
Test Package for Electronic Filers of Individual Income Tax Returns for Tax Year 2002

Internal Revenue Service
Electronic Tax Administration



Department of the Treasury
Internal Revenue Service

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ATTENTION

THE SCENARIO PACKAGE, WITH SCRIPTED TEXT, WILL BE PROVIDED ON THE ELECTRONIC FILING BULLETIN BOARD.

TO RECEIVE THE PRINTED VERSION OF THIS PUBLICATIONS NEXT YEAR, YOU MUST COMPLETE THE FORM BELOW:

NAME OF FIRM	
NAME OF CONTACT	
TITLE	
MAILING ADDRESS	
CITY	
STATE	ZIP
SOFTWARE DEVELOPER	
ELECTRONIC RETURN ORIGINATOR	
TRANSMITTER	PREPARER
EFIN	ETIN
TELEPHONE	

SEND TO THE FOLLOWING ADDRESS BEFORE JUNE 1, 2003:

INTERNAL REVENUE SERVICE
CAROLYN J. MARTIN
PUBLICATION 1436
W:CAS:SP:IEF:R
C4-273 NCFB
5000 ELLIN ROAD
LANHAM, MD 20706

PARTICIPANTS ACCEPTANCE TESTING SYSTEM (PATS) TY 2002

WHO MUST FILE?

The Electronic Program Operations requires that all software developers and transmitters perform the tests in this Test Package before they can be accepted into the electronic filing program for the 2003(Tax Year 2002) filing season. Anyone who plans to transmit must test and be accepted using asynchronous protocol; **bisynchronous protocol will not be accepted.**

WHY TEST?

The purpose of testing is to ensure, prior to live processing that: 1) filers transmit in the correct format and meet the IRS electronic filing specifications; 2) returns have few validation or math errors; 3) required fields post to the IRS master file; and 4) filers understand and are familiar with the mechanics of electronic filing.

WHAT IS TESTED?

The test package for the 2002 Participants Acceptance Testing System (PATS) consists of thirty-six (36) return scenarios. Each scenario includes the applicable W-2s, W-2Gs, 1099G, 1099-Rs, 1040s, 1040As, and 1040EZs. The test returns include all forms and schedules accepted for electronic filing. Test **8** is the return to be used if you will be participating in the Federal/State electronic filing program. You should add the appropriate information in the generic state record and transmit the return as part of your regular transmission. Specific instructions are available from participating states.

The scenarios provide the information needed to prepare the appropriate forms and schedules; however, computations and data for all lines have not been provided. Therefore, knowledge of tax law and tax preparation is necessary. You must correctly prepare and compute these returns before transmitting the tests. To eliminate the time spent by IRS staff in reviewing your final transmissions, it will be to your advantage to use the phrases and abbreviations appearing in the test package, and enter the data in the same order as it appears in the scenario. You must also transmit the test returns in consecutive ascending SSN order. It is important that you enter the correct Return Type and Source Return Indicator.

Test Password - New or revised applicants who will be transmitting to the IRS for PY 2003 will receive an eight-digit alphanumeric test password. This password will be mailed to the applicants. It will be valid at the beginning of PATS, which will begin November 5, 2002. The production Passwords will be mailed out as we have done in the past.

Please remember to contact your home-processing site if you forget your test password.

SPECIAL NOTES CONCERNING TEST SCENARIOS

The Answer File can provide only one answer for each scenario line item. Since there may be alternative ways to prepare the return, it may be necessary to discuss your method of preparation with the tax examiner to resolve any mismatches. In each scenario, under the heading "OTHER", information may be present which might help clarify the scenario. Any optional forms mentioned in the test are included in the PATS Answer File. Some W-2s may be non-standard.

Since every conceivable condition cannot be represented in the Test, you may want to test any conditions you feel are appropriate once you have passed the Test. Suggestions for the additional scenarios are welcome and, if accepted, can be added to the Tax Year 2003 package.

Some tests will indicate under the heading "PREPARED BY" that they were prepared by a specific fictitious paid preparer, or that the IRS assisted the taxpayer (non-paid preparer information), or that the taxpayer prepared the return. You must provide for the transmission of Third-Party Paid and Non-Paid Preparer information as specified in the scenarios. Where this information is blank, you are to supply the information that is appropriate for your situation; i.e., as if a preparer in your office(s) had prepared the return. (See Attachment 6 of the File Specifications, Pub. 1346, for more information on Non-Paid and Paid Preparer fields.)

Tests **32** and **33** have Electronic Filing Identification Numbers (EFINs) printed on the top of the first page of the scenario. These are to be used by Electronic Return Originators who wish to test their ability to monitor and assign DCNs on returns collected from other EROs. If you are not a collector, then use your own EFIN in the DCN.

Form 2210/2210F

The interest rates for the final quarter for Form 2210 were not available at the time of publication. The following multipliers were used on the penalty computation forms:

Form 2210, line 19:	0.04397
Form 2210, line 33:	0.06
Form 2210, line 35:	0.06

These amounts are subject to change, as the rates become available. Forms W-2, W-2G, and 1099R contain state wages and withholding. If the test scenario includes a Schedule A, the state withholding is included in the amount given for line 5 of the Schedule A.

WHEN TO TEST

When you are ready to test, starting November 5, 2002, call the Electronic Filing Unit in the service center serving your main office. They will assign a tax examiner to help you in successfully completing the tests.

Andover/Cincinnati Service Center	978-474-1579
Austin/Ogden Service Center	512-460-8900
Memphis Service Center	901-546-2690

REVIEWING ACK FILES AND CORRECTING TESTS

You may transmit as many test returns as necessary until you receive no error messages; however, Test 11 will always be rejected. This is to provide you with experience in reading the Error Records contained in the Acknowledgement File. Test 11 will be rejected with Error Reject Code 500 [The Primary-SSN (Field 0003) of the Record ID for Form 1040, Page 01, and the Name Control(SEQ 0050) must match the corresponding data in the IRS Master File], and you will not be able to correct it.

While you are solving problems, you may transmit only the problem returns until you have no rejects. You may modify tests to include only conditions your software will handle, e.g., if you can transmit only 10 W-2s, then on the test with 20 W-2s, transmit 10, and adjust your figures accordingly. You must inform the tax examiners of any forms you do not intend to file so they will understand why the answers do not agree with the Answer File.

FINAL TRANSMISSION

Once you receive no rejects, other than Test 11, you will be required to transmit the returns in two separate, same-day transmissions, including the test with the Error Reject Code 500 rejection. You are required to make two separate transmissions in the same day in order to test the ability of your software to increment the transmission sequence number that appears in the TRANA record. Tests 1-16 should be in the first transmission and Tests 17-36 in the second transmission.

REVIEW OF PARTICIPANTS RETURNS FILE (PRF) AGAINST PATS ANSWER FILE

This transmission (PATS I) will be compared against the **PATS ELF Answer File**. The comparison program checks each byte and prints out the fields that differ. The tax examiner will review the printout and will discuss any problems with you. Some fields will differ and are not considered incorrect, but others **MUST AGREE EXACTLY**. These fields are all SSNs, ATINs, EINs, ITINs, RTNs, account numbers, percentage and date fields, and the entity portion of the 1040 family and ETD Forms 56, 2350, 2688 4868 and 9465. When these miscompares are either accepted or corrected, you will pass the test.

Remember: The Tax Examiner will not run a "Compare" until there are no reject conditions for the test returns on the ACK file (with the exception of the forced reject of Test 11).

COMMUNICATIONS TEST FOR THE e-file SYSTEM

There are two primary EMS sites: Tennessee Computing Center (TCC), (which hosts Cincinnati and Memphis nodes) and Austin Service Center (AUSC), (which hosts Andover, Ogden and Austin nodes). Returns for Memphis and Cincinnati will be transmitted to TCC; returns for Andover, Ogden and Austin will be transmitted to AUSC. If you are a Software Developer/Transmitter and plan to transmit returns to more than one service center, you are only required to send a transmission to one node (your primary service center). You must then complete an *e-file* communications test by transmitting five returns in two same-day transmissions (three returns in one transmission and two in other). A Software Developer/Transmitter must pass the communications test with software using the asynchronous (ASC) protocol.

If you are a Preparer/Transmitter using accepted software, you must complete an error-free communications test by transmitting five returns in two same-day transmissions (three returns in one transmission and two in the other) to one EMS site. The

communication test must reflect the types of returns you will be filing (i.e. if you will be transmitting all three types of Forms 1040, your test should consist of at least one 1040, 1040A, and 1040EZ). A Preparer/Transmitter must pass the communications test with software using the asynchronous (ASC) protocol.

A Software Developer who will not transmit need not perform a communications test for the ELF system.

TESTING ON THE ELECTRONIC TRANSMITTED DOCUMENT (ETD) SYSTEM

The Electronic Transmitted Document, or (ETD)System, processes forms that are not attached to a Form 1040, 1040A, or Form 1040EZ. A separate transmission file (PATS II) should be created for the ETD System using prescribed data from selected scenarios.

The ETD file is composed of thirty-five(35)intermixed Form 9465, Form 4868, Form 2688, Form 56 and Form 2350.

This transmission will be compared against the **PATS ETD Answer File**.

Once you receive no rejects, you will be required to transmit the returns in two separate, same-day transmissions. Test 1-17 should be in the first transmission and 17-33 in the second transmission.

COMMUNICATIONS TEST FOR THE ETD SYSTEM

If you are a Software/Transmitter and plan to transmit returns to more than one center, you may send a transmission to one node at EMS site for your primary service center. You must then complete an ETD communications test by transmitting five returns in two same-day transmissions (three returns in one transmission and two in the other) with each EMS site. A Software Developer/Transmitter must pass the communications test with software using the asynchronous (ASC) protocol.

If you are a Preparer/Transmitter using accepted ETD software and you have passed PATS communications testing for 1040 electronic returns, it will not be necessary for you to do an ETD communications test.

A Software Developer who will "NOT" transmit, need not perform a communications test for the ETD system.

USING YOUR OWN TEST

When you have been notified that you have passed the PATS test, you may test with data of your own, provided that you are using your TEST password. You must use the word "TEST" as the first name of the taxpayer, and you may use any of the SSNs within the test package. DO NOT use any other SSNs.

TESTING GUIDELINES FOR SOFTWARE DEVELOPERS

You must advise the Service Center of all limitations to your software package at time of first contact, before testing begins.

Software does not have to provide for all forms and schedules, nor for all occurrences of a particular form or schedule. If your software cannot provide for all occurrences of a particular form or schedule or series of fields, as specified in Publication 1346, no statement record is allowed.

You must do the complete form with all fields included. An acceptable limitation would be the number of field occurrences.

Your software must be able to create a statement if a statement is necessary to complete a form.

Your software must be able to accept different addresses from multiple W-2 Forms. The 1040 entity address must "NOT" automatically transfer to the W-2 address. All information on Form W-2 must be entered in the Form W-2 record. There are no exceptions.

You must advise the Service Center of all names you will be using to market your product.

ELECTRONIC FILING BULLETIN BOARD SYSTEM

The Electronic Filing Bulletin System operates seven days a week. The system is unavailable at 4:00 a.m. Eastern Time for about 30-60 minutes for maintenance. This system provides general Electronic Filing Program information as well as specific information concerning changes to this and other publications.

Filers, using an asynchronous modem (14.4 or less) and communication software can access the bulletin board by dialing:

(859) 669-0137

The communication software should have the following protocol: Full Duplex, No parity, 8 data bits, and 1 stop bit.

For additional information and assistance regarding the bulletin board, contact the bulletin board technical staff at (859) 669-5031.

FEDERAL/STATE PARTICIPANTS ACCEPTANCE TESTING (PATS)

Software Developers will be tested by each individual state using a state provided test package. The applicable State Liaison will respond to **all** Software Developer questions related to state testing.

CONCURRENT TESTING

Concurrent Testing allows Software Developers to begin state testing, through any IRS ELF Service Center, prior to obtaining final acceptance from the IRS for the Federal PATS process. State testing may begin after the Software Developer has had thirteen (13) federal returns accepted with no Error Reject Codes at the primary service center. The primary service center is defined as the center that supports the state where the Software Developer is physically located. The Software Developer must contact the state coordinator who, in turn, will schedule state testing with the primary service center.

The Software Developer may be required to create specific data from state test scenarios. The state coordinator will have information about specific testing procedures for each state.

TECHNICAL ASSISTANCE

The Software Developer will continue separate federal testing, at the primary EMS site, using the Federal test scenarios until they accept them for federal filing. Procedures in place for Federal Participants Acceptance Testing will not change.

The primary Service Center will provide technical assistance on Federal returns only. The state coordinator must respond to any problem encountered by the Software Developer with state data. The state coordinator will work with the Software Developer to resolve all reject conditions on state returns.

The primary IRS will perform limited testing on the state generic and unformatted records. If these records are not rejected by the automatic checks in the IRS programs, the IRS will make the state data available to each state agency for further testing.

The IRS will not perform a "Compare" to look at specific state data. Each state will test the state data and provide feedback to electronic filers. Filers should refer to each state's procedures and specifications.

Software Developers and Transmitters have requested that the IRS and states use different Social Security Numbers (SSNs) for their

respective Acceptance Testing process. The following range of Test SSNs has been designated for use by the participating states in the state test packages:

<u>ELF STATE</u>	<u>ASSIGNED TEST SSNS</u>
Arkansas	400-00-5500 to 400-00-5599
Alabama	400-00-7400 to 400-00-7499
Arizona	400-00-7500 to 400-00-7599
Colorado	400-00-5600 to 400-00-5699
Connecticut	400-00-5700 to 400-00-5799
Delaware	400-00-5800 to 400-00-5899
District of Columbia	400-00-7300 to 400-00-7399
Georgia	400-00-6600 to 400-00-6699
Hawaii	400-00-7900 to 400-00-7999
Idaho	400-00-5900 to 400-00-5999
Illinois	400-00-3500 to 400-00-3599
Indiana	400-00-4000 to 400-00-4099
Iowa	400-00-6000 to 400-00-6099
Kansas	400-00-4100 to 400-00-4199
Kentucky	400-00-4200 to 400-00-4299
Louisiana	400-00-4300 to 400-00-4399
Maryland	400-00-7200 to 400-00-7299
Michigan	400-00-4500 to 400-00-4599
Mississippi	400-00-4600 to 400-00-4699
Missouri	400-00-6100 to 400-00-6199
Montana	400-00-6800 to 400-00-6899
Nebraska	400-00-6200 to 400-00-6299
New Jersey	400-00-6300 to 400-00-6399
New Mexico	700-00-0000 to 700-00-2000
New York	400-00-4800 to 400-00-4899
North Carolina	400-00-4900 to 400-00-4999
North Dakota	400-00-7700 to 400-00-7799
Ohio	400-00-7600 to 400-00-7699
Oklahoma	400-00-5000 to 400-00-5099
Oregon	400-00-6400 to 400-00-6499
Pennsylvania	400-00-7100 to 400-00-7199
Rhode Island	400-00-6900 to 400-00-6999
South Carolina	400-00-5100 to 400-00-5199
Utah	400-00-5200 to 400-00-5299
Vermont	400-00-8000 to 400-00-8099
Virginia	400-00-7000 to 400-00-7099
West Virginia	400-00-5300 to 400-00-5399
Wisconsin	400-00-5400 to 400-00-5499

The IRS will only accept these SSNs during Participants Acceptance Testing (PATs). They will be rejected if submitted during live processing. The IRS Error Reject Code provided will

advise filers that the SSN is not within the valid range of Social Security Numbers.

Electronic filers who have been accepted into the Federal Electronic Filing System, and have begun transmitting federal returns, but wish to continue state testing must obtain a Test ETIN from the applicable IRS service center. Check the state procedures to determine if the state allows testing beyond January 10, 2003.

New Procedures for forms not in test scenarios - All the new forms to e-file were not included in the test scenarios. However, if you plan to develop any of these new forms, you may include them in one of the test scenarios. If there are no reject codes related to that particular form(s), this will indicate that you have met the file specification and may file the form(s). Your acceptance notification will include any of the new forms you transmit. After you have completed your PATS testing select a return(s) and attach whatever forms you plan to file that were not already included in the test scenarios. To ensure the form is completed according to our specifications, the money amounts that apply to other forms or schedules in that test scenario must be completed. There will be no compares on these forms.

Preliminary Answer files- will be in variable format. It will be posted as a file consisting of all the forms and schedules that are included in each test scenario. All the fields (sequence numbers) with the appropriate values will be in the file. When you have finished developing your test scenarios, your fields and values should be consistent with the field/values on the file.

Electronic Signatures

Tax Professionals have the option of filing a totally paperless return for their clients using the Self-Select PIN or Practitioner PIN methods.

Self-Select PIN

The Self-Select PIN method allows taxpayers to electronically sign their e-filed returns by entering a five-digit PIN. The five-digit PIN can be any five numbers except all zeros. The Self-Select PIN method requires the entry of each taxpayer's Date of Birth and Prior Year original Adjusted Gross Income which are used to authenticate the taxpayer.

The following taxpayers are eligible to use the Self-Select PIN:

- Taxpayers who filed Form 1040, 1040A, or 1040EZ or Telefile for Tax Year 2001.
- Taxpayers who filed Form 1040-PR for TY 2001, who are eligible to file Form 1040 for Tax Year 2002.
- Taxpayers who did not file for Tax Year 2001, but have filed previously.
- Taxpayers who are 16 or older on or before December 31, 2002, who have never filed a tax return.
- Taxpayers under age 16, filing as Primary Taxpayers, who have filed previously.
- Taxpayers under age 16, filing as Secondary Taxpayers (spouse), who filed in the immediate prior year.
- Military personnel residing overseas with APO/FPO addresses.
- Taxpayers residing in the American Possessions of the Virgin Islands, Puerto Rico, American Samoa, Guam and Northern Marianas, or with foreign country addresses.
- Taxpayers filing Form 4868 (extension of time to file), Form 2688 (additional extension of time to file) or Form 2350 (extension for certain U.S. citizens living aboard).
- Those who are filing on behalf of a deceased taxpayer.

The following taxpayers are NOT eligible to use the Self-Select PIN:

- Primary Taxpayers under age 16 that have never filed.
- Secondary Taxpayers under age 16 that did not file in the immediate prior year.
- Taxpayers who filed Forms 1040-NR or 1040-SS for Tax Year 2001
- Taxpayers who are required to file the following Forms:
 - Form 3115, Application for Change in Accounting Method
 - Form 5713, International Boycott Report
 - Form 8283, Non-Cash Charitable Contributions (if using Part B)
 - Form 8332, Release of Claim to Exemption for Children of Divorced or Separated Parents
 - Form 8609, Low-Income Housing Credit Allocation Certification

Self-Select PIN Validations

The following fields must be present for the taxpayer when using the Self-Select PIN for *e-file*:

Primary: Social Security Number
Name Control
Date of Birth
AGI from Tax Year 2001 return

If Married Filing Joint:
Spouse Social Security Number
Spouse Name Control
Spouse Date of Birth
Spouse AGI from Tax Year 2001 return

If taxpayers filed a joint return in Tax Year 2001, they are required to enter the same AGI amount for the Primary and Spouse. The AGI is not split between the two.

If taxpayers did not file jointly in Tax Year 2001, they are required to provide their own AGI amount.

If taxpayers did not file a return in Tax Year 2001, they are required to enter zeros for the AGI amount.

Practitioner PIN

The Practitioner PIN method offers another signature option for Electronic Return Originator's to use in preparing and transmitting Forms 1040/A/EZ to IRS. Beginning in PY 2003 the Practitioner PIN is open to all EROs (no agreement is required). This method also allows taxpayers to sign their return using a five-digit PIN they select; however, it does not require entry of the taxpayer authentication information (i.e. Date of Birth and Prior Year original Adjusted Gross Income). Receipt of the taxpayer's PIN by IRS eliminates the need for individuals to sign a Form 8453. The ERO must complete Form 8879, IRS e-file Signature Authorization, **including Part III**, for each return that is prepared using this method.

First time filers and taxpayers under age 16 are eligible to use the Practitioner PIN.

Note: EROs are should confirm the identity of the taxpayer when completing Form 8879, IRS e-file Signature Authorization, prior to transmitting returns to IRS. EROs participating in the Practitioner PIN must retain Forms 8879 for three years from the return due date or IRS receive date, whichever is later. **Do Not Mail** Form 8879 to IRS.

Highlights for Tax Year 2002

New Form(s)/Schedule(s)

Six additional forms and three new records will be accepted for Electronic Filing for Tax Year 2002:

Form W-2GU	Guam Wage and Tax Statement
Form 970	Application to Use LIFO Inventory Method
Form 1099-G	Certain Government & Qualified State Tuition Program Payments
Form 1310	Statement of Person Claiming Refund Due to a Deceased Taxpayer
Form 8594	Asset Allocation Statement Under Section 338 and 1060
Form 8880	Credit for Qualified Retirement Savings Contributions
Form 8885	Health Insurance Credit For Eligible Recipients

New Record Types

FEC	Foreign Employer Compensation (FEC) Record
STCGL	Schedule D - Short Term Capital Gain/Loss
LTCGL	Schedule D - Long Term Capital Gain/Loss

Form 1040 Changes

- New Line 23 - Educator Expenses
- New Line 26 - Tuition and Fees
- New Line 49 - Retirement Savings Contributions Credit
- New Line 52 - Credits for Forms 8396 (Mortgage Interest Credit) and Form 8859 (DC First Time Homebuyer's Credit)
- Line 68 - Check Box for new Form 8885

Form 1310 - Decedent Returns

The electronic Form 1310, will not contain foreign address fields at this time, thus will be for "Domestic Use Only" (APO/FPO and Stateside Military Addresses will be allowed).

