

**ATS Test Scenario 11**  
**Taxpayer: Samantha Price**  
**SSN: 400-00-1033**

**Test Scenario 11 includes the following forms:**

- **Form 1040**
- **Form 1040 Schedule 2**
- **Form W-2**
- **Form 1040 Schedule H**

**Additional Information:**

- **Taxpayer paid \$6,000.00 in estimated tax payments in 2020 (applied from 2019 return).**
- **Taxpayer made a \$300.00 charitable contribution.**

Filing Status [X] 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 your 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

Your first name and middle initial: Samantha
Last name: Price
Your social security number: 400001033
If 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. 210 Horseshoe Circle
Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. Pensacola
State: FL
ZIP code: 32503
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [ ] You [ ] Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [ ] Yes [X] No

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent
[ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [ ] Were born before January 2, 1956 [ ] Are blind Spouse: [ ] Was born before January 2, 1956 [ ] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main income table with 15 rows. Columns include: 1 Wages, salaries, tips, etc. Attach Form(s) W-2; 2a Tax-exempt interest; 3a Qualified dividends; 4a IRA distributions; 5a Pensions and annuities; 6a Social security benefits; 7 Capital gain or (loss); 8 Other income from Schedule 1, line 9; 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income; 10 Adjustments to income; 11 Subtract line 10c from line 9. This is your adjusted gross income; 12 Standard deduction or itemized deductions; 13 Qualified business income deduction; 14 Add lines 12 and 13; 15 Taxable income.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16
17	Amount from Schedule 2, line 3	17
18	Add lines 16 and 17	18
19	Child tax credit or credit for other dependents	19
20	Amount from Schedule 3, line 7	20
21	Add lines 19 and 20	21
22	Subtract line 21 from line 18. If zero or less, enter -0-	22
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23
24	Add lines 22 and 23. This is your <b>total tax</b>	24
25	Federal income tax withheld from:	
a	Form(s) W-2	25a
b	Form(s) 1099	25b
c	Other forms (see instructions)	25c
d	Add lines 25a through 25c	25d
26	2020 estimated tax payments and amount applied from 2019 return	26
27	Earned income credit (EIC)	27
28	Additional child tax credit. Attach Schedule 8812	28
29	American opportunity credit from Form 8863, line 8	29
30	Recovery rebate credit. See instructions	30
31	Amount from Schedule 3, line 13	31
32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	32
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33

• If you have a qualifying child, attach Sch. EIC.  
 • If you have nontaxable combat pay, see instructions.

**Refund**

34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**

35a Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here

▶ b Routing number  ▶ c Type:  Checking  Savings

▶ d Account number

36 Amount of line 34 you want **applied to your 2021 estimated tax** ▶ 36

**Amount You Owe**

37 Subtract line 33 from line 24. This is the **amount you owe now**

**Note:** Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.

38 Estimated tax penalty (see instructions) ▶ 38

**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)

**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, <b>both</b> 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"/> Self-employed
Firm's name ▶	Firm's address ▶			Phone no. <input type="text"/>
Firm's EIN ▶				Firm's EIN ▶ <input type="text"/>

**SCHEDULE 2  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

**Samantha Price**

Your social security number

**400-00-1033**

**Part I Tax**

<b>1</b>	Alternative minimum tax. Attach Form 6251 . . . . .	<b>1</b>
<b>2</b>	Excess advance premium tax credit repayment. Attach Form 8962 . . . . .	<b>2</b>
<b>3</b>	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . . . .	<b>3</b>

**Part II Other Taxes**

<b>4</b>	Self-employment tax. Attach Schedule SE . . . . .	<b>4</b>
<b>5</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919 . . . . .	<b>5</b>
<b>6</b>	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required . . . . .	<b>6</b>
<b>7a</b>	Household employment taxes. Attach Schedule H . . . . .	<b>7a</b>
<b>b</b>	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required . . . . .	<b>7b</b>
<b>8</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s) _____	<b>8</b>
<b>9</b>	Section 965 net tax liability installment from Form 965-A . . . . .	<b>9</b>
<b>10</b>	Add lines 4 through 8. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . . . . .	<b>10</b>

