TEST For Use in Preparing Tax Year 2004 Returns

STUDENT TESTING MATERIALS

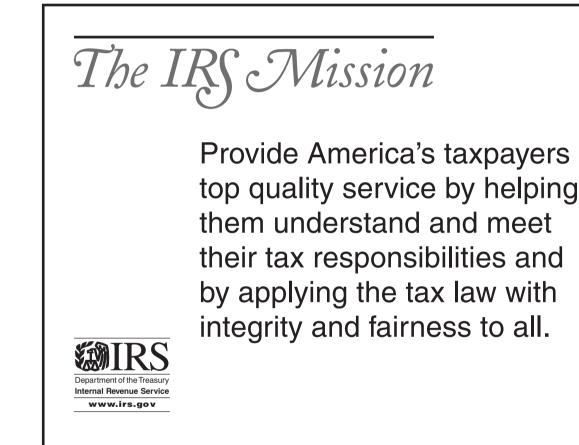


FOR USE IN IRS VOLUNTEER PROGRAMS • Volunteer Income Tax Assistance (VITA) • Tax Counseling for the Elderly (TCE)

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Confidentiality Statement:

All tax information you receive from taxpayers in your VOLUNTEER capacity is strictly confidential and should not, under any circumstances, be disclosed to unauthorized individuals.

Introduction to the Volunteer Assistor's Test

This test is an open-book test. You may use your course book or any other reference materials you will use as a volunteer. Please complete the test on your own. Taking the test in groups or with outside assistance could prove to be a disservice to the people you have volunteered to help.

The test is divided into four parts as outlined below.

You must pass the **Basic** and **Wage Earner** sections to be certified to prepare wage earner type returns such as Forms 1040EZ, 1040A and simple Form 1040.

You must pass the **Basic** and **Pension Earner** sections to be certified to prepare pension type returns and the more complex Form 1040.

You must pass the **Basic**, **Wage Earner** and **Pension Earner** sections to be certified to prepare all returns authorized under the VITA/TCE Program.

You must pass the **Basic**, **Wage Earner** and **Military** sections to be certified to prepare returns for members of the armed forces.

Part A—Basic	Covers the general tax laws which apply
	to all taxpayers. This section is based on
	lessons 1–7 of your course book.

Part B—Wage Earner	Covers credits and questions for the typical
	wage earner. This section is based on
	lessons 8–11 of your course book.

Part C—Pension Earner	Covers credits and questions for the typical
	pension earner. This section is based on
	lessons 12–14 of your course book.

Part D—Military Returns Covers the unique questions for the typical member of the armed forces. This section is based on the military segment contained in the military course book.

What to do when you complete your test:

After you have completed your test, please transfer all answers to the tear-out Test Answer Sheet located on the next page. Forward the completed Test Answer Sheet and the completed Volunteer Agreement/Certification Sheet to your sponsor or instructor as directed for grading. **Do not send your entire test booklet unless otherwise directed.**

You will receive your answer sheet back with your results. If you need to retake any part of the test, you will be provided the retest booklet.

You need to answer 70% of the questions correctly. If you fail any part(s), you need only take and pass the retest on the part(s) of the test you failed in order to become certified to prepare the returns as noted on the previous page.

Using Tax Software to take the Test

All social security numbers, employer identification numbers and routing/account numbers in this document are depicted as xxx-xx-xxxx, xx-xxxxx or xxxxxxx accordingly. Volunteers using tax preparation software to complete the test should replace the x's as directed by the software. All taxpayer names and street addresses use names from a listing of colleges/ universities as provided by IRS manuals. Use your city, state, and zip code when completing any of the forms.

Volunteers who use tax preparation software to complete the test or retest need to be aware of their version of software. Only the final 2004 version of software will generate the correct answers for 2004 tax returns.

Test Answer Sheet

Instructions: Record all of your answers on this sheet in the boxes provided below. Your instructor will tell you where you should send this sheet for grading. The grader will return this sheet to you. Be sure to include your completed Volunteer Agreement (see next page) with this sheet. Name: _____

Address: _____

(This information is needed to return your results promptly.)

Part A — Basic (Requires 14 correct answers to pass)

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20

Part B — Wage Earner (Requires 14 correct answers to pass)

1		2		Б	6	7	Q	0	10
1'	2	5	4	5	0	'	0	3	10
11	12	13	14	15	16	17	18	19	20

Part C — Pension Earner (Requires 14 correct answers to pass)

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20

Part D — Military (Requires 28 correct answers to pass)

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40

Scoring and Certification – To be completed by the grader.

	Part A Basic	Part B Wage Earner	Part C Pension Earner	Part D Military
Number of correct answers				
Pass (yes/no)				
Certified (yes/no)				

You may take the retest for the part(s) you failed. Please ask your instructor for additional information.

Form **13615A** (September-2004)

Department of the Treasury – Internal Revenue Service

Volunteer Agreement

(Standards of Conduct – Volunteer Return Preparation Program)

The mission of the Volunteer Return Preparation Program is to provide free basic tax return preparation for eligible taxpayers. Volunteers are the program's most valuable resource. To establish the greatest degree of public trust Volunteers have a responsibility to provide high quality service and uphold the highest of ethical standards.

Participants in the Volunteer Return Preparation Program commit to the following standards of conduct:

- I will treat all taxpayers professionally, with courtesy and respect
- I will safeguard the confidentiality of taxpayer information
- I will apply the tax laws equitably and accurately to the best of my ability
- I will only prepare returns within the scope of my training and experience
- I will exercise reasonable care in the use and protection of equipment and supplies
- I will not solicit business from taxpayers I assist
- I will not accept payment for the services I provide

Volunteer Name (print)	Volunteer Signature and Date
Home Street Address	Daytime Telephone Number
City, State and Zip Code	E-mail Address
Sponsoring Organization Name	

Certification (IRS or Sponsor Use Only)

	Part A Basic	Part B Wage Earner	Part C Pension Earner	Part D Military
Number of Correct Answers				
Pass (yes/no)				
Certified (yes/no)				

Certified by:

Date:

Privacy Act Notice

The Privacy Act of 1974 requires that when we ask for information we tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it, and whether your response is voluntary, required to obtain a benefit, or mandatory.

Our legal right to ask for information is 5 U.S.C. 301.

We are asking for this information to assist us in contacting you relative to your interest and/or participation in the IRS volunteer income tax preparation and outreach programs. The information you provide may be furnished to others who coordinate activities and staffing at volunteer return preparation sites or outreach activities. The information may also be used to establish effective controls, send correspondence and recognize volunteers.

Your response is voluntary. However, if you do not provide the requested information, the IRS may not be able to use your assistance in these programs.

Part A – Basic

For questions A-1 through A-13, determine whether each of the following statements is true or false (select a or b) and record your answers on the answer sheet located in the front of the test booklet.

- a. True
- b. False
- A-1 Wages reported on Form W-2 and unemployment compensation reported on Form 1099-G are considered taxable income.
- A-2 Tom is single, a full time student and 21 years old. He is claimed as a dependent by his parents. He earned \$3,500, and had \$209 withheld on his Form W-2. He had \$988 of dividends reported on Form 1099-DIV. Tom must file a federal income tax return.
- A-3 Robert is single, 67 years of age, and blind. His standard deduction is \$7,250.
- A-4 Henry and Louise are married, did not live together during 2004, and will file Married Filing Separately. Henry had Social Security benefits of \$13,000 and other income of \$10,000. Louise had Social Security benefits of \$12,000 and a Form W-2 reporting wages of \$10,000. Both are required to file a federal income tax return.
- A-5 David and Tracy have lived apart since April 11, 2004 and legally separated on July 21, 2004. Their son, Tom, lives with Tracy who maintains a home for the two of them. Tom is 22 years old, single, and a full time student. All are U.S. citizens. Tracy should file Married Filing Separately.
- A-6 William's wife passed away in November, 2003. He has one child, Eric, who he can claim as a dependent. William kept up a home for himself and Eric for all of 2004. William filed a joint return in 2003, and remains unmarried. He should file as Single on his 2004 federal income tax return.
- A-7 The 1040 series of forms provide a space to designate a "Third Party Designee." Because you prepared the tax return, the taxpayer asks you to be listed as the designee. You may agree to this request.
- A-8 An employer determines the amount of federal income tax to withhold based on information submitted by the employee on a Form W-4.
- A-9 Adjusted gross income is the total income minus adjustments to income.
- A-10 Contributions to traditional IRAs may be deductible as adjustments to income on Form 1040 or Form 1040A.

