

ATS Test Scenario 9
Taxpayer: Miko Arreguin
SSN: 400-00-1042

Test Scenario 9 includes the following forms:

- Form 1040-SS
- Form W-2VI
- Schedule C
- Schedule SE
- Form 8959

Additional Information:

- Taxpayer's Date of Birth is June 10, 1987.
- Taxpayer paid \$1,500 in estimated tax payments in 2025.
- Taxpayer is a U.S. citizen.

Form **1040-SS****U.S. Self-Employment Tax Return**

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service**(Including the Additional Child Tax Credit for Bona Fide Residents of Puerto Rico)**

U.S. Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, or Puerto Rico

For the year Jan. 1–Dec. 31, 2026, or other tax year beginning _____, 2026, and ending _____, 20

2026☐ Filed pursuant to section 301.9100-2☐ Deceased MM / DD / YYYY

Spouse MM / DD / YYYY

☐ Other

Your first name and middle initial

Miko

Last name

Arreguin

Your social security number

400 00 1042

If a joint return, spouse's first name and middle initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

3K-1-3L 1st Street

Apt. no.

City, town, or post office. If you have a foreign address, also complete spaces below.

Saint Thomas

Commonwealth or territory

Virgin Island

ZIP code

00802

Foreign country name

Foreign province/state/county

Foreign postal code

☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____At any time during 2026, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No**Part I Total Tax and Credits** (see instructions)**1 Filing status.**☒ Single☐ Married filing jointly☐ Married filing separately (MFS). Enter spouse's SSN above and full name here: _____☐ Head of household (HOH)☐ Qualifying surviving spouse (QSS)If you checked the HOH box, and will **not** complete line 2, enter the child's name: _____**2 Qualifying children.** Complete **only** if you are a bona fide resident of Puerto Rico and you are claiming the additional child tax credit (ACTC). If more than four qualifying children, see instructions and check here ☐

	Qualifying child 1	Qualifying child 2	Qualifying child 3	Qualifying child 4
(a) First name				
(b) Last name				
(c) SSN				
(d) Relationship				

3 Self-employment tax from Schedule SE (Form 1040), line 12. Attach Schedule SE (Form 1040) and applicable schedules**3****4 Household employment taxes. Attach Schedule H (Form 1040)****4****5a Additional Medicare Tax on self-employment income. Attach Form 8959****5a****5b Additional Medicare Tax on Medicare wages and RRTA compensation. Attach Form 8959****5b****6a Social security and Medicare tax on unreported tip income. Attach Form 4137****6a****6b Uncollected social security and Medicare tax on tips****6b****6c Uncollected social security and Medicare tax on wages. Attach Form 8919****6c****6d Uncollected social security and Medicare tax on group-term life insurance****6d****6e Total additional employment and other taxes. Add lines 4, 5b, and 6a through 6d****6e****7 Total tax.** Add lines 3, 5a, and 6e**7****8 2026 estimated tax payments and amount applied from 2025 return**
If you made estimated tax payments with your former spouse in 2026, enter their SSN (see instructions): _____**8****9 Amount paid with request for extension of time to file****9****10 Additional child tax credit from Part II, line 19****10****11a Additional Medicare Tax withheld. Attach Form 8959****11a****11b Excess social security tax withheld****11b**

Part I **Total Tax and Credits** (see instructions) *(continued)*

12a	Add lines 8 through 11b	12a		
12b	Enter the amount from Schedule 3-A (Form 1040). Attach Schedule 3-A (Form 1040)	12b		
12c	These are your total payments and credits . Subtract line 12b from line 12a	12c		
13	If line 12c is more than line 7, subtract line 7 from line 12c. This is the amount you overpaid	13		
14a	Amount of line 13 you want refunded to you . If Form 8888 is attached, check here ☐	14a		
14b	Routing number	14c	Type: ☐ Checking ☐ Savings	
14d	Account number			
15	Amount of line 13 you want applied to 2027 estimated tax	15		
16	If line 7 is more than line 12c, subtract line 12c from line 7. This is the amount you owe (see www.irs.gov/ModernPayments)	16		

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)	
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**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 the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature 	Date 	Daytime phone number 	If the IRS sent you an Identity Protection PIN, enter it here (see instructions) <table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						

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

Spouse's signature. If a joint return, both must sign.	Date	If the IRS sent your spouse an Identity Protection PIN, enter it here (see instructions) <table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						

**Paid
Preparer
Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Firm's name			Phone no.	
Firm's address			Firm's EIN	

freefile Explore ways to file for FREE at www.irs.gov/FFForm.

