

Revised - 11212013

**ATS Test Scenario 4
Taxpayer: Susan Magnolia
SSN: 400-00-1032**

Test Scenario 4 includes the following forms:

- **Form 1040**
- **Form W-2**
- **Schedule B**
- **Form 8960**
- **Form 8959**

Taxpayer Date of Birth = March 5, 1978

Additional Information:

Taxpayer's address was changed to Houston, TX.

| | | |
|---|-------------------------------|--|
| For the year Jan. 1–Dec. 31, 2013, or other tax year beginning , 2013, ending , 20 | | See separate instructions. |
| Your first name and initial Susan | Last name Magnolia | Your social security number 4 0 0 0 0 1 0 3 2 |
| If a joint return, spouse's first name and initial | Last name | Spouse's social security number |
| Home address (number and street). If you have a P.O. box, see instructions. 5204 Lakeforest Drive | | ▲ Make sure the SSN(s) above and on line 6c are correct. |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Houston, TX 77005 | | |
| Foreign country name | Foreign province/state/county | Foreign postal code |

Filing Status

Check only one box.

- 1 ☒ Single
- 2 ☐ Married filing jointly (even if only one had income)
- 3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
- 4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
- 5 ☐ Qualifying widow(er) with dependent child

Exemptions

If more than four dependents, see instructions and check here ▶ ☐

| | | | | |
|---|-----------|--|--|---|
| 6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a | | | | Boxes checked on 6a and 6b 1 |
| b <input type="checkbox"/> Spouse | | | | |
| c Dependents: | | | | No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions) |
| (1) First name | Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | |
| | | | (4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions) | Dependents on 6c not entered above |
| | | | | |
| | | | | Add numbers on lines above ▶ 1 |
| | | | | |
| d Total number of exemptions claimed | | | | |

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

| | | |
|--|-----|--|
| 7 Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | |
| 8a Taxable interest. Attach Schedule B if required | 8a | |
| b Tax-exempt interest. Do not include on line 8a | 8b | |
| 9a Ordinary dividends. Attach Schedule B if required | 9a | |
| b Qualified dividends | 9b | |
| 10 Taxable refunds, credits, or offsets of state and local income taxes | 10 | |
| 11 Alimony received | 11 | |
| 12 Business income or (loss). Attach Schedule C or C-EZ | 12 | |
| 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | 13 | |
| 14 Other gains or (losses). Attach Form 4797 | 14 | |
| 15a IRA distributions | 15a | |
| b Taxable amount | 15b | |
| 16a Pensions and annuities | 16a | |
| b Taxable amount | 16b | |
| 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | |
| 18 Farm income or (loss). Attach Schedule F | 18 | |
| 19 Unemployment compensation | 19 | |
| 20a Social security benefits | 20a | |
| b Taxable amount | 20b | |
| 21 Other income. List type and amount | 21 | |
| 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ | 22 | |

Adjusted Gross Income

| | | |
|---|-----|--|
| 23 Educator expenses | 23 | |
| 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ | 24 | |
| 25 Health savings account deduction. Attach Form 8889 | 25 | |
| 26 Moving expenses. Attach Form 3903 | 26 | |
| 27 Deductible part of self-employment tax. Attach Schedule SE | 27 | |
| 28 Self-employed SEP, SIMPLE, and qualified plans | 28 | |
| 29 Self-employed health insurance deduction | 29 | |
| 30 Penalty on early withdrawal of savings | 30 | |
| 31a Alimony paid b Recipient's SSN ▶ | 31a | |
| 32 IRA deduction | 32 | |
| 33 Student loan interest deduction | 33 | |
| 34 Tuition and fees. Attach Form 8917 | 34 | |
| 35 Domestic production activities deduction. Attach Form 8903 | 35 | |
| 36 Add lines 23 through 35 | 36 | |
| 37 Subtract line 36 from line 22. This is your adjusted gross income ▶ | 37 | |

