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.

Department of the Treasury-Internal Revenue Service **U.S. Individual Income Tax Return** IRS Use Only-Do not write or staple in this space. Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) Check only 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 one box. a child but not your dependent. > Your first name and middle initial Last name Your social security number Berry 0 0 0 0 1 0 4 3 If joint retur iddle i Last name cial security number me and Home addr 3 (num! ent Election Campaign and reet). bu h ox, instructions. Apt. no. nere i u, or your spouse if filing 345 Sen. Gil J Puyat Ave jointly, want \$3 to go to this fund. City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Checking a box below will not change your 4F Makita Metro Manila tax or refund. You Spouse

Foreign province/state/county

Your spouse as a dependent

Spouse:

Rizal

Are blind

(2) Social security number

Foreign postal code

1000

Cat. No. 11320B

Was born before January 2, 1955

(3) Relationship to you

If more than four dependents,

Is blind

(4) ✓ if qualifies for (see instructions): 

see instructions and ✓ here ►

Form **1040** (2019)

Foreign country name

Dependents (see instructions):

Someone can claim: You as a dependent

You: Were born before January 2, 1955

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Spouse itemizes on a separate return or you were a dual-status alien

**Philippines** 

Standard Deduction

Age/Blindness

(1) First name		'ast name		Child tax credit	Crodit for other dependents
John		Berry	4 0 0 0 0 1 0 4	9 Son	
	1	Wages, salaries, tips, etc. Attach For	rm(s) W-2	,	1
	2a	Tax-exempt interest	2a	<b>b</b> Taxable interest. Attach Sch. B if required	2b
Standard	3a	Qualified dividends	3a	<b>b</b> Ordinary dividends. Attach Sch. B if required	3b
Deduction for—	4a	IRA distributions	4a	<b>b</b> Taxable amount	4b
<ul> <li>Single or Married filing separately,</li> </ul>	С	Pensions and annuities	4c	d Taxable amount	4d
\$12,200	5a	Social security benefits	5a	<b>b</b> Taxable amount	5b
<ul> <li>Married filing jointly or Qualifying</li> </ul>	6	Capital gain or (loss). Attach Schedu	6		
widow(er), \$24,400	7a	Other income from Schedule 1, line 9	9		7a
• Head of	b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and	d 7a. This is your total income	e	7b
household, \$18.350	8a	Adjustments to income from Schedu	8a		
• If you checked	b	Subtract line 8a from line 7b. This is	your adjusted gross income		8b
any box under Standard	9	Standard deduction or itemized de	eductions (from Schedule A)	9	
Deduction,	10	Qualified business income deduction			
see instructions.	11a	Add lines 9 and 10			11a
	b	Taxable income. Subtract line 11a fi	rom line 8b. If zero or less, ent	er -0	11b

Form 1040 (2019	)						Pag
	12a Tax (see inst.) Check	if any from Form(s): 1 881	4 <b>2</b> 4972	з 🗌	12a		
	<b>b</b> Add Schedule 2, line	e 3, and line 12a and enter the	total			. ► 12b	
	13a Child tax credit or c	redit for other dependents .			13a		
	<b>b</b> Add Schedule 3, line	e 7, and line 13a and enter the	total			. ▶ 13b	
	14 Subtract line 13b fro	m line 12b. If zero or less, ent	ter -0			14	
	15 Other taxes, including	Other taxes, including self-employment tax, from Schedule 2, line 10					
	16 Add lines 14 and 15	Add lines 14 and 15. This is your total tax					
	17 Federal income tax	withheld from Forms W-2 and	1099			17	
If you have a	18 Other payments and	refundable credits:					
qualifying child, attach Sch. EIC.	a Earned income cred	it (EIC)			18a		
If you have	<b>b</b> Additional child tax	credit. Attach Schedule 8812			18b		
nontaxable combat pay, see	c American opportuni	y credit from Form 8863, line	8		18c		
instructions.	d Schedule 3, line 14				18d		
	e d ld lines 18a throu	gh 18d. These are y r total o	other payments a	nd refundable c	lits	. •	-8-
	lin d 1	urt '_	entr		<u> </u>	. ▶ 19	
d	ine th	line , sut lict + 16 fi	11 10 7 3 is	e amount you o	paid	2′	
	a noul of lin 0 y	war efur dt vu.'	orn 988 atta	ed, check here		<b>→</b> □ / 1a	
Direct depos See instructi .	▶ b Routing number			▶ c Type:	Checking	: avings	
Gee manden	► d Account number						
	22 Amount of line 20 ye	ou want applied to your 2020	estimated tax	🕨	22		
Amount	23 Amount you owe.	Subtract line 19 from line 16. F	or details on how	to pay, see instruc	tions	. ▶ 23	
You Owe	24 Estimated tax penal	ty (see instructions)		🕨	24		
<b>Third Party</b>	Do you want to allow an	other person (other than your	paid preparer) to	discuss this return v	with the IRS? See in	structions.	Yes. Complete be
Designee							No
(Other than paid preparer)	Designee's name ▶		Phone no. ▶		Persor numbe	nal identification	
<del></del>		dealone that I have aversioned this		and a second			lan and haliaf that ar
Sign		declare that I have examined this ration of preparer (other than taxpa					ige and belief, they are
Here	Your signature		Date	Your occupation		If the IRS s	ent you an Identity
	, and the second						PIN, enter it here
Joint return?						(see inst.)	
See instructions. Keep a copy for	Spouse's signature. If a joint return, <b>both</b> must sign.		Date Spouse's occupation		ion		ent your spouse an tection PIN, enter i
your records.						(see inst.)	lection in, enter i
	Phone no.		Email address		'		
	Preparer's name	Preparer's signa			Date	PTIN	Check if:
Paid		l light					3rd Party Des
Preparer	Firm's name ▶	Firm's name			Phone no.	I	Self-employe
Use Only		Firm's address ▶			T Home no.	Firm's EIN	
	i iiili s auuress 🕨					FIIIII S EIIV	