### September 18, 2019

# 1040 Individual ATS Scenario 18

## Taxpayer: Tom Summer

## TIN: 123-00-8888

#### Forms Included in the Scenario:

- Form 1040
- Form 1040 Schedule 1
- Form 1040 Schedule C
- Form 461
- Form W-2

#### Return Summary:

• Test for Form 461

OtherIncomeTypeStatement (Form 1040 Schedule 1, Part 1, Line 8)

Other Income Literal or Code	Other Income Amt
ELA	484,153

<b>104</b>		artment of the Treasury—Internal Revenue Ser S. Individual Income Ta		201	9 OMB No. 1545	-0074 IRS Use Only	—Do not write	e or staple in this space.	
Filing Status Check only one box.	If you	Single ☐ Married filing jointly ☐ u checked the MFS box, enter the nam ld but not your dependent. ►	Married filing separe		Head of househ DH or QW box, ente		ifying widov the qualifyin		
Your first name	and mi	iddle initial	Last name				Your soci	al security number	
Tom 1 2 3 0 0 8 8 8 8									
If joint retures	pous	first me an iddle i	Last name				Sբ ∵e's	al security number	
Home addr 10065 Victor	(num <sup>ı</sup> St	and reet). I bu h: ox,	instructions.			Apt. no.	Prr .ent	Election Campaign u, or your spouse if filing 3 to go to this fund.	
City, town or p	ost offic	e, state, and ZIP code. If you have a for	reign address, also	complete spac	es below (see instru	ctions).		is to go to this fund.	
Cincinnati Ol	H, 452 <sup>-</sup>	19					tax or refund.	You Spouse	
Foreign countr	y name		Foreign p	rovince/state/c	ounty	Foreign postal code		an four dependents, ctions and ✓ here ►	
Standard Deduction		eone can claim: 🔲 You as a depend Spouse itemizes on a separate return or		pouse as a dep atus alien	pendent	1.1		UT	
Age/Blindness	You:	<u> </u>	_	Spouse:	Was born befor	e January 2, 1955	Is blind		
Dependents (	see ins	structions):	(2) Social secu	rity number	(3) Relationship to you	ı <b>(4) √</b> if	qualifies for (s	ee instructions):	
(1) First name		' ast name				Child tax cr	edit	rodit for other dependents	
	_								
	1	Wages, salaries, tips, etc. Attach Forn	n(s) W-2				. 1		
	2a	Tax-exempt interest	2a		Taxable interest. A	ttach Sch. B if require	ed 2b		
	3a	Qualified dividends	3a	ł	Ordinary dividends.	Attach Sch. B if requir	ed 3b		
Standard Deduction for—	4a	IRA distributions	4a	ł	Taxable amount		. 4b		
Single or Married	с	Pensions and annuities	4c		<b>1</b> Taxable amount		. 4d		
filing separately, \$12,200	5a	Social security benefits	5a	ł	Taxable amount		. 5b		
<ul> <li>Married filing jointly or Qualifying</li> </ul>	6	Capital gain or (loss). Attach Schedule	D if required. If not	required, chec	k here		6		
widow(er),	7a	Other income from Schedule 1, line 9		•			. 7a		
\$24,400 • Head of	b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b>							
household,	8a	Adjustments to income from Schedule	-				. 8a		
<ul><li>\$18,350</li><li>If you checked</li></ul>	b	Subtract line 8a from line 7b. This is y		income .			► 8b		
any box under	9	Standard deduction or itemized ded			9				
Standard Deduction,	10	Qualified business income deduction.							
see instructions.	11a	Add lines 9 and 10					. 11a		
	b	Taxable income. Subtract line 11a fro	om line 8b. If zero o	r less, enter -0-			. 11b	0	
For Disclosure,	Privac	y Act, and Paperwork Reduction Act				Cat. No. 11320B		Form <b>1040</b> (2019)	

