

**ATS Test Scenario 1
Taxpayer: Robert Garcia
SSN: 400-00-1048**

Test Scenario 1 includes the following forms:

- **Form 1040-SR**
- **Form W-2**
- **Form 9000**
- **Schedule EIC**

Taxpayer's Date of Birth is January 17, 1954.

Dependent Date of Birth is July 20, 2020.

Spouse Name is Marcia Garcia.

Assume the dependent is not eligible for the Child Dependent Care Credit or the Other Dependent Credit.

Filing Status 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 ▶ **Marcia Garcia**

Your first name and middle initial: **Robert** Last name: **Garcia** Your social security number: **400 00 1048**

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. **1000 New York Way** Apt. no.:
 City, town, or post office. If you have a foreign address, also complete spaces below. **Dallas** State: **TX** ZIP code: **75043**
 Foreign country name: Foreign province/state/county: Foreign postal code:
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. You Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes 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, 1957 Are blind
Spouse: Was born before January 2, 1957 Is blind

Dependents (see instructions):	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
					Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here <input type="checkbox"/>	Robert	Garcia, Jr.	400 00 1061	SON	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1
2a Tax-exempt interest	2a
2b Taxable interest	2b
3a Qualified dividends	3a
3b Ordinary dividends	3b
4a IRA distributions	4a
4b Taxable amount	4b
5a Pensions and annuities	5a
5b Taxable amount	5b
6a Social security benefits	6a
6b Taxable amount	6b
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here	7
8 Other income from Schedule 1, line 10	8
9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9
10 Adjustments to income from Schedule 1, line 26	10
11 Subtract line 10 from line 9. This is your adjusted gross income	11

Attach Schedule B if required.

Standard Deduction

See *Standard Deduction Chart* on the last page of this form.

12a	Standard deduction or itemized deductions (from Schedule A)	12a		
b	Charitable contributions if you take the standard deduction (see instructions)	12b		
c	Add lines 12a and 12b			12c
13	Qualified business income deduction from Form 8995 or Form 8995-A			13
14	Add lines 12c and 13			14
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-			15
16	Tax (see instructions). Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>			16
17	Amount from Schedule 2, line 3			17
18	Add lines 16 and 17			18
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812			19
20	Amount from Schedule 3, line 8			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 21			23
24	Add lines 22 and 23. This is your total tax ▶			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	2021 estimated tax payments and amount applied from 2020 return			26
27a	Earned income credit (EIC) Check here if you had not reached the age of 19 by December 31, 2021, and satisfy all other requirements for claiming the EIC. See instructions ▶ <input type="checkbox"/>	27a		
b	Nontaxable combat pay election	27b		
c	Prior year (2019) earned income	27c		
28	Refundable child tax credit or additional child tax credit from 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 15	31		
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits ▶			32
33	Add lines 25d, 26, and 32. These are your total payments ▶			33

If you have a qualifying child, attach Sch. EIC.

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

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

Direct deposit? **b** Routing number _____ **c** Type: Checking Savings
See instructions. **d** Account number _____

36 Amount of line 34 you want **applied to your 2022 estimated tax** **36**

Amount You Owe 37 **Amount you owe.** Subtract line 33 from line 24. For details on how to pay, see instructions **37**

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.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
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. Firm's EIN ▶

		a Employee's social security number 400-00-1048		OMB No. 1545-0008		Safe, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 00-0000024				1 Wages, tips, other compensation 6,745		2 Federal income tax withheld 482					
c Employer's name, address, and ZIP code Taco Bell 2555 Ostler Street Dallas, Texas 75001				3 Social security wages 6,745		4 Social security tax withheld 418					
				5 Medicare wages and tips 6,745		6 Medicare tax withheld 98					
				7 Social security tips		8 Allocated tips					
d Control number				9		10 Dependent care benefits					
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans		12a See instructions for box 12 C o d e			
Robert Garcia 1000 New York Way Dallas, Texas 75043						13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b C o d e			
						14 Other		12c C o d e			
								12d C o d e			
f Employee's address and ZIP code											
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

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

2021

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.

Alternative Media Preference

► Go to www.irs.gov/Form9000 for the latest information.

Name of taxpayer electing to receive written communications in alternative media Robert Garcia		Social security number 400-00-1048
Fill in Your Address Only if You Are Filing This Form by Itself and Not With Your Tax Return	Current address (number and street). If you have a P.O. box, see instructions.	Apt. number
	City or town, state or province, country, and ZIP code. If a foreign address, also complete the spaces below.	
	Foreign country name	Foreign province/state/county

1 I elect to receive written communications from the IRS in the following accessible format. Check only one. Forms with more than one box checked will not be processed.

- 00 Standard Print (Cancels prior election)
- 01 Large Print
- 02 Braille
- 03 Audio (MP3)
- 04 Plain Text File (TXT)
- 05 Braille Ready File (BRF)

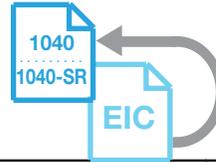
Note: You will also receive a standard print copy.

Sign Here Only if You Are Filing This Form by Itself and Not With Your Tax Return	Your signature	Date
--	----------------	------

SCHEDULE EIC
(Form 1040)

Earned Income Credit

Qualifying Child Information



OMB No. 1545-0074

2021

Attachment
Sequence No. **43**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

Robert Garcia

Your social security number

400-00-1048

If you are separated from your spouse, filing a separate return and meet the requirements to claim the EIC (see instructions), check here

Before you begin:

- See the instructions for Form 1040, lines 27a, 27b, and 27c, 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 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.	Robert	Garcia ,Jr.				
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040, lines 27a, 27b, and 27c, unless the child was born and died in 2021. If your child was born and died in 2021 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.	400-00-1061					
3 Child's year of birth	Year <u>2 0 2 0</u>		Year _____		Year _____	
	<i>If born after 2002 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 2002 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 2002 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 2021, 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 2021?	<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.)	son					
6 Number of months child lived with you in the United States during 2021 • If the child lived with you for more than half of 2021 but less than 7 months, enter "7." • If the child was born or died in 2021 and your home was the child's home for more than half the time he or she was alive during 2021, enter "12."	<u>12</u> months <i>Do not enter more than 12 months.</i>		_____ months <i>Do not enter more than 12 months.</i>		_____ months <i>Do not enter more than 12 months.</i>	