

ATS Test Scenario 5
Taxpayer: David Peony
SSN: 400-00-1036

Test Scenario 5 includes the following forms:

- **Form 1040**
- **Form 1040 Schedule 1**
- **Form 1040 Schedule 4**
- **Form W-2**

Additional Information:

Taxpayer Date of Birth = August 16, 1988

Taxpayer has not enrolled in an Affordable Care Health Plan.

Form 1040 Schedule 4 line 61, Shared Responsibility Payment enter amount.

Filing status: Single Married filing jointly Married filing separately Head of household Qualifying widow(er)

Your first name and initial: **David** Last name: **Peony** Your social security number: **4 0 0 0 0 1 0 3 6**

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind

If joint return, spouse's first name and initial: _____ Last name: _____ Spouse's social security number: _____

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.)
 Spouse is blind Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. **10309 Fern Valley Road** Apt. no. _____ Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **Lawrence, NC 27707** If more than four dependents, see inst. and here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

Joint return? See instructions. Keep a copy for your records. Your signature: _____ Date: _____ Your occupation: _____ 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: _____ Spouse's occupation: _____ If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only Preparer's name: _____ Preparer's signature: _____ PTIN: **P00000007** Firm's EIN: _____ Check if: 3rd Party Designee Self-employed
 Firm's name **► Scrubs Accounting** Phone no. **800-555-9000**
 Firm's address **► 2727 Main St., Lawrence, NC 27707**

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.

Standard Deduction for —

- Single or married filing separately, \$12,000
- Married filing jointly or Qualifying widow(er), \$24,000
- Head of household, \$18,000
- If you checked any box under Standard deduction, see instructions.

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRAs, pensions, and annuities	4a	
5a	Social security benefits	5a	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	
8	Standard deduction or itemized deductions (from Schedule A)	8	
9	Qualified business income deduction (see instructions)	9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	
11	a Tax (see inst) (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	
11	b Add any amount from Schedule 2 and check here <input type="checkbox"/>	11	
12	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	
14	Other taxes. Attach Schedule 4	14	
15	Total tax. Add lines 13 and 14	15	
16	Federal income tax withheld from Forms W-2 and 1099	16	
17	Refundable credits: a EIC (see inst.) b Sch 8812 c Form 8863	17	
17	Add any amount from Schedule 5	17	
18	Add lines 16 and 17. These are your total payments	18	
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	
20a	Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	20a	
20a	b Routing number 1 0 1 1 1 0 4 8 8 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
20a	d Account number 3 4 5 6 7 8 9		
21	Amount of line 19 you want applied to your 2019 estimated tax	21	
22	Amount you owe . Subtract line 18 from line 15. For details on how to pay, see instructions	22	
23	Estimated tax penalty (see instructions)	23	

Refund

Direct deposit? See instructions.

Amount You Owe

SCHEDULE 1
(Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040.**

▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

2018
Attachment
Sequence No. **01**

Name(s) shown on Form 1040

David Peony

Your social security number

400-00-1036

Additional Income	1-9b	Reserved		1-9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes		10	285
	11	Alimony received		11	
	12	Business income or (loss). Attach Schedule C or C-EZ		12	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>		13	
	14	Other gains or (losses). Attach Form 4797		14	
	15a	Reserved		15b	
	16a	Reserved		16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	
	18	Farm income or (loss). Attach Schedule F		18	
	19	Unemployment compensation		19	
	20a	Reserved		20b	
	21	Other income. List type and amount ▶	21		
	22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23	22		
Adjustments to Income	23	Educator expenses	23		
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24		
	25	Health savings account deduction. Attach Form 8889	25		
	26	Moving expenses for members of the Armed Forces. Attach Form 3903	26		
	27	Deductible part of self-employment tax. Attach Schedule SE	27		
	28	Self-employed SEP, SIMPLE, and qualified plans	28		
	29	Self-employed health insurance deduction	29		
	30	Penalty on early withdrawal of savings	30		
	31a	Alimony paid b Recipient's SSN ▶	31a		
	32	IRA deduction	32		
	33	Student loan interest deduction	33		
	34	Reserved	34		
	35	Reserved	35		
	36	Add lines 23 through 35	36		

