • • • • • • • • • • • • • | | treaty |
| | FSC | all a | 2 | | | | 1 | | |
| k Resident of (name of coa | | 10 | w. | - 0 | 1.1 | 10 | | - | |
| Note: If you paid taxes to a more than one foreign cou | | | | | | | | | r you paid taxes to |
| Part I Taxable Incon | | 1000 | | | 1000 | | | | Above) |
| | | 1 | and the second s | oreign Count | the set of | the Report of Long Street of Long Street | Contract Street, St. | | Total |
| Enter the name of th | e foreign country or | U.S. | A | | в | C | | 14ck | d cols. A, B, and C.) |
| possession | | 100 March 100 Ma | SINGAPO | DRE | | | | a chaire | |
| 1a Gross income from | sources within co | untry | | | | | | | |
| shown above and of th | e type checked above | (586 | | | | | | | |
| page 13 of the instruct | tions): | | | | | | | | |
| | | | - | 75 | | | | 18 | 3275 |
| b Check # line 1a is com | pensation for persona | | | .75 | | | | | 9419 |
| services as an er compensation from a or more, and you used to determine its source | nployee, your tota I sources is \$250,00 I an alternative metho | bi O d | | | | | | | |
| Deductions and losses (Cau of the instructions): | | | | | | | | | |
| Expenses definitely r | elated to the income | 00 | | _ | | | | | |
| ine 1a lattach statem | | | | 0 | | | | | |
| 3 Pro rata share of other related: | 그렇게 왜 옷에서 집안 지갑했다. | itely | | | | | | | |
| a Certain Itemized d deduction (see instruc | | | 103 | 00 | | | | | |
| b Other deductions (atta | ch atatement} | | | | | | | | |
| e Add lines 3a and 3b | | | 103 | 275 | | | | 1 | |
| d Gross foreign source | and the second second | | 921 | | - | | | ł | |
| Gross income from all Divide los 3d incline. | | | | 354 | | | - | | |
| f Divide line 3d by line g Multiply line 3d by line | | | | 65 | | | - | 1 | |
| 4 Pro rata share of interes | | | | | | | | | |
| a Home mortgage inte | | | | 00.5 | | | | | |
| page 13 of the instruc | | | | 0 | | | | | |
| b Other interest expense | | - · - | | 0 | | | | | |
| Losses from toreign s Add lines 2, 3g, 4a, 4 | | + (+ | | 0 | | | | | 365 |
| 6 Add lines 2, 3g, 4a, 4 7 Subtract line 6 from li | the second se | t here and | | | | | | 6 | 2910 |
| | s Paid or Accrue | | | | ons) | | | | |
| Credit is claimed | | | Fere | ign taxes paid | or accrued | | | | |
| Wou must check anel | In foreign | CLASBOCK | | | | 10 U.S. (| tolars | | |
| (you must check one) (m) Patt (t) Accrued | Taxes withheid at you | 00.01 | (iii) Other | Taxes with | theid at sou | 00.00 | (w) O foreign | | (a) Total famign taxes paid or |
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| tor accrued (P) | and royaltan | NI STREET | scorued | 10 contraction | and styaition | | JACKY1 | het | Historach Hell |
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| 8 Add lines A through C | | | | | | | | | |

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| | | And the second | 74115 | | |
| | age 17 to the insolutions. | KAUTUS C | or capital gains, see | | 0.000 |
| 18 D | Ivide line 16 by line 17. If line 16 is more than line 17, enter "1" | ++. | | 18 | .0393 |
| | ndividuals: Enter the amount from Form 1040, line 44. If you are a nonre rom Form 1040NR, line 41, | sident | alion, enter the amount | | |
| | states and trusts: Enter the amount from Form 1041, Schedule G, line 1 nes 36 and 37 | | | 19 | 9171 |
| | aution: if you are completing line 13 for separate category g (Limp-sum distribution Nutliply line 19 by line 18 (maximum amount of credit) | | | 20 | 407 |
| 3 | inter the smaller of line 13 or line 20. If this is the only Form 1116 you a O and enter this amount on line 31. Otherwise, complete the appropri age 18 of the instructions) | iate lin | e in Part IV (see | 21 | 407 |
| Part | | | | | |
| | redit for taxes on passive income | 22 | 407 | 1 | |
| | redit for taxes on high withholding tax interest | 23 | 0.0 | S | |
| | redit for taxes on financial services income | 24 | | | |
| | redit for taxes on shipping income | 25 | | | |
| 26 C | redit for taxes on dividends from a DISC or former DISC and certain inditions from a FSC or former FSC | 26 | | | |
| - C - C - C - C - C - C - C - C - C - C | redit for taxes on lump-sum distributions | 27 | | | |
| | redit for taxes on certain income re-sourced by treaty | 28 | | 3 | |
| | redit for taxes on general limitation income | 29 | | 1 | |
| | dd lines 22 through 29 | | | 30 | 407 |
| | | | | 31 | 407 |
| | eduction of credit for international boycott operations. See instruction | | | 32 | |
| 33 S | ubtract line 32 from line 31. This is your foreign tax credit. Enter here | e and | on Form 1040, line 47; | | |
| F | orm 1040NR, line 44; Form 1041, Schedule G, line 2a; or Form 990-T | , line (| 40a 🛌 🕨 | 33 | 407 |
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| | any that | | d A fore | ign alliate of a U.S. | | | | |
| 6a | If, after 1 | 1981, you filed | Form 2555 or | Form 2555-EZ, enter | the last year yo | u filed the form | | |
| b | If you die Have you | d not file Form | 2555 or 2555- | EZ after 1987 to clar | n ether of the ex | clusions, chec | k here 🕨 🗹 a | and go to line 7. |
| d | If you an | swered "Yes," | enter the type | exclusions7 | tax year for whi | ch the revocat | ion was effect | ive. > |
| 7 | Of what | country are yo | u a citizen/nat | ional? SINGAPOR | E | | | |
| Ba | Did you the | maintain a sep | arate foreign n I foreign hour | esidence for your fam sehold on page 3 of 1 | ily because of al | dverse living co | onditions at yo | |
| | If "Yes," | enter city and | country of the | e separate toreign res | idence. Also, en | ter the numbe | r of days durin | ng your tax year that |
| | you main | ntained a secon | nd household | at that address | 504 | WELLEE JAN | OMEY 24, 200 | |
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| Form | | | | | | | | - |
|--|---|--|--|--|------------|---------------------------------------|----------------------------------|-----------|
| Par | Taxpayers Qualifying Un | der Physical Prese | nce Test (see p | page 2 of the | e instruct | ion | s) | |
| 16 | The physical presence test is based | on the 12-month peri | od from > 02/01/ | 2006 | through | | 01/31/2006 | |
| 17 | Enter your principal country of emplo | syment during your ta | x year. F .SINGA | PORE | | h | | |
| 18 | If you traveled abroad during the 12- | | | | | | | |
| | foreign countries that did not involve more. If you have no travel to report of | a travel on or over inte during the period, ante | rnational waters, | or in ar over | the Unite | dS | tates, for 24 ho | urs an |
| | 12-month period." Do not include th | | | | | | | |
| _ | (a) Name of country | (b) Date arrived | (c) Date with | Id Full days present up | den Namo | er of | n income earned in | in U |
| _ | Including U.S.) | | | country | de bubiy | 0.00 | computation | |
| UN | ITED STATES | 12/22/2006 | 01/04/2007 | 14 | 0 | <i>.</i> | 0 | 1 |
| _ | | A. 4 0 | | 1 1 | 100 | _ | | + |
| _ | | | 6 | 1 10 | - | _ | | - |
| _ | and a second | | 000 | 19 | - | - | | - |
| Pai | t IV All Taxpayers | V | \• J 🕤 | | | | | |
| - | | 0 | 1 10 | 102200225 | | | 1.1.5.7.101-2. | |
| Note | e: Enter on lines 19 through 23 all inco | ime, including honeas/ | a vaccute, hon eau | ned and actual | ly or com | strua | ctively received, | CUV. |
| | v 2006 tax year for services you perfor | | | | | | | |
| 6817 | ned in a prior tax year, or will be earne | id in a later tax year is | uch as a bonusl, s | see the instruc | lions. Do | not | t include income | 9 In |
| | 14, column (d), or line 18, column (f), | | | | | | | |
| | structively received the income. | | 2012/02/02/28020 | 0102020050 | | -10 | 199700000000000 | 201 |
| | anacevery received the nicerity. | | | | | | | |
| | If you are a cash basis taxpayer, | report on Form 1040 | all income you re | ceived in 200 | 6, no mat | ter | when you perfo | orm |
| | | report on Form 1040 | all income you re | ceived in 200 | 6, no mat | ter | when you perfo | orn |
| - | If you are a cash basis taxpayer, the service. | - | | ceived in 200 | 6, no mat | ter | Amount | |
| | If you are a cash basis taxpayer, the service. 2006 | Foreign Earned Inc | | ceived in 200 | | | Amount (in U.S. dollars) | |
| 19 | If you are a cash basis taxpayer, the service. 2006 Total wages, salaries, bonuses, com | Foreign Earned Inc | : | | | tler 19 | Amount (in U.S. dollars) | |
| 19 | If you are a cash basis taxpayer, the service. 2006 Total wages, salaries, bonuses, com Check this box if the amount on line | Foreign Earned Inc missions, etc. 19 is \$250,000 or mor | e and you are usi | ng an alternati | | | Amount (in U.S. dollars) | |
| | If you are a cash basis taxpayer, the service. 2006 Total wages, salaries, bonuses, com Check this box if the amount on line method to determine the source of t | Foreign Earned Ind missions, etc. 19 is \$250,000 or mor his compensation inco | e and you are usi me. See instructi | ng an alternati ions | | | Amount (in U.S. dollars) | |
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23 Other foreign earned income. List type and amount. >

24 Add lines 19 through 21d, line 22g, and line 23

25 Total amount of meals and lodging included on line 24 that is excludable. (see instructions) .
26 Subtract line 25 from line 24. Enter the result here and on line 27 on page 3. This is your 2006 foreign earned income.

23

25

12

24 3145

26 3145

Form 2555 (2000)

5-23

| Par | t V | All Taxpayers | 1 | | |
|----------|---------|--|--------|-----------------|-----|
| | | ~ | | 3145 | |
| 27 | | the amount from line 26 | 27 | | |
| | | u claiming the housing exclusion or housing deduction? | | | |
| 1 | | Go to Part VII. | 11 | P | |
| Par | t VI | Taxpayers Claiming the Housing Exclusion and/or Deduction | 1 | 0 | |
| | | 10-17- | 1.3 | | |
| 28 | Qualifi | ed housing expenses for the tax year. (see instructions) | 28 | | |
| 29 | | imit an housing expenses (see instructions) | 29 | | |
| 30 | | the smaller of line 28 or line 29 | 30 | | |
| 31 | year. (| er of days in your qualifying period that fall within your 2005 tax see instructions) | | | |
| 32 | | y \$36.12 by the number of days on line 31. If 365 is entered on line 31, enter \$13,184.00 here | 32 | | _ |
| 33 | | ct line 32 from line 30. If the result is zero or less, do not complete the rest of this part or | 33 | | |
| 34 | | Part IX | 33 | | |
| 35 | | line 34 by line 27. Enter the result as a decimal (rounded to at least three places), but do | | 1 | |
| | | ter more than "1.000". | 35 | | |
| 36 | | ng exclusion. Multiply line 33 by line 35. Enter the result but do not enter more than the | 1.00 | | |
| | | it on line 34. Also, complete Part VIII | 36 | | |
| | | The housing deduction is figured in Part IX. If you choose to claim the foreign earned to exclusion, complete Parts VV and VVI before Part IX. | | | |
| Par | t VII | Taxpayers Claiming the Foreign Earned Income Exclusion | | | |
| 37 | | um foreign earned income exclusion | 37 | 882,400 | 00 |
| 38 | | u somelated Bart M, aster the sumber from the 54 | 01.657 | | |
| | | thera, enter the number of days in your gualifying period that | | | |
| | | thin your 2006 tax year (see the instructions for line 31). | | | |
| 39 | • Hin | e 38 and the number of days in your 2006 tax year (usually 365) are the same, enter "1.000." | - | . 90 | 17 |
| | | erwise, divide line 38 by the number of days in your 2006 tax year and enter the result | 39 | , 50 | UT- |
| 40 | | ecimal (rounded to at least three places). ly line 37 by line 39 | 40 | 74737 | |
| 41 | | ct line 36 from line 27 | 41 | 3145 | |
| 42 | | n earned income exclusion. Enter the smaller of line 40 or line 41. Also, complete Part VII | 42 | 3145 | |
| Par | t VIII | Taxpayers Claiming the Housing Exclusion, Foreign Earned Income Exclusion | ion, e | or Both | |
| | | | | 3145 | |
| 43 | | ves 36 and 42 | 43 | | |
| 44 | | tions allowed in figuring your adjusted gross income (Form 1040, line 37) that are allocable excluded income. See instructions and attach computation | 44 | 222 | |
| 15 | | ct line 44 from line 43. Enter the result here and in parentheses on Form 1040, line 21. | | | |
| | Next b | to the amount enter "Form 2555." On Form 1040, subtract this amount from your income ve at total income on Form 1040. Ine 22 | 45 | 2923 | |
| Par | t IX | Taxpayers Claiming the Housing Deduction—Complete this part only if (a) lin 36 and (b) line 27 is more than line 43. | ie 33 | is more than li | ne |
| | | | 46 | | |
| 46 47 | | ct line 36 from line 33 | 40 | | _ |
| 48 | | the smaller of line 46 or line 47 | 48 | | |
| | | If line 47 is more than line 48 and you could not deduct all of your 2005 housing deduction | | | |
| | beca. | se of the 2005 limit, use the worksheet on page 4 of the instructions to figure the amount ar on line 49. Otherwise, go to line 50. | | | |
| 49 | Housin | ig deduction carryover from 2005 (from worksheet on page 4 of the instructions) | 49 | 1 | |
| 50 | Housi | ng deduction. Add lines 48 and 49. Enter the total here and on Form 1040 to the left of | | | |
| 1000 | | Next to the amount on Form 1040, enter "Form 2555." Add it to the total adjustments | 11 | | |
| | | ed on that line | 50 | | |

| Department of the Treasury | Foreign Earned Income E | | 2006 |
|--|--|---|---|
| Intentil Revenue Service (R8) Name shown on Form 1040 DOUGLAS A RICHARDS | See separate instructions. Attach : Attach : | to Form 1040. | Sequence No. 34A Your social security number 520 XX XXXX |
| You May Use This Form If You: • Are fi | U.S. citizen or a resident alien. ed wages/salaries in a foreign country. total foreign earned income of 600 or less. ling a calendar year return that is a 12-month period. | • Do not have | self-employment income. business/moving expenses the foreign housing deduction. |
| Part I Tests To S | See If You Can Take the Foreig | gn Earned Inc | come Exclusion |
| (see page 2 of the instruc ● If you answered "Yes," ● If you answered "No," | ident of a foreign country or countries for a period ctions)?, you meet this test. Fill in line 1b and then go to 1 you do not meet this test. Go to line 2 to see if yo fide residence began > , and | ine 3. ou meet the Physical | Presence Test. |
| 2 Physical Presence Test | | | |
| [2006 or | ent in a foreign country or countries for at least 3: | 30 full days during | Yes 🗆 No |
| | months in a row starting or ending in 2006? | | |
| If you answered "Yes," If you answered "No," Bona Fide Residence 1 | you meet this test. Fill in line 2b and then go to il you do not meet this test. You cannot take the Test above. | | meet the |
| If you answered "Yes," If you answered "No," Bona Fide Residence 7 b The physical presence te 3 Tax Home Test, Was you residence or physical pre- e If you answered "Yes," | you meet this test. Fill in line 2b and then go to il you do not meet this test. You cannot take the fest above. | exclusion unless you 2/01/2006 throu ughout your period of ow and then go to pa | meet the gh ▶01/31/2007 bona fide □ Yes □ No |
| If you answered "Yes," If you answered "No," Bona Fide Residence 7 b The physical presence te 3 Tax Home Test, Was you residence or physical pre- e if you answered "Yes," | you meet this test. Fill in line 2b and then go to il you do not meet this test. You cannot take the fast above. st is based on the 12-month period from 0 ur tax home in a foreign country or countries throu- sence, whichever applies? you can take the exclusion. Complete Part II belo you cannot take the exclusion. Do not file this for | exclusion unless you 2/01/2006 throu ughout your period of ow and then go to pa | meet the gh ▶01/31/2007 bona fide □ Yes □ No |
| If you answered "Yes," If you answered "No," Bona Fide Residence 1 b The physical presence te 3 Tax Home Test. Was you residence or physical pre If you answered "Yes," If you answered "No," | you meet this test. Fill in line 2b and then go to il you do not meet this test. You cannot take the Test above. st is based on the 12-month period from ▶0 ur tax home in a foreign country or countries throu- sence, whichever applies? you can take the exclusion. Complete Part II belo you cannot take the exclusion. Do not file this for iformation | exclusion unless you 2/01/2006 throu ughout your period of ow and then go to pa | meet the gh ▶01/31/2007 bona fide □ Yes □ No |
| fi you answered "Yes," if you answered "No," Bona Fide Residence T b The physical presence te Tax Home Test, Was you residence or physical pre if you answered "No," if you answered "No," Part II General In Your foreign address (include) | you meet this test. Fill in line 2b and then go to il you do not meet this test. You cannot take the Test above. st is based on the 12-month period from ▶0 ur tax home in a foreign country or countries throu- sence, whichever applies? you can take the exclusion. Complete Part II belo you cannot take the exclusion. Do not file this for iformation | exclusion unless you 2/01/2006 throu ughout your period of ow and then go to pa | a meet the gh ▶01/31/2007 bona fide |
| If you answered "Yes," If you answered "No," Bona Fide Residence T The physical presence te Tax Home Test, Was you residence or physical pre- e If you answered "No," Part II General In 4 Your foreign address (includ 27 BERRY LANE, SINGAPORE 6 Employer is (check any to a A U.S. business, b A foreign business, c Other (specify) > | you meet this test. Fill in line 2b and then go to 8 you do not meet this test. You cannot take the fast above. st is based on the 12-month period from ▶0 ur tax home in a foreign country or countries throu- sence, whichever applies? | exclusion unless you 2/01/2006 throu ughout your period of w and then go to pa m, 8 Employer's foreig 52 POETS LANE, SING | a meet the gh ▶01/31/2007 bona fide |
| If you answered "Yes," If you answered "No," Bona Fide Residence T The physical presence te Tax Home Test, Was you residence or physical pre- e If you answered "Yes," If you answered "No," Part II General In 4 Your foreign address (includ 27 BERRY LANE, SINGAPORE 6 Employer's name LIAM AND SOMS 9 Employer is (check any th a A U.S. business b A foreign business c Other (specify) > | you meet this test. Fill in line 2b and then go to il you do not meet this test. You cannot take the feat above. st is based on the 12-month period from 0 ur tax home in a foreign country or countries throu- sence, whichever applies? you can take the exclusion. Do not file this for you cannot take the exclusion. Do not file this for formation ing country! 7 Employer's U.S. address (including ZIP code) hall apply): | exclusion unless you 2/01/2006 throu ughout your period of two and than go to pa m, 8 Employer's foreig 52 POETS LANE, SING 52 POETS LANE, SING the form. | meet the gh ▶01/31/2007 bona fide Yes □ No ge 2. 5 Your occupation ARCHITECT n address NPORE |

| In U.S. on busines on busines 12/22/2006 01/04/2007 0 0 0 12/22/2006 01/04/2007 0 0 0 12/22/2006 01/04/2007 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 13 Maximum foreign earned income exclusion 13 14 0 0 0 15 13 462.400 00 14 0 0 0 0 </th <th>Part III</th> <th></th> <th>nt in the United Sta or its possessions duri</th> <th></th> <th>part if y</th> <th>ou we</th> <th>ere in the</th> | Part III | | nt in the United Sta or its possessions duri | | part if y | ou we | ere in the |
|--|--|--|---|---|--|----------------|-----------------------|
| Part IV Figure Your Foreign Earned Income Exclusion 13 Maximum foreign earned income exclusion 13 Maximum foreign earned income exclusion 14 15 16 Multiply ine 13 by line 15 17 Enter, in U.S. dollars, the total foreign earned income you earned and received in 2006 [see instructions]. Be sure to include this amount on Form 1040, line 7 18 Poreign earned income exclusion, Enter the smaller of line 16 or line 17 here and in goarsentheses or Form 1040, line 21. Next to the emount enter "2555-E2". On Form 1040, exclusion this amount form 1040, line 22 | 12 (a) D | ate arrived in U.S. | (b) Date left U.S. | (c) Number of days in U.S. on business | | | |
| 13 Maximum foreign earned income exclusion 13 ±62,400 00 14 Enter the number of days in your qualifying period that fail within 2006 14 331 days 15 Did you enter 365 on line 14? 15 × ,907 16 Did you enter 365 on line 14? 15 × ,907 17 No. Divide line 14 by 365 and enter the result as a decimal (rounded to at least three places). 15 × ,907 16 Multiply line 13 by line 15. 16 74737 17 Enter, in U.S. doltars, the total foreign earned income you earned and received in 2006 (see instructions). Be sure to include this amount on Form 1040, line 7 17 4949 18 Foreign earned income exclusion. Enter the smaller of line 16 or line 17 here and in parentheses on Form 1040, line 21. Next to the amount enter "2555-E2." On Form 1040, subtract this amount from your income to arrive at total income on Form 1040, line 22 18 4949 | | 12/22/2006 | 01/04/2007 | S 01 | | | 0 |
| 13 Maximum foreign earned income exclusion 13 #62,400 00 14 Enter the number of days in your qualifying period that fail within 2006 14 331 days 15 Did you enter 365 on line 14? 14 331 days 15 × , 907 16 No. Divide line 14 by 365 and enter the result as a decimal (rounded to at least three places). 15 × , 907 15 × , 907 16 Multiply line 13 by line 15 16 74737 16 74737 17 Enter, in U.S. dollars, the total foreign earned income you earned and received in 2006 (see instructions). Be sure to include this amount on Form 1040, line 7 17 4949 18 Foreign earned income exclusion. Enter the smaller of line 16 or line 17 here and in parentheses on Form 1040, line 21. Next to the amount enter "2555-EZ." On Form 1040, subtract this amount from your income to arrive at total income on Form 1040, line 22 ▶ 18 4949 | | Ç | 12: 1012: | ,200 | 0 | | |
| 16 Multiply line 13 by line 15 16 74737 17 Enter, in U.S. dollars, the total foreign earned income you earned and received in 2006 (see instructions). Be sure to include this amount on Form 1040, line 7 17 4849 18 Foreign earned income exclusion. Enter the smaller of line 16 or line 17 here and in parentheses on Form 1040, line 21. Next to the amount enter "2555-EZ." On Form 1040, subtract this amount from your income to arrive at total income on Form 1040, line 22 18 4949 | 13 Maxi | mum foreign earned in | come exclusion | | | 13 | \$62,400 00 |
| instructions). Be sure to include this amount on Form 1040, line 7 | Q 4 | es. Enter "1.000." o. Divide line 14 by 3 | 55 and enter the result as | | 1.112 | 15 | × ,.907 |
| on Form 1040, line 21. Next to the amount enter "2555-EZ." On Form 1040, subtract this amount from your income to arrive at total income on Form 1040, line 22 18 4949 | | es. Enter "1.000." b. Divide line 14 by 3/ a decimal (rounded) | 55 and enter the result as | | • • • | | |
| Fam 2555-EZ (20) | 16 Multi | es. Enter "1.000." Divide line 14 by 3/ a decimal (rounded ply line 13 by line 15 . r, in U.S. dollars, the t | 55 and enter the result as I to at least three places). | | , | 16 | 74737 |
| | 16 Multi 17 Enter 18 Fore on Fo | es. Enter "1.000." Divide line 14 by 3/ a decimal (rounded ply line 13 by line 15 . r, in U.S. dollars, the 5 uctions). Be sure to incl ign earmed income ex orm 1040, line 21. Next | 55 and enter the result as 1 to at least three places). otal foreign earned income yo ude this amount on Form 1040 clusion. Enter the smaller of lin- to the amount enter "2555-EZ." |), line 7 | theses | 16 17 18 | 74737 4949 4949 |

