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** IRS e-file	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 Code
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐		**12b** Code
		14 Other		**12c** Code
				12d Code
f Employee's address and ZIP code				

15 State	Employer's state ID number	**16** State wages, tips, etc.	**17** State income tax	**18** Local wages, tips, etc.	**19** Local income tax	**20** Locality name
ME	00-0000033	7417	211.00			

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** IRS e-file	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 Code
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐		**12b** Code
		14 Other		**12c** Code
				12d Code
f Employee's address and ZIP code				

15 State	Employer's state ID number	**16** State wages, tips, etc.	**17** State income tax	**18** Local wages, tips, etc.	**19** Local income tax	**20** Locality name
ME	00-0000044	2551	51.00			

Form **W-2** **Wage and Tax Statement** **2013** Department of the Treasury—Internal Revenue Service

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Department of the Treasury—Internal Revenue Service

Form 1040EZ

Income Tax Return for Single and Joint Filers With No Dependents (99) 2013

OMB No. 1545-0074

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:** 400 00 1060
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. ☐ You ☐ Spouse
Foreign country name	Foreign province/state/county	Foreign postal code

Income

Attach 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** ☐ **Spouse** If 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

Joint return? See instructions.

Keep a copy for your records.

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.

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.	