

**ATS Test Scenario 6
Taxpayer: Sarah Williams
SSN: 400-00-1039**

Test Scenario 6 includes the following forms:

- **Form 1040A**
- **Form W-2**
- **Form 2441**
- **Form 8862**
- **Form 8863**
- **Form 8867**
- **Schedule EIC**
- **Schedule 8812**

Additional Information:

**Taxpayer's Date of Birth = December 17, 1979
1ST Dependent Date of Birth = October 19, 2001
2nd Dependent Date of Birth = November 8, 2009**

Additional Information:

Form 2441- Two child care providers:

**Developing Minds 00-0000041 \$1,500
777 Sassafras St.
Tiptop, VA 24630**

**Little People 00-0000042 \$1,500
888 Sassafras St.
Tiptop, VA 24630**

Your first name and initial <p style="text-align: center; font-size: 1.2em;">Sarah</p>	Last name <p style="text-align: center; font-size: 1.2em;">Williams</p>	OMB No. 1545-0074 Your social security number 400 00 1039
If a joint return, spouse's first name and initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. <p style="text-align: center; font-size: 1.2em;">222 White Road</p>	Apt. no.	▲ Make sure the SSN(s) above and on line 6c are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <p style="text-align: center; font-size: 1.2em;">Tiptop, VA 24630</p>		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code

Filing status Check only one box.

<input type="checkbox"/> 1 Single	<input type="checkbox"/> 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
<input type="checkbox"/> 2 Married filing jointly (even if only one had income)	
<input type="checkbox"/> 3 Married filing separately. Enter spouse's SSN above and full name here. ▶	<input checked="" type="checkbox"/> 5 Qualifying widow(er) (see instructions)

Exemptions

6a **Yourself.** If someone can claim you as a dependent, **do not** check box 6a.

b **Spouse**

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
Sammantha	Williams	400-00-1057	daughter	<input checked="" type="checkbox"/>
Sammy	Williams	400-00-1058	son	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d Total number of exemptions claimed. **3**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2. **7**

8a Taxable interest. Attach Schedule B if required. **8a**

b Tax-exempt interest. **Do not** include on line 8a. **8b**

9a Ordinary dividends. Attach Schedule B if required. **9a**

b Qualified dividends (see instructions). **9b**

10 Capital gain distributions (see instructions). **10**

11a IRA distributions. 11a	11b Taxable amount (see instructions). 11b
12a Pensions and annuities. 12a	12b Taxable amount (see instructions). 12b

13 Unemployment compensation and Alaska Permanent Fund dividends. **13**

14a Social security benefits. 14a	14b Taxable amount (see instructions). 14b
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15 Add lines 7 through 14b (far right column). This is your **total income**. ▶ **15**

Adjusted gross income

16 Educator expenses (see instructions). 16	
17 IRA deduction (see instructions). 17	1,300
18 Student loan interest deduction (see instructions). 18	
19 Reserved for future use. 19	
20 Add lines 16 through 19. These are your total adjustments . 20	
21 Subtract line 20 from line 15. This is your adjusted gross income . ▶ 21	

Tax, credits, and payments

Form 1040A (2017) Tax, credits, and payments section. Includes lines 22-47 for tax calculations, credits, and payments.

Standard Deduction for - People who check any box on line 23a or 23b or who can be claimed as a dependent, see instructions. All others: ...

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See instructions and fill in 48b, 48c, and 48d or Form 8888.

Amount you owe

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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Signatures section: Your signature, Date, Your occupation, Daytime phone number, Spouse's signature, Date, Spouse's occupation, Identity Protection PIN

Paid preparer use only

Paid preparer information: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no.