| | 8863 | 10.000 | Education C d Lifetime Le > See instruction tach to Form 1040 or | arning C | redits |) | 8 | 2006 Attachment Sequence No. 50 |
|-----|--|--|---|--|----------------|----------|--------------------------|--|
| _ | es) shown on return | Contract Contractor | | | - | 1 | Your | social security numb |
| DO | UGLAS A AND CLAIRE | S RICHARDS | | | | | 520 | XX XXX |
| Cau | tion: You cannot take th | e Hope credit and the | iffetime learning cre | dit for the sa | me.stud | ant in | the same | year. |
| Par | t I Hope Credit. C | aution: You cannot t | ake the Hope credi | t for more th | en 2 tax | years | for the s | same student. |
| ' | (a) Student's name (as shown on page 1 of your tax return) First name Last name | (b) Student's social security number (as shown on page 1 of your tax return) | (c) Ouslified expenses [see instructions). Do not enter more than \$2,200° for each student. | (d) Entern smaller of amount column (d) \$1,100* | the n or | columi | Add (c) and mn (d) | (f) Enter one-h of the amount column (e) |
| | | | | - A - V | 10 | ¢ | | |
| | | | P 6 | 100 | 1 1 | | | |
| | | - E E | 10 | 6 1 | T | | | |
| | | | 61 | 9 | | | | |
| | - For each student who attended | an elable educational metho | or the Description | Zone do not orte | r more Part | \$4.400 | | |
| | "For each student who attended | d an eligible eclusional metha | for in the Galf Opportunity | Zone, unter the ar | nation of the | arrouti | n | |
| | column (c) or \$2,290. Tentative Hope credit. | Add the amounts on a | n 1. column III. Hum | i are taking th | a litetime | . loanni | | |
| 1 | credit for another stude | | | | | | ▶ 2 | 8 |
| Par | t II Lifetime Learn | ing Credit | See | 10.00 | | | 1.2 1.0 | Summer Star |
| 3 | (a) Student's | name (as shown on pa | age 1 of your tax ret | umi | Di Stud | ent's so | ial security | (c) Qualified |
| | - | | | | | | vn on page | |
| | First name | Last n | | | - | your tax | | instructions) |
| | PATRICK D | RICHA | RDS | | 522 | XX | XXXX | 16500 |
| | | | | | | | | - |
| | | | | | | | | |
| 4 | Add the amounts on line | | | | | | | 16500 |
| | Enter the smaller of line | | | | | | | 10000 |
| b | For students who attend the smaller of \$10,000 of | | | | | | | 0 |
| c | Subtract line 5b from in | 이번 친구가 가 전쟁을 알았는 것 같아요. 이번 것이 같아. | | | | | 50 | 10000 |
| 6a | Multiply line 5b by 40% | (.40) | | | | | 68 | 0 |
| | Multiply line 5c by 20% | | | | | + + | 65 | |
| | Tentative lifetime learn | ing credit. Add lines | 6a and 6b and go to | Part III | + + + | 4.5 | . 6c | 2000 |
| Par | Allowable Edu | cation Credits | | | | | - | 1 |
| 7 | Tentative education cree | | | | 4.4.4 | 4.1.6 | 7 | 2000 |
| 8 | Enter: \$110,000 if marrie | | | | 1 | 10000 | | |
| 2 | or qualifying widow(er) | | | | | 92286 | | |
| 9 | Enter the amount from I | | | - · · · · · · · · · · · · · · · · · · · | | 95799 | _ | |
| 10 | Subtract line 9 from lin education credits | ie 8. If zero or less, t | | 10 | | 17714 | | |
| 11 | Enter: \$20,000 if married or gualifying widowler) | | Feingle, head of hou | sehold, | | 20000 | | |
| 12 | If line 10 is equal to or | more than line 11, er | iter the amount from | n line 7 on 1 | | | | |
| | line 14. If line 10 is les (rounded to at least three | | | | | | | × . 8857 |
| 13 | Multiply line 7 by line 12 | | | | 1.1 | | 13 | a state of the second sec |
| 14 | Enter the amount from I | | | | 111 | 1.3 | 14 | |
| 15 | Enter the total, if any, of or Form 1040A, lines 29 | your credits from Form | n 1040, lines 47 thro | ugh 49, | | 407 | | |
| 16 | Subtract line 15 from li | ne 14. If zero or less, | stop; you cannot ta | ike any | 1 | 7977 | | |
| | education credits | | | - + Institut | 1 line 50 | | m | |
| 17 | and the second s | | | | | | | 1771 |
| 17 | 1040A, line 31 | | | + + + + | | | 10.00 | |

| (Form 1040) Department of the Tr | 1000 | (Schedule B is on back) | S | | 2006 Attachment |
|---|------------------|--|---|-------|---|
| Namelsi shown or | Not | | chedules A&B (Form 1040 | | Sequence No. 07 social security number |
| Contraction of the second second | | CLAIRE S RICHARDS | 0 | 100 | 20 XX XXXX |
| Medical and Dental Expenses | 1 2 3 4 | Caution. Do not include expenses reimbursed or paid by others. Medical and dental expenses (see page A-2) Enter amount from Tom 1040, line 38 2 1 Multiply line 2 by 7.556 (.075). Subtract line 3 from line 1. If line 3 is more than line, 1, en | 3 10 | 4 | Ô |
| Taxes You Paid (See page A-2.) | 5 6 7 8 | State and local income taxes Real estate taxes (see page A-6) Personal property taxes Other taxes. List type and amount > | 5 6 7 8 | | |
| | 9 | Add lines 5 through 8 | | 9 | |
| Interest You Paid (See page A-5.) | 10 11 | Home montgage interest and points reported to you on Form 1096 Home montgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-6 and show that person's name, identifying not, and address > | 10 | | |
| Note. Personal Interest is not | 12 | Points not reported to you on Form 1098. See page A-6 for special rules | 11 | | |
| deductible. | 13 | Investment interest. Attach Form 4952 if required. (See page A-6.) Add lines 10 through 13 | 13 | 14 | |
| Gifts to Charity | 15 | Gifts by cash or check. If you made any gift of \$250 or more, see page A-7 | 15 | | |
| If you made a gift and got a benefit for it, see page A-7. | 16 17 18 | Other than by cash or check. If any gift of \$250 or more, see page A-7. You must attach Form 8283 if over \$500 Carryover from prior year Add lines 15 through 17 | 16 17 | 18 | |
| Casuality and Theft Losses | | Casuality or theft loss(es). Attach Form 4684. (See page A | -8.) | 19 | |
| Job Expenses and Certain Miscellaneous Deductions | 21 | Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-8.) ► | 20 21 | 1000 | |
| (Баё раде А-8.) | 22 | Other expenses—investment, safe deposit box, etc. List type and amount ► | 22 | | |
| | 23 24 25 | Add lines 20 through 22 | 23 25 | 00 | |
| Other Miscellaneous Deductions | 26 | Subtract line 25 from line 23. If line 25 is more than line 2 Other—from list on page A-9. List type and amount | a, enter -0 | 26 | |
| Total Itemized Deductions | 28 29 | Is Form 1040, line 38, over \$150,500 (over \$75,250 if mar No. Your deduction is not limited. Add the amounts in the for lines 4 through 27. Also, enter this amount on F Yes. Your deduction may be limited. See page A-9 for the Fyou elect to itemize deductors even though they are less than your standard | he far right column orm 1040, line 40, amount to enter. | 28 | |
| For Papersork | | | | iched | ule A (Form 1040) 200 |

| | oni 1040. Do not enter name and social security number if shows an other eds. ND CLAIRE'S RICHARDS | | al security m XX XXX | |
|---|---|---|-----------------------------|---------|
| | Schedule B-Interest and Ordinary Dividends | | Attachment Decayrae N | 06 |
| Part I Interest See page 8-1 and the instructions for Form 1040, the Ball Note, IT you necessed a Form 1099-CRD, or substitute subsu | List name of payer. If any interest is from a seler-financed matgage and the buyer used the property as a personal residence, see page B-b and list this interest test. Also, show that buyer's social security number and address > UNIVERSITY BANK. TEACHER'S FCE | | Amount 964 255 593 | |
| shown on that form. | Add the amounts on line 1 Excludable interest on series EE and I U.S. savings bonds issued after 1989 Attach Form 8815 Subtract line 3 from line 2. Enter the result here and on Form 1040, the Ba ► Note, if line 4 is over \$1,500, you must complete Part III. | 2 2 4 | 1833 1833 Ampunt | |
| Part II Ordinary Dividends Ges page B-1 and the instructions for Form 1040, Inte 9n.1 | B List name of payer ► | | | |
| Note, If you received a Form 1009-DIV or substitute statement from a brokenage firm, ist for firm's name as the payer and error bis ordinary dividends shown on that form. | | 5 | | |
| - | 6 Add the amounts on line 5. Enter the total here and on Form 1040, line 3a Note, if line 6 is over \$1,500, you must complete Part III. You must complete Part II. You must complete Part and over \$1,600 of taxable interest or ordinary dividence. | 6 (b) | und Laco | |
| | a toreign account; or (a) received a distribution from, or were a granter of, or a transferen to, a 7a At any time during 2006, did you have an interest in or a signature or other authority or account in a foreign country, such as a bank account, securities account, or other fina See page 8-2 for exceptions and filing requirements for Form TD F 90-22.1, b if "Yes," enter the name of the foreign country ► SINGAPORE B During 2006, did you movies a distribution from, or were you the granter of, or a foreign trust? If "Yes," you may have to file Form 3520. See page 8-2 | tonsign tr iver a fina notal acci | ust. Tes notal sunt? | |
| For Paperwork R | and the second se | hedule B | (Form 1040) | and the |

| here | transfer of the Transmission | S cor | rental real estate, i porations, estates, 40NR or Form 1041. | trusts, | s, partne REMIC: | erships, i, etc.) | Porm 1040 | | 2006 Attachment Sequence No. 1 | 13 |
|------|---|-------|---|----------|---------------------|---|-------------|---------------|--------------------------------------|-----------|
| DO | ets shown on return | | | | | - (| | Your so 52 | cial security ma 0 XX XXX | nber X |
| Pa | Income or Loss From Rent Schedule C or C-EZ [see page | | | | | | | | asonal propert | y, use |
| 1 | List the type and location of each n | | and the second se | | 2 For | each rental re- | al estate p | ropedy | | No |
| A | DUPLEA, 1100 CAMPUS DRIVE | | | · | Use | d on line 1, di it during the to coses for more | an year to | person | | v |
| в | | | 22 | | • 1 | 4 days or 0% of the tot | | ented at | в | |
| С | | | 11. | | 10 TO 10 | ak rental valu e page E-3.) | e7 | | c | |
| | | 1 | 1 . | Pro | parties | Property of | | - | Totals | |
| Inc | ome: | . 10 | A | - 144 | в | 0 | 0 | Add | columns A, II. a | nd C.) |
| | Rents received | 3 | 7200 | - | / | - | | 3 | 7200 | |
| | Royalties received | 4 | 01 | | | - | | 4 | | |
| | benses: | | | | | | | | | |
| | Advertising | 5 | | | | - | | | | |
| | Auto and travel (see page E-4), | 7 | | | | | | | | |
| 7 | | 8 | | | | | - | 1 | | |
| | Commissions , , , , , , , | 9 | 450 | | | - | | | | |
| | Insurance | 10 | | | | - | - | | | |
| | Management fees | 11 | | | | | | 1 | | |
| | Mortgage interest paid to banks, | | | | | | | 1 | | |
| | etc. (see page E-4) | 12 | 1600 | | | | | 12 | 1600 | |
| 13 | | 13 | | | | | | 1100 | | |
| 14 | Repairs | 14 | | | | | | | | |
| 15 | Supplies | 15 | | | | | | | | |
| 16 | Taxes | 16 | 750 | | | | _ | | | |
| 17 | Utilities . Dubritule | 17 | | | - | | | | | |
| 18 | Other (ist) PAINTING | | 380 | _ | | - | - | | | |
| | | 18 | | | | - | - | 1 | | |
| | | -0 | | | - | - | | | | |
| | | | | | | | | | | |
| 19 | Add lines 5 through 18 | 19 | 3160 | | | - | | 19 | 3180 | |
| 20 | a shi a station of the street of a ship to the | - | 2200 | | | | | - | | |
| | (see page E-4) | 20 | 5380 | | - | - | | 20 | 2200 | |
| 21 | Total expenses. Add lines 19 and 20 Income or (loss) from rental real | 21 | 0.000 | | | - | | | | |
| ~ | estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is | | | | | | | | | |
| | a (loss), see page E-5 to find out if you must file Form 6198 | 22 | 1820 | | | | | | | |
| 23 | Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See page E-5 to find out if you must file Form 8582. Real estate professionals must complete line | | | | | | | | | |
| | 43 on page 2 | 23 | (| | |) t | | | | |
| 24 | Income. Add positive amounts show | wn on | line 22. Do not inclu | ude anv | losses | | 1. | 24 | 1820 | |
| | Losses. Add royalty losses from line 22 | | | | | | | 25 | | |
| | Total rental real estate and royalty in If Parts II, III, IV, and line 40 on page | COTH | or (loss). Combine li | nes 24 a | nd 25. E | nter the result | here. | | 1820 | |

| | EDULE SE | 6-WE | | 1.000 | 0MB No. 1545-00 | |
|----------|--|---|--|-----------------------------|---------------------|-----|
| | m 1040) | Self-Employr | nent lax | 5 | Attachment | _ |
| Internet | Revenue Service (PP) | ► Attach to Form 1040. ► See instruct | ons for Schedule SE # | orm 1040). | Sequence No. 1 | 7 |
| | IRE S RICHARDS | ment income (as shown on Form 1040) | Social security m with self-employ | umber of person | 521 XX XXX | x |
| | Must File Sched | lule SE | 09 | | C | |
| | must file Schedule SE if: | self-employment from other than the | amointe income | line 4 of Short Re | ham da SE or Ine d | 40 |
| La | ng Schedule SE) of \$400 | or more, or | | OU | - | |
| 10 | gious order is not church | income of \$108.28 or more income h employee income (see page 5E-1). | 10 | | | |
| | | or a small amount of income from self- | | e to your benefit t | o file Schedule SE | ē a |
| | | in Part II of Long Schedule SE (see pr | 200a, No. 100a, N. V | ad a sufficiency and | a an Christian Pair | 22 |
| pract | | nployment income was from earnings a 4361 and received IPS approval not the Form 1040, line 58. | | | | |
| | | | | | | |
| | | ort Schedule SE or Must I L | | | | |
| | Note. Use this flowd | chart only if you must life Schedule Si | L If unsure, see Who | Must File Schedu | le SE, above. | |
| | | | | | | |
| | | Did you receive wages | or tipe in 20067 | | | |
| | No | | | Yes | | |
| _ | + | + | | + | | |
| Sole | you a minicial, member of a re noe practitioner who received IR amings from these sources, but on other earnings? | Sapproval not to be taxed Yes | Vias the total of your way or railroad retrement tax self-employment more th | plus your net earnings | | - |
| | No | | | | | |
| _ | ¥*** | | | | | |
| | you using one of the optional in ings (see page SE-3)? | hethods to figure your net | | No | | |
| | No | No | Did you receive tips subj that you did not report to | | Medicare tax Yes | • |
| | you receive church employee i | ncome reported an Farm | | | | |
| W-4 | of \$108.28 or mots? | | | | | |
| <u> </u> | * | | | and some first state of the | | |
| _ | You may use Short Sche | dule at below | You must u | se Long Schedule SE | on page 2 | _ |
| Sect | ion A—Short Schedule | e SE. Caution. Read above to see | f you can use Short | Schedule SE. | | |
| 1 | | from Schedule F, line 36, and farm p | | K-1 (Form 1 | | |
| 2 | | Schedule C, line 31; Schedule C-EZ, I | | orm 1065). | | |
| | | in farming); and Schedule K-1 (Form 1 | | | | |
| | | is orders, see page SE-1 for amounts | | | 2445 | |
| 2 | | o report | | 3 | 3145 | _ |
| | | Landoment Million Do 2 hu 00 | | 1 1 1 1 1 | 3143 | _ |
| * | | f-employment. Multiply line 3 by 92 ; you do not owe self-employment tax | | | 2904 | |
| 5 | | the amount on line 4 is: | · · · · · · · · · · · · · · · · · · · | | | |
| | | oly line 4 by 15.3% (.153). Enter the re | sult here and on | 5 | 444 | |
| | C 1 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C | ultiply line 4 by 2.9% (.029). Then, a | dd \$11,680.80 to the | | an sasterit | |
| | result. Enter the total he | re and on Form 1040, line 58. | | 1. | | |
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International Scenario 2 Retest Questions

Directions

You are reviewing a return prepared by a volunteer at site S5201555. Based on that return, answer the following questions. You are a volunteer at site S52015555. *Note: To complete social security numbers and employer identification numbers, replace Xs with 286560 or with the EFIN provided by your instructor.*

- **13.1** The correct amount of wages, salaries, tips, etc. on line 7 of Form 1040 is \$_____.
- **13.2** Is the taxable interest on line 8a of Form 1040 filled in correctly?
 - a. Yes
 - b. No
 - c. Not applicable
- **13.3** The correct business income or loss on line 12 of Form 1040 is \$_____.
- **13.4** What is the correct taxable amount of the Richards' pensions and annuities on line 16b of Form 1040?
 - a. \$0
 - b. \$64,605
 - c. \$67,487
 - d. \$75,000
- **13.5** The correct amount on other income on line 21 of Form 1040 is \$_____.
- **13.6** What is the correct total rental real estate and royalty income or loss on line 26 of Schedule E?
 - a. (\$960)
 - b. \$1,820
 - c. \$2,920
 - d. \$4,020
- 13.7 Is the tax on line 46 of Form 1040 filled in correctly?
 - a. Yes
 - b. No
 - c. Not applicable

- **13.8** The correct foreign tax credit on line 47 of Form 1040 is \$_____.
- **13.9** Is the Site Identification information filled in correctly in the paid preparer's use only section on Form 1040?
 - a. Yes
 - b. No
 - c. Not applicable

2006 6745 Retest

Blank Forms

The following blank forms can be used to complete the problems for your chosen training course. If additional forms are needed the forms can be photocopied.

The Tax Tables and EIC Tables are available in Publication 678-W, the Comprehensive Problems and Exercises Workbook.

Please record your answers to the test questions on the Retest Answer Sheet in the front of this Retest booklet.

| Form 1040, U.S. Individual Income Tax Return, pages 1 & 2 | 3 |
|---|----|
| Schedule A&B, Itemized Deductions/Interest and Ordinary Dividends | 7 |
| Form 2441, Child and Dependent Care Expenses, pages 1 & 2 | 11 |
| Schedule EIC, Earned Income Credit, pages 1 & 2 | 15 |
| Schedule EIC Worksheet, worksheets A & B | 19 |
| Child Tax Credit Worksheet | 22 |
| Schedule C-EZ, Net Profit From Business, pages 1 & 2 | 26 |
| Schedule D, Capital Gains and Losses, pages 1 & 2 | 28 |
| Schedule E, Supplemental Income and Loss, pages 1 & 2 | 30 |
| Schedule SE, Self-Employment Tax, pages 1 & 2 | 32 |
| Qualified Dividends and Capital Gain Tax Worksheet | 34 |
| Simplified Method Worksheet | 35 |
| Social Security Benefits Worksheet | 36 |
| Form 1116, Foreign Tax Credit, pages 1 & 2 | 37 |
| Form 2555, Foreign Earned Income, pages 1, 2 & 3 | 39 |
| Form 2555-EZ, Foreign Earned Income Exclusion, pages 1 & 2 | 42 |
| Foreign Earned Income Tax Worksheet | 44 |
| Form 5695, Residential Energy Credits, pages 1 & 2 | 45 |
| Form 8812, Additional Child Tax Credit, pages 1 & 2 | 47 |
| Form 8863, Education Credits | 49 |
| MAGI for the Hope Credit | 50 |
| Form 8880, Credit for Qualified Retirement Savings Contributions | 51 |
| Form 2106, Employee Business Expenses, pages 1 & 2 | 52 |
| Form 8888, Direct Deposit of Refund | 54 |
| Form 1040-V, Payment Voucher | 55 |

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| Head of | 54 | Ondis from a Port 224 b Port 5528 c Frant | | 64 | | | | | |
| household. 67.550 | 56 | Other estable # - Farm 3800 h - Farm 18801 e - Form. | | .55 | | | 12 | | |
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| | 57 | Subtract line 56 from line 46. If line 56 is more than line | | | | | 57 | | |
| Other | 58 | Bolf-amployment tax, Attach Schedule SE | | | 12225 | | 86 | | |
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| Schedule BC | 67 | Excess social security and her 1 PETA tax withheld See pop | 6.50) | 67 | | | 1 | | |
| | 66 | Additional shild tax credit. Attach Farm 8812 | 100 | 68 | | | | | |
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| | 70 | Pagements from: a Fors 3408 b Fors 4100 c Form 0 Credit for tailed telephone occus tas paid. Attach Form 8813 if reg | | 71 | | | 11 | | |
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| Refund Direct deposit? | 79 74a | If live 72 is more than live 65, subbact line 68 from live 75 Amount of line 75 you want refunded to you, if Form 88 | 1 | | 1. COLUMN 1. COLUMN 1. | CONTRACTOR OF A DATA | 740 | | |
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| ind 11 in T4b. | 10000 | Account number | 1 | 11 | | T T | | | |
| TAC, and 74d. or Form 8888 | 76 | Amount of time 70 you want applied to your 2007 estimated tax | | 75 | | | Arres 1 | | |
| Amount | 70 | Amount you owe. Subtract line 72 from line 63. For deta | | | Dity, 500 1 | piage 60 🕨 | 76 | | |
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| Check anly prie box. | * | and full name | | er speciel's 55N above | | and the second s | | ti depert | steel shift over 200 | pe 17); |
| | 68 | Voorsett.// | unite can | tham you as a dependent, | da not | chiefs buy lia | 1.4.4 | 1 | Bases checked on 5s and 5b | |
| Exemptions | . b | Dependentar | \$. (10 a h | | 1.9 | di Suanhera | i dit | - | No. of children | |
| | . 6 | e Dependentsz I2) Organistra SI Solometry (M. P. and S. an | | | | ana il | lived with you did not live with | - | | |
| 30 171 | | CIT | | 1.1 | _ | | | | you the is desite or separation | |
| I more than four dependents, see | | | | | | | | | (poo page 20) Dependents on 6p | _ |
| Dage 18. | | | | | | _ | | | rat entered above | _ |
| | d | Total number of | exemptions c | umed | | | | - | Add numbers on trios above > | |
| | Ŧ | Wages, aufartes, | | | 100 | 1.102 | | 7 | 20110-0208-00 | |
| ncome | Ba | Taxable ethroni | Attacts Schul | tile Bill required | des. | 1000000 | 1 9 1 | đia. | | - |
| Attach Fermisi V-2 here, Also | | | | nclude pri late ita | 180 | 1 | 1 | Qu. | | |
| ittach Forma | 9a h | Qualified divides | | sectative IB if required 235 | 1.00 | ******* | - 1- | - | | - |
| V-20 and 099-R If tax | 10 | 010 J. J. M. | | fants of state and local inco | ette fan | ni jaw papa 2 | EN L | 10 | | |
| was withheld. | 41 | Alimonty receives | | | 22.2 | 22/2120 | 1.2.1 | 11 | | - |
| | 12 | PLANCIE OFFICE | | ich Schechale C tor C-EZ | atata | 222.020 | i 0 | 位 | | - |
| tyou did not | 14 | the second state of the se | | chedule Difrequired. If no Form 4707 | | | 100000000 | 14 | | |
| pet a W-2, we cape 22 | 15a | IRA detributions | 150 | | | to anount data ; | | 156 | | |
| and the second | 160 | Pensions and an | | The second s | | le arrourt (see) | the second s | 168 | | - |
| tinclose, but de littleten, but de littleten arry | 17. | Flembal real estats Form income rar | | rtnerships, S curpositions, 1 Sobert Ja E | trusta, a | to: Attach Sch | ectule E | 10 | | |
| ayment, Also. | 19 | | a contract of the state of the | occurrent r | 225 | | 1 5 1 | 19 | | |
| form 1040-V | 259 | Social enoughy be | | | | to anourt (see) | 10(93.27) | 206 | | - |
| | 21 22 | Other Income, L. Add the amounts | at type and a to the far done | nount (sax page 29) column für lines 7 through 3 | the state | in total in | 0000 - | 21 | | - |
| and a state of the | 23 | Archer MSA dec | and a second | Jun Lorenza a | 23 | | | 1 | | |
| Adjusted | 24 | | | evisite, performing artists, and | 15 | | | | | |
| Gross | | | | tuch Form 2189 or 2106 EZ | | - | | | | |
| ncome | 25 26 | | | ton: Allach Form 8889 | 25 | - | | - 12 | | |
| | 27 | 4111112-01-01/PM | | x. Attach Schedule SIL | 27 | | | | | |
| | 28 | Self-employed 5 | EP, SIMPLE | and qualified plane | 28 | | - | | | |
| | 29 | CALCENCE CONTRACTOR | | e deduction (see page 30) | 29 | - | | | | |
| | 30 31a | Alytony paid at | NUMBER OF STREET | savigi | 31# | | | -11 | | |
| | 32 | | and the second second | a a la carta carta de acta | 32 | | | 16 | | |
| | 33 | Statient loon into | enst deductio | n liteo page 331 | 33 | | | 1 | | |
| | 34 | | - 24 TO CONTRACTOR AND C | r errokover | 34 | | | | | |
| | 35 36 | - C. LONDON CONTRACTOR | | aduction. Which Form 5002 32 through 35 | 1.49 | 3500755 | | 36 | | |
| | 37 | | Contraction and a second second | This is your adjusted grown | 2000 | 1.0.01.0.0 | 9 R 🖗 | 37 | | - |

