

**ATS Test Scenario 8**  
**Taxpayer: Edgard Pino**  
**SSN: 400-00-1041**

**Test Scenario 8 includes the following forms:**

- **Form 1040SS (PR)**
- **Form 499R - 2/W-2PR**

**Primary Date of Birth    February 7, 1981**

**1st dependent Date of Birth    March 6, 2001**

**2nd dependent Date of Birth    September 9, 2003**

**3rd dependent Date of Birth    June 14, 2006**

Please type or print	Your first name and initial <b>Edgard</b>	Last name <b>Pino</b>	Your social security number <b>400-00-1041</b>
	If a joint return, spouse's first name and initial	Last name	Spouse's social security number
	Present home address (number, street, and apt. no., or rural route) <b>URB Royal Oak 123 Calle 1</b>		
	City, town or post office, commonwealth or territory, and ZIP code <b>Bayamon, PR 00961 - 0123</b>		
	Foreign country name	Foreign province/state/county	Foreign postal code

**Part I Total Tax and Credits**

**1 Filing status.** Check the box for your filing status (see instructions).  
☒ Single  
☐ Married filing jointly  
☐ Married filing separately. Enter spouse's social security no. above and full name here. ▶

**2 Qualifying children.** Complete **only** if you are a bona fide resident of Puerto Rico and you are claiming the additional child tax credit (see instructions).

(a) First name	Last name	(b) Child's identifying number	(c) Child's relationship to you
Thomas	Pino	400-00-1074	Son
Mario	Pino	400-00-1072	daughter
Diano	Pino	400-00-1073	daughter

<b>3</b>	Self-employment tax from Part V, line 12.	<b>3</b>	
<b>4</b>	Household employment taxes (see instructions). Attach Schedule H (Form 1040)	<b>4</b>	
<b>5</b>	Additional Medicare Tax. Attach Form 8959.	<b>5</b>	
<b>6</b>	<b>Total tax.</b> Add lines 3 through 5 (see instructions).	<b>6</b>	
<b>7</b>	2013 estimated tax payments (see instructions)	<b>7</b>	400
<b>8</b>	Excess social security tax withheld (see instructions).	<b>8</b>	
<b>9</b>	Additional child tax credit from Part II, line 3	<b>9</b>	
<b>10</b>	Health coverage tax credit. Attach Form 8885	<b>10</b>	
<b>11</b>	<b>Total payments and credits</b> (see instructions)	<b>11</b>	
<b>12</b>	If line 11 is more than line 6, subtract line 6 from line 11. This is the amount you <b>overpaid</b>	<b>12</b>	
<b>13a</b>	Amount of line 12 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>13a</b>	
<b>b</b>	Routing Number <input type="text"/>	<b>c</b>	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>d</b>	Account Number <input type="text"/>		
<b>14</b>	Amount of line 12 you want <b>applied to 2014 estimated tax</b>	<b>14</b>	
<b>15</b>	<b>Amount you owe.</b> If line 6 is more than line 11, subtract line 11 from line 6. For details on how to pay, see instructions	<b>15</b>	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes.** Complete the following. ☐ **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 the taxpayer) is based on all information of which the preparer has any knowledge.

Joint Return? See instructions. Keep a copy for your records. ▶

Your signature Date Daytime phone number If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Spouse's signature. If a joint return, **both** must sign. Date

**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.

**Part II Bona Fide Residents of Puerto Rico Claiming Additional Child Tax Credit**—See instructions.**Caution.** You must have three or more qualifying children to claim the additional child tax credit.

<b>1</b>	Income derived from sources within Puerto Rico . . . . .	<b>1</b>		
<b>2</b>	Withheld social security and Medicare taxes from Puerto Rico Forms 499R-2/W-2PR (attach copy of form(s)) . . . . .	<b>2</b>		
<b>3</b>	<b>Additional child tax credit.</b> Use the worksheet in the instructions to figure the amount to enter here and in Part I, line 9 . . . . .	<b>3</b>		

**Part III Profit or Loss From Farming**—See the Instructions for Schedule F (Form 1040).

Name of proprietor

Social security number

**Note.** If you are filing a joint return and both you and your spouse had a profit or loss from a farming business, see *Joint returns and Business Owned and Operated by Spouses* in the instructions for more information.**Section A—Farm Income—Cash Method**

Complete Sections A and B. (Accrual method taxpayers, complete Sections B and C, and Section A, line 11.)

Do not include sales of livestock held for draft, breeding, sport, or dairy purposes (see instructions).