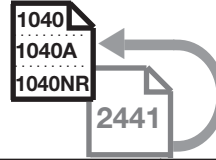
a Employee's social security number 400-00-1039		OMB No. 1545-0008		Safe, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 00-0000029				1 Wages, tips, other compensation 38,900		2 Federal income tax withheld 3,123			
c Employer's name, address, and ZIP code Wells Fargo 4800 Milestone Drive Alexandria, VA 22311				3 Social security wages 38,900		4 Social security tax withheld 2,412			
				5 Medicare wages and tips 38,900		6 Medicare tax withheld 564			
				7 Social security tips		8 Allocated tips			
d Control number				9 Verification code		10 Dependent care benefits			
e Employee's first name and initial Sarah Williams		Last name Williams		Suff.		11 Nonqualified plans		12a See instructions for box 12	
222 White Road Tiptop, VA 24630				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b			
				14 Other		12c			
						12d			
f Employee's address and ZIP code									
15 State VA	Employer's state ID number 00-0000003		16 State wages, tips, etc. 38.900	17 State income tax 2,200	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Form **W-2** Wage and Tax Statement **2017**

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.

Child and Dependent Care Expenses



Department of the Treasury
Internal Revenue Service (99)

- ▶ Attach to Form 1040, Form 1040A, or Form 1040NR.
- ▶ Go to www.irs.gov/Form2441 for instructions and the latest information.

Name(s) shown on return

Your social security number

Sarah Williams

400-00-1039

Part I Persons or Organizations Who Provided the Care—You must complete this part.
(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
	Developing Minds	777 Sassafras St. Tiptop, VA 24630	00-0000041	1,500
	Little People	888 Sassafras St. Tiptop, VA 24630	00-0000042	1,500

Did you receive dependent care benefits? **No** → Complete only Part II below.
 Yes → Complete Part III on the back next.

Caution: If the care was provided in your home, you may owe employment taxes. If you do, you can't file Form 1040A. For details, see the instructions for Form 1040, line 60a, or Form 1040NR, line 59a.

Part II Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2017 for the person listed in column (a)
First	Last		
Sammy	Williams	400-00-1058	3,000

3 Add the amounts in column (c) of line 2. **Don't** enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31

4 Enter your **earned income**. See instructions

5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4

6 Enter the **smallest** of line 3, 4, or 5

7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:			If line 7 is:		
Over	But not over	Decimal amount is	Over	But not over	Decimal amount is
\$0—15,000		.35	\$29,000—31,000		.27
15,000—17,000		.34	31,000—33,000		.26
17,000—19,000		.33	33,000—35,000		.25
19,000—21,000		.32	35,000—37,000		.24
21,000—23,000		.31	37,000—39,000		.23
23,000—25,000		.30	39,000—41,000		.22
25,000—27,000		.29	41,000—43,000		.21
27,000—29,000		.28	43,000—No limit		.20

9 Multiply line 6 by the decimal amount on line 8. If you paid 2016 expenses in 2017, see the instructions

10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions

11 **Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47

Part III Dependent Care Benefits

12	Enter the total amount of dependent care benefits you received in 2017. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Don't include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12		
13	Enter the amount, if any, you carried over from 2016 and used in 2017 during the grace period. See instructions	13		
14	Enter the amount, if any, you forfeited or carried forward to 2018. See instructions	14	()
15	Combine lines 12 through 14. See instructions	15		
16	Enter the total amount of qualified expenses incurred in 2017 for the care of the qualifying person(s)	16		
17	Enter the smaller of line 15 or 16	17		
18	Enter your earned income . See instructions	18		
19	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> • If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see instructions. • All others, enter the amount from line 18. 	19		
20	Enter the smallest of line 17, 18, or 19	20		
21	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19).	21		
22	Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.) <input type="checkbox"/> No. Enter -0-. <input type="checkbox"/> Yes. Enter the amount here	22		
23	Subtract line 22 from line 15	23		
24	Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions	24		
25	Excluded benefits. Form 1040 and 1040NR filers: If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-. Form 1040A filers: Enter the smaller of line 20 or line 21	25		
26	Taxable benefits. Form 1040 and 1040NR filers: Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040, line 7, or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7, or Form 1040NR, line 8, enter "DCB." Form 1040A filers: Subtract line 25 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB".	26		

To claim the child and dependent care credit, complete lines 27 through 31 below.