Tax and Credits**Standard Deduction for—**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:
Single or Married filing separately, \$6,100
Married filing jointly or Qualifying widow(er), \$12,200
Head of household, \$8,950

| | | | |
|------------|--|------------|--|
| 38 | Amount from line 37 (adjusted gross income) | 38 | |
| 39a | Check <input type="checkbox"/> You were born before January 2, 1949, <input type="checkbox"/> Blind. } Total boxes checked ▶ 39a <input type="checkbox"/> | | |
| | if: <input type="checkbox"/> Spouse was born before January 2, 1949, <input type="checkbox"/> Blind. } | | |
| b | If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/> | | |
| 40 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 40 | |
| 41 | Subtract line 40 from line 38 | 41 | |
| 42 | Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions | 42 | |
| 43 | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- | 43 | |
| 44 | Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> | 44 | |
| 45 | Alternative minimum tax (see instructions). Attach Form 6251 | 45 | |
| 46 | Add lines 44 and 45 | 46 | |
| 47 | Foreign tax credit. Attach Form 1116 if required | 47 | |
| 48 | Credit for child and dependent care expenses. Attach Form 2441 | 48 | |
| 49 | Education credits from Form 8863, line 19 | 49 | |
| 50 | Retirement savings contributions credit. Attach Form 8880 | 50 | |
| 51 | Child tax credit. Attach Schedule 8812, if required | 51 | |
| 52 | Residential energy credits. Attach Form 5695 | 52 | |
| 53 | Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> | 53 | |
| 54 | Add lines 47 through 53. These are your total credits | 54 | |
| 55 | Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- | 55 | |
| 56 | Self-employment tax. Attach Schedule SE | 56 | |
| 57 | Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 | 57 | |
| 58 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | 58 | |
| 59a | Household employment taxes from Schedule H | 59a | |
| b | First-time homebuyer credit repayment. Attach Form 5405 if required | 59b | |
| 60 | Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) | 60 | |
| 61 | Add lines 55 through 60. This is your total tax | 61 | |
| 62 | Federal income tax withheld from Forms W-2 and 1099 | 62 | |
| 63 | 2013 estimated tax payments and amount applied from 2012 return | 63 | |
| 64a | Earned income credit (EIC) | 64a | |
| b | Nontaxable combat pay election 64b | | |
| 65 | Additional child tax credit. Attach Schedule 8812 | 65 | |
| 66 | American opportunity credit from Form 8863, line 8 | 66 | |
| 67 | Reserved | 67 | |
| 68 | Amount paid with request for extension to file | 68 | |
| 69 | Excess social security and tier 1 RRTA tax withheld | 69 | |
| 70 | Credit for federal tax on fuels. Attach Form 4136 | 70 | |
| 71 | Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> | 71 | |
| 72 | Add lines 62, 63, 64a, and 65 through 71. These are your total payments | 72 | |
| 73 | If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid | 73 | |
| 74a | Amount of line 73 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/> | 74a | |
| b | Routing number | c | Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| d | Account number | | |
| 75 | Amount of line 73 you want applied to your 2014 estimated tax ▶ | 75 | |
| 76 | Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions ▶ | 76 | |
| 77 | Estimated tax penalty (see instructions) | 77 | |

Payments

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See instructions.

Amount You Owe**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes.** Complete below. ☐ **No**

Designee's name ▶

Phone no. ▶

Personal identification number (PIN) ▶

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Your occupation

Daytime phone number

Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed


PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no.