<b>1</b>	Sales of livestock and other items you bought for resale . . . . .	<b>1</b>		
<b>2</b>	Cost or other basis of livestock and other items reported on line 1 . . . . .	<b>2</b>		
<b>3</b>	Subtract line 2 from line 1. . . . .	<b>3</b>		
<b>4</b>	Sales of livestock, produce, grains, and other products you raised . . . . .	<b>4</b>		
<b>5a</b>	Total cooperative distributions (Form(s) 1099-PATR) . . . . .	<b>5a</b>		
		<b>5b</b>	Taxable amount	<b>5b</b>
<b>6</b>	Agricultural program payments received . . . . .	<b>6</b>		
<b>7</b>	Commodity Credit Corporation (CCC) loans reported under election (or forfeited) . . . . .	<b>7</b>		
<b>8</b>	Crop insurance proceeds . . . . .	<b>8</b>		
<b>9</b>	Custom hire (machine work) income . . . . .	<b>9</b>		
<b>10</b>	Other income . . . . .	<b>10</b>		
<b>11</b>	<b>Gross farm income.</b> Add amounts in the right column for lines 3 through 10. If accrual method taxpayer, enter the amount from Section C, line 50 . . . . .	<b>11</b>		

**Section B—Farm Expenses—Cash and Accrual Method**

Do not include personal or living expenses (such as taxes, insurance, or repairs on your home) that did not produce farm income.

Reduce the amount of your farm expenses by any reimbursements before entering the expenses below.

<b>12</b>	Car and truck expenses (see instructions) . . . . .	<b>12</b>			<b>25</b>	Pension and profit-sharing plans . . . . .	<b>25</b>		
<b>13</b>	Chemicals . . . . .	<b>13</b>			<b>26</b>	Rent or lease:			
<b>14</b>	Conservation expenses . . . . .	<b>14</b>			<b>a</b>	Vehicles, machinery, and equipment . . . . .	<b>26a</b>		
<b>15</b>	Custom hire (machine work) . . . . .	<b>15</b>			<b>b</b>	Other (land, animals, etc.) . . . . .	<b>26b</b>		
<b>16</b>	Depreciation and section 179 expense deduction not claimed elsewhere (attach <b>Form 4562</b> if required). . . . .	<b>16</b>			<b>27</b>	Repairs and maintenance . . . . .	<b>27</b>		
<b>17</b>	Employee benefit programs other than on line 25 . . . . .	<b>17</b>			<b>28</b>	Seeds and plants purchased . . . . .	<b>28</b>		
<b>18</b>	Feed purchased . . . . .	<b>18</b>			<b>29</b>	Storage and warehousing . . . . .	<b>29</b>		
<b>19</b>	Fertilizers and lime . . . . .	<b>19</b>			<b>30</b>	Supplies purchased . . . . .	<b>30</b>		
<b>20</b>	Freight and trucking . . . . .	<b>20</b>			<b>31</b>	Taxes . . . . .	<b>31</b>		
<b>21</b>	Gasoline, fuel, and oil . . . . .	<b>21</b>			<b>32</b>	Utilities . . . . .	<b>32</b>		
<b>22</b>	Insurance (other than health) . . . . .	<b>22</b>			<b>33</b>	Veterinary, breeding, and medicine . . . . .	<b>33</b>		
<b>23</b>	Interest:				<b>34</b>	Other expenses (specify):			
<b>a</b>	Mortgage (paid to banks, etc.) . . . . .	<b>23a</b>			<b>a</b>	-----	<b>34a</b>		
<b>b</b>	Other . . . . .	<b>23b</b>			<b>b</b>	-----	<b>34b</b>		
<b>24</b>	Labor hired . . . . .	<b>24</b>			<b>c</b>	-----	<b>34c</b>		
					<b>d</b>	-----	<b>34d</b>		
					<b>e</b>	-----	<b>34e</b>		
<b>35</b>	<b>Total expenses.</b> Add lines 12 through 34e . . . . .	<b>35</b>							
<b>36</b>	<b>Net farm profit or (loss).</b> Subtract line 35 from line 11. Enter the result here and in Part V, line 1a . . . . .	<b>36</b>							

**Section C—Farm Income—Accrual Method**

Do not include sales of livestock held for draft, breeding, sport, or dairy purposes on any of the lines below (see instructions).