Form 2120 - Multiple Support Declaration

Extensive revisions--See new Record Layout

e-file Campus Processing/Changes

For processing year 2003, some of the e-file service centers will be realigned. The service centers are now referenced as "e-file campuses". Ogden and Cincinnati will no longer process Individual tax returns.

- Ogden returns will be processed at the Austin Campus.
- Cincinnati returns will be processed at the Andover Campus.
- No change for returns processed at the Memphis Campus.

There will be no change to where returns are transmitted, because the realignment of the returns will be done internally for processing year 2003.

The Help Numbers will remain the same for all sites. Calls to the Help Desk Numbers for Ogden and Cincinnati will be for Business returns processing.

Front-End Processing Subsystem

- Transmitters may send 100 batches (batch Sequence numbers 00-99) of 10,000 returns (return Sequence numbers 0000-9999) per day per ETIN.
- New Warning Banner and Login prompt
- Modified Communication Error Message regarding NO RECAP RECORD RECEIVED

Highlights for Tax Year 2002 (continued)

Foreign Employer Compensation (FEC) Record

To ensure accurate returns and valid claims for refunds, the Internal Revenue Service continues to require that Electronic Return Originators (EROs) receive

Forms W-2 from taxpayers prior to the origination of the submission of the electronic return. However, many taxpayers working overseas or domestically for a foreign company do not receive Forms W-2 because their foreign employers do not issue them. To extend the capability to file electronically to these taxpayers whose compensation is paid by a foreign entity, an electronic Foreign Employer Compensation Record will be accepted in lieu of Form W-2 information. The literal "FEC" will be indicated to enable wage amount(s) received from foreign employers to be included in the compensation total reported on Line 7, Form 1040 or 1040A, or Line 1, Form 1040EZ. Supporting information regarding the identity of the employee of the foreign employer, the location at which the employee resided, the name and address of the foreign employer, and the amount of compensation received must be provided on the Foreign Employer Compensation (FEC) Record. Returns both reporting Foreign Employer Compensation and claiming Earned Income Credit will not be accepted electronically at this time.

Form 8453

An Authorized IRS e-file provider must submit Form(s) 8453 within three business days after receipt of the acknowledgement file. An electronically submitted tax return is not considered filed until we receive a complete and signed Form 8453. Your failure to comply with this request may result in suspension from the IRS e-file program.

These instructions do not apply to tax returns filed using electronic signatures such as Self-Select PIN or Practitioner PIN.

Non-Paid Preparer

The record layouts for Forms 1040/1040A/1040EZ (SEQ 1338) has been updated to record information in the field description to include "ONLINE-PARTNR" as a new literal. This literal will be utilized to identify the returns that are transmitted as a result of a partnering effort conducted by the IRS. As a result of this partnering effort an Online Software Company may develop a

partnership with another entity, i.e. a large employer, community organization, government entity, financial institution, educational institution, etc. If the Online Software Company provides their software to be utilized by the entities' employees, constituents, customers, students, etc. this literal should be included in ALL of the returns that will be transmitted. This literal should ONLY be used to identify the returns that are transmitted as a result of the IRS partnering effort.

NOTE: The Online Software Company MUST inform their users that this field MUST be input in order for the IRS to correctly capture the data.

HELP

If you need assistance in formatting and transmitting your returns or have questions regarding these tests, contact the appropriate service center. Suggestions for scenarios are welcome. If you find errors or would like to comment on this Test Package, please write:

Internal Revenue Service
Carolyn J. Martin/ Sheila Rogers-Allen
W:CAS:SP:IEF:R
C4-273 NCFB
5000 Ellin Road
Lanham, MD 20706

TEST # 1

FORMS REQUIRED: FORM 1040EZ, FORM 1310

INFORMATION RETURNS ATTACHED: FORM W-2 (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040EZ, LINE 2: 270

STATEMENTS:

OTHER: DIRECT DEPOSIT
DEPENDENT OF ANOTHER

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST N ERTIA AGE: 15 SSN: 400-00-1001
 OCCUPATION: COOK PRES ELEC FUND: NO
 DISABLED: NO BLIND: NO
 DAYTIME PHONE: 305-678-9012

CHECK DIGITS FROM IRS LABEL: FY

ADDRESS: 215 LAID BACK WAY
 LAZY POINT, NY 11930-2150

FILING STATUS: SINGLE
 TAXPAYER DIED 10/15/2002

FORM 1310:
NAME OF DECEDENT: TEST N ERTIA
DATE OF DEATH: 10/15/2002
DECEDENT'S SSN: 400-00-1001
NAME OF PERSON CLAIMING REFUND: JOHN X ERTIA
PERSON CLAIMING REFUND SSN: 400-55-1001
HOME ADDRESS: 215 LAID BACK WAY
CITY, STATE, ZIP: LAZY POINT, NY 11930-2150

PART I:
LINE C: X

PART II:
LINE 1: NO
LINE 2(A): NO
LINE 2(B): NO
LINE 3: YES

DIRECT DEPOSIT: NAME OF INSTITUTION: LAST SAVINGS BANK
 RTN: 012456778
 ACCT #: 111-222-3456
 TYPE OF ACCT: SAVINGS

ETD TRANSMISSION:

FORM 4868:

LINE 4: 2

LINE 5: 300

LINE 6: 0

TEST # 2

FORMS REQUIRED: FORM 1040A, SCH 1, FORM PMT

INFORMATION RETURNS ATTACHED: FORM W-2 (2)

ENTRIES NOT REQUIRING FORMS:

STATEMENTS:

OTHER: DEPENDENT OF ANOTHER

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST O MAPLE **AGE:** 18 **SSN:** 400-00-1002
OCCUPATION: TREE TRIMMER **PRES ELEC FUND:** YES
DISABLED: NO **BLIND:** NO
DAYTIME PHONE #: 201-555-1111

CHECK DIGITS FROM IRS LABEL: KX

ADDRESS: 7842 WEEPING WILLOW LN
AUDUBON, NJ 08106-7842

FILING STATUS: SINGLE

LINE 6d: 0

SCHEDULE 1:

PART I:

LINE 1: FIRST SECURITY	6500	
MONEY BANK	1000	(TAX-EXEMPT)

PART II:

LINE 5: DOW SMITH	3000	
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FORM PAYMENT: ACH DEBIT

RTN: 012345672
ACCT #: 1234000000
TYPE OF ACCT: CHECKING
AMOUNT OF PAYMENT: 10
REQUESTED PAYMENT DATE: 2003-04-15
TAXPAYERS DAYTIME PHONE NUMBER: 201-555-1111
TYPE OF FORM BEING FILED: 1040A

SELF-SELECT PIN INFORMATION:

JURAT/DISCLOSURE VERSION INDICATOR: E
PAID PREPARER SIGNATURE: EFIN + 28734
PRIMARY TAXPAYER SIGNATURE: 19821

AUTHENTICATION RECORD:

PRIMARY PRIOR YEAR AGI: 16500
PRIMARY DATE OF BIRTH: 04-15-1984
TAXPAYER SIGNATURE DATE: 03-21-2003

ETD TRANSMISSION:

FORM 9465:

LINE 3: (201) 555-1003 10:00PM
LINE 4: (201) 555-1111 (no ext) 9:00AM
LINE 5: FIRST SECURITY
21 MAIN ST
AUDUBON NJ 08106-0021
LINE 6: OAKLEYS YARD AND GARDEN
87 KUDZU CENTER
AUDUBON NJ 08106
LINE 7: FORM 1040A
LINE 8: 2002
LINE 9: 61
LINE 10: 10
LINE 11: 26
LINE 12: 1
LINE 13(a): 012345672
LINE 13(b): 1234000000
LINE 13(c): CHECKING

TEST # 3

FORMS REQUIRED: FORM 1040, SCH EIC, FORM 2441, FORM 4970, FORM 8812

INFORMATION RETURNS ATTACHED: FORM W-2 (1), FORM 1099G (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 33a: 1200 33b: 400-55-5003
FORM 1040, LINE 33a: 2000 33b: 400-55-6003
FORM 1040, LINE 59: 500
FORM 1040, LINE 72: 500

STATEMENTS: ALIMONY RECIPIENT STATEMENT

OTHER: FORM 1040, LINE 61: 1215, LITERAL: ADT
REFUND ANTICIPATION LOAN

THIRD PARTY DESIGNEE: NAME: JOHN DOE
PHONE: 888-555-1111
PIN: 11122

PREPARED BY:

TAXPAYER: NAME: TEST Z CANASTA AGE: 41 SSN: 400-00-1003
OCCUPATION: DEALER PRES ELEC FUND: NO
DISABLED: NO BLIND: NO
DAYTIME PHONE #: 888-555-2222
CHECK DIGITS FROM IRS LABEL: PW

ADDRESS: % ROYAL FLUSH
12 QUEEN OF HEARTS BLVD
BLACKJACK, MS 39759

FILING STATUS: HEAD OF HOUSEHOLD LINE 6d: 3

DIRECT DEPOSIT: NAME OF INSTITUTION: SOUTHEAST NORTHWEST BANK
RTN: 012344589
ACCT #: LOANXXXX400001003
TYPE OF ACCT: CHECKING

DEPENDENTS:					CHILD TAX
NAME	AGE	SSN	RELATIONSHIP	# MO	CREDIT
SAMUEL CANASTA	8	400-55-3003	SON	12	X
MARY CANASTA	12	400-55-4003	DAUGHTER	12	X

SCHEDULE EIC:

	(a)	(b)
LINE 1:	SAMUEL CANASTA	MARY CANASTA
LINE 2:	400-55-3003	400-55-4003
LINE 3:	1994	1990
LINE 5:	SON	DAUGHTER
LINE 6:	12	12

FORM 2441:

PART I:

LINE 1:

(a)	(b)	(c)	(d)
CARING PLACE	16 STRAIGHT ST BLACKJACK MS 39759	64-1234568	3420

PART II:

Line 2:

(a)	(b)	(c)
SAMUEL CANASTA	400-55-3003	1710
MARY CANASTA	400-55-4003	1710

LINE 3: 3420

FORM 4970:

LINE C: SOLITAIRE TRUST FUND
64 W PARKWAY
MARIETTA GA 30303

LINE D: 58-4504244

LINE E: DOMESTIC

LINE F: 06-08-1960

LINE G: 1

PART I:

LINE 1: 12000

LINE 4: 620

LINE 6: 232

LINE 8: 5

LINE 11: 5

LINE 13:(a) 12040 **(b)** 32150 **(c)** 31500 **(d)** 27200 **(e)** 37600

LINE 17:(a) 5194 **(b)** 5096 **(c)** 4451

LINE 18:(a) 4826 **(b)** 4729 **(c)** 4084

PREPARER NOTES:

PLEASE NOTE THAT THIS RETURN IS TO BE SENT TO THE CARE OF ROYAL FLUSH.

ETD TRANSMISSION:

FORM 4868:

LINE 4: 1715

LINE 5: 5479

LINE 6: 0

TEST # 4

FORMS REQUIRED: FORM 1040EZ, FORM 8862

INFORMATION RETURNS ATTACHED: FORM W-2 (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040EZ, LINE 2: 370

STATEMENTS:

OTHER: EIC WAS DENIED IN 2001

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST A EAU DE TOILETTE AGE: 28 SSN: 400-00-1004
 OCCUPATION: SALES CLERK PRES ELEC FUND: YES
 DISABLED: NO BLIND: NO

CHECK DIGITS FROM IRS LABEL: TV

ADDRESS: 5 GOTTA SMELL GOOD ST
 COLOGNE, MN 55322

FILING STATUS: SINGLE

FORM 8862:
PART I:
LINE 2: NO
PART II:
LINE 3a: 01-01-2002 to 12-31-2002

ETD TRANSMISSION:
FORM 4868:
LINE 4: 166
LINE 5: 204
LINE 6: 0

TEST # 5

FORMS REQUIRED: FORM 1040A, SCH 2, FORM 8812, FORM 8863

INFORMATION RETURNS ATTACHED: FORM W-2 (2), FORM 1099-G (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040A, LINE 17 : 1200
(TAXPAYER: 800, SPOUSE : 400)

STATEMENTS: SCH 2 - CHILD CARE PROVIDERS (2 STMS REQUIRED)
SCH 2 - QUALIFYING PERSON(S) (1 STM REQUIRED)

OTHER:

THIRD PARTY DESIGNEE: NAME: JOHN DOE
PHONE: 888-555-1111
PIN: 11112

PREPARED BY:

TAXPAYER: NAME: TEST U GRASS AGE: 50 SSN: 400-00-1005
OCCUPATION: CONSULTANT PRES ELEC FUND: YES
DISABLED: NO BLIND: YES

SPOUSE: NAME: MAY B GRASS AGE: 45 SSN: 400-00-2005
OCCUPATION: SALESPERSON PRES ELEC FUND: NO
DISABLED: NO BLIND: NO

CHECK DIGITS FROM IRS LABEL: XU

ADDRESS: 74131 FESCUE DR
SAINT THOMAS, VI 00802

FILING STATUS: MARRIED FILING JOINTLY LINE 6d: 8

DIRECT DEPOSIT: NAME OF INSTITUTION: SAVINGS CREDIT UNION
RTN: 253174576
ACCT #: 06542153
TYPE OF ACCT: SAVINGS

DEPENDENTS:					CHILD TAX
NAME	AGE	SSN	RELATIONSHIP	# MO	CREDIT
TIMOTHY GRASS	4	400-55-3005	SON	12	X
MARY GRASS	6	400-55-4005	DAUGHTER	12	X
DAVID GRASS	8	400-55-5005	SON	12	X
SUSAN GRASS	10	400-55-6005	DAUGHTER	12	X
PHILIP GRASS	12	400-55-7005	SON	12	X
ANGELA GRASS	14	400-55-8005	DAUGHTER	12	X

SCHEDULE 2:

PART I:

LINE 1:

(a)	(b)		(c)	(d)
CHILDREN RUS	55 PLAY ST	SAINT THOMAS VI 00802	02-7777777	400
SUSAN CAREGIVER	FIRST ST NW	SAINT THOMAS VI 00802	02-6789000	800
A CHILDS PLACE	16 LEARNING WAY	SAINT THOMAS VI 00802	02-1245556	1940

PART II:

Line 2:	(a)	(b)	(c)
	TIMOTHY GRASS	400-55-3005	1040 (total paid 1340)
	MARY GRASS	400-55-4005	700 (total paid 1000)
	DAVID GRASS	400-55-5005	500 (total paid 800)

(Column C for each dependent is adjusted by \$300 each of excluded benefits)

LINE 3: 2240

PART III:

LINE 12: 1000

LINE 13: 100

FORM 8863:

PART I:

LINE 1:	(a)	(b)	(c)
	TEST U GRASS	400-00-1005	2000
	MAY B GRASS	400-00-2005	1500

ETD TRANSMISSION:

PAYMENT:

ROUTING TRANSIT NUMBER: 253174576
BANK ACCOUNT NUMBER: 06542153
TYPE OF ACCOUNT: SAVINGS
AMOUNT: 500
PAYMENT DATE: 2003-03-15
DAYTIME PHONE: 888-555-1005
FORM: 0709P

TEST # 6

FORMS REQUIRED: FORM 1040, SCH B, SCH D, SCH E PG 2, FORM 8615

INFORMATION RETURNS ATTACHED:

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 63: 700
FORM 1040, LINE 67: 109

STATEMENTS:

OTHER: DEPENDENT OF ANOTHER

THIRD PARTY DESIGNEE: NAME: ROBERT R ROBERTS
PHONE: 775-555-1313
PIN: 15512

PREPARED BY: ROBERT R ROBERTS (SELF-EMPLOYED) SSN: 400-55-4006
ROBERTS ENTERPRISES EIN: 88-6868686
645 SALEM ST PHONE: 775-555-1313
NIXON, NV 89424

TAXPAYER: NAME: TEST D RICHARD AGE: 13 SSN: 400-00-1006
OCCUPATION: STUDENT PRES ELEC FUND: NO
DISABLED: NO BLIND: NO

CHECK DIGITS FROM IRS LABEL: BT

ADDRESS: 94022 PATRICIA CT
HAPPY JACK, AZ 86024

FILING STATUS: SINGLE LINE 6d: 0

SCHEDULE B:

PART I:

LINE 1: FOREFATHERS BANK 1514

PART II:

LINE 5: WIZE INVESTMENT 582

PART III:

LINE 7a: NO

LINE 8: NO

SCHEDULE D:

PART I:

LINE 1:	(a)	(b)	(c)	(d)	(e)
	100 SHS WIZE	03-24-2002	06-02-2002	1000	1800

SCHEDULE E PG 2:

PART III:

LINE 32A(a): LONG TIME GONE

LINE 32A(b): 04-5763211

LINE 32A(d): 5200

FORM 8615:

LINE A: RICHARD D RICHARD

LINE B: 400-55-3006

LINE C: MARRIED FILING JOINTLY

LINE 6: 40100

LINE 7: 1620

LINE 10: 5419

ETD TRANSMISSION:

FORM 56:

PART I:

NAME OF PERSON FOR WHOM YOU ARE ACTING: TEST D RICHARD

IDENTIFYING NUMBER: 400-00-1006

ADDRESS OF PERSON FOR WHOM YOU ARE ACTING: 94022 PATRICIA CT
CITY, STATE, ZIP: HAPPY JACK, AZ 86024

FIDUCIARY'S NAME: RICHARD D RICHARD

ADDRESS OF FIDUCIARY: 94022 PATRICIA CT

CITY, STATE, ZIP: HAPPY JACK, AZ 86024

TELEPHONE NUMBER: 987-654-3210

PART II:

LINE 1(b)1: X

LINE 1(b)2: 05-15-2002

PART III:

LINE 2: ESTATE/TRUST

LINE 3: 1041

LINE 4: 2002 2003 2004

PART V:

NAME OF COURT: US DISTRICT COURT, NINTH DISTRICT

ADDRESS OF COURT: 123 N SAN FRANCISCO ST, SUITE 200

CITY, STATE, ZIP: FLAGSTAFF, AZ 86001

DATE PROCEEDING INITIATED: 04-20-2002

DOCKET NUMBER OF PROCEEDING: 123AX

DATE: 05-15-2002

TIME: 10:00 A.M.

TEST # 7

FORMS REQUIRED: FORM 1040EZ

INFORMATION RETURNS ATTACHED: FORM W-2 (1), FORM 1099-G (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040EZ, LINE 2: 63

STATEMENTS:

OTHER:

THIRD PARTY DESIGNEE: NAME: JOHN DOE
 PHONE: 888-555-1111
 PIN: 11125

PREPARED BY:

TAXPAYER: NAME: TEST I WHY AGE: 35 SSN: 400-00-1007
 OCCUPATION: TEXTILES PRES ELEC FUND: NO
 DISABLED: NO BLIND: NO

SPOUSE: NAME: GWEN R KNOTT AGE: 32 SSN: 400-00-2007
 OCCUPATION: HOMEMAKER PRES ELEC FUND: NO
 DISABLED: NO BLIND: NO

CHECK DIGITS FROM IRS LABEL: HS

ADDRESS: 12457 WILSHIRE-ON-THE-HAMPTONS BLVD
 WYNOT, NE 68792

FILING STATUS: MARRIED FILING JOINTLY

DIRECT DEPOSIT:
NAME OF INSTITUTION: PLAINS CREDIT UNION
RTN: 123456780
ACCT#: 02135763
TYPE OF ACCOUNT: CHECKING

ETD TRANSMISSION:
FORM 4868:
LINE 4: 0
LINE 5: 1046
LINE 6: 0

TEST # 8

FORMS REQUIRED: FORM 1040, FORM 4136, FORM 8812

INFORMATION RETURNS ATTACHED: FORM W-2 (1), FORM 1099-G (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 8a: 290
 FORM 1040, LINE 9: 76
 FORM 1040, LINE 24: 1000

STATEMENTS:

OTHER: FED/STATE TEST RETURN - FULL YEAR STATE RESIDENT
 TAXPAYER HAS FORM 8332 FROM CUSTODIAL PARENT TO ATTACH TO RETURN

THIRD PARTY DESIGNEE: **NAME:** IMA LUCKYONE II
 PHONE: 888-555-1212
 PIN: 12345

PREPARED BY:

TAXPAYER: **NAME:** TEST M LUCKY **AGE:** 39 **SSN:** 400-00-1008
 OCCUPATION: GROUNDSKEEPER **PRES ELEC FUND:** YES
 DISABLED: NO **BLIND:** NO

CHECK DIGITS FROM IRS LABEL: LR

ADDRESS: 13 WINNERS CIR
 HORSE SHOE, NC 28742

NOTE: JOINT ELECTRONIC FILING FOR STATES OTHER THAN NORTH CAROLINA
 REQUIRE CHANGING STATE/ZIP ON FORMS 1040 AND W-2 AS FOLLOWS:

ALABAMA	AL 36427	MONTANA	MT 59835
ARKANSAS	AR 71655	NEBRASKA	NE 68123
ARIZONA	AZ 85014	NEW JERSEY	NJ 07066
COLORADO	CO 80045	NEW MEXICO	NM 87035
CONNECTICUT	CT 06511	NEW YORK	NY 13802
DELAWARE	DE 19877	NORTH DAKOTA	ND 58504
GEORGIA	GA 30055	OHIO	OH 45334
HAWAII	HI 96809	OKLAHOMA	OK 73091
IDAHO	ID 83388	OREGON	OR 97899
ILLINOIS	IL 62794	PENNSYLVANIA	PA 17128
INDIANA	IN 46011	RHODE ISLAND	RI 02866
IOWA	IA 50288	SOUTH CAROLINA	SC 29913
KANSAS	KS 66109	UTAH	UT 84063
KENTUCKY	KY 45275	VERMONT	VT 05609
LOUISIANA	LA 71749	VIRGINIA	VA 24611
MARYLAND	MD 21411	WEST VIRGINIA	WV 26161
MICHIGAN	MI 48017	WISCONSIN	WI 53424
MISSISSIPPI	MS 38642	WASHINGTON	DC 20202
MISSOURI	MO 63111		

FILING STATUS: SINGLE

LINE 6d: 3

DEPENDENTS:

NAME	AGE	SSN	RELATIONSHIP	#	MO	CHILD TAX CREDIT
GOTTABE LUCKY	7	400-55-3008	SON	00		X
WANNABE DIPHERANT	5	400-55-4008	DAUGHTER	00		X

CHILDREN CLAIMED AS DEPENDENTS BUT DID NOT LIVE WITH TAXPAYER*
TAXPAYER DID NOT MEET QUALIFICATIONS FOR HEAD OF HOUSEHOLD**

FORM 4136:

LINE 1: (c)(a) (c)(c)
 03 560

ETD TRANSMISSION:

FORM 2688:

LINE 1: 10-15-2003
LINE 2: HAVE BEEN UNABLE TO COMPILE TAX RETURN DATA DUE TO ILLNESS
LINE 3: YES
PIN : 22222

TEST # 9

FORMS REQUIRED: FORM 1040, FORM 2120

INFORMATION RETURNS ATTACHED: FORM W-2 (1)

ENTRIES NOT REQUIRING FORMS:

STATEMENTS:

OTHER: THE TAXPAYER MUST ITEMIZE DEDUCTIONS SINCE THE SPOUSE ITEMIZES DEDUCTIONS.