| fores 101403 02/08/00 | | | 1.0 | | | | | 1 | Pepi 2 |
|-------------------------------|---|--|-----------------------|--------------------|---------------------------|----------------------|-----------|----------------------------|----------|
| Tax | 38 | Amount from line 37 (adjusted gross moornel | | | | | 38 | | |
| and Credits | 39e | Check You were born before January 2, 1942, 1 Spouse was born before January 2, 1942, 1 Spouse was born before January 2, 1942, | C 10 | | lotal troops thecked P | | | | |
| Btandord | 1 B | If your sprease thereines are a separate return or you wrome, but other ap- | | | | | 1 | | |
| Deduction for- | 40 | Itemized deductions (Yom Schedule A) or your standar | 40 | | - | | | | |
| · Propie who | 41 | Bubblect time 40 from line 36 | TIPTOR | | farma - c | | 41 | | - |
| checked any | 45 | If hite 38 is over \$112,875, or you provided housing to a per | | | and the second second | | 1.1 | | 1 |
| Billia or 395 or | | see page 37. Otherway, multiply \$3,300 by the total numb | GRA - 1654 | CO. 1988 | | | 42 | | - |
| whic sen be claimed as a | 45 | Taxable income, Bubmachine 42 hum ins 41, II ins 42 | | Statistics (| | | 43 | | - |
| chistendent. | 44 | Tax per page 17. Deck it any tas a form a D Formol BB | 1. * 200 * 1. | | 0m 480 | Rife (Fried | 45 | | - |
| see page 36 | 45,6 | Alternative minimum fast (see page 20). Attach Form ID | ar., | 12 | * * *C | 20 S.S. | 45 | | - |
| Al others | 48 | Addition 44 mill 45 | *1.*1 | 47 | 110100 | 11.1 | | | - |
| Single or Marned filling | 48 | Foreign tak credit, Attach Form 1118 if required | | 40 | | _ | | | |
| expandsly, 85,150 | 48 | Credit for the elderly in the delabled. Attach Schedule # | 28.11.E | 49 | | | | | |
| Merried filing | 50 | | A | 80 | | _ | | | |
| aintly ar | 51 | Education important Allianty Formy 8000 Referenced automatic activity and the State | | 51 | | | | | |
| Qualifying widowiers | 52 | Residential every production of the basis | | 82 | | | | | |
| B13,300 | 53 | Child file gradit (use gaps XX), Attach Form R001 # regu | | 53 | | | | | |
| Head of | 54 | Ondis from a Port 224 b Port 5528 c Frant | | 64 | | | | | |
| household. 67.550 | 56 | Other estable # - Farm 3800 h - Farm 18801 e - Form. | | .55 | | | 12 | | |
| 74UV | 00 | Add lines 47 through 56. These are your total credits | | | | | 56 | | |
| | 57 | Subtract line 56 from line 46. If line 56 is more than line | | | | | 57 | | |
| Other | 58 | Bolf-amployment tax, Attach Schedule SE | | | 12225 | | 86 | | |
| Taxes | 39 | Boolar security and Medicare tax or by income not reported \$ | o empio | ym. At | lati Fatti | 4137 | 60 | | - |
| I DADO | 60 | Additional tax on IRAs, other guained retrement plans, etc. | : Attacl | Form | \$329 if ri | quind | -00 | | - |
| | Q1 | Advance earned income credit payments from Formio) V | V-2, ten | i 8., | eos cad | En leste | đt | | - |
| | 62 | Household employment taxes. Attach Schedule H | | 14 | 6.0.01 | 1.1.1.2. | 62 | | - |
| | 63 | Add lines 57 flymagh 62. This is your total too | 1111 | _ | a la tat | | 63 | | - |
| Payments | 64 | Faibral instance tax withheld from Forms W-2 and 1009 | | 64 | | | 12 | | |
| | 66 | 2006 estimated tax payments and amount applied from 2005 in | | 65 | | | 1 | | |
| If you have a | 688 | Karned accome credit (EKG) | q-sec | 66a | | | | | |
| chid attach | -p | Nontzeable combat pay election 🕨 [66b] | - | - | | | | | |
| Schedule BC | 67 | Excess social security and her 1 PETA tax withheld See pop | 6.50) | 67 | | | 1 | | |
| | 66 | Additional shild tax credit. Attach Farm 8812 | 100 | 68 | | | | | |
| | 00 | Arrount paid with request for extension to file (see page | 1 | 70 | | | 1 | | |
| | 70 | Pagements from: a Fors 3408 b Fors 4100 c Form 0 Credit for tailed telephone occus tas paid. Attach Form 8813 if reg | | 71 | | | 11 | | |
| | 72 | Add lines 54, 55, 55a, and 67 through 71. These are you | | | | | 72 | | |
| 000000 | 1000 | sales of the second state of the | 1120101 | 10.000 | U.I.C. | | 73 | | + |
| Refund Direct deposit? | 79 74a | If live 72 is more than live 65, subbact line 68 from live 75 Amount of line 75 you want refunded to you, if Form 88 | 1 | | 1. COLUMN 1. COLUMN 1. | CONTRACTOR OF A DATA | 740 | | |
| See page UH | - 6 | [11] J. K. M. S. K. M. | | | and the second second | Derrich | | | <u> </u> |
| ind 11 in T4b. | 200.00 | Account number | 1 | 11 | | T T | | | |
| TAC, and 74d. or Form 8888 | 76 | Amount of time 70 you want applied to your 2007 estimated tax | | 75 | | | Arres 1 | | |
| Amount | 70 | Amount you owe. Subtract line 72 from line 63. For deta | | | Dity, 500 1 | piage 60 🕨 | 76 | | |
| You Owe | 11 | Estimated tex penety (see page 80) | | 77 | | 1 | | | |
| Third Party | De | you want to abow emotion person to checks this return wi | th the R | 15 (10 | e junge 01 | 17 🗌 Yen. | Compilai | a the tobowing | □ Nk |
| Designee | | sprens Prote | 671 | | | waarwideetill | ution: | | |
| inter | Linder penalties of penaltic - declare that i nove martited the reliant and accompanying schedules and elibertetits, so | | | | | | | and all part in the second | - |
| Sign | Det | for periodises of periods, a decisive truly rouve constrained the reliant and a eff. they are kine, turned, and complete Decimation of periods within a | not pep | oner has any known | 10 # 91 | | | | |
| Here | You | at olgenstare T Date | 1 Your | - | all and the second | | (Davin | ne phone matting | 1 |
| Joint return?" | 1.00 | 0.45420.0 | 535400 (SSS400122200X | | | | 1000 | - inconstance | |
| Keiep a copy for your | Topose's signature. If a joint vetant, both must sign. Date: bpose's occupation | | | | | | 1 | 1 | |
| niconta. | 120 | | 1 | | - | | | | - |
| Paid | Pro | porer e | Ovtor | | Cher est | k F | Contra la | ne's 0494 to P104 | |
| Preparer's | | the factor (or | | | | DN . | 1 | | |
| Use Only | 201 | rs il satt-oraziojetti. | | | | Phone m | 1. | 1 | |
| | | | | | | | | | 0.000 |

| (Form 1040) Department of the Te | | (Schedule B is on back | 4 | 6 | 2000 |
|-------------------------------------|------|--|-------------------------|--|--------------------------|
| Internal Playman Barr | Not | | Schedules A&B (Form 104 | the state of the s | Sequence No. 07 |
| hlameisi shown or | Farm | 1040 | 0 | Aon | r social security number |
| Medical | - 22 | Caution. Do not include expenses reimbursed or paid by others. | | | - |
| and Dental | 1 | Medical and dental expenses (see page A-2) | | 100 | |
| Expenses | 3 | Multiply line 2 by 7.5% (.075). | G7 | - | |
| 0.0000000 | 4 | Subtract line 3 from line 1. If line 3 is more than line 1, e | enter -0 | 4 | |
| Taxes You | 5 | State and local income taxes | 5 | | |
| Paid | 6 | Real estate taxes (see page A-5) | 6 | 1 | |
| (See page A-2.) | 7 | Personal property taxes | | | |
| halls in a 1 | D | Coner saxes. Easi type and amount P | 8 | | |
| | 9 | Add lines 5 through 8 | | 9 | |
| Interest | 10 | Home mongage interest and points reported to you on Form 1096 | 10 | 1 | |
| You Paid | 11 | Home mortgage interest not reported to you on Form 1095. If paid | | | |
| (See page A-5.) | | to the person from whom you bought the home, see page A-6 and show that person's name, identifying no., and address > | | | |
| | | and street that because a name, open dire the and earliess | | | |
| Note. | | | 11 | | |
| Personal Interest is not | 12 | Points not reported to you on Form 1098. See page A-6 for special rules | 12 | | |
| deductible. | 13 | Investment interest. Attach Form 4952 if required. (See page A-6.) | 13 | - | |
| | 14 | Add lines 10 through 13 | | 14 | |
| Gifts to Charity | 15 | Gifts by cash or check. If you made any gift of \$250 or more, see page A-7 | 15 | | |
| If you made a gift and got a | 16 | Other than by cash or check. If any gift of \$250 or more, | 16 | | |
| benefit for it, | 17 | see page A-7. You must attach Form 8283 if over \$500 Carryover from prior year | 17 | 1 | |
| see page A-7. | 18 | Add lines 15 through 17 | | 18 | · |
| Casuality and | | Consider as the fillential Attack From 4004 Was and | 4.01 | | |
| Theft Losses | | Casualty or theft loss(es). Attach Form 4684. (See page | A-6.] | 19 | |
| Job Expenses and Certain | 20 | Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ | | | |
| ano certain Miscellaneous | | if required. (See page A-8.) > | 20 | | |
| Deductions | 21 | Tax preparation fees, | 21 | | |
| (See | 22 | Other expenses-investment, safe deposit box, etc. List | | | |
| page A-8.) | | type and amount . | 22 | | |
| | 23 | Add lines 20 through 22 | 23 | 1 | |
| | 24 | Enter amount from To40, line 38 24 | | | |
| | 25 | Multiply line 24 by 2% (.02) | 25 | 1 | |
| | 26 | Subtract line 25 from line 23. If line 25 is more than line | 23, enter -0- | 26 | |
| Other Miscellaneous | 27 | Other-from list on page A-9. List type and amount 🕨 | | | |
| Deductions | | | | 27 | |
| Total Itemized | 28 | Is Form 1040, line 38, over \$150,500 (over \$75,250 if m No. Your deduction is not limited. Add the amounts in | the far right column] | | |
| Deductions | | for lines 4 through 27. Also, enter this amount on Yes. Your deduction may be limited. See page A-9 for the | | 28 | |
| | 29 | If you elect to itemize deduction may be immed, see page A-9 for the If you elect to itemize deductions even though they are less than your stand | | | |
| | | | | | ule A (Form 1040) 2006 |

| Féameini silhiveni pro | Form 1040. Bo not enter name and oocial security number if shows an other ads. | Your sec | ial deciarity m | mb= |
|--|--|---|----------------------------|----------|
| | Schedule B-Interest and Ordinary Dividends | | Attacture to Conserve N | . 08 |
| Part I | 1 List name of payer. If any interest is from a seller-financed martgage and the buyer used the property as a personal residence, see page 8-1 and list this | E | Amount | _ |
| Interest See page 8-1 and the instructions for Form 1040, line Bal | Interest first. Also, show that buyer's social security number and address > | , }6 | | |
| Note, IT you more well a fram 1996-INT, Form 1999-CRD, or substitute statement from a brokenage from, that the form's name as the payer and enter | OANO | | | |
| the total interest shown on that long. | Add the amounts on line 1 Excludable interest on series EE and I U.S. savings bonds issued after 1989 Attach Form 8815 | 2 | | |
| _ | 4 Subtract line 3 from line 2, Enter the result here and on Form 1040, line Ba Note, If line 4 is over \$1,500, you must complete Part III. | 4 | Amount | |
| Part II Ordinary Dividends Ges page B-1 and the methodates for Form 1040, inte Sa.) | Cut name of payer P | | | |
| Note: If you received a Form 1059-DIV or substitute statement from a brokenoge firm, as the form's name as the payer and entor the ordinary discounds shown on that form. | | 5 | | |
| Roomes | 6 Add the amounts on line 5. Enter the total here and on Form 1040, line 3a . Note. If line 6 is over \$1,500, you must complete Part III. You must complete Stis part if you (a) had over \$1,500 of taxable interest or ordinary divider | 6 | not Tash | 11/10 |
| Part III Foreign Accounts and Trusts (Stee page B 21) | a foreign account; or (d) received a distribution from, or were a granter of, or a humafeetr to, 7a At any time during 2006, did you have an interest in or a signature or other authority account in a foreign country, such as a bank account, securities account, or other fin | a tunsign tr over is fina ancial acci | ust. Incial punt? | 1,477.04 |

| (Form 1040) Department of the Te | | (Schedule B is on back | 4 | 6 | Attachment | | | |
|-------------------------------------|-------|--|---|-----|--|--|--|--|
| Internel Playman Barr | Ape . | | Schedules A&B (Form 1040 | - | Sequence No. 07 | | | |
| Namelsi shown or | Farm | 1040 | 0 | You | r social security number | | | |
| Medical | - 25 | Caution. Do not include expenses reimbursed or paid by others. | | 1 | - | | | |
| and Dental | 1 | Medical and dental expenses (see page A-2) | | 100 | 0 | | | |
| Expenses | 3 | Multiply line 2 by 7.5% (.075). | G7 | 1 | | | | |
| 0.0000000 | 4 | Subtract line 3 from line 1. If line 3 is more than line 1, o | enter -0 | 4 | | | | |
| Taxes You | 5 | State and local income taxes | 5 | | | | | |
| Paid | 6 | Real estate taxes (see page A-5) | 6 | - | | | | |
| (See page A-2.) | 7 | Personal property taxes | | | | | | |
| nelle to e it | D | Coner saxes. Elsi typerand amount P | 8 | | | | | |
| | 9 | Add lines 5 through 8 | | 9 | <u> </u> | | | |
| Interest | 10 | Home mortgage interest and points reported to you on Form 1096 | 10 | 1 | | | | |
| You Paid | 11 | Home morigage interest not reported to you on Form 1098. If paid | | | | | | |
| (See page A-5.) | | to the person from whom you bought the name, see page A-6 and show that person's name, identifying no., and address > | | | | | | |
| | | Bio arow mai person a mane, rockwang in, and avoidse P | 1000 | | | | | |
| Note. | | | 11 | | | | | |
| Personal interest is not | 12 | Points not reported to you on Form 1098. See page A-6 for special rules | 12 | | | | | |
| deductible. | 13 | Investment interest. Attach Form 4952 if required. (See page A-6.) | 13 | | | | | |
| 3 | 14 | Add lines 10 through 13 | | 14 | | | | |
| Gifts to Charity | 15 | Gifts by cash or check. If you made any gift of \$250 or more, see page A-7 | 15 | | | | | |
| If you made a gift and got a | 16 | Other than by cash or check. If any gift of \$250 or more, see page A-7. You must attach Form 8283 if over \$500 | 16 | 0 | | | | |
| benefit for it, | 17 | Carryover from prior year | 17 | 1 | | | | |
| see page A-7. | 18 | Add lines 15 through 17 | | 18 | | | | |
| Casuality and Theft Losses | 10 | Casuality or theft lossies). Attach Form 4684. (See page | A.R.I | 19 | | | | |
| | | and the provide the structure of the balance of the descent of the second structure of the structure of the structure. The s | mul + + + + + + + | 19 | | | | |
| Job Expenses and Certain | 20 | Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ | | | | | | |
| Miscellaneous | | if required. (See page A-8.) > | 20 | | | | | |
| Deductions | 21 | Tax preparation fees, , | 21 | | | | | |
| (See page A-8.) | 22 | Other expenses—investment, safe deposit box, etc. List tures and amount b | | | | | | |
| CONSCIENCTION OF | | type and amount ► | 22 | | | | | |
| | 23 | Add lines 20 through 22 | 23 | | | | | |
| | 24 | Enter amount from 1040, line 38 24 | | 1 | | | | |
| | 25 | Multiply line 24 by 2% (.02) | 25 antor -0 | 0.0 | | | | |
| Other | 25 | Other-from list on page A-9. List type and amount > | 20, enter -0. | 26 | | | | |
| Miscellaneous | | sense and has an page or a. Las type and artourt P | | | | | | |
| Deductions | | | | 27 | | | | |
| Total Itemized Deductions | 28 | No. Your deduction is not limited. Add the amounts in | orm 1040, line 38, over \$150,500 (over \$75,250 if married filing separately)? No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 40. | | | | | |
| | 1220 | Yes. Your deduction may be limited. See page A-9 for t | | | | | | |
| | 29 | If you elect to itemize deductions even though they are less than your stand | ard deduction, sheck here 🕨 🔲 | | the second s | | | |

| Tocharcholesi AATT (Por Faarneija) sthijvers pro | form 1040. Bo not enter matter and applied security number if shows an offer eide. | Your secial de | ra Page 2 cartly non-ber |
|---|--|--|-----------------------------|
| | Schedule B-Interest and Ordinary Dividends | An | actorised merce No. 08 |
| Part I Interest | 1 List name of payer. If any interest is from a selier-financed manpage and the buyer used the property as a personal residence, see page 8-5 and list this interest first. Also, show that buyer's social security number and address > | | nount |
| (See page 8-1 and the instructions for Form 1040, line Bal) | 01251 0120 | , 90 | |
| Note, If you more set a form 1096-INT, Form 1099-CRD, or substitute statement from a broketage firm, fait the form's name as the potym and enter | OAN | | |
| the total interest shown on that form | Add the amounts on line 1 Excludable interest on series EE and I U.S. savings bonds issued after 1989 Attach Form 8815 | 2 | |
| _ | 4 Subtract line 3 from line 2, Enter the result here and on Form 1040, line Ba > Note, if line 4 is over \$1,500, you must complete Part III. | 4 Ar | nount |
| Part II Ordinary Dividends Ges page B-1 and the matrixclars for Form 1040, inte Sa.) | | 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 - 11 - 12 - 13 - 14 - 15 - 16 - 17 - 18 - 19 - 10 - 10 - 11 - 12 - 13 - 14 - 15 - 16 - 17 - 18 - 19 - 10 - 10 - 11 - 12 - 13 - 14 | |
| Note: If you recorded a Form 1029-DIV or substitute statement from a bottomous from a norm for form's name as the pager and embe the ordinary discloreds.strown on that form | | 5 | |
| - | Add the amounts on line 5. Enter the total here and on Form 1040, line 3a. Note, if line 6 is over \$1,500, you must complete Part III. You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary divider | 6 | Tracheros |
| Part III Foreign Accounts and Trusts (See page B 2) | a toreign account; or (a) received a distribution from, or were a granter of, or a transferer to, 7a At any time during 2006, did you have an interest in or a signature or other authority account in a foreign country, such as a bank account, securities account, or other fits See page 8-2 for exceptions and filing requirements for Form TD F 90-22 1, b if "Yes," enter the name of the foreign country B Ourino 2006, did you moving a distribution from, or were you the prantor of, or | a torsign trust. over a financia ancial account | |
| | foreign trust? If "Yes," you may have to file Form 3520. See page 8-2 | ichedule II (For | fred land |

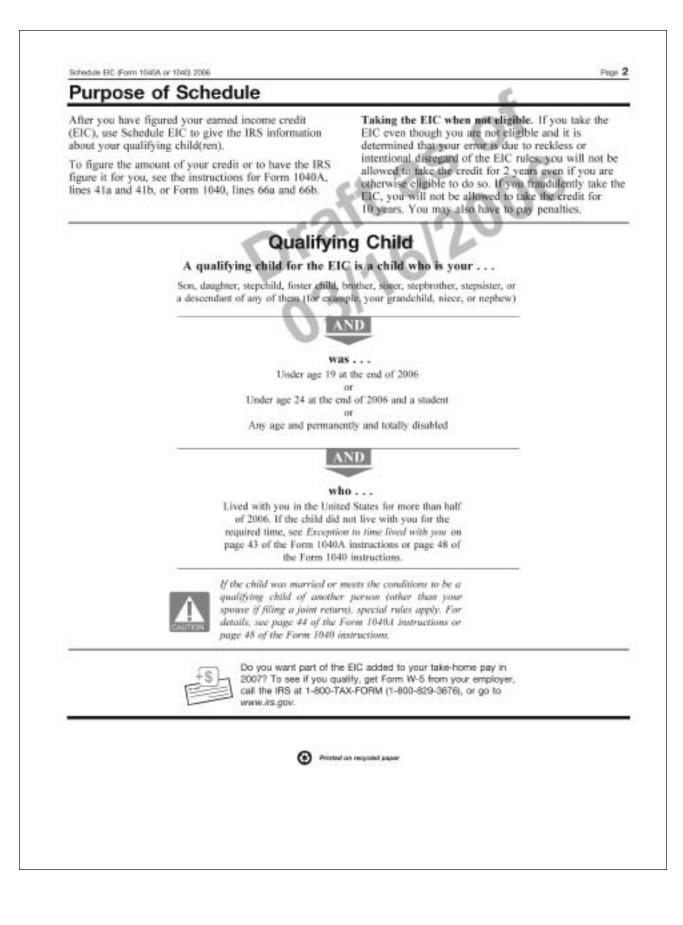
| Dependent Care Benefits Oualifying Person(s) Oualifying Pe | | 2441 | | d Dependent | Form 1040N8 | | 1 | 200 Attachment | 6 |
|--|-----|--|---|---------------------|------------------------------|-----------------|----------|---|------------|
| Effet Persons or Organizations Who Provided the Care—You must complete this pert. If you need more space, use the bottom of page 2.1. It short provement is provided the bottom of page 2.1. It short provement is provided the bottom of page 2.1. It short provement is provided the bottom of page 2.1. It short provement is provided the bottom of page 2.1. It short provement is provided the bottom of page 2.1. It short provement is provided the bottom of page 2.1. It short provement is provided the bottom of page 2.1. It short provement is provided the bottom of page 2.1. It short provement is provided the bottom of page 2.1. It short provement is provided the bottom of page 2.1. It short provement is provided the bottom of page 2.1. It short provement is provided the bottom of page 2.1. It short provement is provided the bottom of page 2.1. It short provement is provided the bottom of page 2.1. It short provement is provided the bottom of page 2.1. Did you receive dependent care benefits? No Complete Part II on the back next. Complete Part II on the back next. Caution. If the care was provided in your home, you may owe employment taxes. See the instructions for Form 1040. Inc 8.1. If care the instructions is the short provement from form is an equilibring page part of \$6,000 for two or more parsons. If you completed Part III, erfort the amount from is 4. If care the short provement is the form is a short provement from is 4. If care the amount from form 1040, inc 8.1. If care the amount from is 4. If care the amount from is 4. If care the amount fr | | Contraction of the local division of the loc | | See separate mat | ructions. | (| 1 | The second | |
| Persons or Organizations Who Provided the Care—You must complete this pert. (If you nead more space, use the bottom of page 2.) It is person or organizations who provided the Care—You must complete this pert. (If Arrest pade persons are particular to a particular to a person or person or persons are persons. The statistical content of the statistical c | Bel | fore you begin: You r | need to understand t | he following terms. | See Defin | tions on pa | ige 1 | of the instruction | 6. |
| (If you need more space, use the bottom of page 2.) 1 (I) Bindpression (II) Bindpression (II) Bindpression (III) Bindpression (IIII) Bindpression (IIIII) Bindpression (IIIIII) Bindpression (IIIIII) Bindpression (IIIII) Bindpression (III | • 0 | ependent Care Ben | efits | Qualifying F | Person(s) | 2 | | Qualified Exp | pense |
| Image: Intersection in the state of the section of the sec | Pa | | | | You must o | complete thi | 9 08 | n. | |
| Idependent care benefits? Yes Complete Part III on the back next. Caution. If the care was provided in your home, you may owe employment taxes. See the instructions for Form 1040, line 62, or For 1040NR, line 57. Part III Credit for Child and Dependent Care Expenses 2 Information about your qualifying person(s). If you have more than two qualifying persons, see the instructions. It Qualifying person (s). If you have more than two qualifying persons, see the instructions. 1 Information about your qualifying person(s). If you have more than two qualifying person is dealer with the second part of the approximation about your qualifying person (s). If you have more than \$3,000 for one qualifying person as the instructions. 3 Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person of \$6,000 for two or more persons. If you completed Part III, enter the amount from ine 3. 4 Enter your earned income. See instructions 4 5 If married ling jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions; all others, enter the amount from line 7. 4 6 Enter on line 8 the decimal amount shown below that applies to the amount on line 7. 6 7 Enter the amount from Form 1040, line 34, or 5 7 8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7. 8 9 Multiply ine 6 by the decimal amou | 1 | (a) Care provider's | | (b) Address | codel | | | | |
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| 7 Enter the amount from Form 1040, line 38, or Form 1040NR, line 38 Image: Constraint of the second of the se | 2 | | | | nt from line 4 | - 20262- | | | |
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| 11 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 | 10 | | | | | | | | |
| | | | | | out the first section of the | | 10 | | - |
| Here and on putter 1040, the 46, of Porter 1040 MP, the 40 | 11 | | | | ner of line 9 | or line 10 | 11 | | |

| | att (200) | _ | | Page 2 |
|-----|--|----|----------|--------|
| | III Dependent Care Benefits | - | <u>6</u> | |
| | Enter the total amount of dependent care benefits you received in 2006. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Do not include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole. | | 1 | |
| | proprietorship or partnership | 12 | 1.25 | |
| 3 1 | Enter the amount, if any, you carried over from 2005 and used in 2006 during the grace period. See instructions | 13 | -6 | |
| | Enter the amount, if any, you forfeited or carried forward to 2007. See instructions | 14 | | 1 |
| | Combine lines 12 through 14. See instructions | 15 | | - |
| - | Enter the total amount of qualified expenses incurred in 2006 for the care of the qualifying person(s) 16 | | | |
| 7 1 | Enter the smaller of line 15 or 16 | | | |
| 8 1 | Enter your earned income. See instructions . 18 | | | |
| | Enter the amount shown below that applies to you. | | | |
| | If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5). | | | |
| | If married filing separately, see the instructions for the amount to enter, All others, enter the amount from line 18, | | | |
| 98. | Enter the smallest of line 17, 18, or 19 | | | |
| | Enter the amount from line 12 that you received from your sole proprietorship or partnership. If you did not receive any such amounts, enter -0- | 21 | | |
| 2 1 | Subtract line 21 from line 15 | | | |
| | Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19) | 23 | | |
|) | Deductible benefits, Enter the smallest of line 20, 21, or 23. Also, include this amount on the appropriate line(s) of your return. See instructions | 24 | | - |
| | Enter the smaller of line 20 or 23 | | | |
| | Enter the amount from line 24 | | | |
| | Excluded benefits. Subtract line 26 from line 25. If zero or less, enter -0- | 27 | | - |
| | Taxable benefits. Subtract line 27 from line 22. If zero or less, enter -0 Also, include this amount on Form 1040, line 7, or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7, or Form 1040NR, line 8, enter "DCB". | 28 | | |
| _ | | | | - |
| | To claim the child and dependent care credit, complete lines 29-33 below. | | | |
| 9 | Enter \$3,000 (\$6,000 if two or more qualifying persons) | 29 | | |
| | Add lines 24 and 27 | 30 | | |
| 1 | Subtract line 30 from line 29. If zero or less, stop. You cannot take the oredit. Exception. If you paid 2006 expenses in 2006, see the instructions for line 9 | 31 | | |
| | Complete line 2 on the front of this form. Do not include in column (c) any benefits shown | 32 | | |
| | on line 30 above. Then, add the amounts in column (c) and enter the total here Enter the smaller of line 31 or 32. Also, enter this amount on line 3 on the front of this | | | |

