

**ATS Test Scenario 8
Taxpayer: Mary Berry
SSN: 400-00-1043**

Test Scenario 8 includes the following forms:

- **Form 1040**
- **Form RRB-1042S**

Form RRB-1042S

NameLine1Txt	Mary Berry
PrimarySSN	400-00-1043
ForeignAddress	345 Sen. Gil J Puyat Ave 4F Makita Metro Manila Philippines
SocSecBnftAmt	7,500.00
NetSocSecBnftAmt	7,500.00
FederalIncomeTaxWithheldAmt	500.00

Additional information:

The binary attachment PDF name is "Green Card"

The binary attachment PDF name is "Signed Declaration"

Note: This return is being filed to request a refund of the tax withholdings; therefore, no information will be included in the income section of the return.

Filing Status

Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)

Check only one box.

If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent.

Personal information section including name, social security number, address, and standard deduction options.

Age/Blindness

You: Were born before January 2, 1955 Are blind Spouse: Was born before January 2, 1955 Is blind

Dependents (see instructions):

Table with columns for dependent name, social security number, relationship, and tax credits.

Main income and deduction table with rows 1 through 11b.

Standard Deduction for— Single or Married filing separately, \$12,200 Married filing jointly or Qualifying widow(er), \$24,400 Head of household, \$18,350

12a Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	12a	
b Add Schedule 2, line 3, and line 12a and enter the total		12b
13a Child tax credit or credit for other dependents	13a	
b Add Schedule 3, line 7, and line 13a and enter the total		13b
14 Subtract line 13b from line 12b. If zero or less, enter -0-		14
15 Other taxes, including self-employment tax, from Schedule 2, line 10		15
16 Add lines 14 and 15. This is your total tax		16
17 Federal income tax withheld from Forms W-2 and 1099		17
18 Other payments and refundable credits:		
a Earned income credit (EIC)	18a	
b Additional child tax credit. Attach Schedule 8812	18b	
c American opportunity credit from Form 8863, line 8	18c	
d Schedule 3, line 14	18d	
e Add lines 18a through 18d. These are your total other payments and refundable credits		19
20 Subtract line 19 from line 16. If zero or less, enter -0-. This is the amount you owe		20
a Amount of line 20 you want refunded to you . Form 8878 attached, check here <input type="checkbox"/>		21
b Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d Account number		
22 Amount of line 20 you want applied to your 2020 estimated tax	22	

Amount You Owe	23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23
	24 Estimated tax penalty (see instructions)	24

Third Party Designee (Other than paid preparer)

Do you want to allow another person (other than your paid preparer) 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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name	Phone no.			
Firm's address	Firm's EIN			