THIRD PARTY DESIGNEE: NONE

PREPARED BY: TAXPAYER

TAXPAYER: NAME: TEST C ACAPPELLA
OCCUPATION: MUSICIAN
DISABLED: NO

AGE: 36 SSN: 400-00-1009
PRES ELEC FUND: YES
BLIND: NO

SPOUSE: NAME: DUET ACAPPELLA

SSN: 400-00-2009

CHECK DIGITS FROM IRS LABEL: QQ

ADDRESS: 4 QUARTET CTR
SOLO, MO 65564

DAYTIME PHONE: 314-555-1008

FILING STATUS: MARRIED FILING SEPARATELY

LINE 6d: 2

DEPENDENTS:

NAME	AGE	SSN	RELATIONSHIP	#	MO	CHILD TAX CREDIT
FORTISSIMO ARIA	12	400-55-3009	DAUGHTER		00	X

SCHEDULE A:

LINE 5: 800

LINE 10: 1300

FORM 2120:

PERSON BEING CLAIMED: FORTISSIMO ARIA

INFORMATION FOR PERSON NOT CLAIMING CHILD:

TRIO ARIA, 400-55-4009
3 KINGSTON TRIO STREET
SOLO, MO 65564

NOTE: ORIGINAL SIGNATURE MAINTAINED ON FILE
SIGNATURE DATE: 12-31-2002

ETD TRANSMISSION:

FORM 9465:

LINE 3: (LEAVE BLANK)

LINE 4: (314) 555-1008 EXT 1245

8:00AM

LINE 5: NONE

LINE 6: SOLO CITY ORCHESTRA
SOLO CENTER SUITE 420
SOLO MO 65564

LINE 7: FORM 1040A

LINE 8: 2002

LINE 9: 124

LINE 10: 89

LINE 11: 50

LINE 12: 1

LINE 13: (LEAVE BLANK)

TEST # 10

FORMS REQUIRED: FORM 1040A, FORM 8812, FORM 8839, FORM 8863

INFORMATION RETURNS ATTACHED: FORM W-2 (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040A, LINE 8a: 390
FORM 1040A, LINE 14a: 5200
FORM 1040A, LINE 18: 135

STATEMENTS:

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST J CAESAR AGE: 48 SSN: 400-00-1010
 OCCUPATION: ACTOR PRES ELEC FUND: YES
 DISABLED: NO BLIND: NO

SPOUSE: NAME: CLEO P CAESAR AGE: 45 SSN: 400-00-2010
 OCCUPATION: UNEMPLOYED PRES ELEC FUND: YES
 DISABLED: YES BLIND: NO

CHECK DIGITS FROM IRS LABEL: YC

ADDRESS: 15 IDES OF MARCH PKWY
 ROME, MS 38768

DAYTIME PHONE: 601-555-5430

FILING STATUS: MARRIED FILING JOINTLY

LINE 6d: 4

DEPENDENTS:						CHILD TAX
NAME	AGE	SSN	RELATIONSHIP	#	MO	CREDIT
SALLY CAESAR	6	400-55-3010	DAUGHTER	12		X
JULIUS BRUTUS	10	900-93-4010	SON	6		X

FORM 8839:

PART I:

CHILD 1: (a) JULIUS BRUTUS (b) 1992 (d) X (f) 900-93-4010

PART II:

LINE 3: NO
LINE 5: 7800
LINE 8: 66675

PART III:

LINE 20: NO

FORM 8863:

PART II:

LINE 4: (a) (b) (c)
 CLEO P CAESAR 400-00-2010 1500

ETD TRANSMISSION:

FORM 4868:

LINE 4: 0

LINE 5: 3700

LINE 6: 0

TEST # 11

FORMS REQUIRED: FORM 1040A

INFORMATION RETURNS ATTACHED: FORM W-2 (2)

ENTRIES NOT REQUIRING FORMS:

STATEMENTS:

OTHER: THE DEPENDENT SSN DISQUALIFIES EIC.

THIRD PARTY DESIGNEE: NONE

PREPARED BY: TAXPAYER

TAXPAYER: NAME: TEST N BLOWNAPART
OCCUPATION: WELDER
DISABLED: NO

AGE: 42 SSN: 400-00-1011
PRES ELEC FUND: NO
BLIND: NO

CHECK DIGITS FROM IRS LABEL: CB

ADDRESS: 781 WATERLOO WAY
NAPOLEON, MI 49261

FILING STATUS: HEAD OF HOUSEHOLD

LINE 6d: 3

DEPENDENTS:

NAME	AGE	SSN	RELATIONSHIP	# MO	CHILD TAX CREDIT
JOSEPHINE BATTLE	17	900-78-3011	DAUGHTER	12	
JACKIE CLAWS	70	400-00-4011	PARENT	12	

ETD TRANSMISSION:

FORM 2688:

LINE 1: 10-15-2003

LINE 2: DEATH IN FAMILY, TAXPAYER OUT OF COUNTRY

LINE 3: YES

PIN : 12345

TEST # 12

FORMS REQUIRED: FORM 1040A, SCH 2, SCH EIC, FORM 8812

INFORMATION RETURNS ATTACHED: FORM W-2 (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040A, LINE 19: 250
FORM 1040A, LINE 37: 412 (FROM FORM W-2)

STATEMENTS:

OTHER:

THIRD PARTY DESIGNEE: NAME: JANE SMITH
PHONE: 123-456-7890
PIN: 34567

PREPARED BY:

TAXPAYER: NAME: TEST U PHROZINTOWES AGE: 36 SSN: 400-00-1012
OCCUPATION: CLERICAL PRES ELEC FUND: YES
DISABLED: NO BLIND: NO

CHECK DIGITS FROM IRS LABEL: IA

ADDRESS: 1832 NORTH POLE LN
COLDFOOT, AK 99701

FILING STATUS: HEAD OF HOUSEHOLD LINE 6d: 4

DEPENDENTS:					CHILD TAX
NAME	AGE	SSN	RELATIONSHIP	# MO	CREDIT
JESSICA LEE	15	400-55-3012	DAUGHTER	12	X
TAMMY TY	11	400-55-4012	FOSTERCHILD	12	X
SAMMY PHROZINTOWES	7	400-55-5012	SON	12	X

SCHEDULE EIC:

	CHILD 1	CHILD 2
LINE 1:	SAMMY PHROZINTOWES	TAMMY TY
LINE 2:	400-55-5012	400-55-4012
LINE 3:	1995	1991
LINE 5:	SON	FOSTERCHILD
LINE 6:	12	12

SCHEDULE 2:

PART I:

LINE 1:

(a)	(b)	(c)	(d)
AMANDA SANDERS	70 W MAIN ST	COLDFOOT AK 99701	400-66-1234 1100

PART II:

LINE 2:

(a)	(b)	(c)
SAMMY PHROZINTOWES	400-55-5012	1100

LINE 3: 1100

ETD TRANSMISSION:

FORM 4868:

LINE 4:	412
LINE 5:	5842
LINE 6:	0

TEST # 13

FORMS REQUIRED: FORM 1040A, SCH 1, SCH 3

INFORMATION RETURNS ATTACHED: FORM 1099-R (2)

ENTRIES NOT REQUIRING FORMS: TOTAL SOCIAL SECURITY BENEFITS : 1000
FORM 1040A, LINE 40 : 500
FORM 1040A, LINE 46 : 125

STATEMENTS:

OTHER:

THIRD PARTY DESIGNEE: NAME: JOHN DOE
PHONE: 888-555-1111
PIN: 11122

PREPARED BY:

TAXPAYER: NAME: TEST P BARRELL AGE: 67 SSN: 400-00-1013
OCCUPATION: RETIRED PRES ELEC FUND: YES
DISABLED: NO BLIND: NO

CHECK DIGITS FROM IRS LABEL: NZ

ADDRESS: 25000 HAM AND BACON JUNCTION
PIG TOWN, MD 21230

FILING STATUS: QUALIFYING WIDOW(ER) LINE 6d: 2
YEAR SPOUSE DIED: 2001

DEPENDENTS:					CHILD TAX
NAME	AGE	SSN	RELATIONSHIP	# MO	CREDIT
ROLAND BARRELL	19	400-55-3013	FOSTERCHILD	12	

SCHEDULE 1:

PART I:

LINE 1: BEST SAVINGS 5000
FORTUNE BANK 3000

SCHEDULE 3:

PART I:

LINE 1: X (OVER 65)

ETD TRANSMISSION:

FORM 4868:

LINE 4: 0
LINE 5: 700
LINE 6: 0

TEST # 14

FORMS REQUIRED: FORM 1040, SCH EIC, FORM 4137, FORM 8862

INFORMATION RETURNS ATTACHED: FORM W-2 (20)

ENTRIES NOT REQUIRING FORMS:

STATEMENTS:

OTHER: EIC WAS DENIED IN 2001

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST T HUNTER	AGE: 36	SSN: 400-00-1014
OCCUPATION: MUSICIAN	PRES ELEC FUND: NO	
DISABLED: NO	BLIND: NO	

CHECK DIGITS FROM IRS LABEL: RY

ADDRESS: 1234 LUKE THOMAS BLVD	DAYTIME PHONE: 205-555-1020
QUINTON, AL 35130	

FILING STATUS: SINGLE LINE 6d: 1

SCHEDULE EIC:

(a)

LINE 1:	DEERE HUNTER
LINE 2:	400-55-3014
LINE 3:	1993
LINE 5:	SON
LINE 6:	12

***NOTE: Although Deere Hunter lived with taxpayer 12 months, he is being claimed as a dependent on another's return. Also, Test Hunter did not meet the requirements for Head of Household filing status.

FORM 4137:

NAME: TEST T HUNTER	SSN: 400-00-1014
NAME OF EMPLOYER: MUSIC ROW CONCERTS	CONCERT 2
LINE 1:	500

FORM 8862:

LINE 1:	2002
LINE 2:	NO
LINE 4:	YES
LINE 5a:	YES
LINE 5b:	1234 LUKE THOMAS QUINTON AL 35130
LINE 5c:	JACKSON ELEM
LINE 7a:	NO
LINE 8a:	YES

DIRECT DEPOSIT:

NAME OD INSTITUTION: MOUNTAIN STATE BANK

RTN: 053111674

ACCT #: 123-444-5678

TYPE OF ACCT: CHECKING

ETD TRANSMISSION:

FORM 4868:

LINE 4: 1324

LINE 5: 2056

LINE 6: 0

TEST # 15:

FORMS REQUIRED: FORM 1040, SCH C, SCH D, SCH SE, FORM 2555(2),
FORM 4972, FORM 6252

INFORMATION RETURNS ATTACHED: FORM 1099-R (3), FORM W-2 (1), FORM 2439

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 30: 1313

STATEMENTS: FORM 1040, LINE 21
FORM 2555, LINE 42

OTHER: TOTAL SELF-EMPLOYED HEALTH INSURANCE PAID: 1875

THIRD PARTY DESIGNEE: NAME: JOHN DOE
PHONE: 888-555-1111
PIN: 11122

PREPARED BY:

TAXPAYER: NAME: TEST A HOAGIE AGE: 65 SSN: 400-00-1015
OCCUPATION: SPORT FISHING GUIDE PRES ELEC FUND: YES
DISABLED: NO BLIND: NO

SPOUSE: NAME: TUNA S HOAGIE AGE: 55 SSN: 400-00-2015
OCCUPATION: WAITRESS PRES ELEC FUND: YES
DISABLED: NO BLIND: NO

CHECK DIGITS FROM IRS LABEL: VX

ADDRESS: 123 FRONT ST
PUNTA GORDA BELIZE

FILING STATUS: MARRIED FILING JOINTLY LINE 6d: 2

SCHEDULE C:

NAME OF PROPRIETOR: TEST A HOAGIE SSN: 400-00-1015
LINE A: FISHING GUIDE LINE B: 114110
LINE C: PUNTA GORDA SPORT FISHING ASSOCIATION
LINE E: 101 FRONT STREET
PUNTA GORDA BELIZE
LINE F: CASH
LINE G: YES

PART I:

LINE 1: 20000

PART II:

LINE 8: 500

LINE 15: 1500

LINE 22: 3000

SCHEDULE SE :

NAME: TEST A HOAGIE

SSN: 400-00-1015

SECTION A:

LINE 2: 15000

SCHEDULE D:

PART II:

(f)

LINE 11: 2852 (From Forms 6252 and 2439)

FORM 4972:

NAME: TEST A HOAGIE

SSN: 400-00-1015

PART I:

LINE 1: YES

LINE 2: NO

LINE 3: YES

LINE 4: NO

LINE 5a: NO

PART II:

LINE 6: 8000

PART III:

LINE 8: 35800

FORM 2555 #1:

NAME: TEST A HOAGIE

SSN: 400-00-1015

PART I: POST OF DUTY CODE: 45

LINE 1: 123 FRONT ST PUNTA GORDA BELIZE

LINE 2: SPORT FISHING GUIDE

LINE 3: PUNTA GORDA SPORT FISHING ASSOCIATION

LINE 4b: 101 FRONT ST PUNTA GORDA BELIZE

LINE 5c: X

LINE 6a: 2001

LINE 6c: NO

LINE 7: UNITED STATES

LINE 8a: NO

LINE 9: PUNTA GORDA BELIZE 02-10-1999

PART II:

LINE 10: 02-10-1999 and ended 12-31-2002

LINE 11a: X

LINE 12a: YES

LINE 12b: SPOUSE 02-10-1999 TIL 12-31-2002

LINE 13a: YES

LINE 13b: YES

LINE 15a: NONE

LINE 15b: EMPLOYMENT

LINE 15c: NO

LINE 15d: NO

FORM 2555 #1: continued

PART IV:

LINE 20a: 15000

PART VII:

LINE 36: 365

PART VIII:

LINE 42: 2373

FORM 2555 #2:

NAME: TUNA S HOAGIE

SSN: 400-00-2015

PART I: POST OF DUTY CODE: 45

LINE 1: 123 FRONT ST PUNTA GORDA BELIZE

LINE 2: WAITRESS

LINE 3: RONS RIB RACK ON THE RIVER

LINE 4b: 15 RIVERFRONT RD PUNTA GORDA BELIZE

LINE 5a: X

LINE 6a: 2001

LINE 6c: NO

LINE 7: UNITED STATES

LINE 8a: NO

LINE 9: PUNTA GORDA BELIZE 02-10-1999

PART II:

LINE 10: 02-10-1999 and ended 12-31-2002

LINE 11a: X

LINE 12a: YES

LINE 12b: SPOUSE 02-10-1999 TIL 12-31-2002

LINE 13a: YES

LINE 13b: YES

LINE 15a: NONE

LINE 15b: EMPLOYMENT

LINE 15c: NO

LINE 15d: NO

PART IV:

LINE 19: 5000

PART VII:

LINE 36: 365

FORM 6252:

LINE 1: LAKEFRONT PROPERTY

LINE 2a: 02-20-1988

LINE 2b: 05-01-1997

LINE 3: NO

PART II:

LINE 19: 40.000

LINE 21: 2130

LINE 23: 22967

ETD TRANSMISSION:

FORM 2350:

LINE 1: 2003-06-15

LINE 2: NO

LINE 3: NO

LINE 4a: 1999-02-10

LINE 4b: 1999-02-10; 2002-12-31

LINE 4c: 123 FRONT ST PUNTA GORDA BELIZE

LINE 4d: 2003-06-10

LINE 5: 0

TEST # 16

FORMS REQUIRED: FORM 1040, SCH C(5), SCH H, SCH SE(2), FORM 4562(5),
FORM 4797, FORM 8829(5), FORM 970

INFORMATION RETURNS ATTACHED:

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 31: 750
FORM 1040, LINE 63: 7500

STATEMENTS: SCHEDULE C, PART V, OTHER EXPENSES

OTHER:

THIRD PARTY DESIGNEE: NONE

PREPARED BY: VITA

TAXPAYER: NAME: TEST L TONTO SR **AGE:** 45 **SSN:** 400-00-1016
OCCUPATION: SELF-EMPLOYED **PRES ELEC FUND:** NO
DISABLED: NO **BLIND:** NO

SPOUSE: NAME: SILVER N TONTO **AGE:** 40 **SSN:** 400-00-2016
OCCUPATION: SELF-EMPLOYED **PRES ELEC FUND:** NO
DISABLED: NO **BLIND:** YES

CHECK DIGITS FROM IRS LABEL: ZW

ADDRESS: 21 LONE RANGER CIR
SMOKE SIGNAL, AZ 86503

FILING STATUS: MARRIED FILING JOINTLY **LINE 6d:** 2

SCHEDULE C - #1:

NAME OF PROPRIETOR: TEST L TONTO SR **SSN:** 400-00-1016
LINE A: PIANO TUNING **LINE B:** 811490
LINE C: FINE TUNING
LINE F: CASH
LINE G: YES

PART I:
LINE 1: 14300

PART II:
LINE 8: 600
LINE 10: 816
LINE 13: 1240
LINE 22: 600
LINE 23: 250
LINE 24a: 197
LINE 30: 780

SCHEDULE C - #1: continued

PART III:

LINE 37: 250

PART V:	PERIODICALS	249
	IVORY WHITENER	50
	STRING STRAIGHTENER	60
	SCRATCH FILLER	70
	TUNING FORK	80
	METRONOME	90
	PEDAL POLISHER	100
	BENCH LEVELER	110
	ADJUSTING TOOLS	120
	CARRYING CASE	130

SCHEDULE C - #2:

NAME OF PROPRIETOR: TEST L TONTO SR

SSN: 400-00-1016

LINE A: CELLO LESSONS

LINE B: 541990

LINE C: TONTOS TUNES

LINE D: 86-7457658

LINE F: CASH

LINE G: YES

PART I:

LINE 1: 19894

PART II:

LINE 8: 750

LINE 13: 7880

LINE 22: 900

LINE 23: 298

LINE 26: 3500

LINE 30: 1223

SCHEDULE C - #3:

NAME OF PROPRIETOR: TEST L TONTO SR

SSN: 400-00-1016

LINE A: RECORD AND CD SALES

LINE B: 451220

LINE C: SOUNDS GALORE

LINE D: 86-7457660

LINE E: 1615 MAIN ST
SMOKE SIGNAL AZ 86503

LINE F: CASH

LINE G: YES

PART I:

LINE 1: 82434

LINE 2: 35

LINE 6: 120

SCHEDULE C - #3: continued

PART II:

LINE 8: 1200
LINE 13: 5260
LINE 15: 800
LINE 16b: 450
LINE 21: 300
LINE 23: 765
LINE 26: 9000
LINE 30: 1553

PART III:

LINE 33: (a)COST
LINE 34: NO
LINE 35: 34566
LINE 36: 48231
LINE 38: 953
LINE 39: 172
LINE 41: 32488

SCHEDULE C - #4:

NAME OF PROPRIETOR: SILVER N TONTO
LINE A: TELEMARKETING
LINE C: SILVER SALES
LINE F: CASH
LINE G: YES

SSN: 400-00-2016
LINE B: 561420
LINE D: 86-1010101

PART I:

LINE 1: 41628

PART II:

LINE 8: 700
LINE 10: 6687
LINE 13: 7000
LINE 15: 800
LINE 20b: 2400
LINE 22: 2250
LINE 23: 323
LINE 25: 620
LINE 26: 3800
LINE 30: 578

PART III:

LINE 33b: LOWER OF COST OR MARKET
LINE 34: NO
LINE 35: 1200
LINE 38: 3240
LINE 41: 1200

SCHEDULE C - #5:

NAME OF PROPRIETOR: SILVER N TONTO
LINE A: TUTORING
LINE F: CASH
LINE G: YES

SSN: 400-00-2016
LINE B: 812990

PART I:

LINE 1: 16480

PART II:

LINE 8: 400
LINE 13: 720
LINE 15: 800
LINE 20b: 2200
LINE 22: 2450
LINE 23: 514
LINE 24b: 644
LINE 26: 8100
LINE 30: 686

SCHEDULE H:

EMPLOYER NAME: SILVER N TONTO
EIN: 86-1010102
LINE A: YES
PART I:
LINE 1: 2000
LINE 3: 2000
LINE 9: NO

SSN: 400-00-2016

SCHEDULE SE #1:

NAME: TEST L TONTO SR
SECTION A:
LINE 2: 25608

SSN: 400-00-1016

SCHEDULE SE #2:

NAME: SILVER N TONTO
SECTION A:
LINE 2: 13518

SSN: 400-00-2016

FORM 4562 #1:
ACTIVITY: SCHEDULE C - 1

PART III:

LINE	19b:	(c)	(d)	(e)	(f)
		6200	5	HY	200 DB (TUNING EQUIPMENT 01-15-2002)

PART V:

LINE 24a: YES

LINE 24b: YES

LINE	27:	(a)	(b)	(c)
	AUTOMOBILE	01-23-2002	24%	

LINE 30(a): 2236 (take standard mileage)

LINE 31(a): 690

LINE 32(a): 6389

LINE 34(a): YES

LINE 35(a): YES

LINE 36(a): YES

FORM 4562 #2:
ACTIVITY: SCHEDULE C - 2

PART III:

LINE 17: 2880

BACKGROUND INFORMATION:	DESCRIPTION: MUSIC CABINET
	PLACED IN SERVICE: 09-12-2001
	BASIS: 3500
	RECOVERY PERIOD: 5
	CONVENTION: HY
	METHOD: 200 DB
	DESCRIPTION: CELLO (SOLD 07-01-2002)
	PLACED IN SERVICE: 01-01-2001
	BASIS: 11000
	RECOVERY PERIOD: 5
	CONVENTION: HY
	METHOD: 200 DB

LINE	19b:	(c)	(d)	(e)	(f)
		25000	5	HY	200 DB (CELLO 07-01-2002)

FORM 4562 #3:
ACTIVITY: SCHEDULE C - 3

PART III:
LINE 17: 1760

BACKGROUND INFORMATION: DESCRIPTION: FIXTURES
PLACED IN SERVICE: 04-15-2001
BASIS: 5500
RECOVERY PERIOD: 5
CONVENTION: HY
METHOD: 200 DB

LINE 19b: (c) (d) (e) (f)
17500 5 HY 200 DB (LISTENING EQUIP 03-22-2002)

FORM 4562 #4:
ACTIVITY: SCHEDULE C - 4

PART I:
LINE 2: 59300
LINE 6: (a) (b) (c)
PHONE SYSTEM 7000 7000 (IN SERVICE 02-14-2002)

LINE 11: 24000

PART V:
LINE 24a: YES
LINE 24b: YES

LINE 26: (a) (b) (c)
AUTOMOBILE 06-15-1993 67%
(Vehicle is fully depreciated)
(Do not take standard mileage)

LINE 30(a): 17540
LINE 31(a): 0
LINE 32(a): 8639
LINE 34(a): YES
LINE 35(a): YES
LINE 36(a): YES

FORM 4562 #5:
ACTIVITY: SCHEDULE C - 5

PART V:
LINE 26: (a) (b) (c) (d) (e) (f) (g)
COMPUTER 01-02-2002 75% 4800 3600 5 200DBHY

FORM 4797:
PART I:
LINE 2(a): CELLO
LINE 2(b): 01-01-2001
LINE 2(c): 07-01-2002
LINE 2(d): 5000
LINE 2(e): 3960
LINE 2(f): 11000

FORM 8829 #1 - SCHEDULE C - 1:

NAME OF PROPRIETOR: TEST L TONTO SR SSN: 400-00-1016

PART I:

LINE 1: 300
LINE 2: 3200
LINE 3: 9.38%

PART II:

LINE 10(b): 3000
LINE 11(b): 300
LINE 18(a): 320
LINE 19(a): 20

PART III:

LINE 35: 66000 (PLACED IN SERVICE 06-30-1997)
LINE 36: 12000
LINE 39: 2.5640%

FORM 8829 #2 - SCHEDULE C - 2:

NAME OF PROPRIETOR: TEST L TONTO SR SSN: 400-00-1016

PART I:

LINE 1: 420
LINE 2: 3200
LINE 3: 13.13%

PART II:

LINE 8: 4526
LINE 10(b): 3000
LINE 11(b): 300
LINE 18(a): 568
LINE 19(a): 40

PART III:

LINE 35: 66000 (PLACED IN SERVICE 06-30-1997)
LINE 36: 12000
LINE 39: 2.5640%

FORM 8829 #3- SCHEDULE C - 3

NAME OF PROPRIETOR: TEST L TONTO SR SSN: 400-00-1016

PART I:

LINE 1: 250
LINE 2: 3200
LINE 3: 7.81%

PART II:

LINE 10(b): 3000
LINE 11(b): 300
LINE 18(a): 1142
LINE 19(a): 45

PART III:

LINE 35: 66000 (PLACED IN SERVICE 06-30-1997)
LINE 36: 12000
LINE 39: 2.5640%

FORM 8829 #4- SCHEDULE C - 4

NAME OF PROPRIETOR: SILVER N TONTO **SSN:** 400-00-2016

PART I:

LINE 1: 280
LINE 2: 3200
LINE 3: 8.75%

PART II:

LINE 10(b): 3000
LINE 11(b): 300
LINE 18(a): 48
LINE 19(a): 120

PART III:

LINE 35: 66000 (PLACED IN SERVICE 06-30-1997)
LINE 36: 12000
LINE 39: 2.5640%

FORM 8829 #5- SCHEDULE C - 5

NAME OF PROPRIETOR: SILVER N TONTO **SSN:** 400-00-2016

PART I:

LINE 1: 310
LINE 2: 3200
LINE 3: 9.69%

PART II:

LINE 10(b): 3000
LINE 11(b): 300
LINE 18(a): 180
LINE 19(a): 52

PART III:

LINE 35: 66000 (PLACED IN SERVICE 06-30-1997)
LINE 36: 12000
LINE 39: 2.5640%

FORM 970:

FIRST ELECTION

PART I:

LINE A: 12-31-2003
LINE B: ALL INVENTORY ITEMS
LINE C: YES
LINE D: YES

PART II:

LINE 1: TELEMARKETING
LINE 2: LOWER OF COST OR MARKET
LINE 3: YES
LINE 5: YES
LINE 6a: NO
LINE 7a: MOST RECENT PURCHASES
LINE 8: UNIT METHOD
LINE 11: INVENTORY HAS TO BE REVALUED EACH YEAR AT THE LOWER OF COST OR MARKET VALUE.
LINE 12: NO
LINE 13: NO

ETD TRANSMISSION:

FORM 9465:

LINE 3: (520)555-1020

1:00PM

LINE 4: (LEAVE BLANK)

LINE 5: NONE

LINE 6: NONE

LINE 7: FORM 1040

LINE 8: 2002

LINE 9: 558

LINE 10: 100

LINE 11: 50

LINE 12: 3

TEST # 17

FORMS REQUIRED: FORM 1040, SCH A, SCH C, SCH C-EZ, SCH SE, SCH SE PG2
FORM 2106, FORM 3903, FORM 4684, FORM 6251, FORM 8839

INFORMATION RETURNS ATTACHED: FORM W-2 (2), FORM 1099G (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 63 : 500
FORM 1040, LINE 65 : 198

STATEMENTS: DEPENDENTS

OTHER: W-2 FROM FICA CIRCUS IS NON-STANDARD

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST R DE LA HALO AGE: 29 SSN: 400-00-1017
OCCUPATION: TREE TRIMMER PRES ELEC FUND: NO
DISABLED: NO BLIND: NO

SPOUSE: NAME: RUBY D MONDAY AGE: 27 SSN: 400-00-2017
OCCUPATION: ANIMAL TRAINER PRES ELEC FUND: NO
DISABLED: NO BLIND: NO

CHECK DIGITS FROM IRS LABEL: DV

ADDRESS: 7 HEAVENS LN
BETHLEHEM, KY 40007

FILING STATUS: MARRIED FILING JOINTLY LINE 6d: 9

DEPENDENTS:					CHILD TAX	
NAME	AGE	SSN	RELATIONSHIP	#	MO	CREDIT
ANGELA DE LA HALO	6	400-55-3017	DAUGHTER	12		X
GABRIEL DE LA HALO	9	400-55-4017	SON	12		X
MICHAEL MONDAY	10	400-55-5017	SON	12		X
LUCKY MONDAY	11	400-55-6017	DAUGHTER	12		X
ARCHIBALD DE LA HALO	12	900-93-7017	SON	12		X
DAVID SAINT	60	400-55-8017	PARENT	0		
MARY SAINT	58	400-55-9017	PARENT	0		

SCHEDULE A:

LINE 1: 7500
LINE 5: 1273
LINE 6: 97
LINE 7: 186
LINE 10: 3500
LINE 15: 2000
LINE 20: 1978 (FORM 2106)
LINE 21: 150

SCHEDULE C:

NAME OF PROPRIETOR: TEST R DE LA HALO **SSN:** 400-00-1017
LINE A: LAWN SERVICES **LINE B:** 561730
LINE C: HALO LAWN SERVICES
LINE E: 12 GREENWAY LN
 LOS ANGELES CA 90075
LINE F: CASH
LINE G: YES

PART I:

LINE 1: 16780

PART II:

LINE 15: 2216
LINE 21: 1502
LINE 22: 1800

SCHEDULE C-EZ:

NAME OF PROPRIETOR: RUBY D MONDAY **SSN:** 400-00-2017
PART I:
LINE A: ANIMAL TRAINING **LINE B:** 812910
LINE C: RUBYS RULES

PART II:

LINE 1: 1667
LINE 2: 768

PART III:

LINE 4: 01-25-2002
LINE 5a: 860 (b) 200 (c) 16700
LINE 6: YES
LINE 7: YES
LINE 8a: YES
LINE 8b: YES

SCHEDULE SE #1: (PAGE 1)

NAME : TEST R DE LA HALO **SSN:** 400-00-1017
SECTION A:
LINE 2: 11262

SCHEDULE SE #2: (PAGE 2)

NAME : RUBY D MONDAY **SSN:** 400-00-2017
SECTION B:
PART I:
LINE 2: 899

FORM 2106:

NAME: RUBY D MONDAY **SSN:** 400-00-2017

OCCUPATION: ANIMAL TRAINER

PART I:

LINE 1A: 1888

LINE 2A: 45

LINE 5B: 190

LINE 7B: 100

PART II:

SECTION A:

LINE 11(a): 05-01-1999

LINE 12(a): 4000

LINE 13(a): 3000

LINE 15(a): 2

LINE 16(a): 520

LINE 18: YES

LINE 19: N/A

LINE 20: YES

LINE 21: YES

SECTION C:

LINE 23(a): 742

LINE 27(a): 557

LINE 28(a): 1331

SECTION D:

LINE 30(a): 18000

LINE 32(a): 13500

LINE 33(a): 200 DB 11.52%

FORM 3903:

MILEAGE FROM OLD HOME TO NEW WORKPLACE: 1100

MILEAGE FROM OLD HOME TO OLD WORKPLACE: 12

LINE 1: 500

LINE 2: 763

LINE 4: 1000 (from W-2)

FORM 4684:

INCIDENT DATE: 07-04-2002

SECTION A:

LINE 1:	TYPE	LOCATION	DATE ACQUIRED
PROPERTY A:	JEWELRY	7 HEAVENS LN	12-24-1999

LINE 2A: 14000

LINE 3A: 4400

LINE 5A: 14800

LINE 6A: 0

FORM 8839:

PART I:

LINE 1:	(a)	(b)	(e)	(f)
CHILD 1:	ARCHIBALD DE LA HALO	1990	X	900-93-7017

PART II:

LINE 5: 5000

LINE 8: 92560

ETD TRANSMISSION:

FORM 4868:

LINE 4: 3447

LINE 5: 11576

LINE 6: 0

TEST # 18

FORMS REQUIRED: FORM 1040, SCH C, FORM 5329, FORM 8859

INFORMATION RETURNS ATTACHED: FORM W-2 (1), FORM W-2G (1), FORM 1099-R (1)

ENTRIES NOT REQUIRING FORMS:

STATEMENTS:

OTHER: NOTE: TAXPAYER LIVES IN DISTRICT OF COLUMBIA, FORM W-2 FROM GEORGIA
STATUTORY EMPLOYEE
DIRECT DEPOSIT

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST T ISLANDER AGE: 42 SSN: 400-00-1018
 OCCUPATION: INSURANCE BROKER PRES ELEC FUND: YES
 DISABLED: NO BLIND: NO

CHECK DIGITS FROM IRS LABEL: JU

ADDRESS: 123 PLAY HERE ST
 WASHINGTON, DC 20011

FILING STATUS: HEAD OF HOUSEHOLD LINE 6d: 1
QUALIFYING NAME: MICHAEL ISLANDER SSN: 400-55-3018

DIRECT DEPOSIT INFO:
NAME OF INSTITUTION: NINTH BANK OF DESTIN
ROUTING TRANSIT NUMBER: 024567891
ACCOUNT NUMBER: ABC-123-4567890
TYPE OF ACCOUNT: SAVINGS

SCHEDULE C:
NAME OF PROPRIETOR: TEST T ISLANDER SSN: 400-00-1018
LINE A: INSURANCE SALES LINE B: 524290
LINE D: 65-7044337
LINE F: CASH
LINE G: YES

PART I:
LINE 1: 28900 STATUTORY EMPLOYEE BOX = X

PART II:
LINE 18: 640
LINE 22: 4065
LINE 23: 820
LINE 26: 8300

FORM 5329:

NAME: TEST T ISLANDER

SSN: 400-00-1018

PART I:

LINE 1: 3000

LINE 2 EXCEPTION #: 05

AMOUNT: 1500

FORM 8859:

PART I:

LINE B: 12B

LINE C: 1474

LINE D: 02-12-2002

PART II:

LINE 1: 5000

LINE 2: 23075

ETD TRANSMISSION:

FORM 4868:

LINE 4: 150

LINE 5: 3500

LINE 6: 0

TEST # 19

FORMS REQUIRED: FORM 1040, SCH A, SCH B, SCH D, FORM 6251, FORM 8801

INFORMATION RETURNS ATTACHED:

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 63: 6300

STATEMENTS: SCH B (2)

OTHER:

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST O OLYMPICS AGE: 48 SSN: 400-00-1019
 OCCUPATION: INVESTMENT SPECIALIST PRES ELEC FUND: YES
 DISABLED: NO BLIND: NO

CHECK DIGITS FROM IRS LABEL: OT

ADDRESS: 121 TORCH ST DAYTIME PHONE: 404-555-1020
 ATLANTA, GA 30301

FILING STATUS: QUALIFYING WIDOW(ER) LINE 6d: 2
 SPOUSE DIED 2001

DEPENDENTS:					CHILD TAX
NAME	AGE	SSN	RELATIONSHIP	# MO	CREDIT
WENDY OLYMPICS	9	400-55-3019	DAUGHTER	12	X

SCHEDULE A:

LINE 1: 18000
LINE 5: 1500
LINE 6: 1750
LINE 7: 500
LINE 10: 9300
LINE 12: 2500
LINE 15: 5200
LINE 21: 825
LINE 22: 100 (SAFE DEPOSIT BOX)
 1200 (INVESTMENT EXPENSE)

SCHEDULE B:

PART I:

LINE 1:

PAYER NAME	AMOUNT
LAST CITIZENS	950 (ACCRUED)
CBA BANK	3200 (NOMINEE)
MYPLACE	1255 (TAX-EXEMPT)
AMERICAN FINANCE	1770 (OID ADJUSTMENT)
MUNICIPAL INT	2444 (TAX-EXEMPT)
PAB	32000 (TAX-EXEMPT FROM PAB AFTER 08/07/1986)
MIDDLE UNION	2575
NOWBANK	7800
FIRST BANK	1200
SECOND BANK	2600
THIRD BANK	3650
SIXTH BANK	4160
SEVENTH BANK	63
EIGHTH BANK	44
NINTH BANK	129
TENTH BANK	261

PART II:

LINE 5:

PAYER NAME	AMOUNT
ABC CORP	1450
DEF CORP	1475
GHI CORP	1260
JKL CORP	1850
MNO CORP	2500
PQR CORP	550
STU CORP	425
VWX CORP	350
YZZ CORP	575
1ST CO	555
2ND CO	933
3RD CO	975
4TH CO	125
5TH CO	28
6TH CO	290
7TH CO	390
8TH CO	599
9TH CO	47
KIDDIE INVESTMENTS	430 (NOMINEE)
MULTI INVESTORS	1789

PART III:

LINE 7a: NO

LINE 8: NO

SCHEDULE D:

PART I:

LINE 1: (a)	(b)	(c)	(d)	(e)
ABC	01-25-2002	01-31-2002	5000	2000
DEF	03-24-2001	02-05-2002	10000	3000
GHI	02-28-2002	07-16-2002	10000	9000
JKL	04-29-2002	11-17-2002	7000	4000
MNO	05-23-2001	01-12-2002	15000	13000
STOCK OPTION	12-15-2001	10-31-2002	EXPIRED	1325

PART II:

LINE 8: (a)	(b)	(c)	(d)	(e)
PQR	12-02-1999	03-16-2002	16000	16600
STU	08-14-1998	06-17-2002	1575	2000
50 SHS WERGONE	VARIOUS	BANKRUPT	-0-	2500
STAMPS	INHERIT	06-27-2002	8100	8500
RUG	03-27-1984	08-15-2002	25000	3000

(THE RUG IS CONSIDERED A COLLECTIBLE AND THEREFORE SHOULD BE TAXED AT THE 28% RATE GAIN)

LINE 13: (f)	(g)
515	16

SCHEDULE D WORKSHEET FOR LINE 40 - LINE 7: 99

(UNRECAPTURED SECTION 1250 GAIN)

FORM 6251:

LINE 11: 32000

FORM 8801:

PART I:

LINE 1: 35000

LINE 2: 34100

LINE 14: 4500

PART II:

LINE 16: 3000

ETD TRANSMISSION:

FORM 4868:

LINE 4: 6446

LINE 5: 6300

LINE 6: 146

LINE 7: 1500

LINE 9: 1646

TEST # 20

FORMS REQUIRED: FORM 1040, SCH D, SCH F, SCH J, SCH R, SCH SE, FORM 2210-F,
FORM 4255, FORM 4562, FORM 4797, FORM 8828, FORM PMT

INFORMATION RETURNS ATTACHED:

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 63: 3000 (ALL PAID BY 1-15-2003)

STATEMENTS:

OTHER: TOTAL SOCIAL SECURITY BENEFITS RECEIVED: 2200

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST T LIVINGWATERS AGE: 71 SSN: 400-00-1020
OCCUPATION: RETIRED PRES ELEC FUND: YES
DISABLED: NO BLIND: YES

SPOUSE: NAME: ISABEL H LIVINGWATERS AGE: 67 SSN: 400-00-2020
OCCUPATION: FARMER PRES ELEC FUND: YES
DISABLED: NO BLIND: NO

CHECK DIGITS FROM IRS LABEL: WH

ADDRESS: 341 RONALD RD
HULL, IL 62343

FILING STATUS: MARRIED FILING JOINTLY

LINE 6d: 2

SCHEDULE D:

LINE 8:	(a)	(b)	(c)	(d)	(e)
	ANTIQUES	05-21-1982	09-13-2002	4500	3500

(THE ANTIQUES ARE CONSIDERED A COLLECTIBLE AND THEREFORE SHOULD BE TAXED AT THE 28% RATE GAIN)

SCHEDULE F:

NAME OF PROPRIETOR: ISABEL H LIVINGWATERS SSN: 400-00-2020
LINE A: WHEAT LINE B: 111100
LINE C: ACCRUAL LINE D: 37-3012345
LINE E: YES

SCHEDULE F: (continued)

PART II:

LINE 12: 2500
LINE 13: 500
LINE 15: 250
LINE 16: 10633
LINE 17: 1562
LINE 19: 800
LINE 20: 1020
LINE 21: 4000
LINE 22: 1200
LINE 23a: 1890
LINE 24: 12400
LINE 26a: 1500
LINE 27: 750
LINE 28: 644
LINE 29: 1200
LINE 30: 1980
LINE 31: 1054
LINE 32: 2518
LINE 34a: SUBSCRIPTIONS 95

PART III:

LINE 38: 60030
LINE 39a: 1400
LINE 39b: 1400
LINE 40a: 230
LINE 40b: 230
LINE 42: 350
LINE 43: 1400
LINE 44: 980
LINE 46: 16010
LINE 47: 4400
LINE 49: 19655

SCHEDULE J:

SPECIAL NOTE: FILING STATUS FOR 2001 WAS 3-MARRIED FILING SEPARATELY.
2000 AND 1999 WERE 2-MARRIED FILING JOINTLY.

SPECIAL NOTE: SCHEDULE D WAS NOT FILED IN 1999, 2000, OR 2001. USE THE TAX
RATE SCHEDULES TO COMPUTE THE TAX FOR THOSE YEARS.

LINE 2: 3516
LINE 5: 200
LINE 9: 2005
LINE 13: (2000)
LINE 18: 32
LINE 19: 302
LINE 20: 0

SCHEDULE R:

PART I:
BOX 3: X

SCHEDULE SE (PAGE 1):

NAME : ISABEL H LIVINGWATERS **SSN:** 400-00-2020
SECTION A:
LINE 1: 17139

FORM 2210-F:

SPECIAL NOTE: FORM 2210-F TAX INCLUDES SELF EMPLOYMENT TAX, SCHEDULE J TAX USES INCOME TAX ONLY.