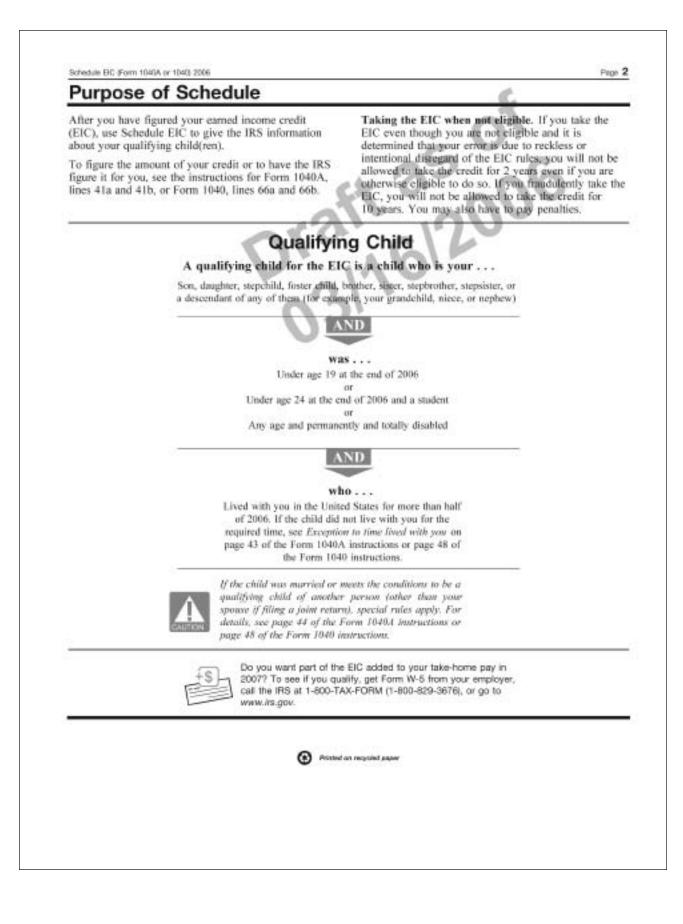
| | there is the Treasury | | ttach to Form 1040 or | | | 2006 Attachment Sequence No. 2 |
|-----|--|---|--|--|-----------------------|---|
| | ets) shown on Form 1040 | | | | O | Your social security number |
| Bel | fore you begin: You r | need to understand t | he following terms. | See Definitions o | n page | 1 of the instructions. |
| • 0 | Dependent Care Ben | ofits | Qualifying F | erson(s) | | Qualified Expens |
| Pa | | ganizations Who Pro | | You must complet | e this pe | n. V |
| 1 | (a) Care provider's name | (tumber, street, a | (b) Address pt. nd., c.tp. state, and 204 | | nthra nur SN ac SM | nter (d) Arreart paid |
| | | | 10 | ANG | ø | |
| - | | | 1.4 | | | |
| _ | | | | 1.101.00.1 | | |
| | | | No - | Complete | only Part | Il below. |
| | | dent care benefits? | Yes - | | | n the back next. |
| ~ | tion if the care was pro- | ided in user borns unu | 0 | | | or Form 1040, line 62, or Fo |
| 104 | ONR, line 57. | vided in your nome, you | may owe employme | it taxes. See the instr | uctions it | y Form Toyo, ine 62, or Fi |
| Pa | rt II Credit for Chil | d and Dependent C | are Expenses | | | |
| 2 | the second statement when the second statement with the second statement of the se | qualifying person(s). | If you have more the | 1 | | the instructions. It Quelfied expenses you |
| _ | First | Qualifying person's name | Last | (b) Qualitying person security number | | incurred and paid in 2006 for th person listed in column (a) |
| | | | | | | |
| | | | | 1 1 | | |
| - | | | | | 1.1 | |
| 3 | Add the amounts in co person or \$6,000 for ty | vo ar more persons. If y | | | | |
| | | · · · · · · · · · · | | | , 3 | |
| 4 | Enter your earned inc | | | | . 4 | |
| 5 | | enter your spouse's es he instructions); all oth | | | 5 | |
| 6 | Enter the smallest of | | | CROBER TOTOTON | 6 | |
| 7 | | n Form 1040, line 38, | or Form | | | |
| 8 | 1040NR, line 36 Enter on line 8 the dec | | | he amount on line 7 | - | |
| | If line 7 is: | | If line 7 is: | | | |
| | Over over | Decimal amount is | Over over | not Decimal amount is | | |
| | \$0-15,000 | .35 | \$29,000-31,0 | | | |
| | 15,000-17,000 | .34 | 31,000-33,0 | 00 .26 | 6. 17 | |
| | 17.000-19,000 | .33 | 33,000-35,0 | | 8 | X. |
| | 18.000-21.000 | .32 | 35.000-37.0 | | | |
| | 21,000-23,000 23,000-25,000 | .31 .30 | 37,000-39,0 39,000-41,0 | | | |
| | 25,00027,000 | .30 | 41,000-43,0 | 7.5.J | | |
| | 27,000-29,000 | .28 | 43,000—No i | | | |
| 9 | | decimal amount on line | | | | |
| 10 | Enter the amount from | Form 1040, line 46, m | ninus any amount on | Form 1040, line 47, | or | |
| 11 | Credit for child and | minus any amount on dependent care expenses | nses. Enter the sma | | | |
| | here and on Form 104 | 0, line 48, or Form 104 | ONR, line 45 | and the state of the | . 11 | |

| | att (200) | _ | | Page 2 |
|------|--|----|----------|--------|
| | III Dependent Care Benefits | - | <u>6</u> | |
| | Enter the total amount of dependent care benefits you received in 2006. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Do not include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole. | | 1 | |
| | proprietorship or partnership | 12 | 1.25 | |
| 3 1 | Enter the amount, if any, you carried over from 2005 and used in 2006 during the grace period. See instructions | 13 | -6 | |
| | Enter the amount, if any, you forfeited or carried forward to 2007. See instructions | 14 | | 1 |
| | Combine lines 12 through 14. See instructions | 15 | | - |
| - | Enter the total amount of qualified expenses incurred in 2006 for the care of the qualifying person(s) 16 | | | |
| 7 1 | Enter the smaller of line 15 or 16 | | | |
| 8 1 | Enter your earned income. See instructions . 18 | | | |
| | Enter the amount shown below that applies to you. | | | |
| | If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5). | | | |
| | If married filing separately, see the instructions for the amount to enter, All others, enter the amount from line 18, | | | |
| 28.2 | Enter the smallest of line 17, 18, or 19 | | | |
| | Enter the amount from line 12 that you received from your sole proprietorship or partnership. If you did not receive any such amounts, enter -0- | 21 | | |
| 2 1 | Subtract line 21 from line 15 | | | |
| | Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19) | 23 | | |
| | Deductible benefits, Enter the smallest of line 20, 21, or 23. Also, include this amount on the appropriate line(s) of your return. See instructions | 24 | | - |
| | Enter the smaller of line 20 or 23 | | | |
| | Enter the amount from line 24 | | | |
| | Excluded benefits. Subtract line 26 from line 25. If zero or less, enter -0- | 27 | | - |
| | Taxable benefits. Subtract line 27 from line 22. If zero or less, enter -0 Also, include this amount on Form 1040, line 7, or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7, or Form 1040NR, line 8, enter "DCB". | 28 | | |
| _ | | | | - |
| | To claim the child and dependent care credit, complete lines 29-33 below. | | | |
| 9 | Enter \$3,000 (\$6,000 if two or more qualifying persons) | 29 | | |
| | Add lines 24 and 27 | 30 | | |
| 1 | Subtract line 30 from line 29. If zero or less, stop. You cannot take the oredit. Exception. If you paid 2006 expenses in 2006, see the instructions for line 9 | 31 | | |
| | Complete line 2 on the front of this form. Do not include in column (c) any benefits shown | 32 | | |
| | on line 30 above. Then, add the amounts in column (c) and enter the total here Enter the smaller of line 31 or 32. Also, enter this amount on line 3 on the front of this | | | |

| SCHEDULE EIC (Form 1040A or 1040) | Earned In Qualifying Chi | | 10408 | 50 | ୦MB No. 1545-0074 ଡିଲିମିନ |
|---|--|---------------------------------------|--|---------------------------------------|--|
| Department of the Treasury | | e and attach to F | orm 10404 or 1040 | EIC | Attachment 42 |
| Internal Revenue Service (55) Nametal) shown on return | 0.0000000 | anly if you hav | e a qualifying child. | | Sequence No. 43 or eocial security number |
| | Con the instructions f | | lines 41a and 41b, or | Free 1010 Free 6 | |
| | | | the EfC, and (b) yo | | |
| If you take the El to 10 years. See | IC even though yo back of schedule | | ble, you may not b | e allowed to tak | e the credit for up |
| It will take us lon for each gualifying | ger to process yo | 200 | ssue your retund it | you do not fill | n all lines that app |
| Be sure the child social security of EIC. If the name | I's name on line 1 ard. Otherwise, at | the time we p ild's social set | curity number ISSN rocess your return, curity card is not co | we may reduce | or disallow your |
| Qualifying Child Infor | mation | 121 | hild 1 | | Child 2 |
| Child's name If you have more than two qualify only have to list two to get the ma | | Entrans | Last name | First name | Last nome |
| 2 Child's SSN The child must have an SSN as de of the Form 1040A instructions or Form 1040 instructions unless the died in 2006. If your child was bo and did not have an SSN, enter "I and attach a copy of the child's bi | r page 48 of the child was born and im and died in 2006. Died" on this line | | | | |
| 3 Child's year of birth | | Year If horn after and 4b, go b | 1987, skip linex 4a | Year If horn after and 4h; go t | 1987, skip lines 4a |
| 4 If the child was born be a Was the child under age 24 at the student? | | Go to line 5. | No. | Go to flag 5. | No. |
| b Was the child permanently and to any part of 2006? | tally disabled during | Ves. | No. The child is not a qualifying child. | Continue, | No. The child is not a qualifying child. |
| 5 Child's relationship to y (for example, son, daughter, grand niece, nephew, foster child, etc.) | | | | | |
| 6 Number of months chil you in the United States | | | | | |
| If the child lived with you for r 2006 but less than 7 months, er | | | | | |
| If the child was born or died in borne was the child's home for or she was alive during 2006, e | the entire time he | Do not enter v | nore than 12 months | Do not enter i | months |
| | | | f your child (a) was u he instructions for line | | |
| For Paperwork Reduction Act Noti | ice, see Form 1040A | Cat. | No. 13339M | Schedule EIC (Fo | orm 1040A or 1040j 20 |



| SCHEDULE EIC (Form 1040A or 1040) | Earned In Qualifying Chi | | 10408 | 50 | ୦MB No. 1545-0074 ଡିଲିମିନ |
|---|--|---------------------------------------|--|---------------------------------------|--|
| Department of the Treasury | | e and attach to F | orm 10404 or 1040 | EIC | Attachment 42 |
| Internal Revenue Service (55) Nametal) shown on return | 0.0000000 | anly if you hav | e a qualifying child. | | Sequence No. 43 or eocial security number |
| | Con the instructions f | | lines 41a and 41b, or | Free 1010 Free 6 | |
| | | | the EfC, and (b) yo | | |
| If you take the El to 10 years. See | IC even though yo back of schedule | | ble, you may not b | e allowed to tak | e the credit for up |
| It will take us lon for each gualifying | ger to process yo | 200 | ssue your retund it | you do not fill | n all lines that app |
| Be sure the child social security of EIC. If the name | I's name on line 1 ard. Otherwise, at | the time we p ild's social set | curity number ISSN rocess your return, curity card is not co | we may reduce | or disallow your |
| Qualifying Child Infor | mation | 121 | hild 1 | | Child 2 |
| Child's name If you have more than two qualify only have to list two to get the ma | | Entrans | Last name | First name | Last nome |
| 2 Child's SSN The child must have an SSN as de of the Form 1040A instructions or Form 1040 instructions unless the died in 2006. If your child was bo and did not have an SSN, enter "I and attach a copy of the child's bi | r page 48 of the child was born and im and died in 2006. Died" on this line | | | | |
| 3 Child's year of birth | | Year If horn after and 4b, go b | 1987, skip linex 4a | Year If horn after and 4h; go t | 1987, skip lines 4a |
| 4 If the child was born be a Was the child under age 24 at the student? | | Go to line 5. | No. | Go to flag 5. | No. |
| b Was the child permanently and to any part of 2006? | tally disabled during | Ves. | No. The child is not a qualifying child. | Continue, | No. The child is not a qualifying child. |
| 5 Child's relationship to y (for example, son, daughter, grand niece, nephew, foster child, etc.) | | | | | |
| 6 Number of months chil you in the United States | | | | | |
| If the child lived with you for r 2006 but less than 7 months, er | | | | | |
| If the child was born or died in borne was the child's home for or she was alive during 2006, e | the entire time he | Do not enter v | nore than 12 months | Do not enter i | months |
| | | | f your child (a) was u he instructions for line | | |
| For Paperwork Reduction Act Noti | ice, see Form 1040A | Cat. | No. 13339M | Schedule EIC (Fo | orm 1040A or 1040j 20 |



F-18 Blank Forms

| Before you begi | n: |
|---|---|
| Part 1 | 1. Enter your samed income from Step 5 on page 47. |
| All Filers Using Worksheet A | Look up the amount on line 1 above in the EIC Table on pages 52–58 to find the credit. Be sure you use the correct column for your filing status and the number of children you have. Enter the credit here. If line 2 is zero, You cannot take the credit. Put "No" on the dotted line uset to line file. |
| | 3. Enter the amount from Form 1040, line 38. |
| | 4. Are the amounts on lines 3 and 1 the same? Yes. Skip line 5; enter the amount from line 2 on line 6. No. Go to line 5. |
| Filers Who Answered "No" on Line 4 | 5. If you have No qualifying children, is the amount on line 3 less than 56,750 (\$8,750 if married filing jointly)? 1 or more qualifying children, is the amount on line 3 less than \$14,850 (\$16,850 if married filing jointly)? Yes. Leave line 5 blank; enter the amount from line 2 on line 6. No. Look up the amount on line 3 in the EIC Table on pages 52–58 to find the credit. Be sure you use the correct column for your filing status and the number of children you have. Enter the credit here. Look at the amount on fines 5 and 2. Then, enter the smaller amount on line 6. |
| Part 3 Your Earned | 6. This is your earned income credit. |
| Income Credit | Reminder— If you have a qualifying child, complete and attach Schedule EIC. |
| | // your EIC for a year after 1995 was reduced or disallowed, see page 48 to find out if you must file Form 8862 to take the credit for 2006. |

Form 1040-Lines 66a and 66b

Keep for Your

Worksheet B—Earned Income Credit (EIC)—Lines 66a and 66b

| | in the second se |
|---------|--|
| | 1007 |
| D | BP44 |
| Records | 8-46 |
| | 1.00 |

Use this worksheet if you answered "Yes" to Step 5, question 3, on page 47.

✓ Complete the parts below (Parts 1 through 3) that apply to you. Then, continue to Part 4.

If you are married filing a joint return, include your spouse's amounts, if any, with yours to figure the amounts to enter in Parts 1 through 3.

| Part 1 | Ia. Enter the amount from Schedule SE, Section A, line 3, or Section B, line 3, whichever applies. | | 1a | |
|--|--|------------------------|---|----------------------------|
| Self-Employed, Members of the | h. Enter any amount from Schedule SE, Section B, line 4b, and line 5a. | + | 1Ь | |
| Clergy, and | e. Combine lines Ia and Ib. | - | te | |
| People With Church Employee | d. Enter the amount from Schedule SE, Section A, line 6, or Section B, line 13, whichever applies. | - | 14 | |
| Income Filing Schedule SE | e. Subtract line 1d from 1c. | 3 | le | |
| Part 2 Self-Employed | Do not include on these lines any statutory employee income, any net prof as a notary public, or any amount exempt from self-employment tax as the approval of Form 4029 or Form 4361. | St fix | om services ilt of the fi | performed ling and |
| NOT Required To File | a. Enter any net farm profit or (loss) from Schedule F, line 36, and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A*. | | 2.a | |
| Schedule SE For example, year not samings from self-employment were less than \$400. | b. Enter my net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1055-B), box 9, code K1*. | + | 210 | |
| | e. Combine lines 2a and 2b. | 1 | 20 | |
| The set and prove | *Reduce any Schedule K-1 amounts by any partnership section 179 expens | | | |
| Part 3 Statutory Employees | unreimbursed partnership expenses claimed, and depletion claimed on oil a have any Schedule K-1 amounts, complete the appropriate line(s) of Sched name and social security number on Schedule SE and attach it to your retuined. Enter the amount from Schedule C, line 1, or Schedule C-EZ, line 1, that | ind g hale 5 | as properti SE, Section | ies. If you |
| Part 3 Statutory Employees Filing Schedule | unreimbursed partnership expenses claimed, and depletion claimed on oil a have any Schedule K-1 amounts, complete the appropriate line(s) of Sched name and social security number on Schedule SE and attach it to your retu- | ind g hale 5 | as propriti | ies. If you |
| Part 3 Statutory Employees Filing Schedule C or C-EZ | unreimbursed partnership expenses claimed, and depletion claimed on oil a have any Schedule K-1 amounts, complete the appropriate line(s) of Sched name and social security number on Schedule SE and attach it to your retuined. Enter the amount from Schedule C, line 1, or Schedule C-EZ, line 1, that | ind g hale 5 | as properti SE, Section | ies. If you |
| Pert 3 Statutory Employees Filing Schedule C or C-EZ Part 4 All Filers Using Worksheet B | Unreimbursid partnership expenses claimed, and depletion claimed on oil a bave any Schedule K-1 amounts, complete the appropriate line(s) of Sched name and social security number on Schedule SE and attach it to your retuined. Enter the amount from Schedule C, line 1, or Schedule C-EZ, line 1, that you are filing as a statutory employee. | ind g hale 5 | as properti SE, Section | ies. If you |
| Part 3 Statutory Employees Filing Schedule C or C-EZ Part 4 All Filers Using | unreimbursed partnership expenses claimed, and depletion claimed on oil a have any Schedule K-1 amounts, complete the appropriate line(s) of Schedule rame and social security number on Schedule SE and attach it to your retuined. Enter the amount from Schedule C, line 1, or Schedule C-EZ, line 1, that you are filing as a statutory employee. Enter your earned income from Step 5 on page 47. | und g hale 5 en. | as properti SE, Section 3 4a 4b | es, lf you 1 A. Pat you |

| Part 5 All Filers Using Worksheet B | 6. Enter your notal earned income from Part 4, line 4b, on page 50. 7. Look up the amount on line 6 above in the EIC Table on pages 52–58 to find the credit. Be sure you use the correct column for your filing status and the number of children you have. Enter the credit here, If line 7 is zero, You cannot take the credit. Put "No" on the dotted line stept to line fete. |
|---|---|
| | Enter the amount from Form 1040, line 38. Are the amounts on lines 8 and 6 the same? Yes. Skip line 10; enter the amount from line 7 on line 11. No. Get to line 10. |
| Part 6 Filers Who Answered "No" on Line 9 | 10. If you have: No qualifying children, is the amount on line 8 less than \$6,750 (\$8,759 if married filing jointly)? I or more qualifying children, is the amount on line 8 less than \$14,850 (\$16,850 if married filing jointly)? Yes. Leave line 10 blank; enter the amount from line 7 on line 11. No. Look up the amount on line 8 in the EIC Table on pages 52–58 to find the credit. Be sure you use the correct column for your filing status and the number of children you have. Enter the credit here. Look of the amounts on lines 10 and 7. Then, enter the smaller amount an line 11. |
| Part 7 Your Earned Income Credit | 11. This is your earned income credit. Reminder— ✓ If you have a qualifying child, complete and attach Schedale EDC. |
| | If your EIC for a year after 1996 was reduced or disallowed, see page 48 to find out if you must file Form 8862 to take the credit for 2006. |

Form 1040-Line 53

| Line 53—Child Tax Credit Three Steps To Take the Child Tax Credit! Step 1. Make sure you have a qualifying child for the child tax credit (see the instructions for line 5c). Step 2. Make sure that for each qualifying child you either checked the box on Form 1040, line 5c, column (4), or completed Form 8901 (if the child is not your dependent). Step 3. Answer the questions on this page to see if you can use the worksheet on page 43 to figure your credit or if you must use Pab. 972. If you need Pub. 972, see page 7. | Are you claiming any of the following credits? Residential energy efficient property credit, Form 5695, Part II. Adoption credit, Form 8809. Morigage interest credit, Form 8396. District af Calambia first-time homebuyer credit, Form 8859. Yes: or you must use Pub. 972 to figure your child tax credit. You will also need the form you will also need the form form(s) listed above for any credit(s) you are channing. Are you excluding income from Poeno Rico or are you filing any of the following forms? |
|---|---|
| Questions Who Must Use Pub. 972 | Form 2555 or 2555-EZ (relating to foreign earned income) Form 4563 (exclusion of income for residents of American Samou). |
| 1. In the amount on Form 1040, line 38, more than the amount shown below for your filing stams? Married filing jointly - \$110,000 Single, head of boosehold, or qualifying widew(ar) - \$75,000 Married filing separately - \$55,000 Yes more than the Pub. 972 to figure your credit. | □ Yee You must use Pub. 272 to figure your craft. |
| Need more information or forms? See page 7 4 | 2 - |

| | redit Worksheet-Line 53 | Keep for Your Records |
|-------------|---|--|
| | | |
| A of | be a qualifying child for the child tux credit, the child must be under age 17 at th 2006 and meet the other requirements listed on page 19. | |
| enuico • De | not use this worksheet if you answered "Yes" to question 1, 2, or 3 on page 41. In | |
| | Number of qualifying children: = \$1,000. Enter the result. | 1 |
| | 2. Enter the amount from Form 1040, line 46. | |
| | 3. Add the amounts from Form 1040: | |
| | Line 47 | |
| | Line 48 + | |
| | Line 49 + | |
| | Line 50 + | |
| | Line 51 + Line 52 + Enter the total. | 2 |
| | | |
| | Are the amounts on lines 2 and 3 the same? Yee. STOP | |
| | You cannot take this credit because there is no tax to reduce. However, you may be able to take the | |
| | additional child tax credit. See the TIP below, | 4 |
| | No. Subtract line 3 from line 2. | 1 |
| | 5. Is the amount on line 1 more than the amount on line 4? | |
| | Also, you may be able to take the | |
| | additional child tax credit. See the Tilb below. | 5 |
| | No. Enter the amount from line 1. | Timer this amount on Firem 1940, ling 53. |
| | | |
| | You may be able to take the additional child tax or on Form 1040, line 68, if you answered "Yes" on line | |
| | Ine 5 above. | |
| | First, complete your Form 1040 through line 67. | |
| | Then, use Form 8812 to figure any additional chill | d tax |