27	Enter \$3,000 (\$6,000 if two or more qualifying persons)	27		
28	Form 1040 and 1040NR filers: Add lines 24 and 25. Form 1040A filers: Enter the amount from line 25	28		
29	Subtract line 28 from line 27. If zero or less, stop . You can't take the credit. Exception. If you paid 2016 expenses in 2017, see the instructions for line 9	29		
30	Complete line 2 on the front of this form. Don't include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here.	30		
31	Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on the front of this form and complete lines 4 through 11	31		

Information To Claim Certain Refundable Credits After Disallowance

Earned Income Credit, Child Tax Credit/Additional Child Tax Credit, and American Opportunity Tax Credit

▶ **Attach to your tax return.**

▶ **Go to www.irs.gov/Form8862 for instructions and the latest information.**

Name(s) shown on return

Sarah Williams

Your social security number

400-00-1039

You must complete Form 8862 and attach it to your tax return if both of the following apply.

- ✓ Your earned income credit (EIC), child tax credit (CTC)/additional child tax credit (ACTC), or American opportunity tax credit (AOTC) was previously reduced or disallowed and you received a letter saying you had to complete and attach Form 8862 the next time you claim the credit(s).
- ✓ You now want to claim the EIC, CTC/ACTC, or AOTC and you meet all the requirements for the credit.

Part I All Filers

1 Enter the tax year for which you are filing this form (for example, 2016) ▶

2 Check the box(es) that applies to the credit(s) you are claiming and complete the part(s) that matches the box(es) you marked.

Earned Income Credit (Complete Part II)	Child Tax Credit and Additional Child Tax Credit (Complete Part III)	American Opportunity Tax Credit (Complete Part IV)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II Earned Income Credit

3 If the **only** reason your EIC was reduced or disallowed was because you incorrectly reported your earned income or investment income, check "Yes." Otherwise, check "No." ▶ Yes No

Caution: If you checked "Yes," **do not** complete the rest of Part II. Attach this form to your tax return to claim the EIC. If you checked "No," continue.

4 Could you (or your spouse if filing jointly) be claimed as a qualifying child of another taxpayer for the year entered on line 1? ▶ Yes No

Caution: See the instructions before answering. If you (or your spouse if filing jointly) answer "Yes" to question 4, you cannot claim the EIC.

If you are claiming the EIC with a qualifying child, continue to Section A. Otherwise, go to Section B.

Section A: Filers With a Qualifying Child or Children

- ✓ Answer questions 5, 7, and 8 for each child for whom you are claiming the EIC.
- ✓ Enter the name(s) of the child(ren) you listed as Child 1, Child 2, and Child 3 on **Schedule EIC** for the year entered on line 1 above.

5a **Child 1** Samantha Williams **b Child 2** Sammy Williams

c **Child 3** _____

6 Does your completed Schedule EIC for the year entered on line 1 show that you had a qualifying child for the EIC? ▶ Yes No
Caution: If you checked "No," you do not need to complete Part II, Section A. Go to Part II, Section B.

7 Enter the number of days each child lived with you in the United States during the year entered on line 1.
Child 1 ▶ **Child 2** ▶ **Child 3** ▶
Caution: See the instructions for special rules before answering. If you enter less than 183 (184 if the year on line 1 is a leap year), you cannot claim the EIC for that child.

8 If the child was born or died during the year entered on line 1, enter the month and day the child was born and/or died as month (MM)/day (DD). Otherwise, skip this line.
Child 1 date of birth (MM/DD) / **Child 1** date of death (MM/DD) /
Child 2 date of birth (MM/DD) / **Child 2** date of death (MM/DD) /
Child 3 date of birth (MM/DD) / **Child 3** date of death (MM/DD) /

Only one person may claim the child as a qualifying child for the EIC and certain other child-related benefits. If the child meets the conditions to be a qualifying child of any other person (other than your spouse if filing jointly), complete Part V. If you cannot treat any of the children listed above as a qualifying child and have no other qualifying children, go to Part II, Section B.