- A-11 The following five tests must all be met to claim an exemption for a dependent: Member of Household or Relationship Test; Citizen or Resident Test; Joint Return Test; Gross Income Test; and Support Test.
- A-12 Louise is single and turned 65 on January 1, 2005. She earned \$8,150 during 2004. Louise must file a federal tax return for 2004.
- A-13 Katherine will file as Head of Household and has adjusted gross income of \$34,525. She has the following expenses: medical expenses of \$4,500; state and local income taxes of \$3,000; home mortgage interest of \$5,300; and cash donations to her church of \$500. She should take the standard deduction.

For questions A-14 through A-20, select the most correct response and record your answers on the answer sheet located in the front of the test booklet.

- A-14 Which of the following is taxable income?
 - a. Child support
 - b. Veterans' disability benefits
 - c. Federal income tax refunds
 - d. Wages, salaries, bonuses, and commissions
 - e. Workers' compensation
- A-15 Which of the following statements is the best answer regarding contributions to traditional IRAs?
 - a. The maximum amount taxpayers under the age of 50 may contribute to an IRA is \$3,000.
 - b. For married filing joint returns, the maximum IRA contribution can not exceed \$7,000 when both taxpayers are age 50 or older.
 - c. The deadline for contributing into an IRA for the year 2004 is April 15, 2005.
 - d. All of the above
 - e. None of the above
- A-16 Which of the following is not a deductible expense on Schedule A?
 - a. Prescription medicines and drugs
 - b. Real estate taxes
 - c. Home mortgage interest
 - d. Direct contributions to an individual
 - e. Union dues and fees

- A-17 John's taxable income is \$18,000. His filing status is single. Using the tax tables, what is John's federal income tax?
 - a. 0
 - b. \$2,331
 - c. \$2,339
 - d. \$2,346
 - e. \$2,354
- A-18 Where does the Site Identification Number appear on the tax return?
 - a. Beside the signature block
 - b. Third party designee block
 - c. Paid preparer's section
 - d. Adjusted gross income block
 - e. None of the above
- A-19 Sarah wants her refund deposited in her checking account. What information is needed?
 - a. Routing number
 - b. Account number
 - c. Name of bank
 - d. Both a and b
 - e. None of the above
- A-20 To ensure the most accurate information is used to prepare tax returns, which of the following questions should you ask a taxpayer?
 - a. Are you married or single?
 - b. Do you have children or anyone else who lives with you?
 - c. If others live with you, do you provide over half the cost of keeping up the home or do you provide more than 50% of their overall support?
 - d. Are any of the children full time students?
 - e. All of the above

PART B – Wage Earner

For questions B-1 through B-10, select the most correct response and record your answers on the answer sheet located in the front of the test booklet.

- B-1 Which of the following is not considered earned income for Earned Income Credit purposes?
 - a. Wages from Form W-2
 - b. Strike benefits paid by the taxpayer's union
 - c. Alimony
 - d. Disability paid by an employer prior to minimum retirement age
 - e. Form 1099 MISC non-employee compensation
- B-2 Tom and Brenda are John's parents and claim him as a dependent on their joint return. John's grandmother Mary made the payment for his tuition and fees directly to a qualified college. John is a full-time student in his junior year and received no scholarship or grant. Who has the right to claim the education credit?
 - a. John
 - b. Tom and Brenda
 - c. Mary
 - d. Tom, Brenda, and John
 - e. John and Mary
- B-3 In the above scenario can the Hope Scholarship Credit be claimed if all other rules are met?
 - a. Yes
 - b. No
- B-4 Bethany and Tim are divorced. Their daughter, Lynette, is 12 and has lived with Bethany for 2 years. Bethany and Tim's divorce decree gives Tim the right to claim Lynette as a dependent. Who can claim Lynette for Earned Income Credit?
 - a. Bethany
 - b. Tim
 - c. Both Bethany and Tim
 - d. Neither Bethany nor Tim
 - e. Lynette

- B-5 Mary and her two children, both under 19 years of age, lived with her boyfriend, Derrick for all of 2004. The children are not Derrick's children, but he provides support for them. Mary did not earn any income in 2004, but Derrick made \$20,000 at his job. Can Derrick claim the children for EIC?
 - a. Yes
 - b. No
- B-6 Jessica is a 23 year-old single mother with a two-year-old child. They lived together in their Boston apartment for all of 2004. Jessica made \$15,000 at her job and had no other income. Does she qualify for EIC?
 - a. Yes
 - b. No
- B-7 Martino has three children, all under the age of 19. Martino and the children all lived with his mother, Charlotta, during 2004. Martino and Charlotta both have earned income under \$23,000. Who can claim the children for EIC?
 - a. Martino
 - b. Charlotta
 - c. Martino and Charlotta may agree to each claim different children
 - d. Any of the above
 - e. Neither Martino nor Charlotta
- B-8 Which is not an eligibility requirement for claiming the EIC with a qualifying child?
 - a. Age of the child
 - b. Claiming the child as a dependent
 - c. Relationship to the child
 - d. Taxpayer having earned income
 - e. Child must live with taxpayer in United States
- B-9 What is the maximum per child amount for Child Tax Credit?
 - a. \$400
 - b. \$600
 - c. \$1,000
 - d. \$1,200
 - e. \$1,500

- B-10 Ellen is divorced. She lives with her two daughters, 7-year-old Terri and 16-year-old Jennie. Which of the following is a qualifying expense for the Child and Dependent Care Credit?
 - a. Sending Terri to a private elementary school
 - b. Sending Terri to an overnight summer camp
 - c. Paying Jennie to care for Terri
 - d. Paying for after school care at the Learning Center Day Care for Terri
 - e. Paying for after school care at the Learning Center Day Care for Jennie

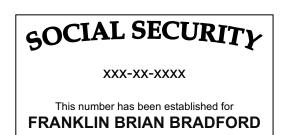
For questions B-11 through B-13, use the following scenario to complete a Form 1040 through line 62 and complete a Form 8863. Do not calculate a tuition and fees deduction on Form 1040, line 27. Select the most correct response and record your answers on the answer sheet located in the front of the test booklet.

Brenda Bradford is a single mother with a son, Franklin, who is a full time student at the local university. He lives at home and is in his second year of college. The university classifies him as a sophomore.

You ask if Franklin had income to contribute to his support. Brenda tells you he did not.



This number has been established for **BRENDA ELLEN BRADFORD**



Date of Birth:

Brenda, November 14, 1960

Franklin, January 19, 1982

You ask Brenda if she wants to contribute to the Presidential Election Campaign Fund, and she says no.

When asked, Brenda states she is a custodian at Hamilton High School and has no other income.

a Control number 121223	OMB No. 1545-0008	Safe, accurate, FAST! Use	Visit the IRS website at www.irs.gov.
b Employer identification number	I	1 Wages, tips, other compensation 23,087.76	2 Federal income tax withheld 1,048.22
c Employer's name, address, and ZIP code	3	3 Social security wages 23,087.76	4 Social security tax withheld 1,431.00
Hamilton High School 200 Third Street		5 Medicare wages and tips 23,087.76	6 Medicare tax withheld 335.00
Your City, State Zip		7 Social security tips	8 Allocated tips
d Employee's social security number		9 Advance EIC payment	10 Dependent care benefits
Brenda Bradford	.ast name	11 Nonqualified plans 13 Statutory employee Retirement plan Third-party sick pay	12a See instructions for box 12 C I
224 W 83rd Street Your City, State Zip		14 Other	12c
f Employee's address and ZIP code			
15 State Employer's state ID number XX XX-XXXXXXX	16 State wages, tips, etc. 17 State inco 23,087.76 23	me tax 18 Local wages, tips, etc. 1 31.00	19 Local income tax 20 Locality name
Torm W-2 Wage and Tax Statement Copy B—To Be Filed With Employee's	5 FEDERAL Tax Return.	Department of	the Treasury—Internal Revenue Service
his information is being furnished to th	e Internal Revenue Service.		