Form 1040-Line 53

| Line 53—Child Tax Credit Three Steps To Take the Child Tax Credit! Step 1. Make sure you have a qualifying child for the child tax credit (see the instructions for line 5c). Step 2. Make sure that for each qualifying child you ether checked the box on Form 1040, line 5c, column (4), or completed Form 8001 (if the child is not your dependent). Step 3. Answer the questions on this page to see if you can use the worksheet on page 43 to figure your credit or if you must use Pab. 972. If you need Pub. 972, see page 7. | Are you claiming any of the following credit? Residential energy officient property credit, Form 5695, Part II. Adoption credit, Form 8819. Mortgage interest credit, Form 8396. District of Columbia first-time homebuyer credit, Form 8559. Yes rep INO. Continue Yes must use Pub. 972 to figure your shift fax credit, You will also need the form(s) listed above for any credit(s) you are claiming. Are you excluding income from Poeno Rico or are you filling my of the following form? Form 2555 or 2555-EZ (pating to foreign earned) |
|--|---|
| Questions Who Must Use Pub. 972 | income). • Form 4563 (exclusion of income for residents of American Samou). |
| In the amount on Form (040, line 38, more than the amount shown below for your filing stams? Married filing jointly - \$110,000 Single, head of boosehold, or qualifying widew(ar) - \$75,000 Married filing sepannely - \$55,000 Yes m line sepannely - \$55,000 You must use Pub. 972 to figure your credit. | Yes You must use Pub. 372 to figure your crofit. |
| Need more information or forms? See page 7 4 | 2 - |

| | redit Worksheet-Line 53 | Keep for Your Records |
|-------------|---|--|
| | | |
| A of | be a qualifying child for the child tux credit, the child must be under age 17 at th 2006 and meet the other requirements listed on page 19. | |
| enuico • De | not use this worksheet if you answered "Yes" to question 1, 2, or 3 on page 41. In | |
| | Number of qualifying children: = \$1,000. Enter the result. | 1 |
| | 2. Enter the amount from Form 1040, line 46. | |
| | 3. Add the amounts from Form 1040: | |
| | Line 47 | |
| | Line 48 + | |
| | Line 49 + | |
| | Line 50 + | |
| | Line 51 + Line 52 + Enter the total. | 2 |
| | | |
| | Are the amounts on lines 2 and 3 the same? Yee. STOP | |
| | You cannot take this credit because there is no tax to reduce. However, you may be able to take the | |
| | additional child tax credit. See the TIP below, | 4 |
| | No. Subtract line 3 from line 2. | • |
| | 5. Is the amount on line 1 more than the amount on line 4? | |
| | Also, you may be able to take the | |
| | additional child tax credit. See the Tilb below. | 5 |
| | No. Enter the amount from line 1. | Timer this amount on Firem 1940, ling 53. |
| | | |
| | You may be able to take the additional child tax or on Form 1040, line 68, if you answered "Yes" on line | |
| | Ine 5 above. | |
| | First, complete your Form 1040 through line 67. | |
| | Then, use Form 8812 to figure any additional chill | d tax |

| | rm 1040) | (Sole Partnerships, joint ventur | t From Business Proprietorship) vis, etc., must file Form 1065 r 1041, See instructions o | | Attac | 200 | 5 |
|--------------------|---|---|--|---|--|---|----------------------|
| | a of proprietor | Attach to Farm Toric at | Filen, Filee instructions o | and the second se | al security nur | | |
| Pa | General l | nformation | 09 |) | C | | |
| Sch Inst Sch | May Use edule C-EZ ead of edule C y If You: | Had business expenses of \$5,000 or less. Use the cash method of accounting Did not have an inventory at any time during the year. Did not have a net loss from your business. Had only one business as either a sole proprietor or statutory employee. | And You: | Had no emplo- Ani not niques Deprectation a this bisiness. for Sofredule C Or4 for find out Do not deduct business use of passive activity business. | Id to file Form not Amortizati See the instru- 3, line 13, on t if you must appendes for al your home. nor year unail | n 4562, on. for colons page file. | |
| A | Principal business o | r profession, including product or service | | в | Enter code fram | pages C-8, 1 | 9. 6 10 |
| c | Business name. If n | o separate business name, leave blank. | | D | Employer ID as | mber (EIN |), if any |
| E | Business address (in | icluding suite or room no.). Address not n | equired if same as on Form 10 | 40, page 1. | | | |
| | City, town or post of | flice, state, and ZIP code | | | | | |
| 1 | employee" box on Schedule C, line 1 Total expenses (s | aution. If this income was reported to that form was checked, see Statuto , on page C-3 and check here , ee instructions). If more than \$5,000 | y Employees in the instruct | tions for · · · ► □ | 1 | | |
| 3 | Form 1040, line 1 | ct line 2 from line 1. If less than zer 2, and also on Schedule SE, line 2. ule SE, line 2. Estates and trusts, ent | (Statutory employees do no | | 3 | | |
| Pa | rt III Informatio | on on Your Vehicle. Complete this | s part only if you are clain | ning car or tru | ick expense | es on lir | ne 2. |
| | When did you play | ce your vehicle in service for busines | is purposes? (month, day, y | ear) ►!. | t | | |
| 4 | Of the total number | er of milles you drove your vehicle du | ring 2006, enter the numbe | r of miles you i | used your vi | shicle for | R |
| 4 5 | | b Commuting [see inst | (nuclines) | c Other | | | |
| 4 5 # | Business | | | | | Mag 1 | No 1 |
| 4 5 8 | | oouse) have another vehicle available | | | 🗆 | Tes | |
| | Do you (or your ap | | for personal use? | | | |] No |
| * 6 7 | Do you (or your sp Was your vehicle : | pouse) have another vehicle available | tor personal use? | + + + + + | 🗆 | Yes | |
| # 6 7 8a | Do you (or your sp Was your vehicle : | pouse) have another vehicle available available for personal use during off- ence to support your deduction? | tor personal use? | | | Yes [| - No - No - No |

Schedule C-EZ (Form 1040) 2008

Instructions

You can use Schedule C-EZ instead of Schedule C if you operated a business or practiced a profession as a sole proprietorship or you were a statutory employee and you have met all the requirements listed in Schedule C-EZ, Part I.

Line A

Describe the business or professional activity that provided your principal source of income reported on line 1. Give the general field or activity and the type of product or service.

Line B

Enter the six-digit code that identifies your principal business or professional activity. See pages C-8 through C-10 of the Instructions for Schedule C for the list of codes.

Line D

You need an employer identification number (EIN) only if you had a qualified retirement plan or were required to file an employment, excise, estate, trust, or alcohol, tobacco, and firsams tax return. If you need an EIN, see the instructions for Form SS-4. If you do not have an EIN, leave line D blank, Do not enter your SSN.

Line E

Enter your business address. Show a street address instead of a box number. Include the suite or room number, if any.

Line 1

Enter gross receipts from your trade or business. Include amounts you received in your trade or business that were properly shown on Forms 1099-MISC. If the total amounts that were reported in box 7 of Forms 1099-MISC are more than the total you are reporting on line 1, attach a statement explaining the difference. You must show all items of taxable income actually or constructively received during the year (in cash, property, or services). Income is constructively received when it is credited to your account or set aside for you to use. Do not offset this amount by any losses.

Line 2

Enter the total amount of all deductible business expenses you actually paid during the year. Examples of these expenses include advertising, car and truck expenses, commissions and fees, insurance, interest, legal and professional services, office expense, rent or lease expenses, repairs and maintanance, supplies, taxes, travel, the allowable percentage of business meals and entertainment, and utilities (including telephone). For details, see the instructions for Schedule C, Parts II and V, on pages C-3 through C-7. If you wish, you can use the optional worksheet below to record your expenses. Enter on lines b through g the type and amount of expenses not included on line a.

If you claim car or truck expenses, be sure to complete Schedule C-EZ. Part III.

Line 5b 🌌

Generally, commuting is travel between your home and a work location. If you converted your vehicle during the year from personal to business use (or vice verse), enter your commuting miles only for the period you drove your vehicle for business. For information on certain travel that is considered a business expense rather than commuting, see the Instructions for Form 2106.

Paperwork Reduction Act Notice. We ask for the

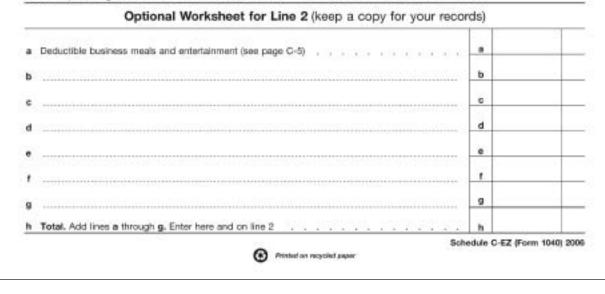
Information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Internal Revenue Code section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated burden for individual taxpayers filing this form is included in the estimates shown in the instructions for their individual income tax return. The estimated burden for all other taxpayers who file this form is approved under OWB control number 1545-1973 and is shown below.

| Recordkeeping | | | | | | , 45 min. |
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| Preparing the form. | | | 4 | 4 | 42 | . 35 min. |
| Copying, assembling, and sending the form to | | | | | | |
| If you have comments time estimates or sugges | | | | | | |

we would be happy to hear from you. See the instructions for ent, the tax return with which this form is filed.



| Department of | Form 1040) Attach to Form 1040. See Instructions for Schedule D (Form 1040) | | | | | | | |)6 |
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| Pa | rt III | Summary 🔍 | | | |
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| 16 | | ion lines 7 and 15 and enter the result. If this 16 is a loss, skip lines 17 through 20, and line 21. If a gain, enter the gain on Form 1040, line 13, and then go to line 17 below | 16 | | _ |
| 17 | T Ye | es 15 and 16 both gains? S. Go to kne 18. Skip knes 18 through 21, and go to kne 22. | | Ô | |
| 18 | | the amount, if any, from line 7 of the 28% Rate Gain Worksheet on page 0-7 of the store | 18 | | |
| 19 | | the amount, if any, from the Till of the University Section 1259 Gain Worksheet on D-8 of the instructions | 19 | | _ |
| 20 | Ve Ca | es 18 and 19 both zero or blank? is, Complete Form 1040 through line 45, and then complete the Qualified Dividends and ipital Gain Tax Worksheet on page 38 of the instructions for Form 1040. Do not complete es 21 and 22 below. | | | |
| | | a. Complete Form 1040 through line 43, and then complete the Schedule D Tax Worksheet page D-9 of the instructions. Do not complete lines 21 and 22 below. | | | |
| 21 | If fine | 16 is a loss, enter here and on Form 1040, line 13, the smaller of: | _ | | |
| | | loss on line 16 or 000), or if married filing separately, (\$1,500) | 21 | (| |
| | Note. | When figuring which amount is smaller, treat both amounts as positive numbers. | | | |
| 22 | U Ye | o have qualified dividends on Form 1040, line 967 s. Complete Form 1040 through line 43, and then complete the Qualified Dividends and pital Gain Tax Worksheet on page 38 of the instructions for Form 1049. | | | |
| | D No | . Complete the rest of Form 1040. | | | |
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| hepin | rm 1040) theat of the Treasury of Provension Service (SS) > Attach to Form | (From S co | plemental rental real est rporations, est 040MR or Form 304 | ate, | royalties, trusts, | s, partners REMICs, o | hips, | Attachment Sequence No. 13 | | | |
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| | Schedule C or C-EZ (see page | E-3). | Report farm rental | inco | me or los | a hom Furn | 4835 on page 2, | ine 40. | | | - |
| 1 | List the type and location of each | rental | real estate pro | pert | y: | | ch rental real estat on line 1, did you p | | | Yes | No |
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| 2 | | 1 | 10 | | - | (See p | age E-3.) | 11 Q 2 | C | | |
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| | benses: Advertising | 5 | | - | | | | | | | |
| | Auto and travel (see page E-4). | 6 | | | | | - | | | | |
| 7 | | 7 | | | | | | | | | |
| | Commissions | 8 | | | | | | | | | |
| | Insurance | 9 | | | | | | | | | |
| | Legal and other professional fees | 10 | - | - | | | | | | | |
| 11 | Management fees | 11 | | | | | | _ | | | |
| 12 | Mortgage interest paid to banks, | | | | | | | | | | |
| | etc. (see page E-4) | 12 | | - | | | | 12 | | | - |
| | Other interest | 13 | - | - | _ | | | _ | | | |
| 14 | Repairs | 15 | | | | _ | | _ | | | |
| 15 | Supplies | 16 | | | | | | _ | | | |
| 17 | Taxes | 17 | | | | | | | | | |
| 18 | Other (list) ► | | 9 | - | | | | | | | |
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| | Add lines 5 through 18 , , , | 10 | | - | | | | 10 | | - | - |
| 00 | Depreciation expense or depletion (see page E-4) | 20 | | 1 | | | | 20 | | | |
| 21 | Total expenses. Add lines 19 and 20 | 21 | | | | | | | | | |
| 22 | Income or (loss) from rental real | | | | | | | | | | |
| | estate or royalty properties. Subtract line 21 from line 3 (rents) | | | | | | | | | | |
| | or line 4 (royalties). If the result is | | | | | | | | | | |
| | a (loss), see page E-5 to find out | 22 | | | | | | | | | |
| 23 | if you must file Form 6198 Deductible rental real estate loss. | | | | | | | | | | |
| - | Caution. Your rental real estate | | | | | | | | | | |
| | loss on line 22 may be limited. See | | | | | | | | | | |
| | page E-5 to find out if you must file Form 8582. Real estate | | | | | | | | | | |
| | professionals must complete line | - | | - | | | | | | | |
| 30 | 43 on page 2 | 23 | 1 | 1 | 1 | | | 1 | | | |
| | Income. Add positive amounts she | | | | | | | 24 | - | | 10 |
| 25 | | | | | | | | 25 | | - | |
| 10 | Total rental real estate and royalty If Parts II, III, IV, and line 40 on page | | | | | | | | | | |
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| and shares | - | m 1040) 2000 | | | | | Attach | ment Sequence | · · · · · · · · · · · · · · · · · · · | | Page 2 |
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| 37 951 38 99 951 40 41 42 43 | t IV (# Combin t V Net farm Total Inc Reconcil and fish 1085), br Scheduk Reconcil professio | Name a columns (d) an Summary n rental income o ome or (loss). Com liation of farming ng income report or 14, code B; So 9 K-1 (Form 1041 iation for real e nal (see page E- | (0) Erry identification of (0) anly. Err or (0) anly. Err or (0) anly. Err or (0) anly. Error or (0) and (0) | Form 483 12, 37, 39, an income. En 4835, line 3 form 11205 le F (see pa sionals. If y net income | It Exercise Schedule (iter your gross 7; Schedule H (), box 17, cost (ge E-7) ou were a rr or (loss) you | age 540 Include in the plete line 42 result here an s farming (-1 (Form te N; and 43 reported | off Taster i for School total on line below d on Form 104 | 41 below | 39 40 | Scheckzlen Q, Im | |
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| | HEDULE SE | Self-Em | | | | 0MB No. 1545-0074 |
|------|---|---|--------------|--|-------------------------------|------------------------|
| | rm 1040) | Attachment | | | | |
| den | ol Revenue Service (99) | ► Attach to Form 1040. ► See is | | for Schedule SE Form 10 | 40). | Sequence No. 17 |
| Nat | te of person with self-er | nployment income (as shown on Form | 1040 | Social security number of with self-employment in | | 1 1 |
| w | no Must File Sc | hedule SE | | S | | - |
| 0.77 | must file Schedule S | Charles and the second s | | 20 | | A |
| | ou had net earnings f ang Schedule SE) of ! | rom self-employment from other the \$400 or more, or | in church e | implayee income (line 4 c | of Short Sch | equie SE or line 4c of |
| | | yee income of \$108.28 or more. In hurch employee income (see page) | | i services you performed | as a minist | er or a member of a |
| Not | e. Even if you had a l | oss or a small amount of income fro od" in Part II of Long Schedule SE | m self-emp | | ur benefit to | file Schedule SE and |
| Exc | eption. If your only se | f-employment income was from ear | mings as a | minister, member of a re- | igious order. | or Christian Science |
| | | Form 4361 and received IPS approve | al not to be | baxed on those earnings. | do not file S | ichedule SE. Instead, |
| writ | e "Exempt-Form 435 | 1" on Form 1040, line 58. | - 1 - | 2 | | |
| | May I Use | Short Schedule SE or Mu | st I Use | Long Schedule S | E? | |
| | Note. Use this | flowchart only if you must life Sche | dule SE. If | unsure, see Who Must F | ile Schedule | SE, above. |
| | | | | | | |
| | | Did you receive | wates or th | s in 20067 | | |
| | | No | 1 | Ye | 15 | |
| 2.4 | | * * | | * | 1 | |
| 8 | serve practitioner who receip | f a religious order, or Ottatian ed IRS approval not to be toxed a, but you owe self-employment | ar | as the total of your wages and to nailroad rotirement tax plus your R-employment more than \$24,20 | net earnings fro | |
| | | | | T | | |
| | 33 | No | | | | |
| | e you using one of the opti mings (see page SE-3)? | onal methods to figure your net | | N | i | |
| - | | No | Na Di ta | d you receive tips subject to soc at you did not report to your en | ial security or M sployer? | fectioare tax |
| | d you receive church empl -0 of \$106.28 or mole? | ayee income reported on Form | | | | |
| | | No | | | | 1 |
| | You may use Shor | Schedule SE below | → | You must use Long | Schedule SE o | n page 2 |
| C.o. | tion A_Chort Colu | dule SE. Caution. Read above to | o ene il vo | u can use Chart Sched | ula CE | |
| 1 | | css) from Schedule F, line 36, and | | | | |
| | 1065), box 14, code | A | 1.1.1.1 | | 1 | |
| 2 | | om Schedule C, line 31; Schedule (er than farming); and Schedule K-1 (| | | | |
| | | er than tarming); and Scheoule K-1 (Igious orders, see page SE-1 for a | | | | |
| | SE-2 for other incor | ne to report | | | 2 | |
| 3 | | 12 | | | . 3 | |
| 4 | | self-employment. Multiply line 3 dule; you do not owe self-employm | | | | |
| 5 | | ax. If the amount on line 4 is: | not in 1985 | | | |
| | | nultiply line 4 by 15.3% (153). Enter | r the result | here and on | 5 | |
| 0 | 1. TO DO PERSONAL STREET, 1997 | | | 44 COD 00 to the | | |
| 9 | | 0, multiply line 4 by 2.9% (.029). T al here and on Form 1040, line 58. | hen, add \$ | 11,660,60 ID UW | | |

| | | Social ascurity number of perastr | of person with self-employment income (as shown on Form 1040) | aula SE e of pe | Nam |
|------------|---------------|--|---|--------------------|----------|
| | | with self-employment income | | | _ |
| | | | on B—Long Schedule SE | tion E | Sec |
| | | GV | Self-Employment Tax | rt I | Par |
| | | | If your only income subject to self-employment tax is church er d go to line 5a, Income from services you performed as a ministr e. See page SE-1. | nd go | 4c ar |
| | | | f you are a minister, member of a religious order, or Chostan S ad \$400 or more of other net earnings from self-employment, o | | A |
| | 1 | erships. Schedule K-1 (Form ional method (see page SE-4) | Net farm profit or (loss) from Schedule F, line 36, and farm parts 1065), box 14, code A. Note. Skip this line if you use the farm opt | Net f 1065 | 1 |
| | 2 | bax 9, code K1. Ministers and on this line. See page SE-2 for | Vet profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 31 (4, code A (other than farming); and Schedule K-1 (Form 1065-B), nembers of religious orders, see page SE-1 for amounts to report | 14, o memi | 2 |
| | 3 | nional method (see page 3E-4) | other income to report. Note, Skip this line if you use the nonform of Combine lines 1 and 2 | Comi | |
| | 4a | vise, enter amount from line 3 | f line 3 is more than zero, multiply line 3 by 92,85% (.9235). Other | H Ine | 40 |
| | 4b | | f you elect one or both of the optional methods, enter the total of | | |
| | 40 | H-employment tax. Exception. | Combine lines 4a and 4b. If less than \$400, stop; you do not owe s f less than \$400 and you had church employee income, enter -0-a | Comb | |
| | | | Enter your church employee income from Form W-2. See page B or definition of church employee income | | 5a |
| | 5b 6 | | Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0- | 1.1.1.1.1.1.1.1 | |
| | 0 | | | | |
| 00 00 | 7 | ax for 2005 , | Maximum amount of combined wages and self-employment earn ax or the 6.2% portion of the 7.65% railroad retirement (tier 1) to | tax o | |
| | 3 | xre, | Total social security wages and tips (total of boxes 3 and 7 on Forr N-2) and railroad retirement (tier 1) compensation. If \$94,200 or mo kip lines 8b through 10, and go to line 11 | W-2} | 8a |
| | 8c | | Unreported tips subject to social security tax (from Form 4137, line Add lines 8a and 8b | | |
| 12 | 9 | line 10 and go to line 11 . > | Subtract line 8c from line 7. If zero or less, enter -0- here and on | Subt | 9 |
| _ | 10 | | Multiply the smaller of line 6 or line 9 by 12.4% (.124) , | Multi | 10 |
| _ | 11 | | Multiply line 6 by 2.9% (,029) | | 11 |
| 10 | 12 | by , | Self-employment tax. Add lines 10 and 11. Enter here and on F- Deduction for one-half of self-employment tax. Multiply line 12 50% (.5). Enter the result here and on Form 1040, line 27 | Dedu | 12 13 |
| | | | Optional Methods To Figure Net Earnings (see page | | Par |
| | | ss farm income' was not more | Optional Method. You may use this method only if (a) your gro 2,400, or (b) your net farm profits? were less than \$1,733. | | |
| 00 00 | 14 | | Maximum income for optional methods | Maxi | 14 |
| | 15 | ss than zero) or \$1,600. Also | Enter the smaller of: two-thirds (%) of gross farm income (not le nolude this amount on line 4b above | | 15 |
| | | | rm Optional Method. You may use this method only if (a) you i1,733 and also less than 72.189% of your gross nonfarm income self-employment of at least \$400 in 2 of the prior 3 years. | \$1,73 | then |
| | 10 | CONTRACTOR AND A DESCRIPTION OF A DESCRIPTION | on. You may use this method no more than five times. | | |
| | 16 | | Subtract line 15 from line 14 . Enter the smaller of: two-thirds (%) of gross nonfarm income (not on line 16. Also include this amount on line 4b above . | Enter | |
| A; and | | Sch. C-EZ, line 3; Sch. K-1 (Form 10 | | m Sch. | |
| ; and Sch | 5), box 14, c | ch. C-EZ, line 1; Sch. K-1 (Form 106 x 9, code K2. | Sch. F, line 36, and Soh. K-1 (Form 1056), 4 From Sch. C, line 7; S 4, code A. K-1 (Form 1055-B), bo | | |
| 1040 2000 | hedule SE (| Sc | | | |

| B | Initial Dividends and Capital Gain Tax Worksheet—Line 44 Keep for Your Records fore your begin: See the instructions for line 44 that begin on page 36 to see if you can use this worksheet figure your tax. If you do not have to file Schedule D and you received capital gain distributions, be same you checked the box on line 13 of Form 1040. |
|-----|--|
| | Enter the amount from Form 1040, June 43 |
| | Enter the amount from Form 1040, fire 9b |
| | Are you filing Schedule D? |
| | Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or line 16 is a box, write -0- No. Enter the amuum from Form 1040, line 13 |
| 10 | Add lines 2 and 3 |
| 「売 | If you are claiming lovestment interest expense on Form 1952, enter the amount from line 4g of that from Otherwise, enter 40- 5. |
| 60 | Subtract line 5 from line 4. If zero or less, enter (0) |
| 7. | Sobtract line 6 from line 1. If zero or less, enter -0 |
| | The amount on line 1, or S30,650 if single or married filing separately, S61,500 if matried filing jointly or qualifying widewriter), S41,050 if hend of beauchold |
| 9. | A the amount on line 7 equal to or more than the amount on line 87 Yes, Skip lines 9 through 11: go to line 12 and check the "No" box. No. Enter the amount from line 7 9, |
| 10, | Subtract line 9 from line 8 |
| ù, | Multiply line 10 by 5% (.05) |
| | Any the amounts on lines 6 and 10 the name? Ves. Skip fines 12 through 15; go to line 16. No. Enter the smaller of line 1 or line 6 |
| | Enter the amount from line 10 (if line 10 is blank, onter -0-) 13. |
| | Sobtract line 13 from line 12 |
| 15. | Multiply line 14 by (5% (15) |
| | Figure the tax on the amount on line 7. Use the Tax Table or Tax Computation Worksheet, whichever applies |
| 17. | Add lines 11, 15, and 16 |
| | Figure the tax on the amount on line 1. Use the Tax Table or Tax Computation Worksheet, whichever applies |
| 10 | Fax on all taxable income. Enter the smaller of line 17 or line 18. Also include this amount on |