<b>37</b>	Sales of livestock, produce, grains, and other products during the year.	<b>37</b>	
<b>38a</b>	Total cooperative distributions (Form(s) 1099-PATR)	<b>38a</b>	
		<b>38b</b>	Taxable amount
<b>39</b>	Agricultural program payments received.	<b>39</b>	
<b>40</b>	Commodity Credit Corporation (CCC) loans reported under election (or forfeited)	<b>40</b>	
<b>41</b>	Crop insurance proceeds.	<b>41</b>	
<b>42</b>	Custom hire (machine work) income.	<b>42</b>	
<b>43</b>	Other farm income (specify)	<b>43</b>	
<b>44</b>	Add the amounts in the right column for lines 37 through 43	<b>44</b>	
<b>45</b>	Inventory of livestock, produce, grains, and other products at the beginning of the year	<b>45</b>	
<b>46</b>	Cost of livestock, produce, grains, and other products purchased during the year	<b>46</b>	
<b>47</b>	Add lines 45 and 46	<b>47</b>	
<b>48</b>	Inventory of livestock, produce, grains, and other products at the end of the year	<b>48</b>	
<b>49</b>	Cost of livestock, produce, grains, and other products sold. Subtract line 48 from line 47*	<b>49</b>	
<b>50</b>	<b>Gross farm income.</b> Subtract line 49 from line 44. Enter the result here and in Part III, line 11 ▶	<b>50</b>	

\*If you use the unit-livestock-price method or the farm-price method of valuing inventory and the amount on line 48 is larger than the amount on line 47, subtract line 47 from line 48. Enter the result on line 49. Add lines 44 and 49. Enter the total on line 50 and in Part III, line 11.

**Part IV Profit or Loss From Business (Sole Proprietorship)**—See the instructions for Schedule C (Form 1040).

Name of proprietor

Edgard Pino

Social security number

400-00-1041

**Note.** If you are filing a joint return and both you and your spouse had a profit or loss from a business, see *Joint returns and Business Owned and Operated by Spouses* in the instructions for more information.

**Section A—Income**

<b>1</b>	Gross receipts \$	<b>9453</b>	Less returns and allowances \$		Balance ▶	<b>1</b>	<b>9453</b>
<b>2a</b>	Inventory at beginning of year		<b>2a</b>	2030			
<b>b</b>	Purchases less cost of items withdrawn for personal use		<b>2b</b>	3636			
<b>c</b>	Cost of labor. Do not include any amounts paid to yourself.		<b>2c</b>	451			
<b>d</b>	Materials and supplies.		<b>2d</b>	607			
<b>e</b>	Other costs (attach statement)		<b>2e</b>	0			
<b>f</b>	Add lines 2a through 2e		<b>2f</b>				
<b>g</b>	Inventory at end of year		<b>2g</b>	1977			
<b>h</b>	Cost of goods sold. Subtract line 2g from line 2f		<b>2h</b>				
<b>3</b>	<b>Gross profit.</b> Subtract line 2h from line 1		<b>3</b>				
<b>4</b>	Other income.		<b>4</b>	0			
<b>5</b>	<b>Gross income.</b> Add lines 3 and 4 ▶		<b>5</b>				

**Section B—Expenses**

<b>6</b>	Advertising	<b>6</b>	612	<b>18</b>	Rent or lease:		
<b>7</b>	Car and truck expenses (see instructions)	<b>7</b>		<b>a</b>	Vehicles, machinery, and equipment	<b>18a</b>	1410
<b>8</b>	Commissions and fees	<b>8</b>		<b>b</b>	Other business property	<b>18b</b>	
<b>9</b>	Contract labor	<b>9</b>	650	<b>19</b>	Repairs and maintenance	<b>19</b>	
<b>10</b>	Depletion	<b>10</b>		<b>20</b>	Supplies (not included in Section A)	<b>20</b>	
<b>11</b>	Depreciation and section 179 expense deduction (not included in Section A). (Attach Form 4562 if required.)	<b>11</b>		<b>21</b>	Taxes and licenses	<b>21</b>	158
<b>12</b>	Employee benefit programs (other than on line 17)	<b>12</b>		<b>22</b>	Travel, meals, and entertainment:		
<b>13</b>	Insurance (other than health)	<b>13</b>		<b>a</b>	Travel	<b>22a</b>	
<b>14</b>	Interest on business indebtedness.	<b>14</b>		<b>b</b>	Deductible meals and entertainment	<b>22b</b>	
<b>15</b>	Legal and professional services	<b>15</b>		<b>23</b>	Utilities	<b>23</b>	
<b>16</b>	Office expense	<b>16</b>	225	<b>24</b>	Wages not included on line 2c	<b>24</b>	
<b>17</b>	Pension and profit-sharing plans	<b>17</b>		<b>25a</b>	Other expenses (list type and amount):		
				<b>25b</b>	Total other expenses	<b>25b</b>	
<b>26</b>	Total expenses. Add lines 6 through 25b ▶	<b>26</b>					
<b>27</b>	<b>Net profit or (loss).</b> Subtract line 26 from line 5. Enter the result here and in Part V, line 2	<b>27</b>					