PART I:

LINE 1b: X

PART II:

LINE 13: 3270

PART III:

LINE 17: 04-15-2003

FORM 4255:

PROPERTY A: SOLAR POWER COLLECTOR

LINE 1A: 10%

LINE 2A: 25000

LINE 4A: 04-01-2001

LINE 5A: 04-15-2002

LINE 7A: 80%

FORM 4562 :

ACTIVITY: SCHEDULE F - 1

PART III:

LINE 17: 8383

BACKGROUND INFORMATION:

DESCRIPTION: FARM EQUIPMENT
PLACED IN SERVICE: 01-24-2000
BASIS: 30000
RECOVERY PERIOD: 5
CONVENTION: HY
METHOD: 150 DB

DESCRIPTION: SOLAR POWER COLLECTOR
(SOLD 04-15-2002)
PLACED IN SERVICE: 04-01-2001
BASIS: 23750
(cost of 25000 less 1/2 original ITC)
RECOVERY PERIOD: 5
CONVENTION: HY
METHOD: 150 DB

LINE 19b: **(c)** **(d)** **(e)** **(f)**
 15000 5 HY 150 DB (TRACTOR 6-15-2002)

PART V:

LINE 24a: YES

LINE 24b: YES

(a) **(b)** **(c)**
LINE 26: TRUCK 03-18-1994 100%

(truck has been fully depreciated)

LINE 30(a): 11000 (do not take mileage expense)

LINE 31(a): 0

LINE 32(a): 0

LINE 37(a): NO

LINE 35(a): YES

LINE 36(a): YES

FORM 4797:

PART III:

LINE 19A:	(a)	(b)	(c)
	SOLAR POWER COLLECTOR	04-01-2001	04-15-2002
PROPERTY TYPE:	1245		
LINE 20:	21747		
LINE 21:	25000		
LINE 22:	6591		

FORM 8828:

PART I:

LINE 1: 128 SOUTH MACON AVE HULL IL 62343
LINE 2b: X
LINE 3: IL ALAMANCE FMHA
LINE 4: SECOND BANK
255 MONEY LENDING ST HULL IL 62343
LINE 5: 10-25-1998
LINE 6: 04-25-2002
LINE 7: 3 YRS 6 MOS
LINE 8: 04-25-2002

PART II:

LINE 9: 180000
LINE 10: 9000
LINE 12: 69700
LINE 15: 20266
LINE 16: 18000
LINE 19: 3750
LINE 20: 20%

PAYMENT:

ROUTING TRANSIT NUMBER: 012456778
BANK ACCOUNT NUMBER: 111-333-6543
TYPE OF ACCOUNT: CHECKING
AMOUNT: 2108
PAYMENT DATE: 2003-04-15
DAYTIME PHONE: 618-555-1020
FORM: 1040E (for ETD transmission, Form type is: 4868E)

PREPARER NOTES:

THE TAXPAYER IS ELECTING OUT OF THE ADDITIONAL DEPRECIATION FOR FIVE YEAR MACRS PROPERTY PLACED IN SERVICE AFTER SEPTEMBER 11, 2001.

ETD TRANSMISSION:

FORM 4868:

LINE 4: 5105
LINE 5: 3000
LINE 6: 2105
LINE 9: 2105

TEST # 21

FORMS REQUIRED: FORM 1040, SCH A, SCH D, SCH E, SCH E PG2, FORM 2106 (2),
FORM 4562, FORM 8271, FORM 8582, FORM 8606 (2), FORM 8814 (3)

INFORMATION RETURNS ATTACHED: FORM W-2 (2)

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 23: 210
FORM 1040, LINE 33(a): 400-66-2021
AMOUNT: 1200
FORM 1040, LINE 33(a): SUB-PAY TRA
AMOUNT: 400
FORM 1040, LINE 63 : 200

STATEMENTS: SCHEDULE A, LINE 20

OTHER:

THIRD PARTY DESIGNEE: NONE

PREPARED BY: TAXPAYER

TAXPAYER: NAME: TEST L CHARITY AGE: 42 SSN: 400-00-1021
OCCUPATION: TEACHER PRES ELEC FUND: NO
DISABLED: NO BLIND: NO

SPOUSE: NAME: MARY B CHARITY AGE: 41 SSN: 400-00-2021
OCCUPATION: REAL ESTATE PROFESSIONAL PRES ELEC FUND: NO
DISABLED: NO BLIND: NO

CHECK DIGITS FROM IRS LABEL: AF

ADDRESS: 923 HOPE ST
FAITH, NC 28041-0923

FILING STATUS: MARRIED FILING JOINTLY LINE 6d: 5

DEPENDENTS:					CHILD TAX
NAME	AGE	SSN	RELATIONSHIP	# MO	CREDIT
JEFFREY CHARITY	8	400-55-3021	SON	12	X
SAMUEL CHARITY	10	400-55-4021	SON	12	X
SANDRA CHARITY	11	400-55-5021	DAUGHTER	12	X

SCHEDULE A:

LINE 5: 1595 (INCLUDING \$600 OF STATE ESTIMATED TAXES)
LINE 7: 800
LINE 10: 1700
LINE 15: 400
LINE 20: 1896 FORM 2106
2580 FORM 2106
75 UNION DUES

SCHEDULE D:

PART II:

LINE 8:	(a)	(b)	(c)	(d)	(e)
	5 SHS ACME	02-03-1999	06-15-2002	620	580

LINE 13(f): 25

LINE 13 LITERAL: FORM 8814

SCHEDULE E:

PART I:

LINE 1A: CONDOMINIUMS (REAL ESTATE PROFESSIONAL PROPERTY)
24 ROSEANNE ST FAITH NC

LINE 2A: NO

LINE 3A: 72500

LINE 5A: 4900

LINE 6A: 4662

LINE 7A: 9763

LINE 8A: 5200

LINE 9A: 7644

LINE 10A: 1200

LINE 11A: 800

LINE 12A: 4255

LINE 13A: 618

LINE 14A: 3204

LINE 15A: 509

LINE 16A: 8411

LINE 17A: 2870

LINE 18A: 200 (DUES & SUBSCRIPTIONS)
1860 (PEST CONTROL)

(Property is fully depreciated - no depreciation taken.)

SCHEDULE E PG2:

PART II:

LINE 27A(a): CHARITY & COMPANY

LINE 27A(b): P

LINE 27A(d): 56-0124344

LINE 27A(e): X

LINE 27A(h): 3240

LINE 27B(a): FAITH CITY PARTNERS

LINE 27B(b): P

LINE 27B(d): 56-9485555

LINE 27B(e): X

LINE 27B(g): 3240

LINE 27C(a): SHELTERS, LTD

LINE 27C(b): S

LINE 27C(d): 56-4712345

LINE 27C(e): X

LINE 27C(k): 52

(Total loss from FAITH CITY PARTNERS is 4162 - see Form 8582.)

PART V:

LINE 42: 16404

FORM 2106 #1:

NAME: TEST L CHARITY **SSN:** 400-00-1021

OCCUPATION: TEACHER

PART I:

LINE 3A: 1600

LINE 4A: 460

LINE 7A: 329 (FROM FORM W-2)

LINE 5B: 350

LINE 7B: 21 (FROM FORM W-2)

FORM 2106 #2:

NAME: MARY B CHARITY **SSN:** 400-00-2021

OCCUPATION: REAL ESTATE PROFESSIONAL

PART I:

LINE 1A: 1365

LINE 3A: 890

LINE 4A: 325

LINE 7A: 414 (FROM FORM W-2)

LINE 5B: 988

LINE 7B: 161 (FROM FORM W-2)

PART II:

SECTION A:

LINE 11a: 12-01-1998

LINE 12a: 18000

LINE 13a: 3740 (take standard mileage rate)

LINE 15a: 5

LINE 16a: 520

LINE 18: YES

LINE 19: YES

LINE 20: YES

LINE 21: YES

FORM 4562:

BUSINESS OR ACTIVITY: SCHEDULE E - 1

PART V:

LINE 24a: YES

LINE 24b: YES

LINE 27: (a) **(b)** **(c)**

 AUTOMOBILE 06-01-1999 38%

LINE 30(a): 12773 (take standard mileage rate)

LINE 31(a): 2600

LINE 32(a): 18536

LINE 34: YES

LINE 35: YES

LINE 36: YES

FORM 8271:

NAME: TEST L. & MARY B. CHARITY

SSN: 400-00-1021

TAX YEAR ENDED: 12-31-2002

LINE 1: (a)

(b)

(c)

SHELTERS, LTD.

APPLIED FOR

56-4712345

NAME OF PERSON WHO APPLIED: SAMUEL SHIELDS

FORM 8582:

PART I:

LINE 3a: 3240 (GAIN FROM CHARITY & COMPANY)
LINE 3b: 4162 (TOTAL LOSS FROM FAITH CITY PARTNERS)

FORM 8606 #1:

NAME: TEST L CHARITY **SSN:** 400-00-1021

PART I:

LINE 1: 1280 (TOTAL CONTRIBUTIONS = 3000)
LINE 2: 11800

FORM 8606 #2:

NAME: MARY B CHARITY **SSN:** 400-00-2021

PART I:

LINE 1: 1280 (TOTAL CONTRIBUTIONS = 3000)
LINE 2: 18940

FORM 8814 #1:

LINE A: JEFFREY CHARITY

LINE B: 400-55-3021

LINE C: X

PART I:

LINE 1a: 600

LINE 1a LITERAL: TAX-EXEMPT INTEREST 32

LINE 1b: 32

LINE 2: 330

FORM 8814 #2:

LINE A: SAMUEL CHARITY

LINE B: 400-55-4021

LINE C: X

PART I:

LINE 1a: 860

LINE 2: 750

LINE 3: 120

LINE 6 LITERAL: CGD 16

FORM 8814 #3:

LINE A: SANDRA CHARITY

LINE B: 400-55-5021

LINE C: X

PART I:

LINE 1a: 2948

LINE 1a LITERAL: TAX-EXEMPT INTEREST 420

LINE 1b: 420

LINE 2: 180

LINE 3: 17

LINE 6 LITERAL: CGD 9

ETD TRANSMISSION:

FORM 4868:

LINE 4: 2106

LINE 5: 1670

LINE 6: 436

LINE 9: 436

TEST # 22

FORMS REQUIRED: FORM 1040, SCH A, SCH C-EZ, SCH E (5), SCH E PG2,
SCH SE, FORM 8283

INFORMATION RETURNS ATTACHED:

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 37b: X
FORM 1040, LINE 63: 2000
FORM 1040, LINE 67: 300

STATEMENTS:

OTHER: SPOUSE ITEMIZES DEDUCTIONS

THIRD PARTY DESIGNEE: NAME: JOHN DOE
PHONE: 888-555-1111
PIN: 11122

PREPARED BY:

TAXPAYER: NAME: TEST T THOMAS AGE: 45 SSN: 400-00-1022
OCCUPATION: ENTREPRENEUR PRES ELEC FUND: YES
DISABLED: NO BLIND: NO

SPOUSE: NAME: CLARA THOMAS SSN: 400-00-2022

CHECK DIGITS FROM IRS LABEL: FD

ADDRESS: 511 JONATHAN CAROL BLVD
JEWELL, OH 43530

FILING STATUS: MARRIED FILING SEPARATELY LINE 6d: 1

SCHEDULE A:

LINE 5: 280
LINE 7: 300
LINE 10: 1200
LINE 16: 580

SCHEDULE C-EZ:

PART I:

LINE A: CATERING SERVICE LINE B: 311900
LINE C: THOMS TASTY TREATS
LINE E: 30 COOK ST
JEWELL OH 43530

PART II:

LINE 1: 1800
LINE 2: 821

PART III:

LINE 4: 06-01-2002
LINE 5:(a) 700 (b) 200 (c) 12600
LINE 6: NO LINE 8a: YES
LINE 7: YES LINE 8b: YES

*****SPECIAL NOTE FOR ALL SCHEDULE E RENTAL PROPERTIES:
ALL ARE ACTIVE PARTICIPATION, ALL AMTS ARE AT RISK, ALL ARE FULLY DEPRECIATED,
AND NONE OF THE PROPERTIES QUALIFY AS REAL ESTATE PROFESSIONAL PROPERTY.**

SCHEDULE E #1:

PART I:

LINE 1A: TOWNHOUSE A
201 FRANKLIN RD JEWELL OH

LINE 2A: NO

LINE 3A: 5200

LINE 5A: 250

LINE 7A: 400

LINE 9A: 300

LINE 14A: 180

LINE 16A: 270

LINE 17A: 600

LINE 1B: TOWNHOUSE B
202 FRANKLIN RD JEWELL OH

LINE 2B: NO

LINE 3B: 4100

LINE 5B: 250

LINE 6B: 225

LINE 7B: 500

LINE 10B: 150

LINE 11B: 125

LINE 16B: 450

LINE 17B: 1600

LINE 1C: TOWNHOUSE C
203 FRANKLIN RD JEWELL OH

LINE 2C: NO

LINE 3C: 5300

LINE 5C: 450

LINE 7C: 130

LINE 9C: 490

LINE 12C: 895

LINE 14C: 140

LINE 15C: 430

LINE 16C: 620

SCHEDULE E #2:

PART I:

LINE 1A: TOWNHOUSE D
204 FRANKLIN RD JEWELL OH

LINE 2A: NO

LINE 3A: 4400

LINE 5A: 260

LINE 6A: 180

LINE 7A: 495

LINE 8A: 220

LINE 9A: 1204

LINE 14A: 600

LINE 16A: 300

LINE 18A: 120 (PEST CONTROL)

SCHEDULE E #2: continued

LINE 1B: TOWNHOUSE E
205 FRANKLIN RD JEWELL OH
LINE 2B: NO
LINE 3B: 5300
LINE 5B: 450
LINE 7B: 180
LINE 9B: 630
LINE 11B: 125
LINE 14B: 400
LINE 16B: 380
LINE 17B: 260
LINE 18B: 160 (PEST CONTROL)

LINE 1C: TOWNHOUSE F
206 FRANKLIN RD JEWELL OH
LINE 2C: NO
LINE 3C: 6200
LINE 5C: 500
LINE 7C: 280
LINE 8C: 630
LINE 9C: 720
LINE 14C: 1850
LINE 15C: 204
LINE 16C: 680
LINE 18C: 260 (PEST CONTROL)

SCHEDULE E #3:

PART I:

LINE 1A: CONDO 1
600A W FIRST ST JEWELL OH
LINE 2A: NO
LINE 3A: 8300
LINE 5A: 690
LINE 6A: 522
LINE 7A: 360
LINE 9A: 1090
LINE 10A: 400
LINE 12A: 1800
LINE 14A: 620
LINE 16A: 660
LINE 18A: 100 (DUES)

LINE 1B: CONDO 2
600C W FIRST ST JEWELL OH
LINE 2B: NO
LINE 3B: 5600
LINE 5B: 260
LINE 7B: 180
LINE 8B: 500
LINE 9B: 925
LINE 12B: 1800
LINE 16B: 660
LINE 18B: 100 (DUES)

SCHEDULE E #3: (continued)

LINE 1C: CONDO 3
600E W FIRST ST JEWELL OH
LINE 2C: NO
LINE 3C: 6870
LINE 5C: 600
LINE 7C: 180
LINE 9C: 1096
LINE 10C: 1244
LINE 12C: 1800
LINE 15C: 200
LINE 16C: 660
LINE 18C: 100 (DUES)

SCHEDULE E #4:

PART I:

LINE 1A: CONDO 4
600G W FIRST ST JEWELL OH
LINE 2A: NO
LINE 3A: 6300
LINE 5A: 150
LINE 7A: 819
LINE 9A: 1044
LINE 10A: 860
LINE 12A: 1800
LINE 14A: 3960
LINE 16A: 660
LINE 18A: 100 (DUES)

LINE 1B: 3 BR HOME
180 MOCKINGBIRD LN JEWELL OH
LINE 2B: NO
LINE 3B: 4500
LINE 5B: 160
LINE 7B: 520
LINE 9B: 884
LINE 10B: 605
LINE 12B: 1480
LINE 15B: 650
LINE 16B: 340
LINE 17B: 1406
LINE 18B: 600 (PEST CONTROL)

LINE 1C: MOBILE HOME LOT
1400 ROUNDOFF CIR JEWELL OH
LINE 2C: NO
LINE 3C: 1800
LINE 10C: 120
LINE 16C: 206

SCHEDULE E #5:

PART I:

LINE 1A: OIL PROPERTIES
LINE 4A: 1603

LINE 1B: MINERAL PROPERTIES
LINE 4B: 640

SCHEDULE E PG2:

PART II:

LINE 27A(a): THOMAS CATERING LTD
LINE 27A(b): S
LINE 27A(d): 31-4295477
LINE 27A(e): X
LINE 27A(k): 3400

LINE 27B(a): THOMAS BROTHERS LTD
LINE 27B(b): S
LINE 27B(d): 31-4243544
LINE 27B(e): X
LINE 27B(i): 604

LINE 27C(a): THOMAS AND THOMAS
LINE 27C(b): P
LINE 27C(d): 31-0422233
LINE 27C(e): X
LINE 27C(k): 4365
(Partnership Self Employment income)

SCHEDULE SE:

NAME : TEST T THOMAS **SSN:** 400-00-1022
SECTION A:
LINE 2: 5344 (from C-EZ, and K-1 income)

FORM 8283:

SECTION A:

PART I:

LINE 1A(a): BEST WILL
JEWELL OH 43530
LINE 1A(b): FURNITURE
LINE 1A(c): 11-10-2002
LINE 1A(d): 06-1996
LINE 1A(e): PURCHASED
LINE 1A(f): 1800
LINE 1A(g): 580
LINE 1A(h): THRIFT SHOP VALUE

ETD TRANSMISSION:

FORM 9465:

LINE 3: (614)555-1021 6:30PM
LINE 4: (LEAVE BLANK)
LINE 5: NONE
LINE 6: NONE
LINE 7: FORM 1040
LINE 8: 2002
LINE 9: 566
LINE 10: 31
LINE 11: 25
LINE 12: 10
LINE 13: (LEAVE BLANK)

TEST # 23

FORMS REQUIRED: FORM 1040, SCH B, SCH D, SCH E PG2, FORM 1116 (8),
FORM 4972, FORM 6781, FORM 8275

INFORMATION RETURNS ATTACHED: FORM W-2 (1), FORM 1099-R (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 63: 1500
FORM 1040, LINE 26: 2000

STATEMENTS:

OTHER:

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST F STILES AGE: 28 SSN: 400-00-1023
 OCCUPATION: STOCK BROKER PRES ELEC FUND: NO
 DISABLED: NO BLIND: NO

CHECK DIGITS FROM IRS LABEL: KC

ADDRESS: 4664 COUSINS PL
 TILLAMOOK, OR 97141

FILING STATUS: SINGLE LINE 6d: 1

SCHEDULE B:

PART I:

LINE 1: FIRST BANK OF MEXICO 4300

PART II:

LINE 5: AMERICAN INVESTMENTS 3650
 ACME 80
 WIZE INV 220
 INSIDER 650
 FINE ARTS COUNCIL 260
 ITALIAN INVESTMENTS 1330

PART III:

LINE 7A: YES
LINE 7B: MEXICO
LINE 8: NO

SCHEDULE D:

PART I:

LINE 1:	(a)	(b)	(c)	(d)	(e)
	100 SHS ACME	04-25-2002	07-15-2002	5700	3970

PART II:

LINE 8:	(a)	(b)	(c)	(d)	(e)
	60 SHS WIZE INV	02-13-1993	12-15-2002	1260	624
	15 SHS INSIDER	03-12-1999	05-22-2002	150	330

SCHEDULE E PG2:

PART II:

LINE 27A(a): ARGENTINIAN CRUISE LINES
LINE 27A(b): P
LINE 27A(c): X
LINE 27A(d): 04-5763210
LINE 27A(e): X
LINE 27A(h): 4100
LINE 27B(a): IRISH-AMERICA EXPORTS LTD
LINE 27B(b): S
LINE 27B(d): 99-4243000
LINE 27B(e): X
LINE 27B(h): 9200
LINE 27C(a): ISRAELI SALES INC
LINE 27C(b): S
LINE 27C(d): 99-1234455
LINE 27C(e): X
LINE 27C(k): 7500
LINE 27D(a): FRENCH FINANCIAL SERVICES
LINE 27D(b): S
LINE 27D(d): 99-1010112
LINE 27D(e): X
LINE 27D(h): 2400

FORM 1116 #1:

INCOME CATEGORY: (a) X

LINE k: UNITED STATES

PART I: (A)
LINE 1: ITALY
LINE 1: DIVIDENDS 1330
LINE 3a: 4700
LINE 3d: 1330
LINE 3e: 52276

PART II:
LINE A: (m) (o) (t)
X 12-31-2002 120

FORM 1116 #2:

INCOME CATEGORY: (b) X

LINE k: UNITED STATES

PART I: (A)
LINE 1: MEXICO
LINE 1: INTEREST 4300
LINE 3a: 4700
LINE 3d: 4300
LINE 3e: 52276

PART II:
LINE A: (m) (o) (v)
X 12-31-2002 430

FORM 1116 #3:
INCOME CATEGORY: (c) X
LINE k: UNITED STATES

PART I: (A)
LINE 1: FRANCE
LINE 1: BANKING 2400
LINE 3a: 4700
LINE 3d: 2400
LINE 3e: 52276

PART II:
LINE A: (m) (o) (w)
X 03-12-2002 380

FORM 1116 #4:
INCOME CATEGORY: (d) X
LINE k: UNITED STATES

PART I: (A)
LINE 1: ARGENTINA
LINE 1: SHIP LEASES 4100
LINE 3a: 4700
LINE 3d: 4100
LINE 3e: 52276

PART II:
LINE A: (m) (o) (w)
X 12-05-2002 80

FORM 1116 #5:
INCOME CATEGORY: (e) X
LINE k: UNITED STATES

PART I: (A)
LINE 1: IRELAND
LINE 1: EXPORT LEASING 9200
LINE 3a: 4700
LINE 3d: 9200
LINE 3e: 52276

PART II:
LINE A: (m) (o) (u)
X 12-15-2002 120

FORM 1116 #6:
INCOME CATEGORY: (f) X
LINE k: UNITED STATES

PART I: (A)
LINE 1: ISRAEL
LINE 1: EXPORT SALES 7500
LINE 3a: 4700
LINE 3d: 7500
LINE 3e: 52276

PART II:
LINE A: (m) (o) (w)
X 06-18-2002 700

FORM 1116 #7:
INCOME CATEGORY: (g) X
LINE k: UNITED STATES

PART II:
LINE A: (m) (o) (w)
X 12-31-2002 420

PART III:
LINE 21 LITERAL: LSD

FORM 1116 #8:
INCOME CATEGORY: (j) X
LINE k: UNITED STATES

PART I: (A)
LINE 1: MEXICO
LINE 1: WAGES 17400
LINE 3a: 4700
LINE 3d: 17400
LINE 3e: 52276

PART II:
LINE A: (m) (o) (w)
X 12-31-2002 1600

FORM 4972:
NAME: TEST F STILES SSN: 400-00-1023

PART I:
LINE 1: YES
LINE 2: NO
LINE 3: YES
LINE 4: NO
LINE 5a: NO
LINE 5b: NO

PART III:
LINE 8: 7600
LINE 9: 5000
LINE 29 LITERAL: MRD

FORM 6781

PART I:

LINE 1(a): FORM 1099-B PORKBELLIES R US

LINE 1(c): 1000

PART II, SECTION A:

LINE 10(a): ABC 1299CAL LG

LINE 10(b): 06-30-2002

LINE 10(c): 10-15-2002

LINE 10(d): 10000

LINE 10(e): 15000

PART II, SECTION B:

12(a): ABC 1299PUT LG

12(b): 06-30-2002

12(c): 10-15-2002

12(d): 15000

12(e): 12000

FORM 8275:

PART I:

LINE 1(a): 274(M)3

LINE 1(b): FROM PASS-THROUGH ENTITY

LINE 1(c): SHAREHOLDER'S SPOUSE CRUISE SHIP TRAVEL EXP

LINE 1(d): E

LINE 1(e): 27B

LINE 1(f): 3000

PART II:

LINE 1: SPOUSE OF SHAREHOLDER, WHO IS ALSO A COMPANY EMPLOYEE, TRAVELED ON OVERSEAS CRUISE IN ORDER TO HELP SHAREHOLDER ENTERTAIN CLIENTS ON THE SHIP.