Section B: Filers Without a Qualifying Child or Children

- 9a** Enter the number of days during the year entered on line 1 that your main home was in the United States ▶
- b** If married filing jointly, enter the number of days during the year entered on line 1 that your spouse's main home was in the United States ▶

Caution: Members of the military stationed outside the United States during the year entered on line 1, see the instructions before answering. If you enter less than 183 (184 if the year on line 1 is a leap year) on either line 9a or 9b (if filing jointly), you cannot claim the EIC.

- 10a** Enter your age at the end of the year on line 1 _____
- b** Enter your spouse's age at the end of the year on line 1 _____

Caution: If your spouse died during the year entered on line 1 or you are preparing a return for someone who died during the year entered on line 1, see the instructions before answering. If neither you (nor your spouse if filing jointly) were at least age 25 but under age 65 at the end of the year on line 1, you cannot claim the EIC.

- 11a** Can you be claimed as a dependent on another taxpayer's return? ▶ Yes No
- b** Can your spouse (if filing jointly) be claimed as a dependent on another taxpayer's return? ▶ Yes No

Caution: If either you (or your spouse if filing jointly) answer "Yes" to question 11, you cannot claim the EIC.

Part III Child Tax Credit and Additional Child Tax Credit

- ✓ Answer the following questions for each child for whom you are claiming the CTC/ACTC.*
- ✓ Enter the name(s) of the child as listed on your tax return.

- 12a Child 1** Samantha Williams **b Child 2** Sammy Willams
- c Child 3** _____

13 Did the child meet the requirements to be a qualifying child for the purpose of claiming the CTC/ACTC? If you answer "No" for any child, you cannot claim the credit for that child. See Pub. 972 for more information.

- Child 1** Yes No **Child 2** Yes No **Child 3** Yes No

14 Did the child live with you for more than half of the year on line 1?

- Child 1** Yes No **Child 2** Yes No **Child 3** Yes No

Caution: See instructions for special rules before answering. If the answer is "No," you cannot claim the CTC/ACTC for that child.

Complete lines **15–18** for any child for whom you were required to complete Part I of Schedule 8812 for the year listed in line 1.

15 Is the child a resident of the United States because the child meets the substantial presence test and is not otherwise treated as a nonresident alien?

- Child 1** Yes No **Child 2** Yes No **Child 3** Yes No

Caution: You cannot claim the CTC/ACTC for a child who is not a citizen, national, or resident of the United States. Even if your child does not meet the substantial presence test, your child may meet an exception or be treated as a resident of the United States in certain circumstances. See the Instructions for Schedule 8812 for more information.

		Child 1	Child 2	Child 3
16	Enter the number of days the child lived in the United States during the year entered on line 1	16 365	365	
17	Enter the number of days the child lived in the United States during the calendar year before the year entered on line 1	17 365	365	
18	Enter the number of days the child lived in the United States in the year which is two years before the year entered on line 1	18 365	365	

* If you have more than three qualifying children, attach a statement also answering questions 12–18 for those children.

Part III Child Tax Credit and Additional Child Tax Credit *(continued)*

Substantial Presence Test

To meet the substantial presence test a child with an ITIN must be physically present in the United States on at least:

- a 31 days during the year for which you are filing this form, and
- b 183 days during the 3-year period that includes the year for which you are filing this form and the two prior years, counting:
 - All the days the child was present in the year for which you are filing this form, and
 - 1/3 of the days the child was present in the first year prior to the year for which you are filing this form, and
 - 1/6 of the days the child was present in the second year prior to the year for which you are filing this form.

For special rules and exceptions, see Pub. 519.

Only one person can claim the child as a qualifying child for the CTC/ACTC. If the child meets the conditions to be a qualifying child of any other person (other than your spouse if filing jointly) complete Part V. If you cannot treat any of the children listed above as a qualifying child and have no other qualifying children, you cannot claim the CTC/ACTC.

Part IV American Opportunity Tax Credit

- ✓ Answer the following questions for each student for whom you are claiming the AOTC.*
- ✓ Enter the name(s) of the student(s) as listed on Form 8863.