Brenda also gives you a statement she received from the University of Hartford and asks you what she should do with it.

FILER'S name, street address, city, s University of Hartf 289 Fourth Street Your City, State, a		_			DMB No. 1545-1574		Tuition Statement
FILER'S Federal identification no.	STUDENT'S social security number	3 \$	Adjustments made for a prior year	4	Scholarships or gra	nts	Copy B For Student
STUDENT'S name Franklin Bradford		5 \$	Adjustments to scholarships or grants for a prior year				This is important
Street address (including apt. no.) 224 W. 83rd St. City, state, and ZIP code Your City, State, a	nd Zip Code	6	Check this box if the amount in box 1 or 2 includes amounts for an academic period beginning January- March 2005 ►	7	 Reimbursements or of qualified tuition a related expenses fro insurance contract 	nd	tax information and is being furnished to the Internal Revenue Service.
Service Provider/Acct. No. (opt.)		8	Check if at least half-time student	9	Check if a graduate student		
Form 1098-T	(keep for your records)				Department of the Tr	easury -	Internal Revenue Service

\sim	For	the year Jan. 1-Dec. 31, 2004, or other tax year beginning , 2004, ending , 20	OMB No. 1545-0074
Label	-	Ir first name and initial Last name	Your social security number
See L			
nstructions B on page 19.)	lf a	joint return, spouse's first name and initial Last name	Spouse's social security numb
Use the IRS Habel. H Otherwise, E	Ho	me address (number and street). If you have a P.O. box, see page 19. Apt. no.	Important!
please print R pr type. E	City	, town or post office, state, and ZIP code. If you have a foreign address, see page 19.	You must enter your SSN(s) above.
Presidential			
Election Campaign		Note. Checking "Yes" will not change your tax or reduce your refund.	
See page 19.)	<u> </u>	Do you, or your spouse if filing a joint return, want \$3 to go to this fund?	
Filing Status	1 2	Married filing jointly (even if only one had income) the qualifying person is a	qualifying person). (See page 20.) child but not your dependent, ent
Check only one box.	3	_ Married filing separately. Enter spouse's SSN above and full name here. ► 5 Qualifying widow(er) with	dependent child (see page 20
JIE DOX.	6a	Yourself. If someone can claim you as a dependent, do not check box 6a) Boxes checked
Exemptions	b	Spouse	· · · · · on 6a and 6b · · · · No. of children
•	c	Dependents: (4) v if qua	
		(1) First name Last name child for c	
			you due to divorce or separation
f more than four dependents, see			(see page 21)
page 21.			Dependents on 6c not entered above
Ū			Add numbers on
	d	Total number of exemptions claimed	lines above ►
Incomo	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7
Income	8a	Taxable interest. Attach Schedule B if required .	8a
Attach	b	Tax-exempt interest. Do not include on line 8a 8b	
Forms W-2 and W-2G here.	9a	Ordinary dividends. Attach Schedule B if required	9a
Also attach	b	Qualified dividends (see page 23)	
Form(s) 1099-R	10	Taxable refunds, credits, or offsets of state and local income taxes (see page 23)	10
if tax was withheld.	11	Alimony received	11
	12	Business income or (loss). Attach Schedule C or C-EZ	13
If you did not	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ►	14
lf you did not get a W-2,	14	Other gains or (losses). Attach Form 4797	15b
see page 22.	15a		16b
Enclose, but do	16a 17	Pensions and annuities b Taxable amount (see page 25) Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17
not attach, any	18	Farm income or (loss). Attach Schedule F	18
payment. Álso,	19		19
olease use Form 1040-V.	20a	Unemployment compensation	20b
	21	Other income. List type and amount (see page 27)	21
	22	Add the amounts in the far right column for lines 7 through 21. This is your total income	22
	23	Deduction for clean-fuel vehicles (see page 29) 23	
Adjusted	24	Certain business expenses of reservists, performing artists, and	
Gross		fee-basis government officials. Attach Form 2106 or 2106-EZ 24	
Income	25	IRA deduction (see page 29)	
	26	Student loan interest deduction (see page 31) 26	
	27	Tuition and fees deduction (see page 32)	
	28	Health savings account deduction. Attach Form 8889 . 28	
	29	Moving expenses. Attach Form 3903	
	30	One-half of self-employment tax. Attach Schedule SE . 30	
	31	Self-employed health insurance deduction (see page 33) 31 32	
	32	Self-employed SEP, SIMPLE, and qualified plans	
	33	Penalty on early withdrawal of savings	
	34a 35	Alimony paid b Recipient's SSN ▶ : <th:< th=""> : <th:< th=""> : <th:< th=""> :</th:<></th:<></th:<>	35
	35 36	Subtract line 35 from line 22. This is your adjusted gross income	36

Form 1040 (2004)			Page 2
T	37	Amount from line 36 (adjusted gross income)	37
Tax and Credits	38a	Check [You were born before January 2, 1940, Blind.] Total boxes	
		if: Spouse was born before January 2, 1940, □ Blind. checked > 38a	
Standard Deduction	b	If you are married filing separately and your spouse itemizes deductions, or	
for—		you were a dual-status alien, see page 34 and check here	
People who	ຼັ 39	Itemized deductions (from Schedule A) or your standard deduction (see left margin) .	39
checked any box on line	40	Subtract line 39 from line 37	40
38a or 38b or who can be	41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on	
claimed as a		line 6d. If line 37 is over \$107,025, see the worksheet on page 35	41
dependent, see page 34.	42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	42 43
 All others: 	43	Tax (see page 36). Check if any tax is from: a Form(s) 8814 b Form 4972	44
Single or	44 45	Alternative minimum tax (see page 38). Attach Form 6251.	45
Married filing separately,	46	Credit for child and dependent care expenses. Attach Form 2441	
\$4,850	47	Credit for the elderly or the disabled. Attach Schedule R	
Married filing jointly or	48	Education credits. Attach Form 8863	
Qualifying	49	Credits from: a Form 8396 b Form 8859	
widow(er), \$9,700	50	Foreign tax credit. Attach Form 1116 if required 50	
Head of	51	Child tax credit (see page 40)	
household,	52	Retirement savings contributions credit. Attach Form 8880	
\$7,150	53	Adoption credit. Attach Form 8839	
	54	Other credits. Check applicable box(es): a Form 3800	
		b Form 8801 c Specify	
	55 56	Add lines 46 through 54. These are your total credits	55 56
			57
Other	57 58	Self-employment tax. Attach Schedule SE	58
Taxes	59	Additional tax on IRAs, other gualified retirement plans, etc. Attach Form 5329 if required .	59
	60	Advance earned income credit payments from Form(s) W-2	60
	61	Household employment taxes. Attach Schedule H	61
	62	Add lines 56 through 61. This is your total tax	62
Payments	63	Federal income tax withheld from Forms W-2 and 1099 63	
	64	2004 estimated tax payments and amount applied from 2003 return . 64	
If you have a qualifying	65		
child, attach	66 67		
Schedule EIC.	67 68	Additional child tax credit. Attach Form 8812	
	69	Other payments from: a Form 2439 b Form 4136 c Form 8885 69	
	70	Add lines 63 through 69. These are your total payments	70
Refund	71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid	71
Direct deposit?	72a	Amount of line 71 you want refunded to you	72a
See page 56	▶ b	Routing number	
and fill in 72b, 72c, and 72d.	► d	Account number	
	73	Amount of line 71 you want applied to your 2005 estimated tax 73 73	74
Amount You Owe	74 75	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 57 Festimated tax penalty (see page 58)	
			Complete the following.
Third Party		signee's Phone Personal identifi	
Designee	nar		
Sign	Uno	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, an ef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of w	d to the best of my knowledge and
Here		ir signature Date Your occupation	Daytime phone number
Joint return? See page 20.	100		
See page 20. Keep a copy		puse's signature. If a joint return, both must sign. Date Spouse's occupation	
for your records.	Spo	Success signature. In a joint return, wour must sign. Date Succupation	
-	D	Date Date	Preparer's SSN or PTIN
Paid		parer's hature Check if self-employed	, .
Preparer's		n's name (or EIN	
Use Only	you add	rrs if self-employed), rrss, and ZIP code Phone no.	()
			Form 1040 (2004)

