

ATS Test Scenario 7
Taxpayer: Jane Ambrosia
SSN: 400-00-1060

Test Scenario 7 includes the following forms:

- **Form W-2**
- **Form 1040EZ**
- **Form 8965**

Additional information:

Taxpayer's Date of Birth = May 19,1983

Form 1040EZ

Income Tax Return for Single and Joint Filers With No Dependents (99)

2017

OMB No. 1545-0074

Personal information section including name, address, and social security numbers.

Income section with lines 1-6 detailing wages, interest, and unemp compensation.

Payments, Credits, and Tax section with lines 7-12 detailing tax withholdings and credits.


Refund section with line 13a and routing/account numbers.

Amount You Owe section with line 14.

Third Party Designee section with fields for name, phone, and PIN.

Sign Here section with declaration and signature fields for taxpayer and spouse.

Paid Preparer Use Only section with fields for preparer name, signature, date, and firm information.

		a Employee's social security number 400-00-1060		OMB No. 1545-0008		Safe, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 00-0000023				1 Wages, tips, other compensation 8,875		2 Federal income tax withheld 652					
c Employer's name, address, and ZIP code Milo Manufacturing 222 Sequoia St Milo, ME 04463				3 Social security wages 8,875		4 Social security tax withheld 550					
				5 Medicare wages and tips 8,875		6 Medicare tax withheld 129					
				7 Social security tips		8 Allocated tips					
d Control number				9 Verification code		10 Dependent care benefits					
e Employee's first name and initial Jane Ambrosia		Last name 511 Sequoia St		Suff. Milo, ME 04463		11 Nonqualified plans		12a See instructions for box 12			
						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 ME	Employer's state ID number 00-0000044	16 State wages, tips, etc. 8,875	17 State income tax	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.

Health Coverage Exemptions

▶ Attach to Form 1040, Form 1040A, or Form 1040EZ.
▶ Go to www.irs.gov/Form8965 for instructions and the latest information.

Name as shown on return
Jane Ambrosia

Your social security number
400-00-1060

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

Part I **Marketplace-Granted Coverage Exemptions for Individuals.** If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I.

	(a) Name of Individual	(b) SSN	(c) Exemption Certificate Number
1			
2			
3			
4			
5			
6			

Part II **Coverage Exemptions Claimed on Your Return for Your Household**

7 If you are claiming a coverage exemption because your household income or gross income is below the filing threshold, check here.

Part III **Coverage Exemptions Claimed on Your Return for Individuals.** If you and/or a member of your tax household are claiming an exemption on your return, complete Part III.

	(a) Name of Individual	(b) SSN	(c) Exemption Type	(d) Full Year	(e) Jan	(f) Feb	(g) Mar	(h) Apr	(i) May	(j) June	(k) July	(l) Aug	(m) Sept	(n) Oct	(o) Nov	(p) Dec
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10																
11																
12																
13																