**Part V Self-Employment Tax**—If you had **church employee income**, see instructions before you begin.Name of person with **self-employment** incomeSocial security number of person  
with **self-employment** income ▶

400-00-1041

Edgard Pino

**Note.** If you are filing a joint return and both you and your spouse had self-employment income, you must **each** complete a **separate** Part V.

<b>A</b>	If you are a minister, member of a religious order, or Christian Science practitioner <b>and</b> you filed Form 4361, but you had \$400 or more of <b>other</b> net earnings from self-employment, check here and continue with Part V . . . . .			
<b>1a</b>	Net farm profit or (loss) from Part III, line 36, and your distributive share from farm partnerships. <b>Note.</b> Skip lines 1a and 1b if you use the farm optional method (see instructions) . . . . .	<b>1a</b>		
<b>b</b>	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included in Part III, line 6, plus your distributive share of these payments from farm partnerships . . . . .	<b>1b</b>	(	)
<b>2</b>	Net nonfarm profit or (loss) from Part IV, line 27, and your distributive share from nonfarm partnerships. Ministers and members of religious orders, see instructions for amounts to report on this line. See instructions for other income to report. <b>Note.</b> Skip this line if you use the nonfarm optional method (see instructions) . . . . .	<b>2</b>		
<b>3</b>	Combine lines 1a, 1b, and 2 . . . . .	<b>3</b>		
<b>4a</b>	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter the amount from line 3 . . . . .	<b>4a</b>		
	<b>Note.</b> If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.			
<b>b</b>	If you elect one or both of the optional methods, enter the total of lines 2 and 4 of Part VI here . . . . .	<b>4b</b>		0
<b>c</b>	Combine lines 4a and 4b. If less than \$400, <b>stop</b> ; you do not owe self-employment tax. <b>Exception.</b> If less than \$400 and you had <b>church employee income</b> , enter -0- and continue . . . . .	<b>4c</b>		
<b>5a</b>	Enter your <b>church employee income</b> from Form(s) W-2, W-2AS, W-2CM, W-2GU, W-2VI, or 499R-2/W-2PR. See instructions for definition of church employee income. . . . .	<b>5a</b>		0
<b>b</b>	Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0- . . . . .	<b>5b</b>		0
<b>6</b>	Add lines 4c and 5b . . . . .	<b>6</b>		
<b>7</b>	Maximum amount of combined wages and self-employment earnings subject to social security tax for 2013 . . . . .	<b>7</b>	113,700	00
<b>8a</b>	Total social security wages and tips from Form(s) W-2, W-2AS, W-2CM, W-2GU, W-2VI, or 499R-2/W-2PR. If \$113,700 or more, skip lines 8b through 10, and go to line 11 . . . . .	<b>8a</b>		
<b>b</b>	Unreported tips subject to social security tax from Form 4137, line 10 (see instructions) . . . . .	<b>8b</b>		0
<b>c</b>	Wages subject to social security tax from Form 8919, line 10 (see instructions) . . . . .	<b>8c</b>		0
<b>d</b>	Add lines 8a, 8b, and 8c . . . . .	<b>8d</b>		
<b>9</b>	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 . . . . .	<b>9</b>		
<b>10</b>	Multiply the <b>smaller</b> of line 6 or line 9 by 12.4% (.124) . . . . .	<b>10</b>		
<b>11</b>	Multiply line 6 by 2.9% (.029) . . . . .	<b>11</b>		
<b>12</b>	<b>Self-employment tax.</b> Add lines 10 and 11. Enter here and in Part I, line 3 . . . . .	<b>12</b>		

**Part VI Optional Methods To Figure Net Earnings**—See instructions for limitations.**Note.** If you are filing a joint return and both you and your spouse choose to use an optional method to figure net earnings, you must **each** complete and attach a **separate** Part VI.