| | | | | | | | | | | | |
|--|--|---|--|---|--|--|--|---|--|--|--|
| | | a Employee's social security number <div style="border: 1px solid black; padding: 2px;">400-00-1032</div> | | OMB No. 1545-0008 | | Safe, accurate, FAST! Use | |  | | Visit the IRS website at www.irs.gov/efile | |
| b Employer identification number (EIN) 00-0000004 | | | | 1 Wages, tips, other compensation <div style="text-align: right;">230,000</div> | | 2 Federal income tax withheld <div style="text-align: right;">58,481</div> | | | | | |
| c Employer's name, address, and ZIP code UV Monroe Hospital and Rehabilitation 1111 Main Street Houston, TX 77005 | | | | 3 Social security wages <div style="text-align: right;">113,700</div> | | 4 Social security tax withheld <div style="text-align: right;">7049</div> | | | | | |
| | | | | 5 Medicare wages and tips <div style="text-align: right;">230,000</div> | | 6 Medicare tax withheld <div style="text-align: right;">3,335</div> | | | | | |
| | | | | 7 Social security tips | | 8 Allocated tips | | | | | |
| d Control number | | | | 9 | | 10 Dependent care benefits | | | | | |
| e Employee's first name and initial Last name Suff. Susan Magnolia 5204 Lakeforest Drive Houston, TX 77005 | | | | 11 Nonqualified plans | | 12a See instructions for box 12 | | | | | |
| | | | | 13 <div style="display: flex; justify-content: space-between; font-size: small;"> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> </div> | | 12b | | | | | |
| | | | | 14 Other | | 12c | | | | | |
| | | | | | | 12d | | | | | |
| f Employee's address and ZIP code | | | | | | | | | | | |
| 15 State Employer's state ID number TX | | 16 State wages, tips, etc. | | 17 State income tax | | 18 Local wages, tips, etc. | | 19 Local income tax | | 20 Locality name | |

Form **W-2** Wage and Tax Statement

2013

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
 This information is being furnished to the Internal Revenue Service.

SCHEDULE B
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

▶ **Attach to Form 1040A or 1040.**

▶ **Information about Schedule B (Form 1040A or 1040) and its instructions is at www.irs.gov/scheduleb.**

OMB No. 1545-0074

2013
Attachment
Sequence No. **08**

Name(s) shown on return

Susan Magnolia

Your social security number

400-00-1032

Part I
Interest

- 1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions on back and list this interest first. Also, show that buyer's social security number and address ▶

Monroe Bank and Trust

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 8a.)

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

- 2** Add the amounts on line 1
- 3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
- 4** Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶

Note. If line 4 is over \$1,500, you must complete Part III.

Part II
Ordinary Dividends

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 9a.)

Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

- 5** List name of payer ▶
- 6** Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶

Note. If line 6 is over \$1,500, you must complete Part III.

Part III
Foreign Accounts and Trusts

(See instructions on back.)

- 7a** At any time during 2013, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions
- If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), formerly TD F 90-22.1 to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements
- b** If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶
- 8** During 2013, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions on back

| Yes | No |
|-----|----|
| | ✓ |
| | ✓ |
| | |
| | ✓ |

**Net Investment Income Tax—
Individuals, Estates, and Trusts**

▶ Attach to Form 1040 or Form 1041.

▶ Information about Form 8960 and its separate instructions is at www.irs.gov/form8960.

OMB No. XXXX-XXXX

2013Attachment
Sequence No. **72**

Name(s) shown on Form 1040 or Form 1041

Susan Magnolia

Your social security number or EIN

400-00-1032

Part I Investment Income ☐ Section 6013(g) election (see instructions)☐ Regulations section 1.1411-10(g) election (see instructions)

| | | | |
|-----------|---|-----------|---|
| 1 | Taxable interest (Form 1040, line 8a; or Form 1041, line 1) | 1 | |
| 2 | Ordinary dividends (Form 1040, line 9a; or Form 1041, line 2a) | 2 | |
| 3 | Annuities from nonqualified plans (see instructions) | 3 | 0 |
| 4a | Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Form 1040, line 17; or Form 1041, line 5) | 4a | |
| b | Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) | 4b | |
| c | Combine lines 4a and 4b | 4c | 0 |
| 5a | Net gain or loss from disposition of property from Form 1040, combine lines 13 and 14; or from Form 1041, combine lines 4 and 7 | 5a | |
| b | Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) | 5b | |
| c | Adjustment from disposition of partnership interest or S corporation stock (see instructions) | 5c | |
| d | Combine lines 5a through 5c | 5d | 0 |
| 6 | Changes to investment income for certain CFCs and PFICs (see instructions) | 6 | 0 |
| 7 | Other modifications to investment income (see instructions) | 7 | 0 |
| 8 | Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 | 8 | |