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

Cat. No. 71478U

Schedule 2 (Form 1040) 2020

		<b>a</b> Employee's social security number <b>400-00-1034</b>		OMB No. 1545-0008		Safe, accurate, <b>FAST! Use</b>				Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a>	
<b>b</b> Employer identification number (EIN) <b>00-0000013</b>				<b>1</b> Wages, tips, other compensation <b>62,000</b>		<b>2</b> Federal income tax withheld <b>3,200</b>					
<b>c</b> Employer's name, address, and ZIP code <b>Green Thumb Landscaping 780 Main Street, Suite A Pensacola, FL 32503</b>				<b>3</b> Social security wages <b>62,000</b>		<b>4</b> Social security tax withheld <b>3,844</b>					
				<b>5</b> Medicare wages and tips <b>62,000</b>		<b>6</b> Medicare tax withheld <b>899</b>					
				<b>7</b> Social security tips		<b>8</b> Allocated tips					
<b>d</b> Control number				<b>9</b>		<b>10</b> Dependent care benefits					
<b>e</b> Employee's first name and initial <b>Samantha Price</b>		Last name <b>210 Horseshoe Circle</b>		Suff. <b>Pensacola, FL 32503</b>		<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12			
						<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12b</b>			
						<b>14</b> Other		<b>12c</b>			
								<b>12d</b>			
<b>f</b> Employee's address and ZIP code											
<b>15</b> State Employer's state ID number		<b>16</b> State wages, tips, etc.		<b>17</b> State income tax		<b>18</b> Local wages, tips, etc.		<b>19</b> Local income tax		<b>20</b> Locality name	

Form **W-2** Wage and Tax Statement

**2020**

Department of the Treasury—Internal Revenue Service

**Copy B—To Be Filed With Employee's FEDERAL Tax Return.**

This information is being furnished to the Internal Revenue Service.

**SCHEDULE H**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Household Employment Taxes**

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

▶ **Attach to Form 1040, 1040-SR, 1040-NR, 1040-SS, or 1041.**

▶ **Go to [www.irs.gov/ScheduleH](http://www.irs.gov/ScheduleH) for instructions and the latest information.**

OMB No. 1545-1971

**2020**

Attachment  
Sequence No. **44**

Name of employer

**Samantha Price**

Social security number

**400-00-1033**

Employer identification number

**0 0 0 0 0 0 0 2 9**

Calendar year taxpayers having no household employees in 2020 don't have to complete this form for 2020.

- A** Did you pay **any one** household employee cash wages of \$2,200 or more in 2020? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.)
- Yes.** Skip lines B and C and go to line 1a.
- No.** Go to line B.
- B** Did you withhold federal income tax during 2020 for any household employee?
- Yes.** Skip line C and go to line 7.
- No.** Go to line C.
- C** Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2019 or 2020 to **all** household employees? (**Don't** count cash wages paid in 2019 or 2020 to your spouse, your child under age 21, or your parent.)
- No. Stop.** Don't file this schedule.
- Yes.** Skip lines 1a–9 and go to line 10.

**Part I Social Security, Medicare, and Federal Income Taxes**

<b>1a</b>	Total cash wages subject to social security tax	<b>1a</b>		
<b>b</b>	Qualified sick and family wages included on line 1a	<b>1b</b>		
<b>2a</b>	Social security tax. Multiply line 1a by 12.4% (0.124)		<b>2a</b>	
<b>b</b>	Employer share of social security tax on qualified sick and family leave wages. Multiply line 1b by 6.2% (0.062)		<b>2b</b>	
<b>c</b>	Total social security tax. Subtract line 2b from line 2a		<b>2c</b>	
<b>3</b>	Total cash wages subject to Medicare tax	<b>3</b>		
<b>4</b>	Medicare tax. Multiply line 3 by 2.9% (0.029)		<b>4</b>	
<b>5</b>	Total cash wages subject to Additional Medicare Tax withholding	<b>5</b>		
<b>6</b>	Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009)		<b>6</b>	
<b>7</b>	Federal income tax withheld, if any		<b>7</b>	<b>591</b>
<b>8a</b>	Total social security, Medicare, and federal income taxes. Add lines 2c, 4, 6, and 7.		<b>8a</b>	<b>591</b>
<b>b</b>	Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 3		<b>8b</b>	<b>0</b>
<b>c</b>	Total social security, Medicare, and federal income taxes after nonrefundable credit. Subtract line 8b from line 8a		<b>8c</b>	<b>591</b>
<b>d</b>	Maximum amount of the employer share of social security tax that can be deferred; see instructions		<b>8d</b>	
<b>e</b>	Refundable portion of credit for qualified sick and family leave wages from Worksheet 3		<b>8e</b>	
<b>f</b>	Qualified sick leave wages		<b>8f</b>	
<b>g</b>	Qualified health plan expenses allocable to qualified sick leave wages		<b>8g</b>	
<b>h</b>	Qualified family leave wages		<b>8h</b>	
<b>i</b>	Qualified health plan expenses allocable to qualified family leave wages		<b>8i</b>	
<b>9</b>	Did you pay <b>total</b> cash wages of \$1,000 or more in <b>any</b> calendar <b>quarter</b> of 2019 or 2020 to <b>all</b> household employees? ( <b>Don't</b> count cash wages paid in 2019 or 2020 to your spouse, your child under age 21, or your parent.)			
	<input checked="" type="checkbox"/> <b>No. Stop.</b> Include the amount from line 8c above on Schedule 2 (Form 1040), line 7a. Include the amount, if any, from line 8e, on Schedule 3 (Form 1040), line 12b. If you're not required to file Form 1040, see the line 9 instructions.			
	<input type="checkbox"/> <b>Yes.</b> Go to line 10.			

