ATS Test Scenario 9 Taxpayer: Mary Blue SSN: 400-00-1040

Test Scenario 9 includes the following forms:

- Form 1040
- Form SSA 1042S

Form SSA-1042S

NameLine1Txt	Mary Blue
PrimarySSN	400-00-1040
ForeignAddress	N. Escario St. Cebu City 6000 Philippines, Camputhaw
Bnft Pd	9,000.00
NetBnftPd	9,000.00
TaxRt	.30
FederalIncomeTaxWithheldAmt	2,700.00
NetTaxWithheld	2,700.00

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.

E1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space

Filing Status

Filing Status Check only one box.	If you	Single	Married filing separately (MF		, ,	fying widov he qualifyir	() ()
Your first name	and mi	iddle initial	Last name			Your soci	al security number
Mary			Blue			4 0 0	0 0 1 0 4 0
If joint retui	pous	first me an iddle i	Last name			S _L 'e's	cial security number
Home addr 3	(num ⁾	and reet). I but hr ox,	instructions.	THE	Apt. no.	Prr ent	u, or your spouse if filing
City, town or p	ost offic	e, state, and ZIP code. If you have a fo	oreign address, also complete	spaces below (see instru	ationa)		\$3 to go to this fund. ox below will not change your
Cebu City		•				tax or refund.	
Foreign country	y name		Foreign province/st	tate/county	Foreign postal code	If more th	an four dependents,
Philippines			Camputhaw	•	6000		ctions and ✓ here ►
Standard Deduction		eone can claim: You as a depend Spouse itemizes on a separate return o					401
Age/Blindness	You:	Were born before January 2, 198	55 Are blind Spous	e: Was born before	e January 2, 1955	ls blind	d
Dependents (see ins	structions):	(2) Social security number	(3) Relationship to you	, ,		see instructions):
(1) First name		' ast name			Child tax cre	dit	Prodit for other dependents
Ivory Blue			4 0 0 0 0 1 0 4	8 daughter		L	
	1	Wages, salaries, tips, etc. Attach For	m(s) W-2			1	
	2a	Tax-exempt interest	2a	b Taxable interest. A	Attach Sch. B if require	ed 2b	
Chan dand	3a	Qualified dividends	3a	b Ordinary dividends.	Attach Sch. B if require	ed 3b	
Standard Deduction for—	4a	IRA distributions	4a	b Taxable amount		4b	
 Single or Married filing separately, 	С	Pensions and annuities	4c	d Taxable amount		4d	
\$12,200	5a	Social security benefits	5a	b Taxable amount		5b	
 Married filing jointly or Qualifying 	6	Capital gain or (loss). Attach Schedul	le D if required. If not required	, check here	▶ [6	
widow(er),	7a	Other income from Schedule 1, line 9				7a	
\$24,400 • Head of	b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and	d 7a. This is your total incom	e		7b	
household,	8a	Adjustments to income from Schedul	le 1, line 22			8a	
\$18,350 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	9,0	00	
Deduction,	10	Qualified business income deduction	· ·)		
see instructions.	11a	Add lines 9 and 10				11a	
	b	Taxable income. Subtract line 11a fr	rom line 8b. If zero or less, ent	er -0		11b	

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

Form **1040** (2019)

Cat. No. 11320B

Form 1040 (2019)			Pa
	12a Tax (see inst.) Check if any from Form(s): 1 88	4 2 4972 3	12a	
	b Add Schedule 2, line 3, and line 12a and enter the	e total		▶ 12b
	13a Child tax credit or credit for other dependents .		13a	
	b Add Schedule 3, line 7, and line 13a and enter the	e total		▶ 13b
	14 Subtract line 13b from line 12b. If zero or less, en	ter -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	<u></u> <u>.</u>		▶ 16
	17 Federal income tax withheld from Forms W-2 and	1 1099		. 17
If you have a	Other payments and refundable credits:			
qualifying child, attach Sch. EIC.	a Earned income credit (EIC)		18a	
If you have	b Additional child tax credit. Attach Schedule 8812		18b	
nontaxable combat pay, see	c American opportunity credit from Form 8863, line	8	18c	
instructions.	d Schedule 3, line 14		18d	
	e Id lines 18a through 18d. These are y r total of	other payments and refundable c	lits	·
	lin d 1 ur t	entr		▶ 19
d	ine the line subject 16 fr	is e amount you o	paid	. 2
	a noul flin 0 y war efur dt nu.'	orn 988 atta ed, check here	. .	10
Direct depos See instructi .	▶ b Routing number	▶ c Type:	Checking : avir	ngs
	► d Account number	<u> </u>		
	22 Amount of line 20 you want applied to your 2020	estimated tax	22	
Amount	23 Amount you owe. Subtract line 19 from line 16. I	For details on how to pay, see instruc	tions	23
You Owe			24	
Third Party Designee	Do you want to allow another person (other than your	paid preparer) to discuss this return v	vith the IRS? See instruc	tions. Yes. Complete be
(Other than paid preparer)	Designee's Jacob Smith	Phone 800-555-10	Personal ide	
	name > 34665 311111	no. >	number (PIN	,
Sign	Under penalties of perjury, I declare that I have examined this correct, and complete. Declaration of preparer (other than taxp			of my knowledge and belief, they ar
Here	Your signature	Date Your occupation		If the IRS sent you an Identity
	\ \	Tour occupation		Protection PIN, enter it here
Joint return?				(see inst.)
See instructions. Keep a copy for	Spouse's signature. If a joint return, both must sign.	Date Spouse's occupat	ion	If the IRS sent your spouse an Identity Protection PIN, enter
your records.				(see inst.)
	Phone no.	Email address		, ,
Paid Preparer Use Only	Preparer's name Preparer's signa		Date PT	IN Check if:
	. Toparor o oign			3rd Party De
	Firm's name ▶		Phone no.	Self-employ
	Firm's address >		i fiorie fio.	Firm's EIN ▶
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