19a Student 1 _____ b Student 2 _____

c Student 3 _____

20a Did the student meet the requirements to be an eligible student for purposes of the AOTC for the year entered on line 1? See Pub. 970 for more information.

Student 1 Yes No Student 2 Yes No Student 3 Yes No

b Did the student receive a Form 1098-T from the institution for the year entered on line 1 or the year immediately preceding that year?

Student 1 Yes No Student 2 Yes No Student 3 Yes No

c Has the Hope Scholarship Credit or American opportunity credit been claimed for the student for any 4 tax years before the year entered on line 1?

Student 1 Yes No Student 2 Yes No Student 3 Yes No

Caution: See the instructions for special rules regarding Form 1098-T before answering. If you answered "No" to questions 20a and 20b or "Yes" to question 20c, you cannot claim the credit for that student.

You cannot claim the AOTC based on qualified education expenses paid for a student by someone other than yourself or your spouse, unless you are claiming the student as a dependent. If the student meets the conditions to be a qualifying child of any other person (other than your spouse if filing jointly) complete Part V.

* If you have more than three students, attach a statement also answering questions 19 and 20 for those students.

Part V Qualifying Child of More Than One Person

- ✓ Answer the following questions for each child who meets the conditions to be a qualifying child of any other person (other than your spouse if filing jointly).*

21a Child 1 _____ b Child 2 _____

c Child 3 _____

22 Enter the address where you and the child lived together during the year entered on line 1. If you lived with the child at more than one address during the year, attach a list of the addresses where you lived.

Child 1 ▶ Number and street _____
City or town, state, and ZIP code _____

Child 2 ▶ If same as shown for Child 1, check this box Otherwise, enter below.
Number and street _____
City or town, state, and ZIP code _____

Child 3 ▶ If same as shown for Child 1, check this box Or if same as shown for Child 2 (and is different from the address shown for Child 1), check this box Otherwise, enter below.
Number and street _____
City or town, state, and ZIP code _____

* If you have more than three qualifying children, attach a statement also answering questions 21–23 for those children.

Part V **Qualifying Child of More Than One Person** (continued)

23 Did any other person (except your spouse, if filing jointly, and your dependents claimed on your return) live with Child 1, Child 2, or Child 3 for more than half the year? **Yes** **No**
If "Yes," enter the relationship of each person to the child on the appropriate line below.

Other person living with Child 1: Name _____
Relationship to Child 1 _____

Other person living with Child 2: If same as shown for Child 1, check this box Otherwise, enter below.
Name _____
Relationship to Child 2 _____

Other person living with Child 3: If same as shown for Child 1, check this box Or if same as shown for Child 2 (and is different from the person living with Child 1), check this box Otherwise, enter below.
Name _____
Relationship to Child 3 _____

To determine which person can treat the child as a qualifying child for the dependency exemption, EIC, and CTC/ACTC, see *Qualifying Child of More Than One Person* in Pub. 501.

Note: The IRS may ask you to provide additional information to verify your eligibility to claim each credit.

Education Credits
(American Opportunity and Lifetime Learning Credits)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040A.

2017
Attachment
Sequence No. **50**

▶ Go to www.irs.gov/Form8863 for instructions and the latest information.

Name(s) shown on return

Your social security number

Sarah Williams

400 | 00 | 1039



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

DRAFT AS OF
Almost 10, 2017
DO NOT FILE

Part I Refundable American Opportunity Credit

1 After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	1		
2 Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2		
3 Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3		
4 Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4		
5 Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5		
6 If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places)	6		
7 Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/>	7		
8 Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040, line 68, or Form 1040A, line 44. Then go to line 9 below.	8		

Part II Nonrefundable Education Credits

9 Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	9		
10 After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10		
11 Enter the smaller of line 10 or \$10,000	11		
12 Multiply line 11 by 20% (0.20)	12		
13 Enter: \$132,000 if married filing jointly; \$66,000 if single, head of household, or qualifying widow(er)	13		
14 Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	14		
15 Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15		
16 Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16		
17 If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)	17		
18 Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	18		
19 Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Form 1040, line 50, or Form 1040A, line 33	19		

Name(s) shown on return Sarah Williams	Your social security number 400 00 1039
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Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information. See instructions.