Part II Investment Expenses Allocable to Investment Income and Modifications

| | | | |
|-----------|---|-----------|---|
| 9a | Investment interest expenses (see instructions) | 9a | |
| b | State income tax (see instructions) | 9b | |
| c | Miscellaneous investment expenses (see instructions) | 9c | |
| d | Add lines 9a, 9b, and 9c | 9d | 0 |
| 10 | Additional modifications (see instructions) | 10 | 0 |
| 11 | Total deductions and modifications. Add lines 9d and 10 | 11 | 0 |

Part III Tax Computation

| | | | |
|----------------------------|--|------------|--------|
| 12 | Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13–17. Estates and trusts complete lines 18a–21. If zero or less, enter -0- | 12 | |
| Individuals: | | | |
| 13 | Modified adjusted gross income (see instructions) | 13 | 235000 |
| 14 | Threshold based on filing status (see instructions) | 14 | |
| 15 | Subtract line 14 from line 13. If zero or less, enter -0- | 15 | |
| 16 | Enter the smaller of line 12 or line 15 | 16 | |
| 17 | Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter here and on Form 1040, line 60 | 17 | |
| Estates and Trusts: | | | |
| 18a | Net investment income (line 12 above) | 18a | |
| b | Deductions for distributions of net investment income and deductions under section 642(c) (see instructions) | 18b | |
| c | Undistributed net investment income. Subtract line 18b from 18a (see instructions) | 18c | |
| 19a | Adjusted gross income (see instructions) | 19a | |
| b | Highest tax bracket for estates and trusts for the year (see instructions) | 19b | |
| c | Subtract line 19b from line 19a. If zero or less, enter -0- | 19c | |
| 20 | Enter the smaller of line 18c or line 19c | 20 | |
| 21 | Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). Enter here and on Form 1041, Schedule G, line 4 | 21 | |

Additional Medicare Tax

- If any line does not apply to you, leave it blank. See separate instructions.
 ► Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.
 ► Information about Form 8959 and its instructions is at www.irs.gov/form8959.

Name(s) shown on Form 1040

Susan Magnolia

Your social security number

400-00-1032

Part I Additional Medicare Tax on Medicare Wages

| | | | | |
|---|---|---|--|--|
| 1 | Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 | 1 | | |
| 2 | Unreported tips from Form 4137, line 6 | 2 | | |
| 3 | Wages from Form 8919, line 6 | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000 | 5 | | |
| 6 | Subtract line 5 from line 4. If the result is zero or less, enter -0- | 6 | | |
| 7 | Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (.009). Enter here and go to Part II | 7 | | |

Part II Additional Medicare Tax on Self-Employment Income

| | | | | |
|----|---|----|--|--|
| 8 | Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR and Form 1040-SS filers, see instructions.) | 8 | | |
| 9 | Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000 | 9 | | |
| 10 | Enter the amount from line 4 | 10 | | |
| 11 | Subtract line 10 from line 9. If zero or less, enter -0- | 11 | | |
| 12 | Subtract line 11 from line 8. If the result is zero or less, enter -0- | 12 | | |
| 13 | Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (.009). Enter here and go to Part III | 13 | | |

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

| | | | | |
|----|---|----|--|--|
| 14 | Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) | 14 | | |
| 15 | Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000 | 15 | | |
| 16 | Subtract line 15 from line 14. If zero or less, enter -0- | 16 | | |
| 17 | Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (.009). Enter here and go to Part IV | 17 | | |

Part IV Total Additional Medicare Tax

| | | | | |
|----|--|----|--|--|
| 18 | Add lines 7, 13, and 17. Also include this amount on Form 1040, line 60, (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) and go to Part V | 18 | | |
|----|--|----|--|--|

Part V Withholding Reconciliation

| | | | | |
|----|--|----|--|--|
| 19 | Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 | 19 | | |
| 20 | Enter the amount from line 1 | 20 | | |
| 21 | Multiply line 20 by 1.45% (.0145). This is your regular Medicare tax withholding on Medicare wages | 21 | | |
| 22 | Subtract line 21 from line 19. This is your Additional Medicare Tax withholding on Medicare wages | 22 | | |
| 23 | Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 | 23 | | |
| 24 | Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 62 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) | 24 | | |