Form **1040-SS** (2026)

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22222	VOID ☐	a Employee's social security number 400-00-1042	For Official Use Only OMB No. 1545-0029	
b Employer identification number (EIN) 00-0000055			1 Wages, tips, other compensation 259,731	2 VI income tax withheld 25,909
c Employer's name, address, and ZIP code Hotel Consultants, LLC St. Thomas, 5600 Royal Dane Mall Suite 9 Charlotte Amalie, St Thomas 00802, US VI			3 Social security wages 301,232	4 Social security tax withheld 18,676
			5 Medicare wages and tips 301,232	6 Medicare tax withheld 4,368
			7 Social security tips	8
d Control number			9	10
e Employee's first name and initial Miko			11 Nonqualified plans	
Last name Arreguin		Suff.	12a See instructions for box 12	
3K-1-3L 1st Street Saint Thomas, VI 00802			13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐	TP 2,370
			14a Other	12b D 28,094
			14b Treasury Tipped Occupation Code(s) 803 302	12c DD 15,273
f Employee's address and ZIP code			12d	

Form **W-2VI** **U.S. Virgin Islands**
Wage and Tax Statement 2026

Copy A—For Social Security Administration. Send this entire page with Copy A of Form W-3SS to the Social Security Administration; photocopies are **not** acceptable.

Department of the Treasury—Internal Revenue Service
 For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.
 Cat. No. 49977C Created 1/7/26

Do Not Cut, Fold, or Staple Forms on This Page

SCHEDULE C
(Form 1040)Department of the Treasury
Internal Revenue Service**Profit or Loss From Business**
(Sole Proprietorship)Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.
Go to www.irs.gov/ScheduleC for instructions and the latest information.

OMB No. 1545-0074

2026
Attachment
Sequence No. **09**

Name of proprietor

Miko Arreguin

Social security number (SSN)

400-00-1042

A Principal business or profession, including product or service (see instructions)

Construction

B Enter code from instructions

2 | 3 | 6 | 1 | 0 | 0

C Business name. If no separate business name, leave blank.**D** Employer ID number (EIN) (see instr.)**E** Business address. Number and street. If you have a post office box, see instructions.

Apt. no.

City, town, or post office

State

ZIP code

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) _____**G** Did you "materially participate" in the operation of this business during 2026? If "No," see instructions for limit on losses . . . ☐ Yes ☐ No**H** If you started or acquired this business during 2026, check here . . . ☐**I** Did you make any payments in 2026 that would require you to file Form(s) 1099? See instructions . . . ☐ Yes ☐ No**J** If "Yes," did you or will you file required Form(s) 1099? . . . ☐ Yes ☐ No**Part I** **Income**

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . ☐	1	298,724
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	

Part II **Expenses.** Enter expenses for business use of your home **only** on line 30.

8	Advertising	8	4,329	18	Office expense (see instructions)	18	2,815
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11	6,047	20a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		20b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	21,009
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
16a	Mortgage (paid to banks, etc.)	16a		24a	Travel	24a	
16b	Vehicle loan	16b		24b	Deductible meals (see instructions)	24b	
16c	Other	16c		25	Utilities	25	
17	Legal and professional services	17		26	Wages (less employment credits)	26	
				27a	Energy efficient commercial buildings deduction (attach Form 7205)	27a	
				27b	Other expenses (from line 48)	27b	
28	Total expenses before expenses for business use of home. Add lines 8 through 27b	28					
29	Tentative profit or (loss). Subtract line 28 from line 7	29					
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30					
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31					
32	If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked box 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked box 32b, you must attach Form 6198 . Your loss may be limited.	32a	☐ All investment is at risk.	32b	☐ Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: **33a** ☐ Cost **33b** ☐ Lower of cost or market **33c** ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
If "Yes," attach explanation ☐ Yes ☒ No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	15,900
36 Purchases less cost of items withdrawn for personal use	36	17,450
37 Cost of labor. Do not include any amounts paid to yourself	37	62,783
38 Materials and supplies	38	58,456
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	42,890
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) / /

44 Of the total number of miles you drove your vehicle during 2026, enter the number of miles you used your vehicle for:

44a Business _____ **44b** Commuting (see instructions) _____ **44c** Other _____

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

47b If "Yes," is the evidence written? ☐ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8–27a, or line 30.