8863		Education Cr I Lifetime Lea	arning Credit	s)		OMB No. 1545-	1618	
epartment of the Treasury ernal Revenue Service	Treasury to the total and the							
ame(s) shown on return					Your s	Sequence No.		
aution: You cannot take	both an education cred	lit and the tuition a	nd fees deduction	(Form 1040	line 27	7 or Form 1(<u>1404</u>	
ne 19) for the same stude				(1011111040,	11116 21	, 01 1 01111 10	<i>,</i> 407,	
Part I Hope Credit.	Caution: You cannot to	ake the Hope cred	it for more than 2	tax years for	the sa	ame student		
1 (a) Student's name		(c) Qualified						
(as shown on page	1 social security	expenses (see	(d) Enter the smaller of the	(e) Subti	act	(f) Enter on	e-hali	
of your tax return)	number (as	instructions). Do not enter more	amount in	column (d)	from	of the amou	unt in	
First name	shown on page 1 of your tax return)	than \$2,000 for	column (c) or \$1,000	column	(c)	column	(e)	
Last name		each student.	ψ1,000					
2 Add the amounts in	columns (d) and (f)	2						
3 Tentative Hope cred	lit. Add the amounts o	on line 2, columns	(d) and (f). If you	are taking				
	credit for another stu	dent, go to Part II	; otherwise, go to	Part III 🕨	3			
art II Lifetime Lear						() 0 "		
l .		name (as shown on your tax return)		tudent's social s ber (as shown o		(c) Qualif expenses		
Caution: You	First name	Last name		1 of your tax retu		instructio		
cannot take the Hope credit and			10					
the lifetime learning			<u> </u>					
credit for the same								
student in the same year.		C						
5 Add the amounts of	n line 4, column (c), ar	nd enter the total			5			
6 Enter the smaller o	f line 5 or \$10,000				6			
	arning credit. Multiply ucation Credits	line 6 by 20% (.20) and go to Part	III P	7			
	credits. Add lines 3 a	nd 7			8			
	narried filing jointly; \$		ead of					
	ying widow(er)		9		_			
	m Form 1040, line 37*,				-			
	n line 9. If zero or less ts.				_			
2 Enter: \$20,000 if m household, or quality	arried filing jointly; \$1 ying widow(er)	0,000 if single, h						
	or more than line 12 11 is less than line 12							
	to at least three place				13	× .		
	e 13				14		_	
	om Form 1040, line 43 ed on Form 1040A, lir				15			
	ny, of your credits fro 040A, lines 29 and 30		16					
7 Enter the amount fr	om Form 6251, line 3 ⁻	1	17					
B Add lines 16 and 17	,		· · · · · · ·		18 19			
	line 15. If zero or les Enter the smaller of				19			
line 48, or Form 104	10A, line 31			🕨	20			
	nount to enter if you are fili							

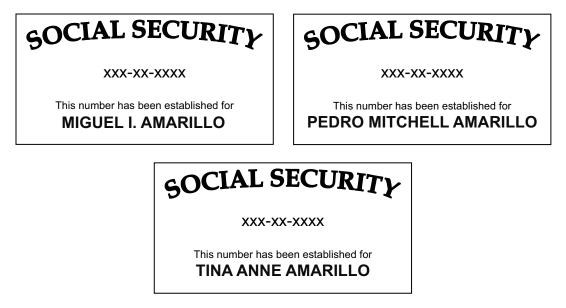
- B-11 What is the amount of tentative education credits (Form 8863, line 8)?
 - a. \$340
 - b. \$640
 - c. \$988
 - d. \$1,349
 - e. \$1,500

B-12 What is amount of total tax (Form 1040, line 62)?

- a. 0
- b. \$333
- c. \$633
- d. \$803
- e. \$973
- B-13 Does Franklin qualify Brenda for the EIC?
 - a. Yes
 - b. No

For questions B-14 through B-19, use the following scenario to complete a Form 1040 and appropriate worksheets, forms and schedules. Select the most correct response and record your answers on the answer sheet located in the front of the test booklet.

Miguel is a single parent. He provides all the support for his children, Pedro and Tina, who live with him.



Dates of Birth:

Miguel, May 4, 1960

Pedro, April 6, 1998

Tina, May 17, 2000

Miguel says he is a journalist. His states that his current address is the same as the one on his check and would like his refund directly deposited in the bank.

He gives you all the information documents he's received. He says that he has no other income. After looking at his documents, you ask him if his EIC was disallowed or reduced in the past two years and he tells you it was not.

After being asked, he also states he did not receive any distributions from his retirement plan.

Miguel tells you he does not want to contribute to the Presidential Election Campaign.

During the interview, you determine he does not qualify for any adjustments to his total income. You also review his expenses and determine he cannot itemize and therefore will take the standard deduction.

Miguel states he did not forfeit any of his dependent care benefits.

a Control number 123455		OMB No. 1	545-0008	Safe, FAST!	accurate, Use	€≁fi	Ð	Visit the IRS at www.irs.		
b Employer identification number	1 W	ages, tips, other co 21 ,	mpensation 084.66	2 F	ederal income	tax withheld 1,248.22				
c Employer's name, address, and	ZIP code			3 So	ocial security wag 21,	^{jes} 609.66	4 \$	Social security 1	tax withheld 1,340.00	
Madison Magazine 200 E Third				5 M	edicare wages ar 21,	nd tips 609.66	6 1	Medicare tax wi	ithheld 313.00	
Your City, State Zi	P			7 So	ocial security tips		8 /	Allocated tips		
d Employee's social security numb	er			9 Ad	dvance EIC paym	^{ent} 710.00	10 Dependent care benefits 1,000.00			
e Employee's first name and initial Miguel Amarillo		11 Nonqualified plans			See instructions	for box 12 525.00				
155 W First Stree	t			13 Statu emple	X	Third-party sick pay	12b			
Your City, State	Zip			14 Other			12c			
f Employee's address and ZID as							12d			
f Employee's address and ZIP cod 15 State Employer's state ID num XX XX-XXXXXXX	ber 16 St	tate wages, tips, etc. 21,084.66	17 State incor 21	ne tax 1.00	18 Local wages	, tips, etc.	19 Loca	l income tax	20 Locality name	
W-2 Wage and Tax Statement 2004 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. Department of the Treasury—Internal Revenue Service										

PAYER'S name, street address, city,	state, ZIP code, and telephone no.	Payer's RTN (optional)	OMB No. 1545-0112			
Bank of Asbury			2004			
1255 E 18th Street			<u>2</u> 04	Interest Income		
Your City, State ZI	P		Form 1099-INT			
PAYER'S Federal identification number	RECIPIENT'S identification number	1 Interest income not included	l in box 3	Copy B		
XX-XXXXXXX	XXX-XX-XXXX	\$	65.71	For Recipient		
RECIPIENT'S name Miguel I Amarillo		2 Early withdrawal penalty	3 Interest on U.S. Sav Bonds and Treas. of	information and is		
		\$	\$	being furnished to the Internal Revenue		
Street address (including apt. no.)		4 Federal income tax withheld	5 Investment expens	es Service. If you are		
155 W First Street		\$ 0.00	\$	required to file a return, a negligence penalty or		
City, state, and ZIP code Your City, State ZI	P	6 Foreign tax paid	7 Foreign country or possession	imposed on you if this income is taxable and		
Account number (optional)]		the IRS determines that it has not been		
11111222334		\$		reported.		
orm 1099-INT	(keep f	for your records) Department of the Treasu		reasury - Internal Revenue Service		