- 38 -

Need more information or forms? See page 7.

| Before you begin: If source the bet | all the factor of the barry with the second | Sur trito died before August 21, 1996, include any |
|---|--|--|
| shiah bipalk east | anion that you are artified to one to \$5,000 in the resion or associty. Figure the tenditie part of each | e encourt cruerod on New 2 holos. separately, Eoner the intel of the months parts on Four |
| Fand the total pension of armoty phyrocen on their the | ered is 2006. Also, only this amount of Toro- | |
| . Later sear cost in the play is the autainy starth | | + |
| Note. If you completed this workshort but you | , skip line 3 and enter the account from line 4 of the annount of your persists or oready has obtain | |
| from Table 2 Julies | ar of your bourfulary, unor the appropriate team | |
| 6. Dividu line 2 by the number on line 3 | | |
| Multiply line 4 by the member of results for w sensity starting data was before 1987, step line Otherwise, go to Date 6 | | ma. |
| 6. Earlier this betweent, if any, environment has free by | years after 1980 | |
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| L. Frier the smaller of line 5 or line 7 | In particular and the second s | 11111111111111111111111111111111111111 |
| | anterer, may the amoved on this line realized of the | r Han anaronat toa Floren (1940) |
| We your simily suring data below (987) | ormen, we be annext on the line assessf of its of you have recovered tan free through 2006. V | carrient from Form 1090-R N. |
| Was your scratty surface taken taking 1987) Ves. (72) Lowy line 10.06ast. No. Add lines 4 and 8. This is for amount | of ron have recovered in free through 2006. Y | on will read this matter when |
| Was your annuly surflag data below 1987? Yee, or Lowe has 10.06ast. No. Add lines 4 and 8. This is for annual | et you have recovered ton free through 2006. V Table 1 for Line 3 Alone | on will read this matter when |
| Wer your arrestly starting data before 1987? Vec. (corr Loove line 10.04ark. No. Add lines 4 and 8. The is for announ you fill out this worksheet send your fill out this worksheet send your lines page 20 was St or ender | et you have encovered tan free through 2006. V Table 1 for Line 3 Alores AND your Isolary November 19, 1046. Inter to Day 7 | c arrivat from Form 1090.8 % |
| Was your arrestly starting data below 1987? Was. and Lawy line 10.04ash. Na. Add lines 4 and 8. The is for announgoun fill eacilities worksheet over your Uf the age at anoundly starting data (see page 20) was St or ender No97 | et you have recovered tan free through 2006. V Table 1 for Line 3 Alone AND your before 200 million 19, 1998. arter in the 7 + 500 200 | c arreat from Form 1090.8 % |
| Was your accuracy starting data before 1987? Was, or barrow has 10.04ash. Na. Add lines a seal 8. This is for amoun you fill ext this worksheet seed your Uf the age at assessity storting data test page 26) was No or | or you have recovered ton free through 2006. V Table 1 for Line 3 Alones AND your bolies November 10, 1096. arter on the 3 | c arreat from Form 1090.8 % |
| Was your arrestly starting data below 1987? Vas. (and Lawy line 10.04ash.) Na. Add lines 4 and 8. The is for announgous fill east like worksheet over your Uf the age at assessing starting data tee page 20 was St or ender No -99 | et you have recovered tan free through 2006. V Table 1 for Line 3 Alone AND your before 200 million 19, 1998. arter in the 7 + 500 200 | c arreat from Form 1090.8 % |
| We your scratty matting this before 1987? Ves. (a) Lowe line 10.04mb. No. Add line e and 8. The is for anomaly so fill out this worksheet send year the page at anomaly storting data too page 200 was St or ender St -00 10 -02 10 -03 10 -03 10 -03 10 -03 10 -03 10 -03 | of you have recovered ion free through 2006. Y Table 1 for Line 3 Above AND your holory November 19, 1096, arter on Son 7 | c arreat from Form 1096.90 % os will read this matter when 10 annulty starting data two after Networks 18, 1996, arter on Tau 3 360 210 280 220 |
| We your scratty sarting this below (987) Ve. (1) Lowe lise 10.04mh. No. Add lises 4 and 8. This is the amount you fill out this worksheet sent year. (1) the age at annually storting data test page 200 was Store out the store of the stor | er yon have recovered ton free through 2006. V Table 1 for Line 3 Alones AND your boliers November 10, 1006. order on the 3 | c arreat from Form 1096.90 % os will read this matter when 10 annulty starting data two after Networks 18, 1996, arter on Tau 3 360 210 280 220 |
| Was your scratte starting this below 1987? Was, or barrier to be 10.00mh. Na. Add lines a real 8. This is the amount your fill out this worksheet need your Uf the age at anomaly storting data test page 200 was St or exit this worksheet need your St or exit this worksheet need your The conducted ages at anomaly storting data test page 200 were | er yon have recovered ton free through 2006. V Table 1 for Line 3 Alones AND your boliers November 10, 1006. order on the 3 | c arrest from Form 1096.90 % os will read this mather when 10 arrestly starting data tran after Normenhor 18, 1966, articr on line 3 500 200 200 200 200 200 200 |
| We your scratty marting this before 1987 We | er yon have recovered ton free through 2006. V Table 1 for Line 3 Alones AND your boliers November 10, 1006. order on the 3 | c arrested from Form 1099.30 % |
| Weak your screatly marting claim before 1987? Weak your screatly marting claim before 1987? Weak your failer to mark 10 blank. No. Add lines to end 8. This is the amount your fill out this worksheet need your Stars at anomaly starting data (see page 26) was Stars and market to blank to blank. Stars at anomaly starting data (see page 26) was The the conditional ages at anomaly starting data (see page 26) water The or other Stars and the top page 26) water | er yon have recovered ton free through 2006. V Table 1 for Line 3 Alones AND your boliers November 10, 1006. order on the 3 | c arrest from Form 1096.90 % os will read this mather when 10 arrestly starting data tran after Normenhor 18, 1966, articr on line 3 500 200 200 200 200 200 200 |

| - | | efits Worksheet—Lines 20a and 20b | Keep for Your Records |
|----------|---|---|---|
| B | fore you begin: | Complete Form 1040, lines 21, 23 through 32, and Figure any write-in adjustments to be entered on it innerections for line 36 on page 343. If you are married filing separately and you lived a enter "D" to the right of the word "benefits" on line He sare you have read the Komplian on page 27 to instead of a publication to find out if any of your b | te dotted line next to line 36 (see the spart from your spoule for all of 2006, ie 20a. o see if you can use this worksheet |
| 1. | Enter the total amou | nt from box 5 of all your Forms SSA-1099 and Also, enter this amount on Form 1040, line 20a | |
| 2 | | el | |
| 3. | Either the total of the | amounts from Form 1040, lines 7, 8a, 9a, 10 through 14, | 15h, 16b, 17 |
| 40 | | any, from Form 1040, finz 8h | |
| 5. | Add lines 2, 3, and - | | |
| 6. | adjustments you emit | amounts from Form 1040, lines 23 through 32, line 34, a rest on the dotted line next to line 36 | |
| 7. | Is the amount on line | e 6 less that the amount on line 5? | |
| | No. mo Non | te of your social security benefits are taxable. Enter 45- on | Form 1940, line |
| | | c 6 from line 3 | 7, |
| 8. | the second | oinfly, enter \$32,000 | |
| | Single, head of separately and y enter \$25,000 | household, qualifying widow(er), or married filing, you lived apart from your sponse for all of 2006, | |
| | Married filing s in 2000, skip fil | reparately and you lived with your spouse at any time nes 8 through 15; multiply line 7 by \$5% (.85) and on line 16. Then go to line 17 | |
| U, | Is the around on lin | e 8 less than the amount on line 77 | |
| | If yo of 20 | c of your social security benefits are taxable, Eater -0- For ou are married filing separately and you lived apart from y 006, be sure you entered "D" to the right of the word "ben | our spouse for all effet" on line 20a |
| | A CONTRACT OF A CONTRACT OF A PARTY OF A DATA | e 8 from line 7 | and the second se |
| 0, | wideo) er), er martie | rried filling jointly, \$9,000 if single, head of household, qu of filling separately and you lived apart from your spoule | for all of 2006 10. |
| Ŀ | | n line 9. If zero or less, enter -0 | |
| | | line 0 we line 10 | |
| 1.1 | | e 12 | |
| 4. | | Time 2 or line 13 85% (.85). If line 11 is zero, anter -II- | |
| 5, | Add lines 14 and 15 | | |
| 0, 7, | Contraction of the second state of the second | 5% (.85) | |
| 8. | | rity benefits. Enter the smaller of line 16 or line 17. Also | |
| 1 | IF any of your be year, you may be | meths are taxable for 2000 and they include a hamp-som I cable to reduce the taxable amount. See Pub. 915 for deta | unefit payment that was for an earlier |

Need more information or forms? See page 7. - 28 -

| Form | 1116 | | | | | x Credit | | | | 0 | MB No. 1545-0121 |
|---------|---|--|---------------------------|---------------|----------------------------|---|------------------------------|----------------------------|---------------|-------------------|---------------------------------------|
| Depar | triand of the Trianuty of Revenue Dervice (1995) | | F A | ttach to Fo | rm 1040, 10 | HONR, 1041, of Instructions. | | | Se . | 3 | Kiacheneri Requence No. 19 |
| Name | | | | - 30 | e separate i | all of the second se | Identify | ing number | as show | _ | age 1 of your tax return |
| Une | a separate Form 111 | 5 for each c | abecarie of live | ome leted | helow See | Categories of | lacome | 0.0000 3.0 | t the le | ato este | ons Check only on |
| box | on each Form 1116. | Report all a | mounts in U.S | S. dollars e | | specified in l | Part II below | k. | | C | ons. Oneck only on |
| _ | Passive income High withholding t | | Shippin Divident | | ISC of the | | | sum distrib 901/jii inc | ALC: 100 | 19.1 | |
| | interest | | Certain | | 1000 | 100 | | income re | 188 | ed by | treaty |
| ¢ [] | Financial services | | | | FSC) or fam | | | Imitation | 1 100 million | | |
| - | esident of (name of | | 6 | 11 | ~ | - 0 | 11 | 6 | | | |
| | e: If you paid taxes e than one foreign | | | | | | | | | | lf you paid taxes h |
| _ | rt I Taxable Ind | | | | | 1000 TOTAL 100 | and the second second | | _ | | i Above) |
| | | | | | | oreign Count | - | | h | 1000 | Total |
| 1 | Enter the name or possession | | n country or | | A | - | В | c | _ | (4:) | d cols. A, B, and C. |
| 1a | Gross income fr | | | | | | | | | | |
| | shown above and a | 100 C 100 C 1 | | | | | | | | | |
| | page 13 of the ins | tructions): | | | | | | | | | |
| | | | | | | | | | | 1a | 1 |
| b | Check # line 1a is a | compensatio | o for personi | ai i | | | | | | | |
| | services as an compensation from | | | | | | | | | | |
| | or more, and you u | ised an alter | native metho | d | | | | | | | |
| _ | to determine its so | urce (see ins | tructions) | • LI | | | | | | - | |
| | e instructions): | Caution: Se | e pages 13 ar | 14 | | | | | | | |
| 2 | Expenses definite line 1a (attach stat | ement), , | | | | | | | _ | | |
| 3 | Pro rata share of o related: | ther deducti | ons not defin | nitely | | | _ | | | 1 | |
| а | Certain Itemized deduction (see ins | | | | | | | | | | |
| | Other deductions | attach state | mint) , , | | | _ | | | | | |
| | Add lines 3a and 3 | | | | | - | | | _ | - | |
| | Gross foreign sou | | | | | - | - | | | - | |
| | Gross income from Divide line 3d by I | | 100.00 Control 100 | | | | | | - | | |
| | Multiply line 3c by | | | | | | | | | | |
| 4 | Pro rata share of int | | | | | | | | | | |
| a | Home mortgage | | | - C - C - | | | | | | | |
| | page 13 of the ins | tructions) . | | | | - | | | _ | - | |
| | Other interest exp | | | - · · · | | - | | | | - | |
| 5 | Losses from foreig Add lines 2, 3g, 4a | | 1 1 1 1 | | | - | | | | 6 | 1 |
| 7 | Subtract line 6 fro | the second s | ther the result | t here and | on line 14. | page 2 | con a d | | | 7 | |
| Pa | t II Foreign Ta | | | | | | ons) | | | | |
| | Credit is claimed for taxes | | | | Fere | rign taxes poid | or accrued | | | | |
| £ | you must check one! | | In tareign | CINADUCA | | | | In U.S. (| | | 10 200 000000 |
| Country | (m) Paid (n) Accrued | Tables | withheid at sou | 100 011 | (x) Other Ibreign takes | Taxes wit | theid at sou | 00.00 | | Other In taske | (a) Total foreign taxes paid or |
| õ | (c) Date paid or accrued | (p) Dviderute | (c) Rents and royalise | 01 Interest | paid or accrued | (0 Dividencia | (a) Fierts and stryaition | N Interesti | pel | id or nied | accrued jadd cols. It through held |
| A | to accurate | - | and requires | 1.1.1 | | | The stand | | | | H |
| B | | | | | | | | | | | |
| ¢ | G | | | | | | | | | | |
| 8 | Add lines A throug | h C dolumi | Jul Entor He | in total have | and on In- | P. seen. B. s | | | | 8 | |

| Par | t III Figuring the Credit | | | 6 | |
|-----|--|-----------------------|---|-----|----------------|
| 9 | Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part $I_{\rm cont}$, | 9 | | | |
| 0 | Carryback or carryover (attach detailed computation) | 10 | - 0 | | |
| 1 | Add lines 9 and 10, | 11 | 25 | | 6 |
| 23 | Reduction in foreign taxes (see page 15 of the instructions), Subtract line 12 from line 11. This is the total amount of foreign taxes | 12 | tie for credit | 13 | U |
| 4 | Enter the amount from line 7. This is your taxable income or doss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see page 15 of the instructions) . | 10 | 120 | | |
| 5 | Adjustments to line 14 (see page 16 of the instructions) | 15 | | | |
| 6 | Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21. However, if you are filing more than one Form 1116, you must complete line 193. | 16 | | 2 | |
| 7 | Individuals: Enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 2). If you are a nonresident alien, enter the amount from Form 1040NR, line 38 (minus any amount on Form 8914, line 2). Estates and trusts: Enter your taxable income without the deduction for your exemption | 17 | | | |
| | Caution: If you figured your tax using the lower rates on qualified divic page 17 of the instructions. | senala a | or cepital gains, see | | |
| 8 | Divide line 16 by line 17, if line 16 is more than line 17, enter "1" . | ++. | | 18 | |
| 9 | Individuals: Enter the amount from Form 1040, line 44. If you are a nonre from Form 1040NR, line 41, | | | | |
| | Estates and trasts: Enter the amount from Form 1041, Schedule G, line lines 36 and 37 | | | 19 | |
| 0 | Caution: If you are completing line 13 for separate category g (ump-sum distribution Multiply line 19 by line 18 (maximum amount of credit) | | | 20 | |
| 1 | Enter the smaller of line 13 or line 20. If this is the only Form 1116 you a 30 and enter this amount on line 31. Otherwise, complete the appropriate the appropriste the appropriate the appr | are filin iate lin | g, skip lines 22 through a in Part IV (see | | |
| Pa | page 18 of the instructions) TV Summary of Credits From Separate Parts III (see p | | | 21 | |
| 2 | Credit for taxes on passive income | 22 | | 5 % | |
| 3 | Credit for taxes on high withholding tax interest | 23 | | 8 | |
| 4 | Credit for taxes on financial services income | 24 | 1 | | |
| 5 | Credit for taxes on shipping income | 25 | | 2 | |
| 6 | Credit for taxes on dividends from a DISC or former DISC and certain distributions from a FSC or former FSC | 26 | | | |
| 7 | Credit for taxes on lump-sum distributions , , , , , , , , , , | 27 | | 2 | |
| 8 | Credit for taxes on certain income re-sourced by treaty | 28 | | | |
| 9 | Credit for taxes on general limitation income | 29 | | | |
| 0 | Add lines 22 through 29 | 10.0 | a. Strategic and | 30 | |
| 1 | Enter the smaller of line 19 or line 30 | | | 31 | |
| 2 | Reduction of credit for international boycott operations. See instruction Subtract line 32 from line 31. This is your foreign tax credit, Enter her | | | | |
| • | Form 1040NR, line 44; Form 1041, Schedule G, line 2a; or Form 990-1 | | | 33 | |
| | | | | | Fem 1116 (200) |

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| b | If you did | I not file Form | 2555 or 2555- | -EZ after 1981 to clai | mether of the e | xclusions, chec | k here Þ 🗋 i | and go to line 7. |
| ¢ | Have you | i ever revoked | s either of the e | exclusions7 | 2 | | | Yes No |
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| 63 | | | | esidence for your fan sehold on page 3 of | | | | |
| ь | If "Yes," | enter city and | oountry of the | e separate foreign rei | sidence. Also, er | ter the number | r of days duri | ng your tax year that |
| | you main | tained a seco | nd household | at that address. > . | | | | |
| 9 | List your | tax home(s) o | turing your tax | year and date(s) est | ablished. ► | | | |
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| 10 11 12a b 13a b 14 15a c d e | the Date born Kind of in Did any of if "Yes," Have you that you Are you of this part if you an this part if you an this part include t we bris we include t bid Date we include t bid Date we include t include t includ | informatic expayers Qu a fide residen ing quarters in of your family who and for v submitted a s are not a resi equired to pay swored "Yes' are present in the income fro de Date left U.B. | on asked for alifying Und the began ► foreign countr live with you a what period? ► tatement to the dent of that co y income tax to " to 13a and " the United St m column (d) i leg Number of days in U.S on business the united st m of the United s of your he is of your he | r, any exclusion er Bona Fide Resi y ▶ a □ Purchased d □ Quarters fi tbroad during any par- e authorities of the for- untry? see instruction the country where y No" to 13b, you do thates or its possession n Part its possession b do income asmed in U.B. on business jatach computation onditions relating to t ou entered the foreign stay or employment i ed States while living | or deduction idence Test (so it house b urnished by emp it of the tax year bign country when to the tax year to the tax year bign country when to the tax year to the ta | you claim i ae page 2 of t and ended ► Rented house o loyer ? ? re you claim bor te residence? a bona fide resi ax year, comple te u.8, bona fide resi ax year, comple te u.8, the u.8, the u.8 | may be dis the instruction or apartment na fide residen ee instructions dent. Do not the columns () (de Number of days in U.S. en business abroad. ► | allowed. |

| Pa | Taxpayers Qualifying Un | der Physical Presen | ce Test (see p | age 2 of the | instruction | s) |
|----|--|--|---------------------------------------|---|--------------|--|
| 16 | The physical presence test is based | on the 12-month period | t from ► | | through > | |
| 17 | Enter your principal country of emplo | ryment during your tax | year. ► | 11 11. A | 19 19 | |
| 18 | | | | | | |
| | foreign countries that did not involve | traval on or more inter- | instance waters | or in or owner | the United S | tated for 3.4 believe |
| | | | | | | |
| | more. If you have no travel to report of | luring the period, enter | Physically probe | nt in a loreign | country or g | cuntries for the en |
| _ | more. If you have no travel to report of 12-month period." Do not include the | luring the period, enter | Physically probe | nt in a lareigr M, but report | it on Form 1 | contries for the en |
| | | luring the period, enter | Physically probe | nt in a lareigr M, but report | it on Form 1 | cuntries for the en |
| | 12-month period." Do not include the bit time of payting | luring the period, enter e income from column | Physically prose (f) below in Part | Million a foreign Million report Hill Fuil days present in | it on Form | cultrise for the en 040. Burgane extent as 5 |
| | 12-month period." Do not include the bit time of payting | luring the period, enter e income from column | Physically prose (f) below in Part | Million a foreign Million report Hill Fuil days present in | it on Form | cultrise for the en 040. Burgane extent as 5 |
| | 12-month period." Do not include the bit time of payting | luring the period, enter e income from column | Physically prose (f) below in Part | Million a foreign Million report Hill Fuil days present in | it on Form | cultrise for the en 040. Burgane extent as 5 |

Note: Enter on lines 19 through 23 all moome, including nanoarch ocome, you earned and actually or constructively received during your 2006 tax year for services you performed in a foreign country. If any of the foreign earned income received thin tax year was earned in a prior tax year, or will be earned in a latter bit year (soch as a bonus), see the instructions. Do not include income from the first 4, column (6), Feparat amounts in U.S. dolars, using the exchange rates in effect when you actually or constructively received the income.

If you are a cash basis taxpeyer, report on Form 1040 all income you received in 2006, no matter when you performed the service.

| | 2006 Foreign Earned Income | | (in U.S. dottars) |
|-----|--|-----|-------------------|
| 19 | Total wages, salaries, bonuses, commissions, etc. Check this box if the amount on line 19 is \$250,000 or more and you are using an alternative method to detarmine the source of this compensation income, see instructions | 19 | |
| | Allowable aftere of income for personal services performed, see instructions: In a business (including farming) or profession | 20a | |
| b | In a partnership. List partnership's name and address and type of income. > | 206 | |
| 21 | Noncesh income (market value of property or facilities furnished by employer-strach statement, showing how it was determined): | | |
| à | Home (ladging). | 21a | |
| | Mean | 21b | |
| c | Cw | 21c | |
| d | Other property or facilities. List type and amount. > | 250 | |
| 22 | Allowances, reimbursements, or expenses paid on your behalf for services you performed. | | |
| | Cost of living and oversess differential | | |
| | | | |
| | Education 22c 22d | 8 | |
| | Gunters 220 | | |
| | For any other purpose. List type and amount | 8 | |
| 112 | 221 | | |
| | Add lines 22a through 22t | 229 | |
| 50 | Other foreign earned illicoms. List type and amount. ► | 23 | |
| 24 | Add lines 19 through 21d, line 22g, and line 25 | 24 | |
| 25 | Total amount of meals and lodging included on line 24 that is excludable, see instructions | 26 | |
| 20 | Subtract line 25 from line 24. Enter the result here and on line 27 on page 3. This is your 2006. foreign earned income. | 26 | |

| Pa | rt V | All Taxpayers | 4 | | |
|----|----------------------------|--|---------------|--------------|----|
| 27 | Are you Ves. | e amount from line 26 | 27 |) 2 | |
| Da | I No. | Go to Part VII. Taxpayers Claiming the Housing Exclusion and/or Deduction | -6 | <u> </u> | |
| Pa | nt vi | taxpayers claiming the housing Exclusion and/or beduction | | <u> </u> | |
| 28 | Qualifie | d housing expenses for the tax year, see instructions | 28 | | |
| 29 | Number | of days in your qualifying period that fall within your 2006 tax and the second s | | | |
| 30 | | \$33.40 by the number of days op line 29. If 365 is entered on line 29, enter \$12,191.00 here | 30 | | |
| 31 | | It line 30 from line 28. If the result is zero or less, do not complete the rest of this part of Part IX | 31 | | |
| 32 | Enter er | mployer-provided amounts, see instructions | | | |
| 33 | not ente | ine 32 by line 27. Enter the result as a docimal (rounded to at least three places), but do ar more than *1.000* | 33 | х. | |
| 34 | amount | g exclusion. Multiply line 31 by line 33. Enter the result but do not enter more than the on line 32. Also, complete Part VIII | 34 | | |
| _ | | The housing deduction is figured in Part IX. If you choose to claim the foreign earned exclusion, complete Parts VV and VIV before Part IX. | | | |
| Pa | rt VII | Taxpayers Claiming the Foreign Earned Income Exclusion | | | |
| 35 | Maximu | m foreign earned income exclusion | 35 | \$80,000 | 00 |
| 36 | If you | completed Part VI, enter the number from line 29. 36 days | | | |
| | fall with | hers, enter the number of days in your qualifying period that in your 2006 tax year (see the instructions for line 29). | | | |
| 37 | · Other | 36 and the number of days in your 2006 tax year (usually 365) are the same, enter "1.000." wise, divide line 36 by the number of days in your 2006 tax year and enter the result | 37 | × | |
| 38 | | cimal (rounded to at least three places). | 38 | | |
| 39 | Subtrac | t line 34 from line 27 | 39 | | |
| 40 | Foreign | earned income exclusion. Enter the smaller of line 38 or line 39. Also, complete Part VIII > | 40 | 00000870 | |
| Pa | rt VIII | Taxpayers Claiming the Housing Exclusion, Foreign Earned Income Exclusion | ion, or | Both | _ |
| 41 | Add line | ss 34 and 40 | 41 | Ĩ | |
| | 1.000.000 | one allowed in figuring your adjusted gross income (Form 1040, line 37) that are allocable | | | |
| | | xcluded income. See instructions and attach computation | 42 | | |
| 43 | Next to | It line 42 from line 41. Enter the result here and in parentheses on Form 1040, line 21. the amount enter "Form 2555," On Form 1040, subtract this amount from your income | | | |
| Pa | it IX | at total income on Form 1040, line 22. Taxpayers Claiming the Housing Deduction—Complete this part only if (a) line | 43 e 31 is | more than li | ne |
| | | 34 and (b) line 27 is more than line 41. | | | |
| 44 | Subtrac | t line 34 from line 31 | 44 | | _ |
| 45 | Subtrac | t line 41 from ine 27 | 45 | | |
| 46 | Enter th | e smaller of line 44 or line 45 | 46 | | |
| | becaus | If line 45 is more than line 46 and you could not deduct all of your 2005 housing deduction is of the 2005 limit, use the worksheet on page 4 of the instructions to figure the amount ir on line 47. Otherwise, go to line 48. | | | |
| 47 | | g deduction carryover from 2005 (from worksheet on page 4 of the instructions) | 47 | | |
| 48 | line 36. | g deduction. Add lines 46 and 47. Enter the total here and on Form 1040 to the left of Next to the amount on Form 1040, enter "Form 2555." Add it to the total adjustments | | | |
| | reporter | d on that line | 48 | 12200 | |