PART III:

LINE 1: IRISH AMERICAN EXPORTS LTD
500 MAIN ST
TILLAMOOK, OR 97141

LINE 2: 99-4243000

LINE 3: 01/01/2002 TO 12/31/2002

LINE 4: OGDEN, UT

ETD TRANSMISSION:

FORM 9465:

LINE 3: (503)555-1254

7:00PM

LINE 4: (LEAVE BLANK)

LINE 5: (LEAVE BLANK)

LINE 6: NONE

LINE 7: FORM 1040

LINE 8: 2002

LINE 9: 262

LINE 10: 158

LINE 11: 50

LINE 12: 26

TEST # 24

FORMS REQUIRED: FORM 1040, SCH A, SCH E PG2, SCH F, SCH SE, FORM 2210-F,
FORM 4562, FORM 4684 PG2, FORM 4797, FORM 4835(2),
FORM 4952, FORM 8283, FORM 8396, FORM PMT

INFORMATION RETURNS ATTACHED:

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 8a: 390

STATEMENTS: WAIVER EXPLANATION FOR FORM 2210-F
OPTION NOT TO USE ADDITIONAL 30% DEPRECIATION

THIRD PARTY DESIGNEE: **NAME:** JOHN DOE
 PHONE: 888-555-1111
 PIN: 11122

PREPARED BY:

TAXPAYER: **NAME:** TEST E RATT **AGE:** 53 **SSN:** 400-00-1024
 OCCUPATION: FARMER **PRES ELEC FUND:** YES
 DISABLED: NO **BLIND:** NO

SPOUSE: **NAME:** WHARF B RATT **AGE:** 49 **SSN:** 400-00-2024
 OCCUPATION: FARMER **PRES ELEC FUND:** YES
 DISABLED: NO **BLIND:** NO

CHECK DIGITS FROM IRS LABEL: PB

ADDRESS: 452 MOUSETRAP CT
 CHEESETOWN, PA 17201

FILING STATUS: MARRIED FILING JOINTLY **LINE 6d:** 2

SCHEDULE A:

LINE 1: 2119
LINE 5: 480
LINE 7: 120
LINE 10: 1217 (TOTAL MTG INTEREST PAID 1352)
LINE 11: JAMES BOWLIN
 PO BOX 123 FRANKLIN PA 17304
 400-44-3024
 AMOUNT PAID: 360
LINE 12: 100
LINE 13: 71
LINE 15: 300
LINE 16: 6000 (LIMITED BY AGI TO 5933)

SCHEDULE E PG2:

PART V:
LINE 41: 16060

SCHEDULE F:

NAME OF PROPRIETOR: TEST E RATT
LINE A: VEGETABLES
LINE C: ACCRUAL
LINE E: YES

SSN: 400-00-1024
LINE B: 111210

PART II:

LINE 12: 400
LINE 13: 963
LINE 15: 120
LINE 16: 5835
LINE 19: 1496
LINE 20: 3950
LINE 21: 4303
LINE 22: 1900
LINE 23a: 1200
LINE 23b: 300
LINE 24: 8200
LINE 26a: 1010
LINE 26b: 1200
LINE 27: 3044
LINE 28: 2690
LINE 29: 5854
LINE 30: 231
LINE 31: 842
LINE 32: 1800
LINE 34a: 1105 (TRACTOR TIRES)

PART III:

LINE 38: 60101
LINE 39a: 1800
LINE 39b: 1500
LINE 40a: 400
LINE 40b: 400
LINE 42: 200
LINE 43: 500
LINE 44: 325
LINE 46: 4308
LINE 47: 6790
LINE 49: 3601

SCHEDULE SE:

NAME : TEST E RATT
SECTION A:
LINE 1: 9086

SSN: 400-00-1024

FORM 2210-F:

PART I:
LINE 1a: X

PART II:
LINE 13: 1795

PART III:
LINE 17: 04-15-2003
LINE 19: LITERAL: AMOUNT WAIVED 15

LITERAL FOR WAIVER STATEMENT: FINANCIAL HARDSHIP DUE TO MAJOR TORNADO DAMAGE

FORM 4562:

ACTIVITY: SCHEDULE F - 1

PART I:

LINE 2: 22750
LINE 6(a): TILLER
LINE 6(b): 150
LINE 6(c): 150

PART III:

LINE 17: 2295

BACKGROUND INFORMATION: PROPERTY: TRACTOR
PLACED IN SERVICE: 08-01-2001
BASIS: 18000
RECOVERY PERIOD: 5
CONVENTION: HY
METHOD: 150 DB

LINE 19: (c) (d) (e) (f)
22600 5 HY 150 DB (TRACTOR AND PLOW 06-15-2002)

PART V:

LINE 24a: YES
LINE 24b: YES

LINE 26: (a) (b) (c)
TRUCK 03-21-1999 100%
(truck is fully depreciated)
(do not take mileage expense)

LINE 30(a): 1800
LINE 31(a): 0
LINE 32(a): 0
LINE 34(a): NO
LINE 35(a): YES
LINE 36(a): YES

FORM 4684 PG 2:

INCIDENT DATE: 06-24-2002

SECTION B:

PART I:

LINE 19A: SILO-DESTROYED BY TORNADO CHEESETOWN PA 03-24-2002
LINE 20A: 12640
LINE 21A: 8000
LINE 23A: 12640
LINE 24A: 0
(ACQUIRED: 03-24-2002)

PART II:

LINE 29: (a) (b)(i)
SILO-DESTROYED BY TORNADO 4640

FORM 4797:
PART II:
LINE 14: -4640

PART III:
LINE 19A: (a) (b) (c)
TRACTOR 08-01-2001 12-31-2002

PROPERTY TYPE: 1245
LINE 20A: 17730
LINE 21A: 18000
LINE 22A: 4995

FORM 4835 #1:
LINE A: NO

PART I:
LINE 1: 12460

PART II:
LINE 19a: 1460
LINE 27: 260

FORM 4835 #2:
LINE A: YES

PART I:
LINE 1: 3600

PART II:
LINE 18: 750
LINE 19a: 2100
LINE 27: 632

FORM 4952
PART I:
LINE 1: 60
LINE 2: 11

FORM 8283:
SECTION B:
PART I:
LINE 4: ART (CONTRIBUTION OF LESS THAN \$20,000)
LINE 5A(a): PAINTING
LINE 5A(b): EXCELLENT
LINE 5A(c): 6000
LINE 5A(d): 02-1986
LINE 5A(e): PURCHASED
LINE 5A(f): 5100
PART IV:
DATE: 09-12-2002
DOES THE ORGANIZATION INTEND TO USE PROPERTY FOR UNRELATED USE: NO
NAME OF CHARITABLE ORGANIZATION: CHEESETOWN MUSEUM
ADDRESS: MAIN ST CHEESETOWN PA 17201
EIN: 23-1421452

FORM 8396:

ADDRESS: 1644 FELINE DR
CHEESETOWN PA 17201

PART I:

LINE 1: 1352
LINE 2: 10%
LINE 6: 120

FORM PAYMENT:

ACH DEBIT
RTN: 012345699
ACCT #: 12345678999
TYPE OF ACCT: CHECKING
AMOUNT OF PAYMENT: 487
REQUESTED PAYMENT DATE: 2003-04-15
TAXPAYERS DAYTIME PHONE NUMBER: 814-555-1023
TYPE OF FORM BEING FILED: 1040

ETD TRANSMISSION:

FORM 9465:

LINE 3: (814)555-1024 1:00PM
LINE 4: (LEAVE BLANK)
LINE 5: NONE
LINE 6: (LEAVE BLANK)
LINE 7: FORM 1040
LINE 8: 2002
LINE 9: 1487
LINE 10: 145
LINE 11: 300
LINE 12: 16

TEST # 25

FORMS REQUIRED: FORM 1040, SCH B, SCH C(5), SCH E(2), SCH F,
FORM 3903(2), FORM 4562(8), FORM 6198(5),
FORM 8815, FORM 8863

INFORMATION RETURNS ATTACHED: FORM W-2 (2)

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 10: 180
FORM 1040, LINE 11: 12000
FORM 1040, LINE 13: (X) 25
FORM 1040, LINE 25: 131
FORM 1040, LINE 32: 26

STATEMENTS: OPTION NOT TO USE ADDITIONAL 30% DEPRECIATION

OTHER:

THIRD PARTY DESIGNEE: **NAME:** JOHN DOE
PHONE: 888-555-1111
PIN: 11122

PREPARED BY:

TAXPAYER: **NAME:** TEST J CADEN **AGE:** 39 **SSN:** 400-00-1025
OCCUPATION: SAILOR **PRES ELEC FUND:** YES
DISABLED: NO **BLIND:** NO

CHECK DIGITS FROM IRS LABEL: TA

ADDRESS: USS ROBERT E LEE
FPO, AP 96222

FILING STATUS: HEAD OF HOUSEHOLD **LINE 6d:** 2

DEPENDENTS:					CHILD TAX
NAME	AGE	SSN	RELATIONSHIP	# MO	CREDIT
JASMINE CADEN	19	400-55-3025	DAUGHTER	12	

SCHEDULE B:

PART I:

LINE 1: SAMUEL LIVINGSTON	400-44-1025	415
16 WALLINGTON RD FRANKLIN NC 28734		
RIDGECREST SAVINGS BANK		610
US SAVINGS BOND		180
US S & L		80 (TAX-EXEMPT)
OFFSPRING BANK		39 (NOMINEE DIST)
FIRST ISSUE		47 (OID ADJUSTMENT)
A TO Z BROKERS		67 (ACCRUED INTEREST)
LINE 3:		180

PART II:

LINE 5: A & B CORP
ABC CORP

120
44 (NOMINEE DIST)

PART III:

LINE 7a: NO
LINE 8: NO

SCHEDULE C - #1:

NAME OF PROPRIETOR: TEST J CADEN
LINE A: PAINTING
LINE C: QUALITY HOUSE PAINTING
LINE E: 16 MAIN ST
WILMINGTON NC 28403

SSN: 400-00-1025
LINE B: 235210

LINE F: CASH
LINE G: YES
LINE H: X (BUSINESS WAS ACQUIRED DURING 2002)

PART I:

LINE 1: 1980

PART II:

LINE 13: 1300
LINE 22: 760
LINE 32b: X (SOME NOT AT RISK)

SCHEDULE C - #2:

NAME OF PROPRIETOR: TEST J CADEN
LINE A: VENDING MACHINES
LINE C: CADENS SNACKS
LINE E: 16 MAIN ST
WILMINGTON NC 28403

SSN: 400-00-1025
LINE B: 454210

LINE F: CASH
LINE G: YES

PART I:

LINE 1: 2955

PART II:

LINE 10: 473
LINE 13: 968
LINE 15: 118
LINE 22: 26
LINE 23: 120
LINE 32b: X (SOME NOT AT RISK)

PART III:

LINE 33(a): X
LINE 34: NO
LINE 35: 415
LINE 36: 1623
LINE 41: 659

SCHEDULE C - #3:

NAME OF PROPRIETOR: TEST J CADEN

SSN: 400-00-1025

LINE A: FLEA MARKET

LINE B: 454390

LINE C: CADENS BARGAINS

LINE E: 22 MAIN ST
WILMINGTON NC 28403

LINE F: CASH

LINE G: YES

LINE H: X (business was acquired during 2002)

PART I:

LINE 1: 420

PART II:

LINE 13: 80

LINE 22: 206

LINE 32b: X (SOME NOT AT RISK)

PART III:

LINE 33(a): X

LINE 34: NO

LINE 36: 300

LINE 38: 120

SCHEDULE C - #4:

NAME OF PROPRIETOR: TEST J CADEN

SSN: 400-00-1025

LINE A: BAKERY

LINE B: 311800

LINE C: CADENS COOKIES

LINE E: 22 MAIN ST
WILMINGTON NC 28403

LINE F: CASH

LINE G: YES

PART I:

LINE 1: 1946

PART II:

LINE 8: 120

LINE 10: 255

LINE 13: 623

LINE 18: 76

LINE 22: 196

LINE 23: 100

LINE 25: 400

LINE 32b: X (SOME NOT AT RISK)

PART III:

LINE 38: 1165

SCHEDULE C - #5:

NAME OF PROPRIETOR: TEST J CADEN **SSN:** 400-00-1025
LINE A: VARIOUS ENDEAVORS **LINE B:** 421990
LINE C: ODDS & ENDS
LINE E: 16 MAIN ST
WILMINGTON NC 28403
LINE F: CASH
LINE G: YES
LINE H: X (business was acquired during 2002)

PART I:

LINE 1: 400

PART II:

LINE 13: 200
LINE 22: 180
LINE 23: 50
LINE 32b: X (SOME NOT AT RISK)

PART V:

OTHER EXPENSES:

MISCELLANEOUS 60

**** SPECIAL NOTE FOR SCHEDULE E PROPERTIES: ALL AMOUNTS AT RISK, ***
*** TAXPAYER DID MATERIALLY PARTICIPATE IN THE RENTAL ACTIVITIES. ***
***** TAXPAYER IS NOT A REAL ESTATE PROFESSIONAL. *****

SCHEDULE E #1:

PART I:

LINE 1A: MOBILE HOME
1800 S MAPLE ST WILMINGTON NC

LINE 2A: NO

LINE 3A: 1200
LINE 9A: 320
LINE 12A: 480
LINE 16A: 100
LINE 17A: 60
LINE 20A: 355

LINE 1B: MOBILE HOME
1802 S MAPLE ST WILMINGTON NC

LINE 2B: NO

LINE 3B: 800
LINE 5B: 25
LINE 7B: 44
LINE 9B: 200
LINE 16B: 122

LINE 1C: MOBILE HOME
1804 S MAPLE ST WILMINGTON NC

LINE 2C: NO

LINE 3C: 1300
LINE 9C: 342
LINE 12C: 480
LINE 16C: 209

SCHEDULE E #2:

PART I:

LINE 1A: MOBILE HOME
1806 S MAPLE ST WILMINGTON NC
LINE 2A: NO
LINE 3A: 850
LINE 5A: 50
LINE 9A: 360
LINE 14A: 15
LINE 16A: 167
LINE 20A: 567

SCHEDULE F:

NAME OF PROPRIETOR: TEST J CADEN
LINE A: EMU
LINE C: CASH
LINE E: YES

SSN: 400-00-1025
LINE B: 112900

PART I:

LINE 4: 4200

PART II:

LINE 16: 525
LINE 18: 600
LINE 22: 180
LINE 24: 1500
LINE 26b: 1200
LINE 33: 100

FORM 3903 #1:

MILEAGE FROM OLD HOME TO NEW WORKPLACE: 1200
MILEAGE FROM OLD HOME TO OLD WORKPLACE: 15
LINE 1: 160
LINE 2: 309

FORM 3903 #2:

LITERAL: MILITARY MOVE
MILEAGE FROM OLD HOME TO NEW WORKPLACE: 600
MILEAGE FROM OLD HOME TO OLD WORKPLACE: 22
LINE 1: 605
LINE 2: 233
LINE 4: 500 (FROM FORM W-2)

FORM 4562 #1:

ACTIVITY: SCHEDULE C - 1

PART III:

LINE 19b:	(c)	(d)	(e)	(f)	
	1200	5	HY	200 DB	(TOOLS 03-15-2002)

PART V:

LINE 24a: YES

LINE 24b: YES

	(a)	(b)	(c)	(d)	(e)	(f)	(g)
LINE 26:	VAN	06-15-2002	100%	5300	5300	5	200DBHY
LINE 30(a):	2000	(do not take mileage expense)					
LINE 31(a):	0						
LINE 32(a):	0						
LINE 34(a):	NO						
LINE 35(a):	YES						
LINE 36(a):	YES						

FORM 4562 #2:

ACTIVITY: SCHEDULE C - 2

PART III:

LINE 17: 768

BACKGROUND INFORMATION:	PROPERTY: VENDING MACHINES
	PLACED IN SERVICE: 01-01-2000
	BASIS: 4000
	RECOVERY PERIOD: 5
	CONVENTION: HY
	METHOD: 200 DB

LINE 19b:	(c)	(d)	(e)	(f)	
	1000	5	HY	200 DB	(VENDING MACHINE 03-16-2002)

PART V:

LINE 24a: YES

LINE 24b: YES

	(a)	(b)	(c)
LINE 26:	TRUCK	01-01-1998	100%
LINE 30(a):	1296	(use std mileage rate)	
LINE 31(a):	0		
LINE 32(a):	0		
LINE 34(a):	NO		
LINE 35(a):	YES		
LINE 36(a):	YES		

FORM 4562 #3:

ACTIVITY: SCHEDULE C - 3

PART III:

LINE 19b:	(c)	(d)	(e)	(f)	
	400	5	HY	200 DB	(TABLES 03-12-2002)

FORM 4562 #4:

ACTIVITY: SCHEDULE C - 4

PART III:

LINE 17: 553

BACKGROUND INFORMATION:	PROPERTY: COMMERCIAL OVEN
	PLACED IN SERVICE: 01-12-1998
	BASIS: 4800
	RECOVERY PERIOD: 5
	CONVENTION: HY
	METHOD: 200 DB

LINE 19b: (c) (d) (e) (f)
350 5 HY 200 DB (MIXER - 03-24-2002)

PART V:

LINE 24a: YES

LINE 24b: YES

(a) (b) (c)
LINE 27: AUTO 01-24-1997 6%
LINE 30(a): 699 (use std mileage rate)
LINE 31(a): 250
LINE 32(a): 10175
LINE 34(a): YES
LINE 35(a): YES
LINE 36(a): YES

FORM 4562 #5:

ACTIVITY: SCHEDULE C - 5

PART III:

LINE 19b: (c) (d) (e) (f)
1000 5 HY 200 DB (EQUIPMENT 04-16-2002)

FORM 4562 #6:

ACTIVITY: SCHEDULE E - 1

PART III:

LINE 19h: (b) (c)
06-2002 18000 (PROPERTY A: MOBILE HOME)

FORM 4562 #7:

ACTIVITY: SCHEDULE E - 2

PART III:

LINE 19h: (b) (c)
04-2002 22000 (PROPERTY A: MOBILE HOME)

FORM 4562 #8:

ACTIVITY: SCHEDULE F - 1

PART III:

LINE 19b: (c) (d) (e) (f)
3500 5 HY 150 DB (INCUBATOR 02-25-2002)

FORM 6198 #1:
DESCRIPTION: PAINTING
PART II:
LINE 6: 0
LINE 7: 1000
LINE 9: 500

FORM 6198 #2:
DESCRIPTION: VENDING MACHINES
PART II:
LINE 6: 4000
LINE 9: 300

FORM 6198 #3:
DESCRIPTION: FLEA MARKET
PART II:
LINE 6: 0
LINE 7: 200

FORM 6198 #4:
DESCRIPTION: BAKERY
PART II:
LINE 6: 4600
LINE 9: 2000

FORM 6198 #5:
DESCRIPTION: VARIOUS ENDEAVORS
PART II:
LINE 6: 0
LINE 7: 500

FORM 8815:
LINE 1(a): JASMINE CADEN
LINE 1(b): SMALLTOWN JUNIOR COLLEGE
1800 LEARNING WAY
SMALLTOWN NC 28455
LINE 2: 8960
LINE 3: 1000
LINE 5: 1180
LINE 6: 180
LINE 9: 38158

FORM 8863:
PART I:
LINE 1: (a) (b) (c)
JASMINE CADEN 400-55-3025 2000

ETD TRANSMISSION:

FORM 9465:

LINE 3: (503)555-1023

11:00AM

LINE 4: (LEAVE BLANK)