Post Child Care
5540 Wilson Dr
Your City, State ZIP
XX-XXXXXXX

Amounts Received:	
January 1, 2004	\$1,000
April 1, 2004	\$1,000
July 1, 2004	\$1,000
October 1, 2004	\$1,000

Total amount received from Miguel Amarillo for the care of Pedro and Tina is: \$4,000

Miguel I. Amarillo 155 W. First Street Your City, State ZIP (512) 444-5555	1234 Date
Pay to the	
Order of	\$
	Dollars
Bank Of Asbury	
For: XXXXXXXXX: 0011111222334 1234	

<u>1040</u>		the year Jan. 1–Dec. 31, 2004, or other tax year beg		, 2004, end	. ,	, 20	N	staple in this s	
Label	-	ur first name and initial	Last name	, 2004, en	uniy	, 20		MB No. 154	
(See L									ly number
instructions B	lf a	joint return, spouse's first name and initial	Last name				Spous	e's social se	curity numb
on page 19.)									
Use the IRS Label.	Но	me address (number and street). If you have a	a P.O. box, see pa	age 19.		Apt. no.		Importa	ant!
Otherwise, E please print R				<u> </u>		-		ou must er	
or type.	Cit	v, town or post office, state, and ZIP code. If	you have a foreig	n address,	see page 1	9.		our SSN(s)	
Presidential	Ļ						/	u	Spouse
Election Campaign (See page 19.)		Note. Checking "Yes" will not change Do you, or your spouse if filing a joint					► □Ye		Yes II
(See page 19.)	, ,	-	return, want oo	4	-				
Filing Status	1 [2 [Single Married filing jointly (even if only one	had income)	4 1		household (wi			
Check only	3	Married filing separately. Enter spous				d's name here.		thet your do	pondont, on
one box.		and full name here.		5	Qualifyi	ng widow(er) v	with depen	dent child (s	ee page 20
	6a	Yourself. If someone can claim yo	u as a depende	ent, do no	t check b	oox 6a .	}	Boxes cheo on 6a and 0	
Exemptions	b	Spouse	<u></u> .	<u> </u>		· · · · /	<u></u> ∫	No. of child on 6c who:	
	С	Dependents:	(2) Depend social security		(3) Deper relations		qualifying r child tax	 lived with 	
		(1) First name Last name	Social Security	Turriber	you	credit (s	ee page 21)	 did not liv you due to d 	
If more than four								or separatio	n
dependents, see								(see page 2 Dependents	
page 21.		16						not entered	above
	d	Total number of exemptions claimed						Add numbe lines above	
	7	Wages, salaries, tips, etc. Attach Form	(s) W-2	· · ·			7		
Income	, 8a	Taxable interest. Attach Schedule B if	. ,	• • •	• •		. 8a		
Attach	b	Tax-exempt interest. Do not include of		8	5 C				
Forms W-2 and	9a	Ordinary dividends. Attach Schedule B					. 9a		
W-2G here. Also attach	b	Qualified dividends (see page 23)		. 9k	b				
Form(s) 1099-R	10	Taxable refunds, credits, or offsets of s	state and local	income ta	xes (see	oage 23) .	. 10		
if tax was	11	Alimony received					. 11		
withheld.	12	Business income or (loss). Attach Sche					. 12		
	13	Capital gain or (loss). Attach Schedule		not requi	ired, chec	k here 🕨			
If you did not get a W-2,	14	Other gains or (losses). Attach Form 47	797	· · · ·			. 14		
see page 22.	15a	IRA distributions 15a Pensions and annuities 16a				nt (see page 25			
Fueless but de	16a					nt (see page 25	″ 1		
Enclose, but do not attach, any	17 18	Rental real estate, royalties, partnership Farm income or (loss). Attach Schedule	•	ns, trusts,	elc. Allac	In Schedule I	18		
payment. Also,	19	I have a second a second			• •		. 19		
please use Form 1040-V.	20a	Social security benefits 20a	· · · · ·	b Taxa	able amour	 nt (see page 27) 20b		
	21	Other income. List type and amount (s	ee page 27)						
	22	Add the amounts in the far right column	for lines 7 throu	gh 21. Thi	s is your t	otal income	▶ 22		
A dimete d	23	Deduction for clean-fuel vehicles (see	page 29)	. 23	3				
Adjusted	24	Certain business expenses of reservists, pe	rforming artists, a	and					
Gross		fee-basis government officials. Attach For	m 2106 or 2106-						
Income	25	IRA deduction (see page 29)							
	26	Student loan interest deduction (see pa	0						
	27	Tuition and fees deduction (see page 3	,	. 20					
	28 29	Health savings account deduction. Atta Moving expenses. Attach Form 3903							
	29 30	Moving expenses. Attach Form 3903 One-half of self-employment tax. Attac							
	31	Self-employed health insurance deduct							
	32	Self-employed Nearth insurance deduce Self-employed SEP, SIMPLE, and qual		. 32					
	33	Penalty on early withdrawal of savings			3				
	34a	Alimony paid b Recipient's SSN ►		34	a				
	35	Add lines 23 through 34a					. 35		
	36	Subtract line 35 from line 22. This is yo	our adjusted g i	oss incol	me.		► 36		

Form 1040 (2004)			Page 2
Tau and	37	Amount from line 36 (adjusted gross income)	37
Tax and	38a	Check (You were born before January 2, 1940, Blind.) Total boxes	
Credits	oou	if: Spouse was born before January 2, 1940, □ Blind. checked ► 38a	
Standard	b	If you are married filing separately and your spouse itemizes deductions, or	
Deduction for—	0	you were a dual-status alien, see page 34 and check here	
 People who 	39	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	39
checked any	40	Subtract line 39 from line 37	40
box on line 38a or 38b or			
who can be	41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 27 is ever \$107,025, see the worksheet on page 25	41
claimed as a dependent,	42	line 6d. If line 37 is over \$107,025, see the worksheet on page 35	42
see page 34.	43	Tax (see page 36). Check if any tax is from: $\mathbf{a} \square$ Form(s) 8814 $\mathbf{b} \square$ Form 4972	43
 All others: 	43	Alternative minimum tax (see page 38). Attach Form 6251	44
Single or	44	Add lines 43 and 44	45
Married filing separately,	45	Credit for child and dependent care expenses. Attach Form 2441	
\$4,850	-		
Married filing	47		
jointly or Qualifying	48		
widow(er),	49		
\$9,700	50		
Head of household,	51		
\$7,150	52		
L	∫ 53		
	54	Other credits. Check applicable box(es): a Form 3800 b Form 8801 c Specify	
	55		55
	55 56	Add lines 46 through 54. These are your total credits	56
			57
Other	57 50	Self-employment tax. Attach Schedule SE	58
Taxes	58 50	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59
	59 60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required .	60
	60 61	Advance earned income credit payments from Form(s) W-2	61
	62	Add lines 56 through 61. This is your total tax	62
Payments	63	Federal income tax withheld from Forms W-2 and 1099 63	
Fayments	63 64	2004 estimated tax payments and amount applied from 2003 return	
	65		
If you have a qualifying	66	Earned income credit (EIC) 65 Excess social security and tier 1 RRTA tax withheld (see page 56) 66	
child, attach Schedule EIC.	67	Additional child tax credit. Attach Form 8812	
Schedule LIC.	68	Amount paid with request for extension to file (see page 56)	
	69	Other payments from: a Form 2439 b Form 4136 c Form 8885 . 69	
	70	Add lines 63 through 69. These are your total payments	70
Defined	71		71
Refund	71 72a	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid Amount of line 71 you want refunded to you	72a
Direct deposit? See page 56	► b	Routing number Savings Savings	
and fill in 72b,	► d	Account number	
72c, and 72d.	73	Amount of line 71 you want applied to your 2005 estimated tax 73	
Amount	74	Amount you want applied to your 2005 estimated tax > 173 Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 57 >	74
You Owe	75	Estimated tax penalty (see page 58)	
	Do		Complete the following.
Third Party		signee's Phone Personal identifi	cation
Designee	nai	ne no. () number (PIN)	
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, ar ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of w	
Here		ur signature Your occupation	
Joint return? See page 20.	Yo	Daytime phone number	
Keep a copy for your records.	Sp	ouse's signature. If a joint return, both must sign. Date Spouse's occupation	
	Der	Date Date	Preparer's SSN or PTIN
Paid		parer's nature Check if self-employed	
Preparer's		m's name (or EIN	<u> </u>
Use Only	you	urs if self-employed), Phone no.	
	ad		Form 1040 (2004)