Form 1040 (2019	9)							Page <b>2</b>
	12a	Tax (see inst.) Check if any from F	orm(s): <b>1</b> 8814	4 <b>2</b> 4972	3	12a		
	b	Add Schedule 2, line 3, and line	12a and enter the	total			. 🕨 12b	
	13a	Child tax credit or credit for othe	er dependents .			13a		
	b	Add Schedule 3, line 7, and line	13a and enter the	total			. 🕨 13b	
	14	Subtract line 13b from line 12b.	If zero or less, ente	er-0			14	
	15	Other taxes, including self-empl	oyment tax, from S	Schedule 2, line 1	10		15	
	16	Add lines 14 and 15. This is you	r total tax		<u>.</u>		. 🕨 16	
	17	Federal income tax withheld from	17					
If you have a	18	Other payments and refundable						
qualifying child, attach Sch. EIC.	а	Earned income credit (EIC) .				18a		
If you have	b	Additional child tax credit. Attac	h Schedule 8812			18b		
nontaxable combat pay, see	С	American opportunity credit from	n Form 8863, line 8	3		18c		
instructions.	d	Schedule 3, line 14				18d		
	е	Id lines 18a through 18d. Thes	se are y r <b>total o</b> f	ther payments a	and refundable c	lits	· • • _	
			urt 'e	<u>ntr</u>	<u>···</u>	<u> </u>	. 🕨 19	
id	2	ine th line , su	ıt ıct ⇒16 fr	il 10-7 ⇒is	e amount you <b>o</b>	paid	2 _	<u> </u>
		nou, if lin 0 y war efu	rr∋dit ⊃u⊸'a	rn 988 atta	ed, check here		► 🗌 / 1a	
Direct depos See instructi	►b	Routing number 0 2 4	5 6 7 8	9 1	🕨 c Type: 🗹	Checking	avings	
	►d	Account number 1 7 8	5 6 9 8	1 4 2	1 1			
	22	Amount of line 20 you want app	lied to your 2020	estimated tax	🕨	22		
Amount	23	Amount you owe. Subtract line	19 from line 16. Fo	or details on how	v to pay, see instructi	ons	. 🕨 23	
You Owe	24	Estimated tax penalty (see instru				24		
Third Party	Do	you want to allow another person	ı (other than your p	aid preparer) to	discuss this return w	ith the IRS? See ins		Yes. Complete below.
Designee								No
(Other than paid preparer)		signee's me ►		Phone no.		Persona	al identification	
Sign		der penalties of perjury, I declare that I	have examined this r		anving schedules and st		<b>\</b> /	ge and belief they are true
Sign		rect, and complete. Declaration of prep						go and bollor, they are thue,
Here	Yo	ur signature		Date	Your occupation		If the IRS se	ent you an Identity
	Т	om Summer		4-1-2020	Driver		Protection F (see inst.)	PIN, enter it here
Joint return? See instructions.		1 1 1 10 11 1		4-1-2020 Date			, ,	
Keep a copy for	Sp	Spouse's signature. If a joint return, <b>both</b> must sign.			Spouse's occupation	on		ent your spouse an tection PIN, enter it here
your records.							(see inst.)	
	Ph	one no.		Email address				
Deid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN	Check if:
Paid								3rd Party Designee
Preparer	Fir	m's name 🕨			Phone no.			Self-employed
Use Only								•
0 1 1								- 1040 (000)

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

Form **1040** (2019)

	DULE 1	Additional Income and Adjustments to Income		OMB No. 1545-0074
(Form 1	1040 or 1040-SR)			2019
	ent of the Treasury Revenue Service	<ul> <li>Attach to Form 1040 or 1040-SR.</li> <li>Go to www.irs.gov/Form1040 for instructions and the latest information.</li> </ul>		Attachment Sequence No. <b>01</b>
Name(s)	shown on Form 10	40 or 1040-SR	Your soc	ial security number
Tom S	Summer		1	23-00-8888
		019, did you receive, sell, send, exchange, or otherwise acquire any financial interest		
			• •	Yes No
Part		nal Income		
1		s, credits, or offsets of state and local income taxes	1	
2a	Alimony receiv	ed	<b>2</b> a	
b		I divorce or separation agreement (see instructions) ►		
3		me or (loss). Attach Schedule C	3	-765,243
4		(losses). Attach Form 4797	4	
5		ate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income o	or (loss). Attach Schedule F	6	
7	Unemploymen	t compensation	7	
8	Other income.	List type and amount ►		
•			8	479,153
9 Part		1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	
10			10	
11	Certain busine	ss expenses of reservists, performing artists, and fee-basis government officials. Attac	n 11	
12	Health savings	account deduction. Attach Form 8889	12	
13	Moving expen	ses for members of the Armed Forces. Attach Form 3903		
14	0 1	t of self-employment tax. Attach Schedule SE		
15		SEP, SIMPLE, and gualified plans		
16		l health insurance deduction		
17		ly withdrawal of savings		
18a				
b		SN		
с		Il divorce or separation agreement (see instructions) ►	-	
19				
20	Student loan in	nterest deduction	20	
21	Reserved for f	uture use	21	
22		hrough 21. These are your <b>adjustments to income.</b> Enter here and on Form 1040 c		

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

Cat. No. 71479F

Schedule 1 (Form 1040 or 1040-SR) 2019

SCHEDULE C (Form 1040 or 1040-SR)

# Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 20 9 Attachment

► Go to www.irs.gov/ScheduleC for instructions and the latest information. Department of the Treasury

Internal R	evenue Service (99) Attach to F	orm 1	1040, 1040-SR, 1040-NR, oi	r <b>1041;</b>	partnerships generally must file	Form 10	<b>065.</b> Sequence No. <b>09</b>		
Name of	proprietor					Social	security number (SSN)		
Tom Summer							123-00-8888		
A	Principal business or professio	n, incl	uding product or service (se	e instru	uctions)	B Ente	r code from instructions		
Driving							▶ 9 9 9 9 9 9 9		
С	Business name. If no separate business name, leave blank. D Employer ID number (EIN) (see instr.)								
Тахі							1 2 3 4 5 8 8		
E	Business address (including su	lite or	room no.) 🕨 123 Any Stree	≏t					
	City, town or post office, state				9				
F	Accounting method: (1)								
		-			. (1		osses . 🗸 Yes 🗌 No		
G				-	2019? If "No," see instructions for I				
H						• • •	• []		
I					(s) 1099? (see instructions)	• • •			
		requir	red Forms 1099?				<u>Yes</u> No		
Part	Income		<u> </u>						
1					this income was reported to you or	1			
	Form W-2 and the "Statutory e	employ	vee" box on that form was ch	necked		1	20,076		
2	Returns and allowances					2			
3	Subtract line 2 from line 1 .					3			
4	Cost of goods sold (from line 4	2) .				4			
5	Gross profit. Subtract line 4 f	rom lir	ne3			5			
6	Other income, including federa			dit or r		6	1,920		
	, 0		0		· · · · · · · · · · · · · ·	7			
Part			for business use of you						
	Advertising	8		18	Office expense (see instructions)	18	480		
	5	-		19	Pension and profit-sharing plans	19			
9	Car and truck expenses (see	_	780,002			19			
	instructions).	9	780,002	20	Rent or lease (see instructions):				
10	Commissions and fees .	10		а	Vehicles, machinery, and equipment				
11	Contract labor (see instructions)	11		b	Other business property				
12	Depletion	12		21	Repairs and maintenance	21			
13	Depreciation and section 179 expense deduction (not			22	Supplies (not included in Part III)	22	199		
	expense deduction (not included in Part III) (see			23	Taxes and licenses	23			
	instructions).	13		24	Travel and meals:				
14	Employee benefit programs			а	Travel	24a			
	(other than on line 19).	14		b	Deductible meals (see				
	Insurance (other than health)	15		-	instructions)	24b			
16	Interest (see instructions):			25	Utilities	25			
	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)				
	Other	16b		27a	Other expenses (from line 48).	27a	6,558		
	Legal and professional services	17		b	Reserved for future use		0,000		
	- ·	I	husingge use of home Add	-		-			
					3 through 27a	28			
	· · · · · ·								
30	•	•		e exper	nses elsewhere. Attach Form 8829	)			
	unless using the simplified me	•	,	( )					
	Simplified method filers only			(a) you		-			
	and (b) the part of your home u				. Use the Simplified				
	Method Worksheet in the instru-	uction	s to figure the amount to ent	er on li	ine 30	30			
31	Net profit or (loss). Subtract	line 30	from line 29.						
	• If a profit, enter on both So	hedu	e 1 (Form 1040 or 1040-S	R), line	<b>3</b> (or Form 1040-NR, line				
	13) and on Schedule SE, line					31			
	trusts, enter on Form 1041, lin	•	,	, 20	}				
	<ul> <li>If a loss, you must go to line</li> </ul>				J				
32	If you have a loss, check the b		t describes vour investment	in this	activity (see instructions)				
52	-								
	• If you checked 32a, enter		•			30-	✓ All investment is at risk.		
	Form 1040-NR, line 13) and c			cked th	he box on line 1, see the line	32a			
	31 instructions). Estates and tru					320	at risk.		
	<ul> <li>If you checked 32b, you mu</li> </ul>	st atta	ich <b>Form 6198.</b> Your loss ma	ay be li	mited.				