LINE 5: NONE

LINE 6: US NAVY

1100 MILITARY AVE

WASHINGTON DC 20222-1643

LINE 7: FORM 1040

LINE 8: 2002

LINE 9: 32

LINE 10: 96

LINE 11: 200

LINE 12: 5

TEST # 26

FORMS REQUIRED: FORM 1040, SCH B, FORM 2555-EZ, FORM 5329, FORM 8853

INFORMATION RETURNS ATTACHED: FORM W-2 (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 21: 80 LITERAL: MSA
FORM 1040, LINE 21: -62000 LITERAL: 2555-EZ
FORM 1040, LINE 63: 100

STATEMENTS: SCHEDULE B SELLER-FINANCED MORTGAGE

OTHER: FORM 1040, LINE 61: LITERAL: MSA 12

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST M EDGEWOOD AGE: 50 SSN: 400-00-1026
OCCUPATION: CHEMIST PRES ELEC FUND: NO
DISABLED: NO BLIND: NO

TAXPAYER: NAME: ROSEANNE G EDGEWOOD AGE: 49 SSN: 400-00-2026
OCCUPATION: HOMEMAKER PRES ELEC FUND: YES
DISABLED: NO BLIND: NO

CHECK DIGITS FROM IRS LABEL: XZ

ADDRESS: 86 OUTSIDE CIR
PERIMETERSCENTERSVILLE, GA 30555-0086

FILING STATUS: MARRIED FILING JOINTLY LINE 6d: 2

SCHEDULE B:

PART I:

LINE 1: SALLY ROCKINGHAM SSN: 400-22-4026 (SELLER-FINANCED)
PO BOX 676 FRANKLIN NC 28744 120
JAMES STONEBROOK SSN: 400-22-5026 (SELLER-FINANCED)
24 W QUARRY RD ATLANTA GA 30301 206
AURORA S & L 6240
WEEDS AND SEEDS CU 9044

PART II:

LINE 5: MONY MUTUAL 429

PART III:

LINE 7A: NO
LINE 8: NO

FORM 2555-EZ:

PART I:

LINE 1a: YES

LINE 1b: 10-01-1994 CONTINUES

LINE 3: YES

PART II: POST OF DUTY CODE: 54

LINE 4: 4700 GRANDE AVE LIMA PERU

LINE 5: CHEMIST

LINE 6: WEEDS AND SEEDS INC

LINE 7: 88 DANDELION DR
PASTURELAND NY 14818

LINE 8: 960 BURDOCK HILL
LIMA PERU

LINE 9a: X

LINE 10a: 2001

LINE 10c: NO

LINE 11a: 4700 GRANDE AVE LIMA PERU 10-01-1995

LINE 11b: UNITED STATES

PART III:

LINE 12a: 12-15-2002

LINE 12b: 12-28-2002

PART IV:

LINE 14: 365

LINE 17: 62000

FORM 5329:

PART VI:

LINE 39: 900

FORM 8853:

ANNUAL DEDUCTIBLE: 3200 **NUMBER OF MONTHS IN PLAN:** 8

PART I:

LINE 1a: Yes

LINE 1b: No

LINE 1c: Family

LINE 2a: NO

PART II:

LINE 3a: NO

LINE 4: 2500

LINE 6: 62000

PART III:

LINE 8a: 380

LINE 9: 300

ETD TRANSMISSION:

FORM 9465:

LINE 3:	(404) 555-1803	10:00AM
LINE 4:	(404) 555-1911 (no ext)	9:00PM
LINE 5:	NONE	
LINE 6:	WEEDS AND SEEDS INC 88 DANDELION DR PASTURELAND NY 14818	
LINE 7:	FORM 1040	
LINE 8:	2002	
LINE 9:	32	
LINE 10:	6	
LINE 11:	26	
LINE 12:	10	

TEST # 27

FORMS REQUIRED: FORM 1040, SCH B, SCH E, SCH E PG.2, FORM 3800, FORM 4562,
FORM 6251, FORM 8582-CR, FORM 8586, FORM 8609, FORM 8609A,
FORM 8611, FORM 8830

INFORMATION RETURNS ATTACHED:

ENTRIES NOT REQUIRING FORMS:

OTHER:

THIRD PARTY DESIGNEE: NONE

STATEMENTS:

PREPARED BY:

TAXPAYER: NAME: TEST L PARTNER **AGE:** 50 **SSN:** 400-00-1027
OCCUPATION: PROPERTY MANAGER **PRES ELEC FUND:** NO
DISABLED: NO **BLIND:** NO

CHECK DIGITS FROM IRS LABEL: BY

ADDRESS: 123 FRIGID LN
STARKWEATHER, ND 58377

FILING STATUS: SINGLE **LINE 6d:** 1

SCHEDULE B:

PART I:

LINE 1:

PAYER NAME	AMOUNT
FIRST BANK	7500 (ACCRUED)

PART II:

LINE 5:

PAYER NAME	AMOUNT
GATEWAY	2000

PART III:

LINE 7A: NO

LINE 8: NO

SCHEDULE E: (DID NOT ACTIVELY PARTICIPATE)

PART I:

LINE 1A: Rental House
Springwater, ND 58377

LINE 2: No

LINE 3: 10545

LINE 20: 4545

SCHEDULE E, PAGE 2:

PART II:

LINE 27A(a): NATURAL DISCOVERIES
LINE 27A(b): P
LINE 27A(d): 45-0000827
LINE 27A(e): X
LINE 27A(h): 2500
LINE 27B(A): ACQUIRED PROPERTIES
LINE 27A(b): P
LINE 27A(d): 45-0000828
LINE 27A(e): X
LINE 27A(h): 2500

FORM 4562

ACTIVITY: SCHEDULE E
LINE 17: 4545

FORM 8582-CR:

LINE 3A: 625
LINE 4A: 1500
LINE 6: 533
LINE 35: 533

FORM 8586:

PART I:
LINE 1: 1
LINE 2: 250000
LINE 3A: 125000
LINE 3B: NO

FORM 8609:

LINE A: 150 Helpful Heights
Springwater, ND 58377
LINE B: Housing Credit Authority
100 Main Street
Bismarck, ND 58505
LINE C: Test L Partner
123 FRIGID LANE STARKWEATHER, ND 58377
400-00-1027
LINE D: 987654000
LINE E: 123143150
LINE 1A: 12/15/2002
LINE 1B: 10413
LINE 2: 8.33
LINE 3A: 125000
LINE 5: 01/01/2001
LINE 6B: X

FORM 8609A:

LINE A: Test L Partner
LINE C: 123143150
LINE 1: 250000
LINE 2: .5000
LINE 3: 125000
LINE 5: .0833
LINE 9: .0278
LINE 14: 9788
LINE 16: 625

FORM 8611

LINE C: 123 HELPFUL HEIGHTS
 SPRINGWATER ND 58377

LINE D: 123143145

LINE E: 05-05-1995

LINE 8: 560 (FROM 1065 K1 LINE 24A)

LINE 11: SECTION 42(j)(5)

FORM 8830

PART I:

LINE 3: 1500 (PASSIVE)

ETD TRANSMISSION:

FORM 4868:

LINE 4: 560

LINE 5: 0

LINE 6: 560

TEST # 28

FORMS REQUIRED: FORM 1040, SCH F, SCH SE, FORM 3468, FORM 3800, FORM 4562,
FORM 5884, FORM 6251, FORM 6478, FORM 8824, FORM 8835,
FORM 8845, FORM 8861

INFORMATION RETURNS ATTACHED: FORM W-2 (2)

ENTRIES NOT REQUIRING FORMS:

STATEMENTS: FORM 4562, LINE 19C

OTHER:

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST O MACDONALD **AGE:** 50 **SSN:** 400-00-1028
OCCUPATION: TRUCK DRIVER **PRES ELEC FUND:** NO
DISABLED: NO **BLIND:** NO

TAXPAYER: NAME: DAISY MACDONALD **AGE:** 50 **SSN:** 400-00-2028
OCCUPATION: FARMER **PRES ELEC FUND:** NO
DISABLED: NO **BLIND:** NO

CHECK DIGITS FROM IRS LABEL: DX

ADDRESS: 1 FIRST STREET APT 3
SUNSHINE, IA 52544

FILING STATUS: MARRIED FILING JOINT **LINE 6d:** 4

DEPENDENTS:

NAME	AGE	SSN	RELATIONSHIP	# MO	CHILD TAX CREDIT
JETHRO MACDONALD	18	400-55-3028	SON	12	
ELLIE MAE MACDONALD	17	400-55-4028	DAUGHTER	12	

SCHEDULE F:

NAME OF PROPRIETOR: DAISY MACDONALD

LINE A: PRODUCE

LINE B: 111210

LINE C: CASH

LINE E: YES

PART I:

LINE 4: 40000

PART II:

LINE 13: 2500

LINE 16: 2038

LINE 19: 2500

LINE 21: 4500

LINE 24: 25000

LINE 31: 500

SCHEDULE SE:

NAME: DAISY MACDONALD

SECTION A:

LINE 1: 2962

FORM 8861:

LINE 1a: 1429

LINE 1b: 1000

FORM 8824:

PART I:

LINE 1: 99 MASSEY TRACTOR

LINE 2: 99 JOHN DEERE TRACTOR

LINE 3: 12-01-2000

LINE 4: 10-12-2002

LINE 5: 09-18-2002

LINE 6: 10-12-2002

LINE 7C: X

PART III:

LINE 16: 5000

LINE 18: 3728

FORM 8835

PART I:

LINE 4a: 29412

LINE 5: 0

FORM 3468:

LINE 2a: 2632

FORM 4562:

ACTIVITY: SCHEDULE F-1

PART II:

LINE 14: 750

PART III:

LINE 17: 860

BACKGROUND INFORMATION: DESCRIPTION: 99 MASSEY TRACTOR
PLACED IN SERVICE: 12-01-2000
BASIS: 6000
RECOVERY PERIOD: 7
CONVENTION: MQ
METHOD: 150 DB

	(c)	(d)	(e)	(f)	
LINE 19b:	1750	5	MQ	150 DB	(SOLAR ENERGY PANELS 04-15-2002 COST OF 2632 LESS ½ OF ORIGINAL ITC) (ADJUSTED DEPRECIABLE BASIS OF 2500 LESS 30% SPECIAL DEPREC ALLOWANCE OF 750)

	(c)	(d)	(e)	(f)	
LINE 19c:	3728	7	MQ	150 DB	(99 JOHN DEERE TRACTOR 10-12-2002)

FORM 5884:
LINE 1A: 1250

FORM 6478:
LINE 2A(a): 2000
LINE 4(a): 4000
LINE 7B(a): 6000
LINE 7B(b): >= 10% ETHANOL

FORM 8845:
PART I:
LINE 1: 5500
LINE 2: 3000

ETD TRANSMISSION:
FORM 4868:
LINE 4: 418
LINE 5: 749
LINE 6: 0

TEST # 29

FORMS REQUIRED: FORM 1040, SCH C, SCH SE, FORM 2210, FORM 3800, FORM 6251,
FORM 6765, FORM 8820, FORM 8834

INFORMATION RETURNS ATTACHED:

ENTRIES NOT REQUIRING FORMS:

STATEMENTS: FORM 6765, LINE 16

OTHER:

THIRD PARTY DESIGNEE: **NAME:** JOHN DOE
PHONE: 888-555-1111
PIN: 11122

PREPARED BY:

TAXPAYER: **NAME:** TEST G HERBALIST **AGE:** 37 **SSN:** 400-00-1029
OCCUPATION: CHEMIST **PRES ELEC FUND:** YES
DISABLED: NO **BLIND:** NO

CHECK DIGITS FROM IRS LABEL: LW

ADDRESS: 50 FEEL GOOD AVENUE
GREEN VALLEY LAKE, CA 92341

FILING STATUS: SINGLE **LINE 6d:** 1

FORM 2210: (WILL BE FILED ON THE DUE DATE)

PART I:

LINE 1b: X

PART II:

LINE 13: 25000

SCHEDULE AI:

PART I:

LINE 1a: 10000

LINE 1b: 20000

LINE 1c: 35000

LINE 16a: 0

LINE 16b: 0

LINE 16c: 0

LINE 16d: 4276

PART II:

LINE 26(a): 9937

LINE 26(b): 19874

LINE 26(c): 34780

LINE 26(d): 70925

SCHEDULE C:

LINE A: DRUG RESEARCH **EIN:** 95-0505020
LINE B: 325900
LINE C: POTIONS, TINCTURES, AND WHAT NOT
LINE F: CASH
LINE G: YES

SCHEDULE C: (CONTINUED)

PART I:

LINE 1: 87800
LINE 6: 4000

PART II:

LINE 15: 1500
LINE 22: 4250
LINE 25: 250
LINE 26: 9000

SCHEDULE SE:

NAME: TEST G HERBALIST **SSN:** 400-00-1029
LINE 2: 76800

FORM 3800:

ALL TAXABLE INCOME IS ATTRIBUTABLE TO THE SOLE PROPRIETORSHIP
THAT GENERATED THE RESEARCH ACTIVITIES CREDIT

FORM 6765:

PART I:

LINE 4: 8000
LINE 5: 3000
LINE 9: 3%
START DATE: 5-01-2001
LINE 10: 16150
LINE 16: SCHEDULE C LINE 22 SUPPLIES - TOTAL AMOUNT OF SUPPLIES WAS 4550
AND WAS REDUCED BY 300 OF THE 6765 LINE 16 CR.
SCHEDULE C LINE 26 WAGES - TOTAL AMOUNT OF WAGES WAS 9800 AND
WAS REDUCED BY 800 OF THE 6765 LINE 16 CR.

FORM 8820:

PART I:

LINE 1: 5800

FORM 8834:

PART I:

LINE 1a: 11-16-2002
LINE 2a: 28000
(NOTE: PURCHASED DATE 11/16/2002)

ETD TRANSMISSION:

FORM 9465

LINE 3:	(805) 555-1222		8:00PM
LINE 4:	(805) 555-2121	(no ext)	9:00AM
LINE 5:	NONE		
LINE 6:	(LEAVE BLANK)		
LINE 7:	FORM 1040		
LINE 8:	2002		
LINE 9:	20782		
LINE 10:	10000		
LINE 11:	700		
LINE 12:	12		
LINE 13(a):	012345672		
LINE 13(b):	58592310		
LINE 13(c):	CHECKING		

TEST # 30

FORMS REQUIRED: FORM 1040, SCH A, SCH C, SCH SE, FORM 2106-EZ, FORM 3800,
FORM 4562, FORM 6251, FORM 8826, FORM 8844, FORM 8846,
FORM 8866

INFORMATION RETURNS ATTACHED: FORM W-2 (1)

ENTRIES NOT REQUIRING FORMS:

STATEMENTS: FORM 4562, LINE 19C

OTHER:

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST A LOTT AGE: 50 SSN: 400-00-1030
OCCUPATION: SELF-EMPLOYED PRES ELEC FUND: YES
DISABLED: NO BLIND: NO

SPOUSE: NAME: EDNA K LOTT AGE: 50 SSN: 400-00-2030
OCCUPATION: BANKER PRES ELEC FUND: NO
DISABLED: NO BLIND: NO

CHECK DIGITS FROM IRS LABEL: UK

ADDRESS: 45020 GREEN WAY
DALLAS, TX 75202

FILING STATUS: MARRIED FILING JOINT LINE 6d: 2

SCHEDULE A:

PART I:

LINE 6: 19000
LINE 7: 700
LINE 15: 117500
LINE 20: 3750 (FORM 2106-EZ)
LINE 21: 1000

SCHEDULE C:

PROPRIETOR: TEST A LOTT SSN: 400-00-1030
LINE A: RECORDING STUDIO EIN: 76-1188111
LINE B: 512200
LINE C: GOOD VIBES
LINE E: 453 PALM TREE BLVD
DALLAS TX 75258
LINE F: CASH
LINE G: YES

PART I:

LINE 1: 738000

SCHEDULE C: CONTINUED

PART II:

LINE 8: 8000
LINE 9: 19900
LINE 13: 127847
LINE 15: 15000
LINE 16(a): 83000
LINE 17: 1700
LINE 18: 180
LINE 20(a): 25000
LINE 21: 12100
LINE 23: 240
LINE 25: 12500
LINE 26: 170000

PART III:

LINE 33A: X
LINE 34: NO
LINE 35: 35000
LINE 36: 60000
LINE 38: 20000
LINE 39: 3000
LINE 41: 65000

PART V: CONTRACT MUSICIANS: 39000

SCHEDULE SE:

NAME: TEST A LOTT
SECTION A:
LINE 2: 170533

FORM 3800:

LINE 1h: 4275
LINE 1k: 15

FORM 2106-EZ:

NAME: EDNA K LOTT **SSN:** 400-00-2030
OCCUPATION: BANKER

PART I:

LINE 2: 275
LINE 3: 2800
LINE 4: 600
LINE 5(a): 150
LINE 5(b): 75

FORM 4562:
ACTIVITY: SCHEDULE C-1

PART II:
LINE 16: 126175

BACKGROUND INFORMATION:	DESCRIPTION: RECORDING EQUIPMENT
	PLACED IN SERVICE: 06-06-1999
	BASIS: 875000
	RECOVERY PERIOD: 5
	CONVENTION: HY
	METHOD: INCOME FORECAST - 14.42%

PART III:
LINE 19C: (c) (d) (e) (f)

	7800	7	HY	200 DB (FURNITURE AND FIXTURES 04-15-2002)
	3900	7	HY	200 DB (FURNITURE AND FIXTURES 12-31-2002)

FORM 6251:
LINE 17: 419

FORM 8826:
PART I:
LINE 1: 8800

FORM 8844:
PART I: QUALIFIED EMPOWERMENT ZONE WAGES: 25000

FORM 8846:
PART I:
LINE 1:200

FORM 8866:	(a)	(b)	(c)
LINE 1:	991128	704994	1222641
LINE 2:	80500	72625	111125
LINE 4:	397648	280605	493545
LINE 5:	365648	251846	450096
LINE 7:	6959	3708	2617

ETD TRANSMISSION:
FORM 9465:
LINE 6: THIRD REGIONAL BANK
 ONE TOWER SQUARE
 DALLAS TX 75266
LINE 7: FORM 1040
LINE 8: 2002
LINE 9: 70333
LINE 10: 10333
LINE 11: 10000
LINE 12: 10

TEST # 31

FORMS REQUIRED: FORM 1040A, FORM 8880

INFORMATION RETURNS ATTACHED: FORM W-2 (1), FORM 1099-G (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040A, LINE 9: 100
FORM 1040A, LINE 10: 2500 (CAPITAL GAINS 1099DIV)
FORM 1040A, LINE 17: 2000
FORM 1040A, LINE 16: 225

STATEMENTS:

OTHER: DIRECT DEPOSIT

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST T BEHAVIOR AGE: 39 SSN: 400-00-1031
 OCCUPATION: COUNSELOR PRES ELEC FUND: NO
 DISABLED: NO BLIND: NO

CHECK DIGITS FROM IRS LABEL: YJ

ADDRESS: 1215 LONG ST
 MORGAN, GA 31766

FILING STATUS: HEAD OF HOUSEHOLD LINE 6d: 1
QUALIFYING NAME: DARRELL BEHAVIOR SSN: 400-55-3031

DIRECT DEPOSIT: NAME OF INSTITUTION: FIRST SAVINGS BANK
 RTN: 012456778
 ACCT #: 111-222-5555
 TYPE OF ACCT: CHECKING

FORM 8880:
LINE 1: 1000

ETD TRANSMISSION:

FORM 4868:
LINE 4: 0
LINE 5: 750
LINE 6: 0

TEST # 32

FORMS REQUIRED: FORM 1040EZ

INFORMATION RETURNS ATTACHED: FORM W-2 (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040EZ, LINE 2: 370

STATEMENTS:

OTHER: State Only return

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST A EAU DE TOILETTE	AGE: 28	SSN: 400-00-1032
OCCUPATION: SALES CLERK	PRES ELEC FUND: YES	
DISABLED: NO	BLIND: NO	

CHECK DIGITS FROM IRS LABEL: TV

ADDRESS: 5 GOTTA SMELL GOOD ST
COLOGNE, MO 64188

FILING STATUS: SINGLE

ETD TRANSMISSION:

FORM 4868:

LINE	4:	166
LINE	5:	879
LINE	6:	0

TEST # 33

EFIN:999998

FORMS REQUIRED: FORM 1040A, SCH 1

INFORMATION RETURNS ATTACHED: FORM 1099R (2)

ENTRIES NOT REQUIRING FORMS: FORM 1040A, LINE 14a: 23000
(TAXPAYER 12000, SPOUSE 11000)
FORM 1040A, LINE 48: 41 (2210 not required)

STATEMENTS:

OTHER: 2001 FEDERAL TAX 1705
TAX RETURN FOR 2002 FILED AND PAID ON 04-15-2003

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST Y INSIGHTFUL AGE: 64 SSN: 400-00-1033
 OCCUPATION: RETIRED PRES ELEC FUND: NO
 DISABLED: NO BLIND: NO

SPOUSE: NAME: IRENE K INSIGHTFUL AGE: 66 SSN: 400-00-2033
 OCCUPATION: RETIRED PRES ELEC FUND: NO
 DISABLED: NO BLIND: YES

CHECK DIGITS FROM IRS LABEL: CI

ADDRESS: 512 HOWARD DR
 WINTER PARK, FL 32789

FILING STATUS: MARRIED FILING JOINT

LINE 6d: 2

SCHEDULE 1:

PART 1:

LINE1: CORPORATE BONDS 12000

ETD TRANSMISSION:

FORM 4868:

LINE 4: 1028
LINE 5: 0
LINE 6: 1028
LINE 9: 1028

SELF-SELECT PIN INFORMATION:

JURAT/DISCLOSURE VERSION INDICATOR: F
PAID PREPARER SIGNATURE: EFIN + 28734
PRIMARY TAXPAYER SIGNATURE: 19360
SPOUSE SIGNATURE: 19340