Form	2441	Child and	d Depen	dent Car	e Expens	es		OMB No. 154	5-0068
1 Onn			Attach	to Form 1040.				200	4
Depar Interna	tment of the Treasury al Revenue Service (99)		See separation	arate instructio	ns.			Attachment Sequence N	o. 21
Name	e(s) shown on Form 1040		· · ·				Your so	ocial security num	ber
Bef	ore you begin: You	need to understand th	ne following	terms. See	Definitions	on page	1 of th	e instructions	
• D	ependent Care Ben	-	ing Perso		Qualified I	-		• Earned In	come
Pa		ganizations Who Propression of the boots of			must compl	ete this pa	art.		
1	(a) Care provider's name	(number, street, a	(b) Address apt. no., city, sta	te, and ZIP code)		Identifying nur (SSN or EIN)		(d) Amount pa (see instructior	
				S					
			7						
		Did you receive		No <u> </u>	 Complet Complet 	10.			
Cau		ovided in your home, you				9			
	rt II Credit for Chil	d and Dependent Ca	are Expens	ses					
2		r qualifying person(s). Qualifying person's name	If you have		o qualifying p o) Qualifying pers		1	structions. Qualified expenses	vou
	First		Last	"	security nur			d and paid in 2004 son listed in column	
		(50							
3		plumn (c) of line 2. Do no							
	from line 34	two or more persons. If	r you compl	eted Part III, e	enter the amo	. 3			
4	Enter your earned inc					. 4			
5		enter your spouse's ea the instructions); all oth				ent 5			
6	Enter the smallest of	line 3, 4, or 5		<u>.</u>		. 6			
7		n Form 1040, line 37 .		7		_			
8	Enter on line 8 the de If line 7 is:	cimal amount shown be		olies to the an e 7 is:	nount on line	7			
	But not			But not	Decimal				
	Over over	amount is	Over		amount is	5			
	0—15,000 15,000—17,000	.35 .34)00—31,000)00—33,000	.27 .26				
	17,000—19,000	.33		000-35,000	.25	8		×	
	19,000—21,000	.32	35,0	000—37,000	.24				
	21,000—23,000	.31	37,0	000—39,000	.23				
	23,000—25,000	.30		000-41,000	.22				
	25,000—27,000	.29	,	000-43,000	.21				
	27,000—29,000	.28	43,0	00—No limit	.20				
9		decimal amount on line		d 2003 expen	ses in 2004,	see 9			
10		n Form 1040, line 43	1	10	· · · · ·				
11	Enter the amount, if a	any, from Form 6251, li	ne 31 (see	11					
12		line 10. If zero or less,			credit	. 12			
13	Credit for child and	dependent care exper 40, line 46	ises. Enter t	he smaller of	line 9 or line	12 . 13			
_		Act Notice, see page				No. 11862M		Form 244	1 (2004

Form	2441 (2004)		P	age 2
Pa	t III Dependent Care Benefits			
14	Enter the total amount of dependent care benefits you received in 2004. Amounts you			
	received as an employee should be shown in box 10 of your Form(s) W-2. Do not 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	14		
15	your sole proprietorship or partnership	15		
16	Subtract line 15 from line 14	16		
17	Enter the total amount of gualified expenses incurred			
	in 2004 for the care of the qualifying person(s)			
18	Enter the smaller of line 16 or 17	-		
19	Enter your earned income	-		
20	Enter the amount shown below that			
	applies to you.			
	 If married filing jointly, enter your spouse's earned income (if your spouse 			
	was a student or was disabled, see the			
	instructions for line 5).			
	If married filing separately, see the instructions for the amount to enter.			
	All others, enter the amount from line 19.			
	· · · · · · · · · · · · · · · · · · ·			
21	Enter the smallest of line 18, 19, or 20	-		
22	Enter the amount from line 14 that you received from your sole proprietorship or partnership. If you did not receive any such amounts, enter -0-	22		
23	Subtract line 22 from line 16			
24	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your			
	spouse's earned income on line 20)	24		
25	Deductible benefits. Enter the smallest of line 21, 22, or 24. Also, include this amount			
	on the appropriate line(s) of your return (see the instructions)	25		
26	Enter the smaller of line 21 or 24	-		
27	Enter the amount from line 25	28		
28 29	Excluded benefits. Subtract line 27 from line 26. If zero or less, enter -0- Taxable benefits. Subtract line 28 from line 23. If zero or less, enter -0 Also, include	20		
20	this amount on Form 1040, line 7. On the dotted line next to line 7, enter "DCB"	29		
	To claim the child and dependent care			
	credit, complete lines 30–34 below.			
		30		
30	Enter \$3,000 (\$6,000 if two or more qualifying persons)	31		
31 32	Add lines 25 and 28			
32	Subtract line 31 from line 30. If zero or less, stop . You cannot take the credit. Exception. If you paid 2003 expenses in 2004, see the instructions for line 9	32		
33	Complete line 2 on the front of this form. Do not include in column (c) any benefits shown			
	on line 31 above. Then, add the amounts in column (c) and enter the total here	33		
34	Enter the smaller of line 32 or 33. Also, enter this amount on line 3 on the front of this			
	form and complete lines 4–13	34	0.111	
	Printed on recycled paper		Form 2441	(2004)

Line 51—Child Tax Credit

What Is the Child Tax Credit?

This credit is for people who have a qualifying child (defined below). It is in addition to the credit for child and dependent care expenses on Form 1040, line 46, and the earned income credit on Form 1040, line 65.

Three Steps To Take the Child Tax Credit!

- Make sure you have a qualifying child for the child Step 1. tax credit (defined below).
- Step 2. Make sure you checked the box on Form 1040, line 6c, column (4), for each qualifying child.
- Answer the questions on this page to see if you Step 3. may use the worksheet on page 41 to figure your credit or if you must use Pub. 972, Child Tax Credit. If you need Pub. 972, see page 7.

Qualifying Child for Child Tax Credit

A qualifying child for purposes of the child tax credit is a child who:

- 1. Is claimed as your dependent on line 6c, and
- 2. Was under age 17 at the end of 2004, and
- 3. Is your (a) son, daughter, adopted child, stepchild, or a descendant of any of them (for example, your grandchild); (b) brother, sister, stepbrother, stepsister, or a descendant of any of them (for example, your niece or nephew), whom you cared for as you would your own child; or (c) foster (child (any child placed with you by an authorized placement agency whom you cared for as you would your own child), and
- 4. Is a U.S. citizen or resident alien.



The above requirements are not the same as the requirements to be a qualifying child for the earned income credit.

An adopted child is always treated as your own child. An adopted child includes a child placed with you by an authorized placement agency for legal adoption even if the adoption is not final. An authorized placement agency includes any person or court authorized by state law to place children for legal adoption.

Questions Pub. 972

Who Must Use

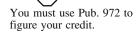


- 1. Are you excluding income from Puerto Rico or are you filing any of the following forms?
 - Form 2555 or 2555-EZ (relating to foreign earned income)

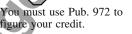
Ves. (STOP

• Form 4563 (exclusion of income for residents of American Samoa)

No. Continue



- 2. Is the amount on Form 1040, line 37, more than the amount shown below for your filing status?
 - Married filing jointly \$110,000
 - Single, head of household, or qualifying widow(er) -\$75,000
 - Married filing separately \$55,000 **No.** Continue Yes.



- Are you claiming any of the following credits?
- Retirement savings contributions credit, Form 8880 (see the instructions for Form 1040, line 52, on page 42)
- Adoption credit, Form 8839 (see the instructions for Form 1040, line 53, on page 42)

No. Use the worksheet on page 38 to figure your child tax credit.