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

Cat. No. 71479F

Schedule 1 (Form 1040) 2018

**SCHEDULE 4
(Form 1040)**

Other Taxes

OMB No. 1545-0074

2018
Attachment
Sequence No. **04**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040.**

▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

Name(s) shown on Form 1040

David Peony

Your social security number

400-00-1036

**Other
Taxes**

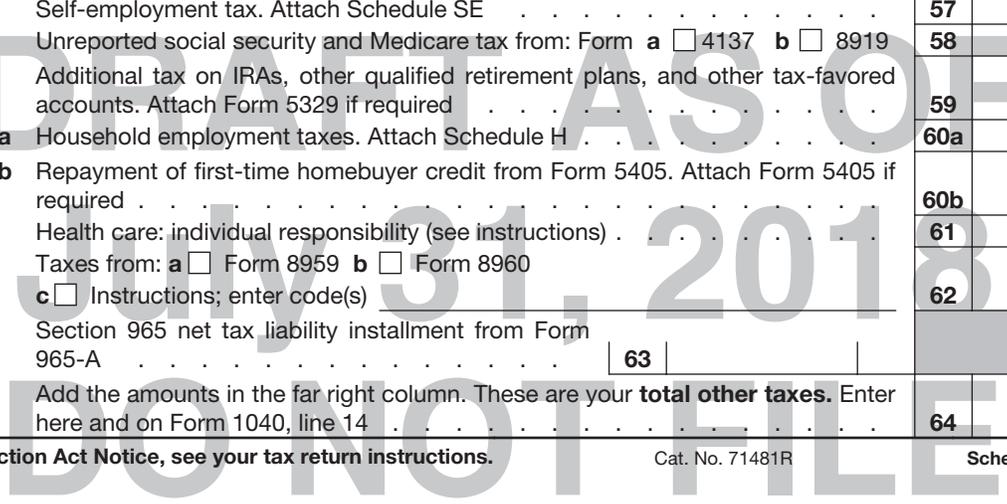
- 57** Self-employment tax. Attach Schedule SE
- 58** Unreported social security and Medicare tax from: Form **a** 4137 **b** 8919
- 59** Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required
- 60a** Household employment taxes. Attach Schedule H
- b** Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required
- 61** Health care: individual responsibility (see instructions)
- 62** Taxes from: **a** Form 8959 **b** Form 8960
c Instructions; enter code(s)
- 63** Section 965 net tax liability installment from Form 965-A **63**
- 64** Add the amounts in the far right column. These are your **total other taxes**. Enter here and on Form 1040, line 14 **64**

57									
58									
59									
60a									
60b									
61									
62									
63									
64									

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

Cat. No. 71481R

Schedule 4 (Form 1040) 2018



		a Employee's social security number 400-00-1036		OMB No. 1545-0008		Safe, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 00-0000099				1 Wages, tips, other compensation 35,450		2 Federal income tax withheld 4,121					
c Employer's name, address, and ZIP code Mobile Accessories for Cell 8143 Juniper St. Lawrence, NC 27707				3 Social security wages 35,450		4 Social security tax withheld 2,198					
				5 Medicare wages and tips 35,450		6 Medicare tax withheld 514					
				7 Social security tips		8 Allocated tips					
d Control number				9 Verification code				10 Dependent care benefits			
e Employee's first name and initial Last name Suff. David Peony 10309 Fern Valley Road Lawrence, NC 27707				11 Nonqualified plans				12a See instructions for box 12 C C C C e			
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C C C C e					
				14 Other				12c C C C C e			
								12d C C C C e			
f Employee's address and ZIP code											
15 State Employer's state ID number NC 00-0000088		16 State wages, tips, etc. 35,450		17 State income tax 585		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

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

2018

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.