48 Total other expenses. Enter here and on line 27b	48

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SCHEDULE SE
(Form 1040)Department of the Treasury
Internal Revenue Service**Self-Employment Tax**Attach to Form 1040, 1040-SR, 1040-SS, or 1040-NR.
Go to www.irs.gov/ScheduleSE for instructions and the latest information.

OMB No. 1545-0074

2026
Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)

Miko Arrequin

Social security number of person
with **self-employment** income

400-00-1042

Part I Self-Employment Tax**Note:** If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

- A**
- If you are a minister, member of a religious order, or Christian Science practitioner
- and**
- you filed Form 4361, but you had \$400 or more of
- other**
- net earnings from self-employment, check here and continue with Part I
- ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a Net farm profit or (loss) from Schedule F, line 34; and farm partnerships, Schedule K-1 (Form 1065), box 14, code A**1a****1b** If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ**1b** ()

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order**2****3** Combine lines 1a, 1b, and 2**3****4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3**4a****Note:** If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.**4b** If you elect one or both of the optional methods, enter the total of lines 15 and 17 here**4b****4c** Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue**4c****5a** Enter your **church employee income** from Form W-2. See instructions for definition of church employee income**5a****5b** Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-**5b**

0

6 Add lines 4c and 5b**6****7** Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2026**7**

\$184,500

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$184,500 or more, skip lines 8b through 10, and go to line 11**8a****8b** Unreported tips subject to social security tax from Form 4137, line 10**8b****8c** Wages subject to social security tax from Form 8919, line 10**8c****8d** Add lines 8a, 8b, and 8c**8d****9** Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11**9****10** Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)**10****11** Multiply line 6 by 2.9% (0.029)**11****12 Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 3****12****13 Deduction for one-half of self-employment tax.**Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15****13**

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 11358Z

Schedule SE (Form 1040) 2026 Created 4/27/26

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Part II **Optional Methods To Figure Net Earnings** (see instructions)

Farm optional method. You may use this method **only** if (a) your gross farm income¹ wasn't more than \$11,340, **or** (b) your net farm profits² were less than \$8,186.

14	Maximum income for optional methods	14	\$7,560
15	Enter the smaller of: two-thirds ($\frac{2}{3}$) of gross farm income ¹ (not less than zero) or \$7,560. Also, include this amount on line 4b above	15	

Nonfarm optional method. You may use this method **only** if (a) your net nonfarm profits³ were less than \$8,186 and also less than 72.189% of your gross nonfarm income,⁴ **and** (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16	Subtract line 15 from line 14	16	
17	Enter the smaller of: two-thirds ($\frac{2}{3}$) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	17	

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Form **8959**Department of the Treasury
Internal Revenue Service**Additional Medicare Tax**

If any line does not apply to you, leave it blank. See separate instructions.

Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.

Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2026Attachment
Sequence No. **71**

Name(s) shown on return

Miko Arreguin

Your social security number

400-00-1042

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:	5		
	Married filing jointly \$250,000			
	Married filing separately \$125,000			
	Single, Head of household, or Qualifying surviving spouse \$200,000			
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		

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

8	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14a (see instructions)	8		
9	Enter the following amount for your filing status:	9		
	Married filing jointly \$250,000			
	Married filing separately \$125,000			
	Single, Head of household, or Qualifying surviving spouse \$200,000			
10	Subtract line 9 from line 8. If zero or less, enter -0-	10		
11	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 10 by 0.9% (0.009). Enter here and go to Part III	11		

Part III Total Additional Medicare Tax on Medicare Wages and Railroad Retirement (RRTA) Compensation

12	Add lines 7 and 11. Also include this amount on Schedule 2 (Form 1040), line 17b, or Form 1040-SS, Part I, line 5b. Go to Part IV	12		
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Part IV Additional Medicare Tax on Self-Employment Income

13	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0-	13		
14	Enter the following amount for your filing status:	14		
	Married filing jointly \$250,000			
	Married filing separately \$125,000			
	Single, Head of household, or Qualifying surviving spouse \$200,000			
15	Enter the amount from line 4	15		
16	Subtract line 15 from line 14. If zero or less, enter -0-	16	0	
17	Subtract line 16 from line 13. If zero or less, enter -0-	17		
18	Additional Medicare Tax on self-employment income. Multiply line 17 by 0.9% (0.009). Enter here and on Schedule 2 (Form 1040), line 11, or Form 1040-SS, Part I, line 5a. 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% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21		
22	Subtract line 21 from line 19. If zero or less, enter -0-. 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 14a (see instructions)	23		
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c, or Form 1040-SS, Part I, line 11a	24		