Yes. You must use Pub. 972 to figure your child tax credit. You will also need the form(s) listed above for any credit(s) you are claiming.

Child Tax Credit Worksheet—Line 51

Keep for Your Records

of 2004 and	pualifying child for the child tax credit, the child must be under age 17 at the end meet the other requirements listed on page 40. se this worksheet if you answered "Yes" to question 1, 2, or 3 on page 40. Instead, us	e Pub. 972.
	1. Number of qualifying children:× \$1,000. Enter the result.	
	2. Enter the amount from Form 1040, line 45.	
	3. Add the amounts from Form 1040: Line 46	
	Line 47 +	C
	Line 49 +	
	Line 50 + Enter the total.	
	 4. Are the amounts on lines 2 and 3 the same? Yes. \$TOP You cannot take this credit because there is no tax to reduce. However, you may be able to take the additional child tax credit. See the TIP below. 	
	No. Subtract line 3 from line 2.	4
	 5. Is the amount on line 1 more than the amount on line 4? Yes. Enter the amount from line 4. Also, you may be able to take the additional child tax credit. See the TIP below. No. Enter the amount from line 1. 	5 Enter this amount on Form 1040, line 51.
	You may be able to take the additional child tax credit on Form 1040, line 67, if you answered "Yes" on line 4 or line 5 above.	1040
	First, complete your Form 1040 through line 66.Then, use Form 8812 to figure any additional child tax	
	credit.	
Need more information or forms? See page 7 38 -		

Form 1040-Line 65

Line 65 **Earned Income Credit (EIC)**

What Is the EIC?

The EIC is a credit for certain people who work. The credit may give you a refund even if you do not owe any tax.

To Take the EIC:

- Follow the steps below.
- Complete the worksheet that applies to you or let the IRS figure the credit for you.
- If you have a qualifying child, complete and attach Schedule EIC.



If you take the EIC even though you are not eligible and it is determined that your error is due to reckless or intentional disregard of the EIC rules, you will not be allowed to take the credit for 2 years even if you are

otherwise eligible to do so. If you fraudulently take the EIC, you will not be allowed to take the credit for 10 years. You may also have to pay penalties.

Step 1 **All Filers**

- **1.** If, in 2004:
 - 2 children lived with you, is the amount on Form 1040, line 37, less than \$34,458 (\$35,458 if married filing jointly)?
 - 1 child lived with you, is the amount on Form 1040, line 37, less than \$30,338 (\$31,338 if married filing jointly)?
 - No children lived with you, is the amount on Form 1040, line 37, less than \$11,490 (\$12,490 if married filing jointly)?

☐ Yes. Continue ■

2. Do you, and your spouse if filing a joint return, have a social security number that allows you to work or is valid for EIC purposes (see page 47)?

No. (STOP

You cannot take the credit. Put "No" on the dotted line

next to line 65.

No. Continue

☐ Yes. Continue -

- 3. Is your filing status married filing separately?
- Investment Income = *Do not include if line 13 is a loss. 2. Is your investment income more than \$2,650? 🗌 Yes. Continue 🗬 \square **No.** Skip question 3; go to question 4. 3. Are you filing Form 4797 (relating to sales of business property)? □ Yes. See Form 4797 □ No. (STOP) filers on page 46. You cannot take the credit. Do any of the following apply for 2004? • You are filing Schedule E. • You are reporting income or a loss from the rental of personal property not used in a trade or business. You are reporting income on Form 1040, line 21, from Form 8814 (relating to election to report child's interest and dividends). Yes. You must use **No.** Continue NO. (STOP) Worksheet 1 in Pub. 596 to see if you can You cannot take the credit. take the credit. To get Pub. 596, see page 7.

5.

Step 2

Form 1040:

Add the amounts from

Did a child live with you in 2004?

Investment Income

Line 8a

Line 8b

Line 9a Line 13*

Yes. Go to Step 3 on page 45.

 \Box No. Go to Step 4 on page 45.

(Continued on page 45)

Ves. (STOP **No.** Continue

4. Are you filing Form 2555 or 2555-EZ (relating to foreign earned income)?

> Yes. (STOP You cannot take the credit.

You cannot take the

credit.

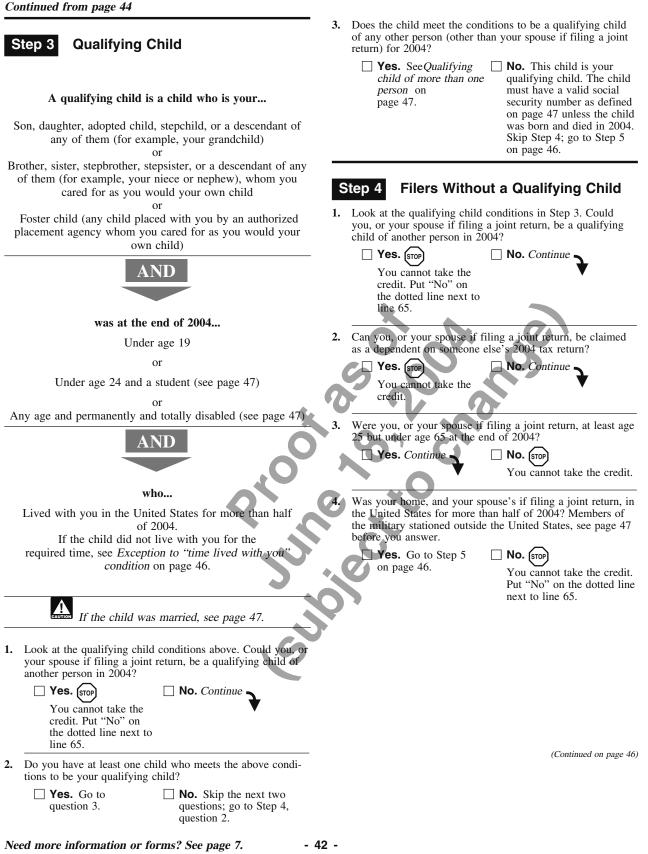
5. Were you a nonresident alien for any part of 2004? \square Yes. See *Nonresident* \square No. Go to Step 2.

aliens on page 47.

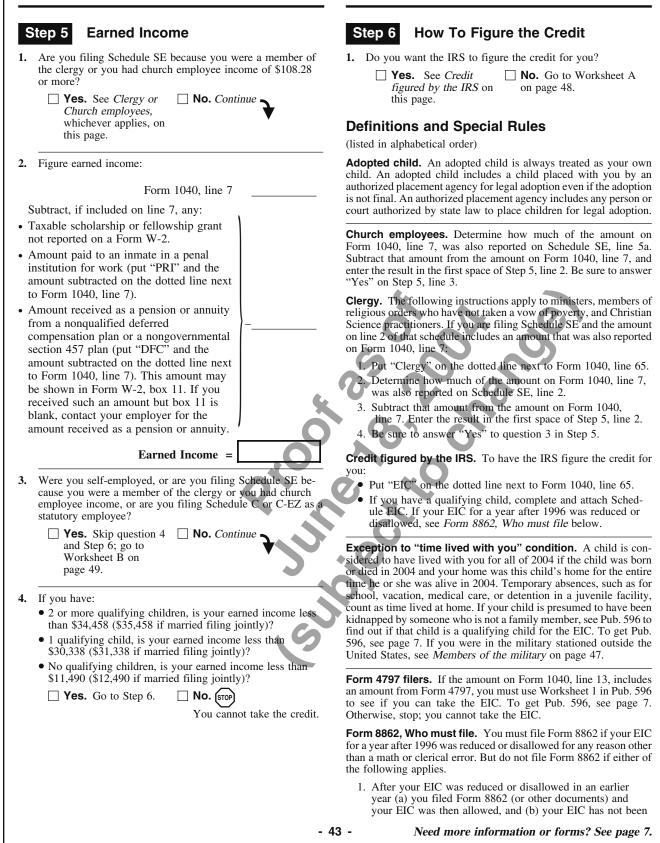
- 41 -

Need more information or forms? See page 7.