| Apartment of the Treasury | 136 | oreign Earned Inc See separate instructions. | Attach to Fo | | 2006 |
|---|---|---|---|--|---|
| atental Revenue Service Name shown on Form | 1040 | See separate insolucions. | P HILION IN P | 1040. | Sequence No. 34A Your social security number |
| You May Use This Form If You: | Earned w Had total \$80,000 Are filing | citizen or a resident alien, ages/salaries in a foreign country, foreign earned income of or less, a calendar year return that 12-month period. | And You: | Do not have | self-employment income. business/moving expenses. the foreign housing deduction. |
| Part Test | s To See | If You Can Take the | Foreign E | arned Inco | ome Exclusion |
| If you answe If you answe If you answe Enter the date Physical Prese Were you phys 2006 or any other per If you answe If you answe Bona Fide R | red "Yes," you red "No," you your bons lide mce Test ically present red af 12 man red "Yes," you red "No," you esidence Test | meet this test. Fill in line 1b and do not meet this test. Go to line 3 residence began a foreign country or countries for the in a row starting or ending in meet this test. Fill in line 2b and do not meet this test. You cann | 2 to see if you n , and end w at least 330 ft 2006?) then go to line 3 of take the exc | neet the Physical ted uses instructio all days during— | ms) ► □ Yes □ No meet the |
| residence or pl | rysical preserv red "Yes," you red "No," you | x home in a foreign country or co ce, whichever applies? can take the exclusion. Complete cannot take the exclusion. Do no | Part II below a | | 🗆 Yes 🗆 No |
| residence or pl • If you answe • If you answe Part II Gen | rysical presen red "Yes," you red "No," you eral Info | e whichever applies? can take the exclusion. Complete cannot take the exclusion. Do no rmation | Part II below a | | Yes 🗆 No 30 2. |
| Part II Gen 4 Your foreign add | nysical presen red "Yes," you red "No," you reral Info | ce whichever applies? cen take the exclusion. Complete cennet take the exclusion. Do no rmation country! | Part II below a t lile this form. | nd then go to pa | s Your occupation |
| residence or pl • If you answe • If you answe Part II Gen | nysical presen red "Yes," you red "No," you reral Info | e whichever applies? | Part II below a t lile this form. | | s Your occupation |
| residence or pl if you answe if you answe if you answe if you answe Part II Gen Your foreign add Comployer is (cf a A U.S. busines b A foreign busin c Other (specify) tos H you filed For b If you did not fi c Have you ever d If you answere | eral Info red "Yes," you eral Info ress including of ress includi | re whichever applies? | a Part II below a t file this form, 2 ZIP code) 8 ar you filed the file a ▶ □ and a tion was effective | Employer's foreig | Yes No ge 2. 5 Your occupation b address |

| | | or its possessions during | | part if y | you were | in the |
|----------|--------------------------|---|---|-----------|-----------------------------|------------------------------|
| 12 (a) D | ate arrived in U.S. | (b) Date left U.S. | (c) Number of days in U.S. on business | | Income een ainess (attac | hed in U.S. h computation |
| | | | 0 | | | |
| | | | 6 | | | |
| | | ah 8 | A A | 0 | | |
| | | 17 | | - | | |
| | - | 103 | 170 | | | |
| | | | 5100 | | | |
| | 1 | ALL | | _ | | |
| | | OPr' | | _ | | |
| | | V | | | | |
| Part IV | Figure Your | Foreign Earned In | come Exclusion | | | |
| | | 1411 (1411) AND 1513 | | | | |
| 13 Max | imum foreign earned in | come exclusion | | • • • | 13 1 | 80,000 100 |
| 14 Ente | r the number of days in | n your qualitying period that fall | within 2006 . 14 | days | 2 | |
| | you enter 365 on line 1 | 4? | | | | |
| | | 65 and enter the result as | ananana ana ara | | 15 × | |
| | | d to at least three places). | 1 | | 22 | |
| 16 Mult | iply line 13 by line 15. | | | * * * | 16 | |
| | | total foreign earned income yo sude this amount on Form 1040 | | 06 (see | 17 | |
| 18 Fore | ign earned income ex | clusion. Enter the smaller of lin | e 16 or line 17 here and in paren | theses | | |
| | | to the amount enter "2555-EZ." at total income on Form 1040, I | | Inuomi | 18 | |
| | | | | | Faim 2 | 2555-EZ (0) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |

Forms 1040 -- 44

19, is more than zero, use the Schedule D Tax Worksbeet on page D-9 of the Instruc-tions for Schedule D to figure your tax.

Qualified Dividends and Capital Gain Tax. Worksheet, If you do not have to use the Schedule D. Tax Worksheet (see above), use the worksheet on page 38 to figure your tax if any of the following applies.

You reported qualified dividends on Fum 1640, line 95.

· You do not have to file Schedule D and you reported capital gain distributions on Form 1040, line 13.

 You are filing Schedule D and Sched-ide D, lines 15 and 16, are both more than 2010.

Scholtale J. If you had income from farm-ing or fishing, your tax may be less if you

If you claimed the foreign earned income exclusion or the housing exclusion on Form 2555 or Form 2555-EZ, you must ligure your tax using the worksheet helow.

choose to figure it using income averaging on Schodule 1.

Foreign Earned Income Tax Worksheet.

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| Bei | | ne Tax Worksheet—Line | | Nevp 1 | for Your Records |
|------|---|--|--|--|--|
| | fore you begin: | See the instructions above to See the instructions for line computation methods apply | 44 that begin on page 3 | | |
| L | Enter the amount from | Form 1940, fine 41 | | | |
| 100 | | Form 1040, fine 42 | | 505 | |
| | | te 1. If less thun zero, enter the an | | | |
| | tilling jointly) Form 25. | your (and your sponse's, if 55, line 45, or Form 2535-EZ, | 4 | ~~~~~ | |
| 5. | Enter the total amount could not claim because | of any litenized deductions you e they are related to excluded | 5. | | |
| ó | Subtract line 5 from lin | ie 4. If zero or less, enter -0- | 1 | \$25 | |
| | | | | | |
| - M | Worksheet*, Qualified | 7. Use the Tax Table, Tax Comp Dividends and Capital Gain Tax 9 | Worksheet*, or Form 8 | 615**, whichever | 8. |
| | | 4. Use the Tas Table or Tas Con | | | 9. |
| | | te 8. Enter the result. If zero or le | | | 10. |
| 1075 | duces according to the we row use Form 8015 to fig- 17 the child's parent files | flowe worksheets to figure the law or riksheet's functions. They complete re the tax on line 8 of this worksheet John 2555 or 2555-62, oner the an obse the next of Funti 8017 according 1 | the rost of this worksheet, order the amount from h out, from hise 7 of the pe | t. ine 7 of this worksho mont's Foreigo Eanu | et on line 4 of Form 4 locome Tax Wookshi |

Need more information or lucus? See page 7.

| Were the energy efficiency in located in the United States Caution: If you checked the Do not complete Part I. Energy efficiency improveming a insulation material or system gain in your home Exterior windows (including in e Exterior doors Metal roof with appropriate Star program requirements your home Add lines 2a through 2d Multiply line 3 by 10% (.10) Residential energy property a Energy-efficient building pro- b Qualified natural gas, propa | primarily designed to reduce heat loss of skylights). Do not enter more than \$2,000 pigmented coatings that meet the Energ primarily designed to reduce heat calm | before compli made to your m messionergy pro | ain home | Sequ Your social a | inner ^{it} 158 ecuity number : : Yes No |
|--|---|--|-----------------------|---|--|
| Part Nonbusiness Energy Were the energy efficiency is located in the United States Caution: If you checked the Do not complete Part I. Energy efficiency improveming a insulation material or system gain in your home Exterior windows (including in e Exterior doors d Metal roof with appropriate Star program requirements your home Add lines 2a through 2d Multiply line 3 by 10% (.10) Fesidential energy property a Energy-efficient building pro- b Qualified natural gas, propa | mprovements or energy property costs in ? (see instructions) "No" box, you cannot claim the concusi ents (see instructions). I primarily designed to reduce heat loss of skylights). Do not enter more than \$2,000 pigmented coatings that meet the Energy primarily designed to reduce heat calm | matie to your m messienergy pro | ain home | t) | |
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| located in the United States Caution: If you checked the Do not complete Part I. 2 Energy efficiency improvem a insulation material or system gain in your home b Exterior windows (including r c Exterior doors d Metal roof with appropriate Star program requirements your home 3 Add lines 2a through 2d 4 Multiply line 3 by 10% (.10) 5 Residential energy property a Energy-efficient building pro b Qualified natural gas, propa | 7 (see instructions) "No" box, you cannot claim the nonousl ents (see instructions), primanly designed to reduce heat loss of skylights). Do not enter more than \$2,000 pigmented coatings that meet the Energy primarily designed to reduce heat cain to | vesserergy pro | | 0 | (es 🗆 No |
| Energy efficiency improveminal insulation material or system gain in your home. Exterior windows (including in a Exterior doors distribution doors distribution). Metal roof with appropriate Star program requirements your home. Add lines 2a through 2d . Multiply line 3 by 10% (.10) Flesidential energy property a Energy-efficient building problemation. | primarily designed to reduce heat loss of skylights). Do not enter more than \$2,000 pigmented coatings that meet the Energ primarily designed to reduce heat calm | 2a 2b 20 | 70. | | |
| gain in your home b Exterior windows (including of c Exterior doors d Metal roof with appropriate Star program requirements your home 3 Add lines 2a through 2d 4 Multiply line 3 by 10% (.10) 5 Residential energy property a Energy-efficient building pro b Qualified natural gas, propa | skylights). Do not enter more than \$2,000 pigmented coatings that meet the Energ primarily designed to reduce heat calm | 2a 2b 20 | | 20 10 10 10 10 10 10 10 10 10 10 10 10 10 | |
| b Exterior windows (including to Exterior doors) d Metal roof with appropriate Star program requirements your home 3 Add lines 2a through 2d 4 Multiply line 3 by 10% (.10) 5 Residential energy property a Energy-efficient building prob b Qualified natural gas, propa | skylights). Do not enter more than \$2,000 pigmented coatings that meet the Energ primarily designed to reduce heat gain t | 2b 20 | | | |
| c Exterior doors d Metal roof with appropriate Star program requirements your home 3 Add lines 2a through 2d 4 Multiply line 3 by 10% (.10) 5 Residential energy property a Energy-efficient building pro- b Qualified natural gas, propa | pigmented coatings that meet the Energy primarily designed to reduce heat calm | 20 // | | | |
| d Metal roof with appropriate Star program requirements your home | pigmented coatings that meet the Energy primarily designed to reduce heat calm | ay In | | 8 | |
| Star program requirements your home | primarily designed to reduce heat call? | in | | | |
| your home | 00, | | | | |
| Add lines 2a through 2d . Multiply line 3 by 10% (.10) Residential energy property a Energy-efficient building pro b Qualified natural gas, propa | | | | | |
| Multiply line 3 by 10% (.10) Residential energy property a Energy-efficient building pro b Qualified natural gas, propa | | | and the second second | 3 | |
| 5 Residential energy property a Energy-efficient building pro b Qualified natural gas, propa | | 1914 - 1919) 1914 - 1919) | | 4 | |
| a Energy-efficient building pro b Qualified natural gas, propa | | | | | |
| | perty. Do not enter more than \$300 | 5a | | 2 | |
| | ne, or oil furnace or hot water boiler. D | 0 | | 2 | |
| THOSE RESIDENT TO THE REAL PROPERTY OF A | | | | 1 | |
| c Advanced main circulating f | an used in a natural gas, propane, or c | | | | |
| | than \$50 | 5c | | | |
| 6 Add lines 5a through 5c . | | | | 6 | |
| 7 Add lines 4 and 6 | | | * * * * * | 7 8 | |
| 8 Enter the smaller of line 7 or | | (e · · · | 1.1.1.1.1 | • | |
| | 1040, line 46, or Form 1040NR, line 43 | 2 C | | | |
| 51, or Form 1040NR, lines 4 | r credits from Form 1040, lines 47 throug 4 through 46 | | - | 2 | |
| | If zero or less, stop. You cannot take a | | nerov | | |
| | | | | 11 | |
| | LEnter the smaller of line 8 or line 11 | | | 12 | |
| | | | | | |

| Residential Energy Efficient Property Credit (See instructions before completing this part.) ualified photovoltaic property costs uatiply line 13 by 30% (.30) admum credit amount iter the smaller of line 14 or line 15 ualified solar water heating property costs |
|--|
| utiply line 13 by 30% (.30) |
| aximum credit amount IS 2000 If Iter the smaller of line 14 or line 15 If Iter the smaller of line 14 or line 15 If Iter the smaller heating property costs If Iter the smaller heating property cost |
| Iter the smaller of line 14 or line 15 |
| ualified solar water heating property costs utiply line 17 by 30% (.30) . |
| uttply line 17 by 30% (.30) |
| |
| aximum credit amount |
| ther the smaller of line 18 or line 19 |
| ualified fuel cell property costs |
| ultiply line 21 by 30% (.30) |
| lowatt capacity of property on line 21 above X \$1,000 23 |
| tter the smaller of line 22 or line 23 |
| dd lines 16, 20, and 24 |
| ter the amount from Form 1040, line 46, or Form 1040NR, line 43 26 |
| HO filers: Enter the total, if any, of your credits from Form HO, lines 47 through 51, 53, and 54, plus the amount, if any, om line 12 of this form. |
| HONR filers: Enter the total, if any, of your credits from Form HONR, lines 44 through 46, 48, and 49, plus the amount, if any, om line 12 of this form, |
| btract line 27 from line 26. If zero or less, enter -0- here and on line 29 |
| esidential energy efficient property credit. Enter the smaller of line 25 or line 28 |
| redit carryforward to 2007. If line 29 is less than line 25, subtract line I from line 25 30 |
| Current Year Residential Energy Credits |
| Id lines 12 and 29. Enter here and on Form 1040, line 52, or Form 1040NR, line 47 , 31 |
| |

Printed on Recyclind Paper

| Depart | tment of the Treasury of Pervenue Service (199 | Additional Child Tax C | | 1040NR D | 2 | ZUUD Attachment Sequence No. 47 |
|----------|---|---|--------------|------------------|-------------------------------|---|
| _ | en neturn (a) shown on neturn | V | | | four see | al security number |
| Pa | rt I All File | rs | - | 5 | 1 | |
| 1 | page 39 of the F | from line 1 of your Child Tax Credit Worksheet on page 4 form 1040A instructions, or page 20 of the Form 1040NI nount from line 8 of the worksheet on page 4 of the pub | instructions | | 2 | 0 |
| 2 | Enter the amount | t from Form 1040, line 53, Form (040A, line 33; or For | n 1040NR, I | ne 48 | 2 | |
| 3 | Subtract line 2 f | rom line 1. If zero, stop; you cannot take this credit | 5.1 | | 3 | |
| 4a b | | earned income (see instructions on back) | 4. | | | |
| | back) | | 4 | | | |
| 5 | No. Leave | a line 4a more than \$11,300? line 5 blank and enter -0- on line 6. | | | | |
| | | ct \$11,340 from the amount on line 4. Enter the result | . 5 | | 4 | |
| * | | ount on line 5 by 15% (.15) and enter the result we three or more qualifying children? | | | | |
| | 🗌 No. If line | 6 is zero, stop; you cannot take this credit. Otherwis | e, skip Part | I and enter the | | |
| | - | r of line 3 or line 6 on line 13. 6 is equal to or more than line 3, skip Part II and ente | the smount | from line 3 on | | |
| | line 1) | . Otherwise, go to line 7. | | and the state | - | |
| - | | n Filers Who Have Three or More Qualifying | | 13.3 | 1 | |
| 7 | 6. If married filli | security and Medicare taxes from Form(s) W-2, boxes 4 at ng jointly, include your spouse's amounts with yours. If y | | | | |
| 2 | 1040 filers: | Iroad, see instructions on back | 1 | | | |
| 20 | 1010 10111 | 27 and 39, plus any uncollected social security and Medicare or tier 1 RRTA taxes included on line 63. | 8 | | | |
| | 1040A filers: | Enter -0-, | 1 1 | | 1 | |
| | 1040NR filers: | Enter the total of the amounts from Form 1040NR, line 54, plus any uncollected social security and Medicare or tier 1 RRTA taxes included on line 58. | | | | |
| 9 | Add lines 7 and | | . 9 | | | |
| 10 | 1040 filers: | Enter the total of the amounts from Form 1040, lines 66a and 67. | | | | |
| | 1040A filers: | Enter the total of the amount from Form 1040A, line 40a, plus any excess social security and tier 1 RRTA | 10 | | | |
| | | taxes withheld that you entered to the left of line 42 (see instructions on back). | | | | |
| | 1040NR filers: | Enter the amount from Form 1040NR, line 61. |] | | | |
| 11 | Subtract line 10 | from line 9. If zero or less, enter -0 | | | п | |
| 12 | Enter the larger | of line 6 or line 11 | | | 12 | 2 |
| <u>_</u> | Next, enter the | smaller of line 3 or line 12 on line 13. | | | 4 | |
| Par | rt III Additio | onal Child Tax Credit | | | | |
| 13 | This is your a | dditional child tax credit | | | 13 | |
| 1.5 | 1115 5 9001 2 | | stot t | Traval Traval | Entre Form Form Form | this anount on 1640, line 68, 16404, line 41, or 1640NR, line 62 |

Form MILE GLOOD

Instructions

Purpose of Form

Use Form KHD to figure your additional child tan credit. The additional child tan credit may give you a refund even if you do not owe any to

Who Should Use Form 8812

Fini, complete the Child Tax Cruzit Worksheet that applies to you. See the instructions for Form 1040, 200 55, Form 1040A, fase TJ, or Form 1040NR, Tax 47, 17 year must the condition given in the 70° at the end of your Child Tax Credit Worksheet, see Form 1812 to see if you can take the additional child tax credit.

Effect of Credit on Welfare Benefits

Any rotherst your rescaling as a result of toking the additional child tax credit will not be taxed to determine if you are eligible the the Tollowing programs, or how much you can musive from them. But if the refund you resolve because of the sublitional child tax credit is not spent within a certain period of time, it may const as an exact for resource) and office your digibility,

 Temponey Assistance for Needy Families (TANE).

Earned Income Chart-Line 4a

- Moliciel and supplemental security income (SSI).
- · Food samps and Inv-income nowing.

Nontaxable Combat Pay

Enter on line 4b the total amount of constandile courbox pay that you, and your springe of Elling wirely, received in 2008. This arriver weight to shrow in Form W-2, has 1.2, with cade Q.

-

Railroad Employees

If you worked in a rainful, include for following mass in the tradium favor for 2.400 T.

The 1 transmittable from more poss. This test denial for drawn in how 14 of year from at We and Marchaet as "Mer 1 tas."

If you want an employee numericative, 30% of the and the 1 nor and nor 1 Medium too you und the 2008.

1040A Filers

1040A Filers If you, driving upon a tyling jolioth, had mere but and certifie in the 2006 that notal wrants of over \$94200, years not cuess social security and the University security (RUA) takes withheld, SuePer, 505, include any datase on Fuen \$812, line 10.

Paperwork Reflection Act Notice. We ark for the information on block form to carry out the the internation metrics form to carry our the hereing September have of the United States. You are required in given in the information. We used it to contact their you have covery joing with these haves and the unifere as to figure and anticet the regim process of there.

You are not respond to provide the information. You are not required to give the the internation-inspected on a frient their is adjusted to the Popersonic Reduction According to the Popersonic Reduction According to the restance of the according to the theory of the restance of the according to the theory of the restance of the according to the theory of the restance of the according to the theory of the restance of the according to the theory of the restance of the according to the theory of the restance of the theory of the theory of the restance of the theory of the theory of the restance of the theory of the theory of the restance of the theory of the theory of the restance of the theory of the theory of the restance of the theory of the theory of the theory of the restance of the theory of the theory of the theory of the restance of the theory of the theory of the theory of the restance of the theory of the theory of the theory of the restance of the theory of the theory of the theory of the restance of the theory of the theory of the theory of the restance of the theory of the theory of the theory of the restance of the theory of the theory of the theory of the restance of the theory of the theory of the theory of the restance of the theory of the theory of the theory of the restance of the theory of the theory of the theory of the restance of the theory of the theory of the theory of the theory of the restance of the theory of the theory of the theory of the theory of the restance of the theory of the theory of the theory of the restance of the theory of the theory of the theory of the theory of the restance of the theory of the theory of the theory of the theory of the restance of the theory of the the theory of the theory of the the infrantil Revenue Code metion 6103.