20 Student name (as shown on page 1 of your tax return) Sarah Williams	21 Student social security number (as shown on page 1 of your tax return) 400 00 1039
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22 Educational institution information (see instructions)	
a. Name of first educational institution Virginia State University (1) Address. Number and street (or P.O. box), City, town or post office, state, and ZIP code. If a foreign address, see instructions. 1234 University Pkwy. Tiptop, VA 24660 (2) Did the student receive Form 1098-T from this institution for 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Did the student receive Form 1098-T from this institution for 2016 with box 2 filled in and box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If you checked "No" in both (2) and (3) , skip (4) . However, you must complete (4) if you're claiming the American opportunity credit. (4) If you checked "Yes" in (2) or (3) , enter the institution's employer identification number (from Form 1098-T). ____ - ____ - ____	b. Name of second educational institution (if any) (1) Address. Number and street (or P.O. box), City, town or post office, state, and ZIP code. If a foreign address, see instructions. (2) Did the student receive Form 1098-T from this institution for 2017? <input type="checkbox"/> Yes <input type="checkbox"/> No (3) Did the student receive Form 1098-T from this institution for 2016 with box 2 filled in and box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked "No" in both (2) and (3) , skip (4) . However, you must complete (4) if you're claiming the American opportunity credit. (4) If you checked "Yes" in (2) or (3) , enter the institution's employer identification number (from Form 1098-T). ____ - ____ - ____

23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2017? Yes — **Stop!** Go to line 31 for this student. No — Go to line 24.

24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2017 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. Yes — Go to line 25. No — **Stop!** Go to line 31 for this student.

25 Did the student complete the first 4 years of postsecondary education before 2017? See instructions. Yes — **Stop!** Go to line 31 for this student. No — Go to line 26.

26 Was the student convicted, before the end of 2017, of a felony for possession or distribution of a controlled substance? Yes — **Stop!** Go to line 31 for this student. No — Complete lines 27 through 30 for this student.



You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000	27
28 Subtract \$2,000 from line 27. If zero or less, enter -0-	28
29 Multiply line 28 by 25% (0.25)	29
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	30

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31
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Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC), and Additional Child Tax Credit (ACTC)

2017

Department of the Treasury
Internal Revenue Service

**To be completed by preparer and filed with Form 1040, 1040A, 1040EZ, 1040NR, 1040SS, or 1040PR.
Go to www.irs.gov/Form8867 for instructions and the latest information.**

Attachment
Sequence No. **70**

Taxpayer name(s) shown on return

Sarah Williams

Taxpayer identification number

400-00-1039

Enter preparer's name and PTIN

Walter Orchid P00000001

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) claimed on this return and complete the related Parts I-IV for the credit(s) claimed (check all that apply).

EIC

CTC/ACTC

AOTC

1 Did you complete the return based on information for tax year 2017 provided by the taxpayer or reasonably obtained by you?

Yes No

2 Did you complete the applicable EIC and/or CTC/ACTC worksheets found in the Form 1040, 1040A, 1040EZ, 1040SS, 1040PR, or 1040NR instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?

Yes No

3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following:

- Interview the taxpayer, ask questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s)
- Review information to determine that the taxpayer is eligible to claim the credit(s) and for what amount

Yes No

4 Did any information provided by the taxpayer, a third party, or reasonably known to you, in connection with preparing the return, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)

Yes No

a Did you make reasonable inquiries to determine the correct, complete, and consistent information?

Yes No

b Did you document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)

Yes No

5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of applicable worksheets, a record of how, when, and from whom the information used to prepare Form 8867 and worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility or to compute the amount for the credit(s)

Yes No

List those documents, if any, that you relied on.

[worksheet](#)

6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for and the amount of the credit(s) claimed on the return if his/her return is selected for audit?

Yes No

7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)

Yes No

a Did you complete the required recertification Form 8862?

Yes No N/A

8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Form 1040, Schedule C?