**Part II Federal Unemployment (FUTA) Tax**

	Yes	No
<b>10</b> Did you pay unemployment contributions to only one state? If you paid contributions to a credit reduction state, see instructions and check "No" . . . . .	<b>10</b>	✓
<b>11</b> Did you pay all state unemployment contributions for 2020 by April 15, 2021? Fiscal year filers, see instructions . . . . .	<b>11</b>	✓
<b>12</b> Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax? . . . . .	<b>12</b>	✓

**Next:** If you checked the "Yes" box on **all** the lines above, complete Section A.  
If you checked the "No" box on **any** of the lines above, skip Section A and complete Section B.

**Section A**

<b>13</b> Name of the state where you paid unemployment contributions ▶	
<b>14</b> Contributions paid to your state unemployment fund . . . . .	<b>14</b>
<b>15</b> Total cash wages subject to FUTA tax . . . . .	<b>15</b>
<b>16</b> <b>FUTA tax.</b> Multiply line 15 by 0.6% (0.006). Enter the result here, skip Section B, and go to line 25 . . . . .	<b>16</b>

**Section B**

**17** Complete all columns below that apply (if you need more space, see instructions):

(a) Name of state	(b) Taxable wages (as defined in state act)	(c) State experience rate period		(d) State experience rate	(e) Multiply col. (b) by 0.054	(f) Multiply col. (b) by col. (d)	(g) Subtract col. (f) from col. (e). If zero or less, enter -0-.	(h) Contributions paid to state unemployment fund
		From	To					

<b>18</b> Totals . . . . .	<b>18</b>
<b>19</b> Add columns (g) and (h) of line 18 . . . . .	<b>19</b> 0
<b>20</b> Total cash wages subject to FUTA tax (see the line 15 instructions) . . . . .	<b>20</b>
<b>21</b> Multiply line 20 by 6.0% (0.06) . . . . .	<b>21</b>
<b>22</b> Multiply line 20 by 5.4% (0.054) . . . . .	<b>22</b>
<b>23</b> Enter the <b>smaller</b> of line 19 or line 22 . . . . . (If you paid state unemployment contributions late or you're in a credit reduction state, see instructions and check here) . . . . . <input type="checkbox"/>	<b>23</b>
<b>24</b> <b>FUTA tax.</b> Subtract line 23 from line 21. Enter the result here and go to line 25 . . . . .	<b>24</b>

**Part III Total Household Employment Taxes**

<b>25</b> Enter the amount from line 8c. If you checked the "Yes" box on line C of page 1, enter -0- . . . . .	<b>25</b>
<b>26</b> Add line 16 (or line 24) and line 25 . . . . .	<b>26</b>
<b>27</b> Are you required to file Form 1040? <input checked="" type="checkbox"/> <b>Yes. Stop.</b> Include the amount from line 26 above on Schedule 2 (Form 1040), line 7a. Include the amount, if any, from line 8e, on Schedule 3 (Form 1040), line 12b. <b>Don't</b> complete Part IV below. <input type="checkbox"/> <b>No.</b> You may have to complete Part IV. See instructions for details.	

**Part IV Address and Signature – Complete this part only if required. See the line 27 instructions.**

Address (number and street) or P.O. box if mail isn't delivered to street address	Apt., room, or suite no.
City, town or post office, state, and ZIP code	

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Employer's signature	Date
Print/Type preparer's name	Preparer's signature
Date	Check <input type="checkbox"/> if self-employed PTIN
Firm's name ▶	Firm's EIN ▶
Firm's address ▶	Phone no.

**Paid Preparer Use Only**