Schedule C (Form 1040 or 1040-SR) 2019

Part	III Cost of Goods Sold (see instructions)	
33	Method(s) used to value closing inventory: <b>a</b> Cost <b>b</b> Lower of cost or market <b>c</b> Other (attach e	explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	. Yes No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35	
36	Purchases less cost of items withdrawn for personal use	
37	Cost of labor. Do not include any amounts paid to yourself	
38	Materials and supplies	
39	Other costs	
40	Add lines 35 through 39	
41	Inventory at end of year	
42 Part	and are not required to file Form 4562 for this business. See the instructions for line	ck expenses on line 9
	file Form 4562.	
43	When did you place your vehicle in service for business purposes? (month, day, year) 🕨 4 / 15 / 20	17
44	Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicl	e for:
а	Business 1,431,197 <b>b</b> Commuting (see instructions) <b>c</b> Other	9,000
45	Was your vehicle available for personal use during off-duty hours?	Ves No
46	Do you (or your spouse) have another vehicle available for personal use?	🗌 Yes 🗹 No
47a	Do you have evidence to support your deduction?	🗸 Yes 🗌 No
b Part	If "Yes," is the evidence written?	✓ Yes
Part	V Other Expenses. List below business expenses not included on lines 6–20 of line St	J.
Exper	nse fees and tax	6,558
48	Total other expenses.         Enter here and on line 27a         48	6,558
	Total other expenses. Enter here and on line 27a	0,000

Schedule C (Form 1040 or 1040-SR) 2019

#### **Limitation on Business Losses**

OMB No. 1545-2283

9

20

Attachment Sequence No. 461

Identifying number

	Attach	to	vour	tax	return.
•	Autuon		your	un	i c tu i ii

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Tom	Summer	123	-00-8888
Par	t I Total Income/Loss Items See instructions if you are filing a tax return other than Form 1040 or 1040-SR.		
1	Enter amount from Form 1040 or 1040-SR, line 1	1	
2	Enter amount from Schedule 1 (Form 1040 or 1040-SR), line 3	2	
3	Enter amount from Form 1040 or 1040-SR, line 6	3	
4	Enter amount from Schedule 1 (Form 1040 or 1040-SR), line 4	4	
5	Enter amount from Schedule 1 (Form 1040 or 1040-SR), line 5	5	
6	Enter amount from Schedule 1 (Form 1040 or 1040-SR), line 6	6	
7	Enter amount from Schedule 1 (Form 1040 or 1040-SR), line 7	7	
8	Enter other income, gain, or losses from a trade or business not reported on lines 1 through 7	8	
9	Combine lines 1 through 8	9	
Par	Adjustment for Amounts Not Attributable to Trade or Business See instructions if you are filing a tax return other than Form 1040 or 1040-SR.		
10	Enter any income or gain reported on lines 1 through 8 that is not attributable to a trade or business .	10	
11	Enter any losses or deductions reported on lines 1 through 8 that are not attributable to a trade or		
	business. See instructions	11	
12	Subtract line 11 from line 10	12	
Part	Limitation on Losses		
13	If line 12 is a negative number, enter it here as a positive number. If line 12 is a positive number, enter it here as a negative number	13	
14	Add lines 9 and 13	14	
15	Enter \$255,000 (or \$510,000 if married filing jointly)	15	
16	Add lines 14 and 15. If less than zero, enter the amount from line 16 as a positive number on Schedule 1 (Form 1040 or 1040-SR), line 8. See instructions if you are filing a tax return other than a Form 1040 or 1040-SR. If zero or greater, do not attach this form to your tax return	16	
For P	rivacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 16654		Form <b>461</b> (2019)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

	a Employee's social security number 123-00-8888	OMB No. 1545		Safe, accurate, FAST! Use		e IRS website at s.gov/efile
<b>b</b> Employer identification number (	(EIN)			ges, tips, other compensation	2 Federal income	tax withheld
00-1234588			31,0	090	3,124	
c Employer's name, address, and	ZIP code			cial security wages	4 Social security ta	ax withheld
Home Town Hotdog	vs Inc			5,150	2,055	
	, <b>-</b>		5 Me	dicare wages and tips	6 Medicare tax wit	hheld
122 D				,150	481	
123 Business			7 Soc	cial security tips	8 Allocated tips	
Anytown, OH 45219						
d Control number			9		10 Dependent care	benefits
e Employee's first name and initial	Last name	Suff.	11 No	nqualified plans	12a See instructions	s for box 12
Tom Summer					<sup>a</sup> DD 8,19	4
			13 Statu emp	loyee plan sick pay	12b	
10065 Victor St				X	o d e	
100000 110001 00			14 Oth	er	12c	
Cincinnati OH 45219	9				o d e	
					<b>12d</b>	
					o d e	
f Employee's address and ZIP cod						1
15 State Employer's state ID num	0,1,		ne tax	<b>18</b> Local wages, tips, etc.		20 Locality name
OH 123456	31,090	1,442		34,327	755	Cincy
W_2 Wage an	d Tax	י ר ח נ	1	Department of	of the Treasury-Internal	Revenue Service
Form <b>VV</b> - <b>Z</b> Statemen	ητ 🛛		J			

Copy B—To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.