<b>Farm Optional Method</b>				
<b>1</b>	Maximum income for optional methods . . . . .	<b>1</b>	4,640	00
<b>2</b>	Enter the <b>smaller</b> of: two-thirds ( $\frac{2}{3}$ ) of gross farm income (Part III, line 11, plus your distributive share from farm partnerships), but not less than zero; <b>or</b> \$4,640. Also include this amount in Part V, line 4b, above. . . . .	<b>2</b>		
<b>Nonfarm Optional Method</b>				
<b>3</b>	Subtract line 2 from line 1. . . . .	<b>3</b>		0
<b>4</b>	Enter the <b>smaller</b> of: two-thirds ( $\frac{2}{3}$ ) of gross nonfarm income (Part IV, line 5, plus your distributive share from nonfarm partnerships), but not less than zero; <b>or</b> the amount in Part VI, line 3, above. Also include this amount in Part V, line 4b, above. . . . .	<b>4</b>		0

**COMPROBANTE DE RETENCION - WITHHOLDING STATEMENT**

**222**

1. Nombre - First Name <b>Edgard</b>		3. Núm. Seguro Social Social Security No. <b>400-00-1041</b>		INFORMACION PARA EL DEPARTAMENTO DE HACIENDA DEPARTMENT OF THE TREASURY INFORMATION		INFORMACION PARA EL SEGURO SOCIAL SOCIAL SECURITY INFORMATION	
Apellido(s) - Surname(s) <b>Pino</b>		4. Núm. de Ident. Patronal Employer Ident. No. (EIN) <b>00-0000055</b>		7. Sueldos - Wages <b>19,458.00</b>		17. Total Sueldos Seguro Social Social Security Wages <b>19,458.00</b>	
Dirección Postal del Empleado - Employee's Mailing Address <b>URB Royal Oak 123 Calle 1 Bayamon PR 00961-0123</b>		5. Fecha en que comenzó a recibir la pensión - Date on which you started to receive the pension Día ____ Mes ____ Año ____ Day ____ Month ____ Year ____		8. Comisiones - Commissions <b>0</b>		18. Seguro Social Retenido Social Security Tax Withheld <b>1206.00</b>	
2. Nombre y Dirección Postal del Patrono Employer's Name and Mailing Address <b>Zalbila LTD URB Royal Oak 924 Calle 1 Bayamon PR 00961-123</b>		6. Costo de Pensión o Anualidad Cost of Pension or Annuity <b>0</b>		9. Concesiones - Allowances <b>0</b>		19. Total Sueldos y Pro. Medicare Medicare Wages and Tips <b>19,458.00</b>	
Número de Teléfono del Patrono Employer's Telephone Number		6A. Costo de cubierta de salud auspiciada por el patrono - Cost of employer- sponsored health coverage <b>0</b>		10. Propinas - Tips <b>0</b>		20. Contrib. Medicare Retenida Medicare Tax Withheld <b>282.00</b>	
Fecha Cese de Operaciones: Día ____ Mes ____ Año ____ Cease of Operations Date: Day ____ Month ____ Year ____		6B. Donativos Charitable Contributions <b>0</b>		11. Total = 7 + 8 + 9 + 10 <b>19,458.00</b>		21. Propinas Seguro Social Social Security Tips <b>0</b>	
Número Confirmación de Radicación Electrónica Electronic Filing Confirmation Number		<b>Original</b> <b>Envíe a: - Send to:</b> <b>Social Security Administration</b> <b>Data Operations Center</b> <b>Wilkes-Barre, PA 18769-0001</b> <b>Con la W-3PR</b> <b>With the</b> Año: <b>2013</b> Year:		12. Gastos Reemb. y Beneficios Marginales Reimb. Expenses and Fringe Benefits <b>1,858.00</b>		22. Seguro Social no Retenido en Propinas - Uncollected Social Security Tax on Tips <b>0</b>	
Número Control - Control Number				13. Cont. Retenida - Tax Withheld <b>1,858.00</b>		23. Contrib. Medicare no Retenida en Propinas - Uncollected Medicare Tax on Tips <b>0</b>	
				14. Fondo de Retiro Gubernamental Governmental Retirement Fund <b>0</b>			
				15. Aportaciones a Planes Cualific. Contributions to CODA PLANS <b>0</b>			
				16. Salarios bajo Ley 324-2004 Salaries under Act 324-2004 <b>0</b>			
				16A. Aportaciones al Programa Ahorra y Duplica tu Dinero - Contributions to the Save and Double your Money Program <b>0</b>			
<b>Fecha de radicación: 31 de enero - Filing date: January 31</b> Instrucciones al dorso de Copia D - Instructions on back of Copy D							