Yes No N/A

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	EIC	CTC/ACTC	AOTC
9a Have you determined that this taxpayer is, in fact, eligible to claim the EIC for the number of children for whom the EIC is claimed, or to claim EIC if the taxpayer has no qualifying child? (Skip 9b and 9c if the taxpayer is claiming EIC and does not have a qualifying child.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
b Did you explain to the taxpayer that he/she may not claim the EIC if the taxpayer has not lived with the child for over half the year, even if the taxpayer has supported the child?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tie-breaker rules)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		

Part III Due Diligence Questions for Returns Claiming CTC and/or ACTC (If the return does not claim CTC or ACTC, go to Part IV.)

10a Did all children for whom the taxpayer is claiming the CTC/ACTC reside with the taxpayer? (If "Yes," go to question 10c; if "No," go to question 10b.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b Did you ask if there is an active Form 8332, Release/Revocation of Claim to Exemption for Child by Custodial Parent, or a similar statement in place and, if applicable, did you attach it to the return?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
c Have you determined that the taxpayer has not released the claim to another person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

11 Did the taxpayer provide substantiation such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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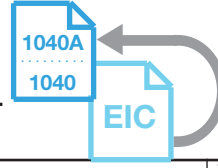
Part V Credit Eligibility Certification

- ▶ **You have complied with all due diligence requirements with respect to the credits claimed on the return of the taxpayer identified above if you:**
 - A. Interview the taxpayer, ask adequate questions, document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and in what amount(s);
 - B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for all credits claimed;
 - C. Submit Form 8867 in the manner required; **and**
 - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 1. A copy of Form 8867,
 2. The applicable worksheet(s) or your own worksheet(s) for any credits claimed,
 3. Copies of any taxpayer documents you may have relied upon to determine eligibility for and the amount of the credit(s),
 4. A record of how, when, and from whom the information used to prepare this form and worksheet(s) was obtained, and
 5. A record of any additional questions you may have asked to determine eligibility for and amount of the credits, and the taxpayer's answers.
- ▶ **If you have not complied with all due diligence requirements for all credits claimed, you may have to pay a \$510 penalty for each credit for which you have failed to comply.**

12 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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SCHEDULE EIC
(Form 1040A or 1040)

Earned Income Credit
Qualifying Child Information



OMB No. 1545-0074

2017

Attachment
Sequence No. **43**

Department of the Treasury
Internal Revenue Service (99)

- ▶ **Complete and attach to Form 1040A or 1040 only if you have a qualifying child.**
- ▶ **Go to www.irs.gov/ScheduleEIC for the latest information.**

Name(s) shown on return

Sarah Williams

Your social security number

400-00-1039

Before you begin:

- See the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, to make sure that **(a)** you can take the EIC, and **(b)** you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information

Child 1

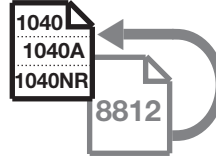
Child 2

Child 3

	First name	Last name	First name	Last name	First name	Last name
1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	Samantha Williams		Sammy Williams			
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, unless the child was born and died in 2017. If your child was born and died in 2017 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.	400-00-1057		400-00-1058			
3 Child's year of birth	Year <u>2</u> <u>0</u> <u>0</u> <u>1</u>		Year <u>2</u> <u>0</u> <u>0</u> <u>9</u>		Year _____	
	<i>If born after 1998 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		<i>If born after 1998 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		<i>If born after 1998 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	
4 a Was the child under age 24 at the end of 2017, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
	<i>Go to line 5.</i>	<i>Go to line 4b.</i>	<i>Go to line 5.</i>	<i>Go to line 4b.</i>	<i>Go to line 5.</i>	<i>Go to line 4b.</i>
b Was the child permanently and totally disabled during any part of 2017?	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
	<i>Go to line 5.</i>	The child is not a qualifying child.	<i>Go to line 5.</i>	The child is not a qualifying child.	<i>Go to line 5.</i>	The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	daughter		son			
6 Number of months child lived with you in the United States during 2017 • If the child lived with you for more than half of 2017 but less than 7 months, enter "7." • If the child was born or died in 2017 and your home was the child's home for more than half the time he or she was alive during 2017, enter "12."	<u>12</u> months <i>Do not enter more than 12 months.</i>		<u>12</u> months <i>Do not enter more than 12 months.</i>		_____ months <i>Do not enter more than 12 months.</i>	

