


ATS Test Scenario 7
Taxpayers: Vance and Jane Ambrosia
SSN: 400-00-1040

Test Scenario 7 includes the following forms:

- Form W-2 (primary & secondary)
- Form 1040EZ

Primary Date of Birth = November 22, 1978
Secondary Date of Birth = November 22, 1979

Additional Instructions: Primary received \$2,898.00 in Unemployment
Compensation and \$290.00 Federal withholding

		a Employee's social security number 400-00-1040		OMB No. 1545-0008		Safe, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 00-0000022				1 Wages, tips, other compensation 7417		2 Federal income tax withheld 433.00					
c Employer's name, address, and ZIP code Biblo Creek Inc. 776 Sequoia St Milo, ME 04463				3 Social security wages 7417		4 Social security tax withheld 460.00					
				5 Medicare wages and tips 7417		6 Medicare tax withheld 108.00					
				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. Vance Ambrosia 511 Sequoia St Milo, ME 04463				11 Nonqualified plans		12a See instructions for box 12 C o o l l e					
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o o l l e					
				14 Other		12c C o o l l e					
				14 Other		12d C o o l l e					
f Employee's address and ZIP code				15 State Employer's state ID number ME 00-0000033		16 State wages, tips, etc. 7417		17 State income tax 211.00		18 Local wages, tips, etc.	


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.

		a Employee's social security number 400-00-1060		OMB No. 1545-0008		Safe, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 00-0000023				1 Wages, tips, other compensation 2551		2 Federal income tax withheld 0					
c Employer's name, address, and ZIP code Milo Manufacturing 222 Sequoia St Milo, ME 04463				3 Social security wages 2551		4 Social security tax withheld 158.00					
				5 Medicare wages and tips 2551		6 Medicare tax withheld 37.00					
				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. Jane Ambrosia 511 Sequoia St Milo, ME 04463				11 Nonqualified plans		12a See instructions for box 12					
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b					
				14 Other		12c					
						12d					
f Employee's address and ZIP code											
15 State ME		Employer's state ID number 00-0000044		16 State wages, tips, etc. 2551		17 State income tax 51.00		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

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Your first name and initial Vance	Last name Ambrosia	Your social security number 400 00 1040
If a joint return, spouse's first name and initial Jane	Last name Ambrosia	Spouse's social security number 4 0 0 0 1 0 6 0
Home address (number and street). If you have a P.O. box, see instructions. 511 Sequoia St		Apt. no. ▲ Make sure the SSN(s) above are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Milo, ME 04463		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code

IncomeAttach
Form(s) W-2
here.Enclose, but do
not attach, any
payment.**1** Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2.
Attach your Form(s) W-2.**1****2** Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.**2**

0

3 Unemployment compensation and Alaska Permanent Fund dividends (see instructions).**3****4** Add lines 1, 2, and 3. This is your **adjusted gross income**.**4****5** If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back.☐ You ☐ SpouseIf no one can claim you (or your spouse if a joint return), enter \$10,000 if **single**;
\$20,000 if **married filing jointly**. See back for explanation.**5****6** Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-.
This is your **taxable income**.**6****Payments,
Credits,
and Tax****7** Federal income tax withheld from Form(s) W-2 and 1099.**7****8a** **Earned income credit (EIC)** (see instructions).**8a****b** Nontaxable combat pay election.

8b

9 Add lines 7 and 8a. These are your **total payments and credits**.**9****10** **Tax.** Use the amount on **line 6 above** to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line.**10****Refund**Have it directly
deposited! See
instructions and
fill in 11b, 11c,
and 11d or
Form 8888.**11a** If line 9 is larger than line 10, subtract line 10 from line 9. This is your **refund**.
If Form 8888 is attached, check here ☐**11a**▶ **b** Routing number ▶ **c** Type: ☐ Checking ☐ Savings▶ **d** Account number **Amount
You Owe****12** If line 10 is larger than line 9, subtract line 9 from line 10. This is
the **amount you owe**. For details on how to pay, see instructions.**12****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, to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Joint return? See
instructions.Keep a copy for
your records.

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.