AUTHENTICATION RECORD:

PRIMARY PRIOR YEAR AGI: 26500
PRIMARY DATE OF BIRTH: 03-15-1938
SPOUSE PRIOR YEAR AGI: 26500
SPOUSE DATE OF BIRTH: 05-12-1936
TAXPAYER SIGNATURE DATE: 02-12-2003

TEST # 34

EFIN:999999

FORMS REQUIRED: FORM 1040, SCH E PG2, SCH H, FORM 2441, FORM 8379, FORM 8606, FORM 8812, FORM 8880, FORM 8275-R

INFORMATION RETURNS ATTACHED: FORM W-2 (2)
FORM 1099R (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 20a: 13000 (SPOUSE)
FORM 1040, LINE 24: 1000 (TAXPAYER)
1000 (SPOUSE)

STATEMENTS:

OTHER:

THIRD PARTY DESIGNEE: NAME: JOHN DOE
PHONE: 888-555-1111
PIN: 11112

PREPARED BY:

TAXPAYER: NAME: TEST T HAMMER AGE: 65 SSN: 400-00-1034
OCCUPATION: CONSTRUCTION PRES ELEC FUND: YES
DISABLED: NO BLIND: NO

SPOUSE: NAME: MARY B HAMMER AGE: 40 SSN: 400-00-2034
OCCUPATION: BANK TELLER PRES ELEC FUND: NO
DISABLED: NO BLIND: NO

CHECK DIGITS FROM IRS LABEL: IH

ADDRESS: 74 BUILDER DR
GREENVILLE, SC 29601

FILING STATUS: MARRIED FILING JOINT LINE 6d: 8

DEPENDENTS:

NAME	AGE	SSN	RELATIONSHIP	# MO	CHILD TAX CREDIT
BILL HAMMER	19	400-55-3034	SON	12	
BOB HAMMER	12	400-55-4034	SON	12	X
KIM HAMMER	10	400-55-5034	DAUGHTER	12	X
KATIE HAMMER	9	400-55-6034	DAUGHTER	12	X
LEAH HAMMER	6	400-55-7034	DAUGHTER	12	X
LANCE HAMMER	4	400-55-8034	SON	12	X

SCHEDULE E PG2:

PART II: (SPOUSE)
LINE 27A(a): BD PARTNERSHIP
LINE 27A(b): P
LINE 27A(d): 57-1111117
LINE 27A(e): X
LINE 27A(h): 6000

SCHEDULE H:
EIN: 57-1212123
LINE A: YES
LINE 1: 2200
LINE 3: 2200
LINE 9: YES

PART II:
LINE 10: YES
LINE 11: YES
LINE 12: YES
LINE 13: SC
LINE 14: 3745452
LINE 15: 136
LINE 16: 2200
LINE 28: YES

FORM 2441:

PART I:

LINE 1:

(a)	(b)	(c)	(d)
KINDER CARE	12 FUN ST GREENVILLE, SC 29601	57-4322211	3000

PART II:

LINE 2: (a) LANCE HAMMER (b) 400-55-8034 (c) 2000 (total paid 3000)
(Column C for dependent is adjusted by \$1000 of excluded benefits)

LINE 3: 1400

PART III:

LINE 12: 3400

FORM 8275-R:

PART I:

LINE 1(a): U.S. CITE AS 84 AFTR 2d 99-5187
LINE 1(b): FROM PASS-THROUGH ENTITY
LINE 1(c): RACE CAR OPERATING EXPENSES
LINE 1(d): E
LINE 1(e): 27A
LINE 1(f): 5000

PART II:

LINE 1: RACE CAR OPERATING EXPENSES WITH COMPANY ADVERTISING. RACE CAR HAS COMPANY LOGO ON THE SIDE.

PART III:

LINE 1: BD PARTNERSHIP
1000 MAIN ST
GREENVILLE, SC 29601
LINE 2: 57-1111117
LINE 3: 01/01/2002 TO 12/31/2002
LINE 4: ATLANTA, GA

FORM 8379:

LINE 1: **NAME:** TEST T HAMMER **SSN:** 400-00-1034
NAME: MARY B HAMMER **SSN:** 400-00-2034 (INJURED SPOUSE)
LINE 2: 2002

FORM 8379: (continued)

LINE 3: 74 BUILDER DR
GREENVILLE SC 29601

LINE 4: NO

LINE 5: YES

LINE 6: NO

LINE 7A(a): 27400

LINE 7A(b): 1000

LINE 7A(c): 26400

LINE 7B(a): 500 (TAXABLE PENSIONS)
6000 (SCHEDULE E INCOME)
3200 (SOCIAL SECURITY)

LINE 7B(b): 6000
3200

LINE 7B(c): 500

LINE 8:	(A)	(B)	(C)
	2000	1000	1000

LINE 9(a): 8750

LINE 9(b): 4375

LINE 9(c): 4375

LINE 11A(a): 8

LINE 11A(b): 4

LINE 11A(c): 4

LINE 12(a): 2149

LINE 12(b): 1075

LINE 12(c): 1074

LINE 13(a): 355

LINE 13(b): 178

LINE 13(c): 177

LINE 14(a): 500

LINE 14(c): 500

FORM 8606:

NAME: TEST T HAMMER **SSN:** 400-00-1034

PART III:

LINE 19: 1000

LINE 20: 500

FORM 8880:

LINE 1(a): 1000

LINE 1(b): 1000

ETD TRANSMISSION:

FORM 4868:

LINE 4: 355

LINE 5: 2413

LINE 6: 0

TEST # 35 - TO BE USED ONLY FOR ON-LINE FILING TESTING

EFIN: 999999

FORMS REQUIRED: FORM 1040A, SCH 1

INFORMATION RETURNS ATTACHED: FORM W-2 (2)

ENTRIES NOT REQUIRING FORMS:

STATEMENTS:

OTHER: DEPENDENT OF ANOTHER

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST O MAPLE	AGE: 18	SSN: 400-00-1035
OCCUPATION: TREE TRIMMER	PRES ELEC FUND: YES	
DISABLED: NO	BLIND: NO	
DAYTIME PHONE #: 201-555-1111		

CHECK DIGITS FROM IRS LABEL: KX

ADDRESS: 7842 WEEPING WILLOW LN
AUDUBON, NJ 08106-7842

FILING STATUS: SINGLE

LINE 6d: 0

SCHEDULE 1:

PART I:

LINE 1: FIRST SECURITY	6500	
MONEY BANK	1000	(TAX-EXEMPT)

PART II:

LINE 5: DOW SMITH	3000	
-------------------	------	--

ON-LINE SELF-SELECT PIN INFORMATION WITH DIRECT DEBIT:

JURAT/DISCLOSURE VERSION INDICATOR: E
PAID PREPARER SIGNATURE: EFIN + 28734
PRIMARY TAXPAYER SIGNATURE: 19821

AUTHENTICATION RECORD:

PRIMARY PRIOR YEAR AGI: 16500
PRIMARY DATE OF BIRTH: 04-15-1984
TAXPAYER SIGNATURE DATE: 03-21-2003

TRANA DATA: SEQ 0170: TRANSMISSION TYPE CODE: 0

SUMMARY RECORD DATA: SEQ 0190: IP ADDRESS: 123.456.789.000
SEQ 0200: IP DATE: 20030321
SEQ 0210: IP TIME: 1107
SEQ 0220: E-MAIL INDICATOR: Y

TEST # 36- TO BE USED ONLY FOR ON-LINE FILING TESTING

FORMS REQUIRED: FORM 1040A, SCH 1

INFORMATION RETURNS ATTACHED: FORM 1099R (2)

ENTRIES NOT REQUIRING FORMS: FORM 1040A, LINE 14a: 23000
(TAXPAYER 12000,SPOUSE 11000)
FORM 1040A, LINE 14b: 1800
FORM 1040A, LINE 48: 41 (2210 not required)

STATEMENTS:

OTHER: 2001 FEDERAL TAX \$1705
TAX RETURN FOR 2002 FILED AND PAID ON 04-15-2003

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST Y INSIGHTFUL **AGE:** 64 **SSN:** 400-00-1036
OCCUPATION: RETIRED **PRES ELEC FUND:** NO
DISABLED: NO **BLIND:** NO

SPOUSE: NAME: IRENE K INSIGHTFUL **AGE:** 66 **SSN:** 400-00-2036
OCCUPATION: RETIRED **PRES ELEC FUND:** NO
DISABLED: NO **BLIND:** YES

CHECK DIGITS FROM IRS LABEL: CI

ADDRESS: 512 HOWARD DR
WINTER PARK, FL 32789

FILING STATUS: MARRIED FILING JOINT

LINE 6d: 2

SCHEDULE 1:

PART 1:

LINE1: CORPORATE BONDS 12000

ETD TRANSMISSION:

FORM 4868:

LINE 4: 1028
LINE 5: 0
LINE 6: 1028
LINE 9: 1028

ON-LINE SELF-SELECT PIN INFORMATION:

JURAT/DISCLOSURE VERSION INDICATOR: B
PAID PREPARER SIGNATURE: EFIN + 28734
PRIMARY TAXPAYER SIGNATURE: 19360
SPOUSE SIGNATURE: 19340

AUTHENTICATION RECORD:

PRIMARY PRIOR YEAR AGI: 26500
PRIMARY DATE OF BIRTH: 03-15-1938
SPOUSE PRIOR YEAR AGI: 26500
SPOUSE DATE OF BIRTH: 05-12-1936
TAXPAYER SIGNATURE DATE: 02-12-2003

TRANA DATA: SEQ 0170: TRANSMISSION TYPE CODE: 0

SUMMARY RECORD DATA: **SEQ 0190: IP ADDRESS:** 123.456.789.999
 SEQ 0200: IP DATE: 20020212
 SEQ 0210: IP TIME: 1107
 SEQ 0220: E-MAIL INDICATOR: Y

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

TEST #1

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

FORM 1040EZ:

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

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

Form W-2 #1:

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

TEST #2

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

FORM 1040A:

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

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

TEST #2: continued:

Form W-2 #1:

b. Employers identification number: (22-2244661)

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

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

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

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

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

Box 2 Federal Income tax withheld: (480)

Box 3 Social Security wages: (1200)

Box 4 Social Security tax withheld: (74)

Box 5 Medicare wages and tips: (1200)

Box 6 Medicare tax withheld: (17)

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

Box 16 State Wages: (1200)

Box 17 State Income tax withheld: (84)

Form W-2 #2:

b. Employers identification number: (22-3355771)

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

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

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

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

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

Box 2 Federal Income tax withheld: (550)

Box 3 Social Security wages: (3200)

Box 4 Social Security tax withheld: (198)

Box 5 Medicare wages and tips: (3200)

Box 6 Medicare tax withheld: (46)

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

Box 16 State Wages: (3200)

TEST #3

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

FORM 1040:

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

TEST #3: continued:

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

Form W-2 #1:

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

Form 1099G #1:

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

TEST #4

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

FORM 1040EZ:

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

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

Form W-2 #1:

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

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

TEST #5

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

FORM 1040A:

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

TEST #5: continued:

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

TEST #5: continued:

Form W-2 #1:

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

Form W-2 #2:

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

TEST #5: continued:

Form 1099G #1:

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

Payer's federal identification number: (421521512)

Recipients Identification number: (400-00-1005)

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

Box 1 Unemployment compensation: (1650)

Box 3 Amount for tax year: (2002)

TEST #6

FORMS INCLUDED: FORM 1040

FORM 1040:

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

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

Paid Preparer Information:

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

TEST #7

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

FORM 1040EZ:

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

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

TEST #7: continued:

Form W-2 #1:

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

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

Form 1099G #1:

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

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

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

TEST #8

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

FORM 1040:

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

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

Form 8332 filed with this return

TEST #8: continued:

Form W-2 #1:

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

Form 1099G #1:

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

TEST #9

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

FORM 1040:

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

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

This return was prepared by the taxpayer

TEST #9: continued:

Form W-2 #1:

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

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

TEST #10

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

FORM 1040A:

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

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

TEST #10: continued:

Form W-2 #1:

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

TEST #11

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

FORM 1040A:

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

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

This return was prepared by the taxpayer

TEST #11: continued:

Form W-2 #1:

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

Form W-2 #2:

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

TEST #12

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

FORM 1040A:

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

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

TEST #12: continued:

Form W-2 #1:

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

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

TEST #13

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

FORM 1040A:

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

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

TEST #13: continued:

Form 1099-R #1:

Payers name address and Zip Code: (OUR SHARE BANK & TRUST)
(72 MARKET PLACE)
(PIG TOWN MD 21230-7272)
Payers identification number: (52-7754541)
Recipients social security number: (400-00-1013)
Recipients name (first, m.i., last): (TEST P BARRELL)
Recipients street address: (25000 HAM AND BACON JUNCTION)
Recipients city, state, and Zip code: (PIG TOWN MD 21230)

Box 1 Gross distribution: (2500)
Box 2a Taxable amount: (2500)
Box 7 Distribution code: (7)
Box 7 IRA /SEP Simple: (X)
Box 11 State (MD)

Form 1099-R #2:

Payers name address and Zip Code: (WECAN DUETTE LOBBYISTS)
(1000 BUCKS ST)
(PIG TOWN MD 21230)
Payers identification number: (52-9081726)
Recipients social security number: (400-00-1013)
Recipients name (first, m.i., last): (TEST P BARRELL)
Recipients street address: (25000 HAM AND BACON JUNCTION)
Recipients city, state, and Zip code: (PIG TOWN MD 21230)

Box 1 Gross distribution: (4500)
Box 2a Taxable amount: (4500)
Box 4 Federal Income tax withheld: (200)
Box 7 Distribution code: (7)
Box 11 State (MD)

TEST #14

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

FORM 1040:

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

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

TEST #14: continued:

Form W-2 #1:

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

Form W-2 #2:

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

TEST #14: continued:

Form W-2 #3:

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

Form W-2 #4:

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

TEST #14: continued:

Form W-2 #5:

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

Form W-2 #6:

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

TEST #14: continued:

Form W-2 #7:

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

Form W-2 #8:

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

TEST #14: continued:

Form W-2 #9:

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

Form W-2 #10:

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

TEST #14: continued:

Form W-2 #11:

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

Form W-2 #12:

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

TEST #14: continued:

Form W-2 #13:

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

Form W-2 #14:

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

TEST #14: continued:

Form W-2 #15:

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

Form W-2 #16:

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

TEST #14: continued:

Form W-2 #17:

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

Form W-2 #18:

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

TEST #14: continued:

Form W-2 #19:

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

Form W-2 #20:

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

TEST #15

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

FORM 1040:

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

TEST #15: continued:

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

Form W-2 #1:

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

Form 1099-R #1:

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

TEST #15: continued:

Form 1099-R #2:

Payers name address and Zip Code: (PUMPERNICKLE RYE AND HOAGIE)
(87 SUBWAY CENTER)
(SANDWICH MA 02563)
Payers federal identification number: (04-9876542)
Recipients identification number: (400-00-2015)
Recipients name (first, m.i., last): (TUNA S HOAGIE)
Recipients Street Address: (123 FRONT ST)
Recipients City, State, Zip (PUNTA GORDA BELIZE .)

Box 1 Gross distribution: (46000)
Box 2a Taxable amount: (44000)
Box 3 Capital gain: (8000)
Box 4 Federal Income tax withheld: (8800)
Box 7 Distribution code: (7)
Box 11 State: (MA)

Form 1099-R #3:

Payers name address and Zip Code: (ASSOCIATED RETIREMENT)
(1402 RESTFUL WAY)
(ATLANTA GA 30301)
Payers federal identification number: (04-1466321)
Recipients identification number: (400-00-1015)
Recipients name (first, m.i., last): (TEST A HOAGIE)
Recipients Street Address: (123 FRONT ST)
Recipients City, State, Zip (PUNTA GORDA BELIZE .)

Box 1 Gross distribution: (43800)
Box 2a Taxable amount: (43800)
Box 3 Capital gain: (8000)
Box 4 Federal Income tax withheld: (2200)
Box 7 Distribution code: (7A)
Box 11 State: (MA)

Form 2439 #1:

Regulated Investment company: (ACME INVESTMENT CORP)
Investment company street address: (2041 INVEST STREET)
Investment City, State, Zip: (AUSTIN TX 78774)

Investment Co Identification number: (111111111)

Shareholders Identification number: (400-00-1015)
Shareholders name (first, m.i., last): (TEST A HOAGIE)
Shareholders Street Address: (123 FRONT ST)
Shareholders City, State, Zip (PUNTA GORDA BELIZE .)

Box 1a Total undistributed long term capital gains: (2000)
Box 2 Tax paid by Investment company:(100)

TEST #16

FORMS INCLUDED: FORM 1040

FORM 1040:

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

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

Return was prepared by VITA

TEST #17

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

FORM 1040:

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

TEST #17: continued:

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

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

TEST #17: continued:

Form W-2 #1:

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

Form W-2 #2:

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

Form 1099G:

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

TEST #18

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

FORM 1040:

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

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

TEST #18: continued:

Form W-2 #1:

b. Employers identification number: (58-2346821)
c. Employers name address and Zip Code: (OUT OF STATE INSURANCE SERVICES)
(7000 SIX FLAGS DR)
(ATLANTA GA 30301)
d. Employees social security number: (400-00-1018)
e. Employees name (first, m.i., last): (TEST T ISLANDER)
f. Employees address and Zip code: (123 PLAY HERE ST)
(WASHINGTON DC 20011)

Box 1 Wages, tips, etc.: (28900)
Box 2 Federal Income Tax Withheld: (3000)
Box 3 Social Security wages: (28900)
Box 4 Social Security tax withheld: (1792)
Box 5 Medicare wages and tips: (28900)
Box 6 Medicare tax withheld: (419)
Box 13 Statutory employee: (X)
Box 15 State and State ID Number: (GA 5879871)
Box 16 State Wages: (28900)
Box 17 State Income tax withheld: (2023)

Form W-2G #1:

Payers name, address and Zip codes: (GULF CRUISE LINES)
(DOCK 106 HARBOR ROW)
(DESTIN FL 32540)
Payers identification number: (65-7294862)
Winners name address and Zip code: (TEST T ISLANDER)
(123 PLAY HERE ST)
(WASHINGTON DC 20011)

Box 1 Gross winnings: (5000)
Box 2 Federal Income tax withheld: (500)
Box 3 Type of wager: (BLACKJACK)
Box 4 Date won: (02-14-2002)
Box 9 Winner's taxpayer ID No.: (400-00-1018)
Box 13 State/Payer's state ID No.: (GA 5822768)

TEST #18: continued:

Form 1099-R #1:

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

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

TEST #19

FORMS INCLUDED: FORM 1040

FORM 1040:

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

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

TEST #20

FORMS INCLUDED: FORM 1040

FORM 1040:

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

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

TEST #21

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

FORM 1040:

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

TEST #21: continued:

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

Return prepared by taxpayer

TEST #21: continued:

Form W-2 #1:

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

Form W-2 #2:

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

TEST #22

FORMS INCLUDED: FORM 1040

FORM 1040:

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

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

TEST #23

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

FORM 1040:

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

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

TEST #23: continued:

Form W-2 #1:

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

Form 1099-R #1:

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

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

TEST #24

FORMS INCLUDED: FORM 1040

FORM 1040:

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

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

TEST #25

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

FORM 1040:

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

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

TEST #25: continued:

Form W-2 #1:

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

Form W-2 #2:

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

TEST #26

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

FORM 1040:

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

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

TEST #26: continued:

Form W-2 #1:

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

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

TEST #27

FORMS INCLUDED: FORM 1040

FORM 1040:

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

Taxpayers Occupation: (PROPERTY MANAGER)

Third Party Designee: (NO)

TEST #28

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

FORM 1040:

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

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

TEST #28: continued:

Form W-2 #1:

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

Form W-2 #2:

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

TEST #29

FORMS INCLUDED: FORM 1040

FORM 1040:

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

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

TEST #30

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

FORM 1040:

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

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

TEST #30: continued:

Form W-2 #1:

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

TEST #31

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

FORM 1040A:

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

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

TEST #31: continued:

Form W-2 #1:

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

Form 1099G #1:

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

TEST #32

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

FORM 1040EZ:

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

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

Form W-2 #1:

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

TEST #33

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

FORM 1040A:

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

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

TEST #33: continued:

Form 1099-R #1:

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

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

Form 1099-R #2:

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

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

TEST #34

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

FORM 1040:

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

TEST #34: continued:

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

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

TEST #34: continued:

Form W-2 #1:

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

Form W-2 #2:

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

TEST #34: continued:

Form 1099-R #1:

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

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

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

TEST #35

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

FORM 1040A:

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

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

TEST #35: continued:

Form W-2 #1:

b. Employers identification number: (22-2244661)

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

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

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

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

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

Box 2 Federal Income tax withheld: (480)

Box 3 Social Security wages: (1200)

Box 4 Social Security tax withheld: (74)

Box 5 Medicare wages and tips: (1200)

Box 6 Medicare tax withheld: (17)

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

Box 16 State Wages: (1200)

Box 17 State Income tax withheld: (84)

Form W-2 #2:

b. Employers identification number: (22-3355771)

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

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

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

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

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

Box 2 Federal Income tax withheld: (880)

Box 3 Social Security wages: (3200)

Box 4 Social Security tax withheld: (198)

Box 5 Medicare wages and tips: (3200)

Box 6 Medicare tax withheld: (46)

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

Box 16 State Wages: (3200)

TEST #36

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

FORM 1040A:

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

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

TEST #36: continued:

Form 1099-R #1:

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

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

Form 1099-R #2:

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

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

Internal Revenue Service

Attn: T:ETA:O:E C4-273
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Lanham, MD 20706

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