SCHEDULE 8812
(Form 1040A or 1040)

Child Tax Credit



OMB No. 1545-0074

2017

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, Form 1040A, or Form 1040NR.**
▶ **Go to www.irs.gov/Schedule8812 for instructions and the latest information.**

Name(s) shown on return

Sarah Williams

Your social security number

400-00-1039

Part I Filers Who Have Certain Child Dependent(s) with an Individual Taxpayer Identification Number (ITIN)



*Complete this part only for each dependent who has an ITIN and for whom you are claiming the child tax credit. If your dependent is **not** a qualifying child for the credit, you cannot include that dependent in the calculation of this credit.*

Answer the following questions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040NR, line 7c, who has an Individual Taxpayer Identification Number (ITIN) and that you indicated is a qualifying child for the child tax credit by checking column (4) for that dependent.

- A** For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
 Yes No
- B** For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
 Yes No
- C** For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
 Yes No
- D** For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
 Yes No

Note: If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see separate instructions and check here

Part II Additional Child Tax Credit Filers


<p>1 If you file Form 2555 or 2555-EZ, stop here; you cannot claim the additional child tax credit.</p> <p>If you are required to use the worksheet in Pub. 972, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication. Otherwise:</p> <p>1040 filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the instructions for Form 1040, line 52).</p> <p>1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the instructions for Form 1040A, line 35).</p> <p>1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the instructions for Form 1040NR, line 49).</p>				
<p>2 Enter the amount from Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49</p>	2		2,000	
<p>3 Subtract line 2 from line 1. If zero, stop here; you cannot claim this credit</p>	3			
<p>4a Earned income (see separate instructions)</p>	4a			
<p>b Nontaxable combat pay (see separate instructions)</p>	4b	0		
<p>5 Is the amount on line 4a more than \$3,000? <input type="checkbox"/> No. Leave line 5 blank and enter -0- on line 6. <input checked="" type="checkbox"/> Yes. Subtract \$3,000 from the amount on line 4a. Enter the result</p>	5			
<p>6 Multiply the amount on line 5 by 15% (0.15) and enter the result</p> <p>Next. Do you have three or more qualifying children? <input checked="" type="checkbox"/> No. If line 6 is zero, stop here; you cannot claim this credit. Otherwise, skip Part III and enter the smaller of line 3 or line 6 on line 13. <input type="checkbox"/> Yes. If line 6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. Otherwise, go to line 7.</p>	6			

Part III Certain Filers Who Have Three or More Qualifying Children

<p>7 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see separate instructions</p>	7	
<p>8 1040 filers: Enter the total of the amounts from Form 1040, lines 27 and 58, plus any taxes that you identified using code "UT" and entered on line 62.</p>	8	
<p>1040A filers: Enter -0-.</p>		
<p>1040NR filers: Enter the total of the amounts from Form 1040NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60.</p>		
<p>9 Add lines 7 and 8</p>	9	
<p>10 1040 filers: Enter the total of the amounts from Form 1040, lines 66a and 71.</p>	10	
<p>1040A filers: Enter the total of the amount from Form 1040A, line 42a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 46 (see separate instructions).</p>		
<p>1040NR filers: Enter the amount from Form 1040NR, line 67.</p>		
<p>11 Subtract line 10 from line 9. If zero or less, enter -0-</p>	11	
<p>12 Enter the larger of line 6 or line 11 Next, enter the smaller of line 3 or line 12 on line 13.</p>	12	

Part IV Additional Child Tax Credit

<p>13 This is your additional child tax credit</p>	13	
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 Enter this amount on Form 1040, line 67, Form 1040A, line 43, or Form 1040NR, line 64.