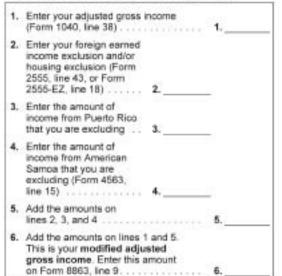
The average time and experies required to stamplete and file this form will vary depending on individual creatmentances. For the estimated morages, and the motivations for your income tax. CONTRACT

If you have suggestion for making this form slength, we would be happy to hear from you. See the instructions for your income tox return.

| tonal mothed in Figure 1977 1977 - 1978 - 1978 - 1978 1978 - 1978 - 1978 - 1978 - 1978 - 1978 1978 - 1978 - 1978 - 1978 - 1978 - 1978 1978 - 1978 - 1978 - 1978 - 1978 - 1978 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 1978 - | the annual lighted using Pail, 972 your method streams from Weidydmet D, Hen HJ, phen ell of your memorative conther pay. If you did not whet to include it is marked internet for the DC. If you were a market of the chergy, softmat (a) by both (a) of a band or the temperature perform of an alforshame for a huma frantished to you (uncluding payments for alforsham) and OF the value of reach and both gravity of an alforshame for a huma frantished to you (uncluding payments for alforshame) pays and OF the value of reach and both gravity 2 or page 47 of your (1000 temperature) of your (1000 temperature), phen al of your memorative pay of your (1000 temperature) and gravity of your (1000 temperature), phen al of your memorative pay of your (1000 temperature) is anneal reasonal for the 100. The mercent figured using Pails 972. |
|---|---|
| the Wondrach B or Hild because you are Wing because you write a schergy or you bld ord freezes, or you all de U or COCY and | because it is control increment for the DC. If your serve a consider of the chergy, softward (as the restancial or the instrumentic pretary of an allowance for a traver from the threshold to you control and you for softward, and (b) the value of results and heighing, growided to your, your present, and your dependent the your enterproper's contentioned procements approach from thing 2 we page 47-of your 1000 interactions or page 42-of your 10000 interactions, plus at of your transmatch combine page 47-of your 1000 interactions or page 42-of your 10000 interactions, plus at of your transmatch combine page 47-or page 47-of your 1000 interactions or page 42-of your 10000 interactions, plus at of your transmatch combine page 47-or page 47-of your 1000 interactions. |
| olian, plocad, or tool are Wing because you were a complex or you had you have a you had not have a you had but to to CALL are a | of your nonseath combar pay if you did nor ideat to backets it in surreal income for the FIC. |
| because you wate a so charge of your blat over income, of you all as 1' of C-627 or a | the marcel figured using Pub. 972. |
| | |
| ophynd or Hing C, ry C EZ far Be | year seried learner fighted as lidened Law 7 of hom 900 or lown 1900. Submat, if lockeding on Bellowshig great new opposid on a linest W.2. Assume indexed by the With performed while as immunit in a period includion (just "HIL" and the structure astrongial in the space reserves has a result includion (just "HIL" and the structure astrongial in the space reserves has 1 of hom 0000 or (00004). Assume interval in a period in the space reserve of the space reserves the set of the structure of the set of t |
| | Earned income = |
| | C, or C EZ for the |

| Depart | 8863 | | Education Cr d Lifetime Le > See instruction ttach to Form 1040 or | arning Ci | redits) | 6 | 200 | 50 | |
|----------|---|---|---|---|---|--------------------------------------|------------------------|----------|--|
| Мати | es) shown on return | 1100 | | | 0 | Your | locial security a | umber | |
| 0 | Prov. 17 | Lines and the second share | Multiser to set to a set | | and the second second | | | | |
| - | tion: You cannot take the Hope Credit, Ca | ution: You cannot ! | | and the second se | the second se | | | | |
| 1 | (a) Student's name (as shown on page 1 of your tax return) First name Last name | nown on page 1 (0) student's social security number (as First name shown on page 1 | | (c) Ouslited expenses (see instructions). Do not enter more than \$2,200° for esch student, \$1,100° | | dd (f) Enter or d) and of the amo | | in truoi | |
| | | | 10 | A | 10 | | | | |
| | | $-\nu$ | 19 | 1.1 | 1 | + | | 1 | |
| | | 11. | 61 | 9 | - | + | | 1 | |
| | For each student who attended a | an eligible educational institu | on in the Que Opportunity | Zone, do not enter | more than \$4,400. | - | | + | |
| | For each student who attended a column (c) or \$2,290. | . S | | | | | | | |
| 2 | Tentative Hope credit. A credit for another student | | | | | | | | |
| Par | t II Lifetime Learnin | the second se | moe, go to rake me . | | | | S | ÷ | |
| 3 | (a) Student's n | ame (as shown on p | age 1 of your tax ret | um) | (b) Student's socia | | (c) Quait | ied | |
| | First name | Last n | | | number (as shown 1 of your tax re | | expenses instructio | | |
| | Frigt regive | Labs 1 | di i i c | | | | in an eeu e | 1 | |
| | | | | | | | | + | |
| | | | | | | | | | |
| | Add the amounts on line | | | | | 4 | - | - | |
| | Enter the smaller of line | | | | | 5a | | - | |
| D | For students who attende the smaller of \$10,000 or | | | | | | | | |
| | Subtract line 5b from line | 5a | | | | 5c | | | |
| 6a | Multiply line 5b by 40% (| .40) | | 1.1.1.1 | | 68 | | - | |
| D | Multiply line 5c by 20% (Tentative lifetime learning | .20) | Ra and 6h and an tr | Part III | | 6b 6c | | - | |
| _ | Allowable Educa | the Real Property of the State | ou une ou ane go re | C MALLIN | | 00 | | - | |
| 7 | Tentative education credit | | e anarara ara | asara to | e a care a c | 7 | | | |
| 8 | Enter: \$110,000 if married | | if single, head of hou | sehold, | 1 | | | | |
| 1 | or qualifying widow(er) . | | | | | _ | | | |
| 9 | Enter the amount from Fo Subtract line 9 from line | | | - · · | | _ | | | |
| | | o zero or iesa, i | | 10 | | | | | |
| 11 | Enter: \$20,000 if married t or qualifying widow(er) | fling jointly; \$10,000 | f single, head of hou | sehold, | | | | | |
| 12 | If line 10 is equal to or r line 14. If line 10 is less | then line 11, en then line 11, en | iter the amount from line 10 by line 11. | n line 7 on lin Enter the res | ult as a decima | 1 200 | 8 | | |
| | (rounded to at least three | | | | | 12 | х. | 1 | |
| 13 14 | Multiply line 7 by line 12 Enter the amount from Fo | | | | | 13 | | | |
| 15 | Enter the total, if any, of y or Form 1040A, lines 29 i | our credits from Form | n 1040, lines 47 thro | ugh 49, | | | | | |
| 16 | Subtract line 15 from line education credits | e 14. If zero or less, | stop; you cannot ta | ke any | | | | | |
| | | | or line 16 here and | - + | | 1 | 1 | | |
| 17 | 1040A, line 31 | | | | | 17 | | | |

Worksheet 2-1. MAGI for the Hope Credit



Claiming the Credit

You claim the Hope credit by completing Parts I and III of Form 8863 and submitting it with your Form 1040 or 1040A. Enter the credit on Form 1040, line 50, or on Form 1040A, line 31. A filled-in Form 8863 is shown at the end of this chapter.

When Must the Credit Be Repaid (Recaptured)

If, after you file your 2005 tax return, you or someone else receives tax-free educational assistance for, or a refund of, an expense you used to figure a Hope credit on that return, you may have to repay all or part of the credit. You must refigure your Hope credit for 2005 as if the assistance or refund was received in 2005. Subtract the amount of the refigured credit from the amount of the credit you claimed. The result is the amount you must repay. You add the repayment (recapture) to your tax liability for the year in which you receive the assistance or refund (see the instructions for your tax return for that year). Your original 2005 tax return does not change.

Illustrated Example

Jim Grant, a single taxpayer, enrolled full-time at a local college to earn a degree in computer science. This is the first year of his postsecondary education. During 2005, he paid \$2,600 for his qualified 2005 tuition. He received Form 1098-T (shown later) from the college. He and the college meet all of the requirements for the Hope credit. Jim's MAGI is \$34,000. His income tax liability, before credits, is \$3,404. He figures his credit of \$1,500 as shown on the Form 8863 on page 17.

Note. In Appendix A at the end of this publication there is an example illustrating the use of Form 8863 when both the Hope credit and the lifetime learning credit are claimed on the same tax return.

| RLER'S rame, sheet address, oly, State University Metropolis, CH 72727 | stata, ZP code, and telephone number | Payments received for qualified tultion and related expenses 2,600. | 2005 | Tuition |
|--|--|--|---|---|
| | | Arrounts billed for qualified fulfion and related expenses \$ 2,600 | Form 1098-T | Statement |
| HLEH'S Federal Identification no. 98-1234567 | 51UDENT'S social security number 000-00-434 | 3 Adjustments made for a \$ price year | 4 Schularships or grants S | Copy A |
| STUDENT'S name Jim Grant | | 5 Adjustments to scholarships or grants for a prior year 5 | | Internal Revenue Service Center File with Form 1006 |
| Street address including apt. no.) 1010: Anywhere, St. | | Check this box if the amount in box 1 or 2 includes amounts for | Reimburgements or relund of qualified tubion and related expenses from an | Reduction Act |
| City, state, and ZIP code HomeCoun, OH 77777 | | an academic period beginning January- March 2008 ► | insurance contract | Notice, see the 2005 General Instructions for |
| Service Provider/Acct. No. (See ins | tructions) | Check if at least half-time student | Check If a graduate shudert | Forms 1099, 1098, 5498, and W-2G. |

Page 16 Chapter 2 Hope Credit

| | 8880 | orear | ► Attach to | d Retirement Form 1040, Form 1040 See instructions or | A, or Form 1 | | 0115 | 2006 Attactment Sequence No. 12 |
|-------|--|--|--|---|----------------------------|----------------------------|---------------|---------------------------------------|
| Narre | muter to reads (E) | | | | | 0 | Your socia | al security number |
| 1 | The am if head of The per | ount on Form household; \$ son(s) who m | 1040, line 38, Form 50,000 if married fil ade the gualified co | of the following app 1040A, ine 22, or Fo ing jointly!, ontribution or elective s 2006 tax return, or | rm 1040NR defemat (a) v | vas born after Jar | Lary 1. | |
| 1 | | | and the second s | Do not include rollove | | (a) You | | (b) Your spouse |
| 2 | | ributions, and | or other qualified en | nployer plan, voluntar contributions for 200 | | | | |
| 3 | Add lines 1 and | | | Call | 3 | | | |
| | (including exter married filing jo See instruction | naions) of ye intly, include s for an exce | our 2006 tax return both spouses' amo option | | H 4 | | | |
| | | | f zero or less, enter | | 6 | | 1 | |
| 21 | | 2 · · · · · · · · · · · · · · · · · · · | maller of line 5 or 1 | | 1 International | | 7 | |
| 7 | | | | annot take this cred orm 1040A, line 22, (| | * * * * * | in the second | |
| 9 | Form 1040NR, | line 36 | amount shown be | | 8 | | | |
| | If line 8 | in | | und your filing statu | e le- | | | |
| | Married | | | Head of | | Aanted filing | | |
| | Over- | But not over- | filing jointly | household on line 9 | sepa | rately, or ng widow(er) | | |
| | 100000000 | \$15,000 | .5 | .5 | | | | |
| | \$15,000 | \$16,250 | .5 | .5 | .2 | | 9 | х. |
| | \$16,250 \$22,500 | \$22,500 \$24,375 | .5 .5 | .5 | 1 | | - | |
| | \$24,375 | \$25,000 | .5 | .1 | | | | |
| | \$25,000 | \$30,000 | 5 | .1 | .0 | | | |
| | \$30,000 | \$32,500 | 2 | .1 | .0 | | | |
| | \$32,500 | \$37,500 | ,t | ,1 | .0 | | | |
| | \$37,500 | \$50,000 | .1 | .0 | -0 | | | |
| | \$50,000 | | .0 | .0 | | \$6 | | |
| | | | line 9 is zero, stop; | you cannot take this | credit. | | | |
| 10 | Multiply line 71 | | | | 1 1 1 | + + + + | 10 | |
| 11 | Enter the amou Form 1040NR, | line 43 | | orm 1040A, line 28, 4 | or 11 | | - | |
| 12 | 1040 filers: | | al of your credits fro credit amount, if an 869. | | | | | |
| | 1040A filers: | Enter the total | i of your credits from | lines 29 through 32. | 12 | | | |
| | 1040NR filers: | | al of your credits fro credit amount, if an asa | CONTRACTOR OF A DATE OF A | | | | |
| 13 | Subtract line 12 | | | cannot take this cre | dt | | 13 | |
| | Credit for qua | lified retiren | nent savings contr | ributions. Enter the s A, line 33, or Form 1 | smaller of li | | 14 | |
| | | | | | 1016 | u are excluding inc | | 210211 |

| Deper | remoted of the Treasury | ► See separate in | | | 6 | Attachment | 20 |
|----------|---|---|---|--------------------------------------|----------|--|--------|
| indesi 1 | of Percent Benine (98) | Attach to For | | you incurred expense | Soci | Sequence No. 5 al security number | 4 |
| | | | | _ U | 1 | | |
| Pa | rt I Employee Business Ex | penses and Reimbursem | ents | 5 | 1 | - | |
| Ste | p 1 Enter Your Expenses | El | Other | Than Meals | 0 | Column B Meals and Entertainment | |
| 1 | Vehicle expense from line 22 or instructions.) | AND THE SECOND | ee | 22 | | | |
| 2 | Parking fees, tolls, and transportat did not involve overnight travel or | ion, including train, bus, etc., th | | | | | |
| 3 | Travel expense while away from h | ome overnight, including lodgin | ng, | | | | |
| 4 | airplane, car rental, etc. Do not in Business expenses not included | AUGA 107 10 10 | ot | | | | 40. 54 |
| | include meals and entertainment. | | . 4 | | - | 120 | |
| 5 | Meals and entertainment expense | 승규, 동네, 고려, 가지만 많은 것 것이 같은 것이 없을까? 것 같아. 가지? | | | | | _ |
| 6 | Total expenses. In Column A, ad result. In Column B, enter the amo | | | | | | |
| | Note: If you were not reimburse | d for any expenses in Step | 1, skip line 7 a | nd enter the am | ount fro | m ine 6 on line | .8. |
| _ | reported to you in box 1 of Form 1 reported under code "L" in bo instructions) | | | | | | |
| Ste | p 3 Figure Expenses To Dec | luct on Schedule A (Form | 1040) | | _ | | |
| | | | 120 | | | | |
| 8 | Subtract line 7 from line 6. If zer line 7 is greater than line 6 in 0 income on Form 1040, line 7 | | | | | | _ |
| | line 7 is greater than line 6 in 0 | Solumn A, report the excess 8 are zero, you cannot dedu | as 8 | | | | |
| | line 7 is greater than line 6 in 0 income on Form 1040, line 7 Note: // both columns of line employee business expenses. Six | Column A, report the excess 8 are zero, you cannot dedu top here and attach Form 2108 rom line 8. In Column B, multi eas subject to Department service limits: Multiply m n home on business by 75% (7 | as 8 | | | | |
| | line 7 is greater than line 6 in 0 income on Form 1040, line 7 Note: // both columns of line employee business expenses. Sto your return. In Column A, enter the amount fi line 8 by 50% (.50), (Employ Transportation (DOT) hours of expenses incurred while away from instead of 50%. For details, see | Column A, report the excess 8 are zero, you cannot dede to here and attach Form 2106 rom line 8. In Column B, multi- tes subject to Department service limits: Multiply m instructions.) h columns and enter the total 0. (Reservists, qualified perfor- dividuals with disabilities: See to | as 8 pot 10 ply of 10 sal 175) 9 here, Also, enthering artists, fee the instructions 10 | -basis state or for special rules | 10 | | |

| | ction A-General Information claiming vehicle expenses.) | (You mus | t complete | this section I | l you | (a) Vehicle 1 | (b) Vehicle 2 |
|----------------------|---|-----------------------------------|--|---|----------------|------------------------|---|
| 11 | Enter the date the vehicle was p | laced in se | nice | 0 | 11 | 1 1 | 1 1 |
| 12 | Total miles the vehicle was drive | | | 1110 | 12 | miles | mile |
| 13 | Business miles included on line | | | | 13 | miles | mile |
| 14 | Percent of business use. Divide | | | 2000 | 14 | % | 9 |
| 15 | Average daily roundtrip commuti | | | | 15 | miles | mile |
| 16 | Commuting miles included on lin | e 12 | | | 16 | miles | mile |
| 17 | Other miles. Add lines 13 and 18 | and subtr | act the total | from line 12 | 17 | miles | mile |
| 18 | Do you (or your spouse) have an | | | | e? | | . 🗌 Yes 🗌 No |
| 19 | Was your vehicle available for p | | | uty hours? | | + + + + + + + | Yes No |
| 20 | Do you have evidence to suppor If "Yes," is the evidence written? | | LIGERNIZ, 1 | 1. 1. 1. 1. 1. | 1.1.1.1 | | Yes No |
| the local data | tion B-Standard Mileage Rate | designed in some of particular or | to choos for | Dart I to find | nut utathar | to complete this eac | Yes No |
| 1000 | | Sec the me | SPOLIDITE ID | Part e to tela | out when er | 22 | tion or section c.) |
| 1000 | Multiply line 13 by 44.5¢ (.445) ction C—Actual Expenses | 100 | | Vehicle 1 | | (b) Vet | ida 2 |
| | division and | 1.1 | Į. | Venicie I | 1.1 | (b) set | aute z |
| 23 | Gasoline, oil, repairs, vehicle | 23 | | | _ | 15. 1 | |
| 24.0 | Vehicle rentals | 24a | | 1 | 1 | | 1 |
| | Inclusion amount (see instructions) . | 24b | | | | | |
| | Subtract line 24b from line 24a | 24c | - | | 1 1 | 20.0 | |
| 25 | Value of employer-provided | 10.00 | | 1.0 | | | |
| 20 | vehicle (applies only if 100% of | | | | | | |
| | annual lease value was included | | | | | | |
| | on Form W-2-see instructions) | 25 | | | | | |
| 26 | Add lines 23, 24c, and 25 | 26 | | | | | |
| 27 | Multiply line 26 by the | 1.5 | | | | | |
| | percentage on line 14 | 27 | | | | | |
| 28 | Depreciation (see instructions) . | 28 | | | _ | | |
| 29 | Add lines 27 and 28. Enter total here and on line 1. | 22 | | | | | |
| Car | tion D-Depreciation of Vehicles | 29 Ulsa this ea | action only if | upu owned the | unbide and | ain completing Section | o C for the unhight i |
| Get | and bepreciation of vencies | 1036 1113 34 | And which in the second second second second | Vehicle 1 | PRINCIPLIE AND | (b) Veh | and the second |
| 30 | Enter cost or other basis inco | | | | | | |
| 30 | Enter cost or other basis (see instructions) | 30 | | | | | |
| 31 | Enter section 179 deduction | | | | | | 3 |
| ٠. | (see instructions) | 31 | | 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - | | 100 C | |
| 32 | Multiply line 30 by line 14 (see | 1000 | | 1.00 | 11 A. | | |
| | instructions if you claimed the | | | | | | |
| | section 179 deduction or | | | | | | |
| | special allowance) | 32 | | | 22 | | |
| 33 | Enter depreciation method and | | | | | | |
| | percentage (see instructions) , | 33 | | 10 | 60.00 | | |
| 34 | Multiply line 32 by the percentage | 34 | | | | | |
| | on line 33 (see instructions) | 34 | | | | | |
| - | Add lines 31 and 34 | | | - 0- | 200 | | |
| | Enter the applicable limit explained | 36 | | | | | |
| | | | - | | | 10 m | |
| 36 | in the line 30 instructions Multiply line 38 by the | | | | | | |
| 36 | Multiply line 38 by the | 37 | | | | | |
| 36 37 | | 37 | | | | | |
| 36 37 | Multiply line 38 by the percentage on line 14 Enter the smaller of line 35 or line 37. If you skipped lines | 37 | | | | | |
| 35 36 37 38 | Multiply line 38 by the percentage on line 14 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount | 37 | | | | | |
| 36 37 | Multiply line 38 by the percentage on line 14 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this | | | | | | |
| 36 37 | Multiply line 38 by the percentage on line 14 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount | 37 | | | | | |
| 36 37 | Multiply line 38 by the percentage on line 14 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this | | | | | | Fem 2106 (200 |
| 36 37 | Multiply line 38 by the percentage on line 14 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this | | | | | | Fam 2106 (20) |
| 36 37 | Multiply line 38 by the percentage on line 14 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this | | 0 | ind an Recycled Pap | | | Fem 2106 (200 |

| | a 8888 | Direct Deposit of Refund See Instructions below and on back. Attach to Form 1040, Form 1040A, Form 1040EZ, Form 1040NR, Form 1040PR. | R-62. | 2006 Attachment Sequence No. 56 |
|-----|----------------------|---|----------|---------------------------------------|
| Nan | e(s) shown on return | 0 | Your soc | al security number |
| 1a | Amount to be dep | sited in first account | 1a | |
| ь | Routing number | ►c Checking Savings | | - |
| d | Account number | | | |
| 28 | Amount to be dep | osited in second account | 2a | ~ |
| b | Routing number | Checking Savings | | |
| d | Account number | | | |
| 3a | Amount to be dep | sited in third account | 38 | |
| b | Routing number | Checking Savings | | |
| d | Account number | | | |
| 4 | shown on Form 1 | e directly deposited. Add lines 1a, 2a, and 3a. The total must equal the amou M0, line 74a; Form 1040A, line 45a; Form 1040EZ, line 12a; Form 1040NF 0NR-EZ, line 24a; Form 1040-SS, line 12a; or Form 1040-PR, line 12a; | | |

Purpose of Form

Use Form 8888 if you want us to directly deposit your tax refund into either two or three of your accounts at a bank or other financial institution (such as a mutual fund, brokerage firm, or credit union) instead of sending you a check. An account can be a checking, savings, or other account such as an individual retirement arrangement (IRA) (see page 2 for more information on IRAs), health savings account (HSA), Archer MSA, or Coverdell education savings account (ESA). You cannot have your refund deposited into more than one account if you file Form 8379.

Note. If you want your refund deposited into only one account, do not complete this form. Instead, you can request a direct deposit of your refund on the tax return you are filing.

 You get your refund faster by direct deposit than you do by check.

· Payment is more secure. There is no check that can get lost or stolen.

. It is more convenient. You do not have to make a trip to the bank to deposit your check.

It saves tax dollars, it costs the government less to refund by direct deposit.



The IRS is not responsible for a lost refund if you enter the wrong account information. You can check with your

financial institution to get the correct routing and account numbers and make sure your deposit will be accepted.

Specific Instructions

If you file a joint return and you complete and attach Form 8888, you are appointing your spouse as an agent to receive the refund. This appointment cannot be changed later.

deposited into an individual account, if the direct deposit is rejected, a check will be sent instead. The IRS is not responsible if a financial institution rejects a direct deposit.

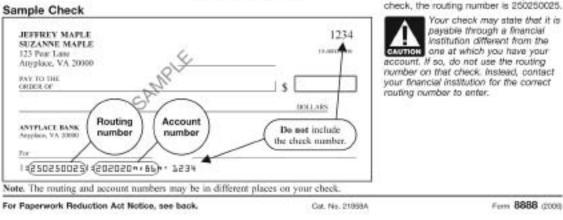
Lines 1a, 2a, and 3a

Enter the partien of your refund you want directly deposited into each account. Each deposit must be at least \$1. The amount of your refund can be found on Form 1040, line 74a; Form 1040A, line 45a; Form 1040EZ, line 12a; Form 1040NR, line 72a; Form 1040NR-EZ, line 24a; Form 1040-SS. line 12a; or Form 1040-PR, line 12a. The total of lines 1a, 2a, and 3a must equal the total amount of your refund.

Lines 1b, 2b, and 3b

The routing number must be nine digits. The first two digits must be 01 through 12 or 21 through 32. Otherwise, the direct deposit will be rejected and a check sent instead. On the sample check, the routing number is 250250025.

Your check may state that it is payable through a financial Institution different from the one at which you have your HON account. If so, do not use the routing number on that check, instead, contact your financial institution for the correct routing number to enter.



2006 Form 1040-V

What Is Form 1040-V and Do You Have To How To Sen

It is a statement you send with your check or money order for any balance due on the "Amount you owe" line of your 2006 Form 1040. Using Form 1040-V allows us to process your payment more accurately and efficiently. We strongly encourage you to use Form 1040-V, but there is no penalty if you do not.

How To Fill In Form 1040-V

Use It?

Cut. No. 209750

Line 1. Enter your social security number (SSN). If you are filing a joint return, enter the SSN shown first on your return.

Line 2. If you are filing a joint return, enter the SSN shown second on your return.

Line 3. Enter the amount you are paying by check or money order.

Line 4. Enter your name(s) and address exactly as shown on your return. Please print clearly.

How To Prepare Your Payment

 Make your check or money order payable to the "United States Treasury." Do not send cash.

 Make sure your name and address appear on your check or money order.

 Enter "2006 Form 1040," your daytime phone number, and your SSN on your check or money order. If you are filing a joint return, enter the SSN shown first on your return.

 To help process your payment, enter the amount on the right side of your check like this: \$ XXX.XX. Do not use dashes or lines (for example, do not enter "\$ XXX—" or "\$ XXX imes "].

How To Send In Your 2006 Tax Return, Payment, and Form 1040-V

Department of the Treasury Internal Revenue Service

- Detach Form 1040-V along the datted line.
- Do not staple or otherwise attach your payment or Form 1040-V to your return or to each other. Instead, just put them loose in the envelope.
- Mail your 2006 tax neturn, payment, and Form 1040-V in the envelope that came with your 2006 Form 1040 instruction booklet.

Note. If you do not have that envelope or you moved or used a paid preparer, mail your return, payment, and Form 1040-V to the Internal Revenue Service at the address shown on the back that applies to you.

Paperwork Reduction Act Notice. We ask for the information on Form 1040-V to help us carry out the Internal Revenue laws of the United States. If you use Form 1040-V, you must provide the requested information. Your cooperation will help us ensure that we are collecting the right amount of tax.

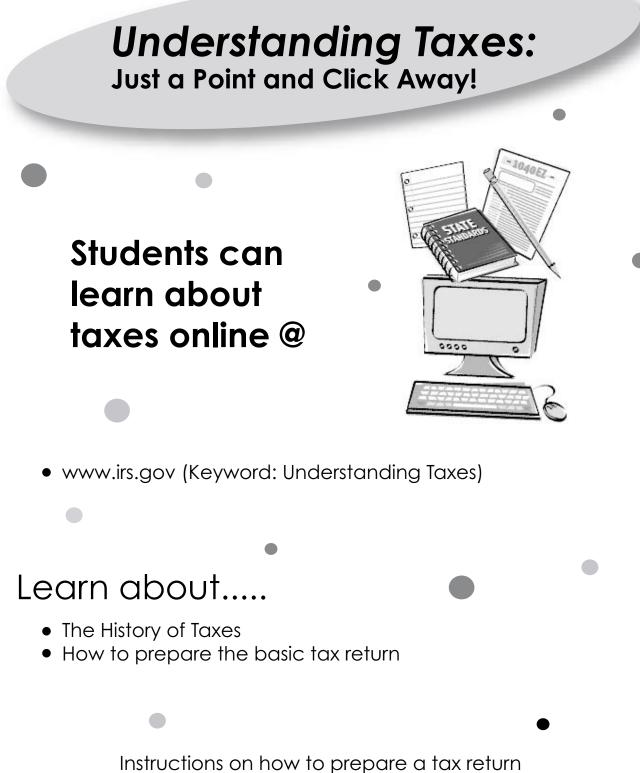
You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Internal Revenue Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For the estimated averages, see the instructions for your income tax return. If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Farm 1040-V (2000)

| 1040-V Payment Voucher | | | | 10 | OMB No. 1545-0074 |
|-----------------------------------|--|---|---|------|-------------------|
| | ► Do no | at staple or attach this voucher to | iturn. | 2006 | |
| Your social security number | (55%) | 2 If a joint return, SSN shown accord on your return | 3 Amount you are paying by check or money order | Odia | n Gerti |
| 4 Your first name and initial | | ni dei | Lost rame | | |
| If a joint return, spouse's first | If a joint return, spouse's first name and initial | | | | |
| Home address (turtler and sheet) | | | | | Apt. no. |
| City, town or post office, sta | nin, and ZR | P code | | | |

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