Form 1040-Line 65



Continued from page 45



Form 1040-Line 63

reduced or disallowed again for any reason other than a math or clerical error.

2. You are taking the EIC without a qualifying child and the only reason your EIC was reduced or disallowed in the earlier year was because it was determined that a child listed on Schedule EIC was not your qualifying child.

Also, do not file Form 8862 or take the credit for 2 years if it was determined that your error was due to reckless or intentional disregard of the EIC rules (10 years if due to fraud).

Married child. A child who was married at the end of 2004 is a qualifying child only if (a) you can claim him or her as your dependent on Form 1040, line 6c, or (b) this child's other parent claims him or her as a dependent under the rules in Pub. 501 for children of divorced or separated parents.

Members of the military. If you were on extended active duty outside the United States, your home is considered to be in the United States during that duty period. Extended active duty is military duty ordered for an indefinite period or for a period of more than 90 days. Once you begin serving extended active duty, you are considered to be on extended active duty even if you serve fewer than 90 days.

Nonresident aliens. If your filing status is married filing jointly, go to Step 2 on page 44. Otherwise, stop; you cannot take the EIC.

Permanently and totally disabled child. A child who cannot engage in any substantial gainful activity because of a physical or mental condition and a doctor has determined that this condition:

- Has lasted or can be expected to last continuously for at
- least a year, or
- Can lead to death.

Qualifying child of more than one person. If the child meets the conditions to be a qualifying child of more than one person, only one person can take the EIC based on that child. The other person(s) cannot take the EIC for people without a qualifying child, but may take the EIC based on a different qualifying child. If you and the other person(s) cannot agree who will take the EIC, then the following rules apply.

- If only one of the persons is the child's parent, the child will be treated as the qualifying child of the parent.
- If both persons are the child's parents, the child will be treated as the qualifying child of the parent with whom the child lived for the longer period of time during 2004. If the child lived with each parent for the same amount of time, the child will be treated as the qualifying child of the parent who had the higher adjusted gross income (AGI) for 2004.

• If none of the persons is the child's parent, the child will be treated as the qualifying child of the person who had the highest AGI for 2004.

The child must have a valid social security number as defined on this page unless the child was born and died in 2004. If you do not have a qualifying child, stop; you cannot take the EIC. Put "No" on the dotted line next to line 65. If you have a qualifying child, skip Step 4; go to Step 5 on page 46.

Example. You and your 5-year-old daughter moved in with your mother in April 2004. You are not a qualifying child of your mother. Your daughter meets the conditions to be a qualifying child for both you and your mother. If you and your mother cannot agree on who will treat your daughter as a qualifying child, the rules above apply. Under these rules, you are entitled to treat your daughter as a qualifying child because you are the child's parent. Your mother would not be entitled to claim any EIC unless she has a different qualifying child.

Social security number (SSN). For purposes of taking the EIC, a valid SSN is a number issued by the Social Security Administration unless "Not Valid for Employment" is printed on the social security card and the number was issued solely to apply for or receive a federally funded benefit.

To find out how to get an SSN, see page 15. If you will not have an SSN by April 15, 2005, see *What if You Cannot File on Time*? on page 12.

Student. A child who during any 5 months of 2004:

- Was enrolled as a full-time student at a school, or
- Took a full-time, on-farm training course given by a school or a state, county, or local government agency.

A school includes technical, trade, and mechanical schools. It does not include on-the-job training courses, correspondence schools, or night schools.

- Welfare benefits, effect of credit on. Any refund you receive as a result of taking the EIC will not be used to determine if you are eligible for the following programs or how much you can receive from them. But if the refund you receive because of the EIC is not spent within a certain period of time, it may count as an asset (or resource) and affect your eligibility.
 - Temporary Assistance for Needy Families (TANF).
 - Medicaid and supplemental security income (SSI).
 - · Food stamps and low-income housing.

Need more information or forms? See page 7.

- 44 -

e sure you are using the correct worksheet. Do not use this worksheet if you are self-employed, or you are filing Schedule SE because you were a member of e clergy or you had church employee income, or you are filing Schedule C or EZ as a statutory employee. Instead, use Worksheet B that begins on page 49. there your earned income from Step 5 on page 46. 1 1 ook up the amount on line 1 above in the EIC Table on pages 51–55 find the credit. Be sure you use the correct column for your filing tus and the number of children you have. Enter the credit here. 2 line 2 is zero, for You cannot take the credit. 1 2 ter the amount from Form 1040, line 37. 3 3 re the amounts on lines 3 and 1 the same? Yes. Skip line 5; enter the amount from line 2 on line 6. 1 No. Go to line 5. you have: No qualifying children, is the amount on line 3 less than \$6,400 (\$7,400 if married filing jointly)? 1 or more qualifying children, is the amount on line 3 less than \$4,000 (\$7,400 (\$15,050 if married filing jointly)?
and your charter around a burg of all page to a page the pok up the amount on line 1 above in the EIC Table on pages 51–55 find the credit. Be sure you use the correct column for your filing tus and the number of children you have. Enter the credit here. line 2 is zero, or You cannot take the credit. t "No" on the dotted line next to line 65. the amount from Form 1040, line 37. ter the amount on lines 3 and 1 the same? Yes. Skip line 5; enter the amount from line 2 on line 6. No. Go to line 5. you have: No qualifying children, is the amount on line 3 less than \$6,400 (\$7,400 if married filing jointly)? 1 or more qualifying children, is the amount on line 3 less than
find the credit. Be sure you use the correct column for your filing thus and the number of children you have. Enter the credit here. line 2 is zero, You cannot take the credit. t "No" on the dotted line next to line 65. ter the amount from Form 1040, line 37. iter the amounts on lines 3 and 1 the same? Yes. Skip line 5; enter the amount from line 2 on line 6. No. Go to line 5. you have: No qualifying children, is the amount on line 3 less than \$6,400 (\$7,400 if married filing jointly)? 1 or more qualifying children, is the amount on line 3 less than
<pre>t "No" on the dotted line next to line 65. tter the amount from Form 1040, line 37. ge the amounts on lines 3 and 1 the same? Yes. Skip line 5; enter the amount from line 2 on line 6. No. Go to line 5. you have: No qualifying children, is the amount on line 3 less than \$6,400 (\$7,400 if married filing jointly)? 1 or more qualifying children, is the amount on line 3 less than</pre>
re the amounts on lines 3 and 1 the same? Yes. Skip line 5; enter the amount from line 2 on line 6 No. Go to line 5. you have: No qualifying children, is the amount on line 3 less than \$6,400 (\$7,400 if married filing jointly)? 1 or more qualifying children, is the amount on line 3 less than
Yes. Skip line 5; enter the amount from line 2 on line 6. No. Go to line 5. you have: No qualifying children, is the amount on line 3 less than \$6,400 (\$7,400 if married filing jointly)? 1 or more qualifying children, is the amount on line 3 less than
No. Go to line 5. you have: No qualifying children, is the amount on line 3 less than \$6,400 (\$7,400 if married filing jointly)? 1 or more qualifying children, is the amount on line 3 less than
No qualifying children, is the amount on line 3 less than \$6,400 (\$7,400 if married filing jointly)? 1 or more qualifying children, is the amount on line 3 less than
\$14,050 (\$15,050 if married filing jointly)?
Yes. Leave line 5 blank; enter the amount from line 2 on line 6.
 No. Look up the amount on line 3 in the EIC Table on pages 51–55 to find the credit. Be sure you use the correct column for your filing status and the number of children you have. Enter the credit here.
Look at the amounts on lines 5 and 2. Then, enter the smaller amount on line 6.
his is your earned income credit.
eminder—
you have a qualifying child, complete and attach Schedule EIC.
If your EIC for a year after 1996 was reduced or disallowed, see page 46 to find out if you must file Form 8862 to take the credit for 2004.
h S

SCHEDULE EIC	Formed Ir				0.45.45.45.007.4
(Form 1040A or 1040)	Earned Ir Qualifying Ch		1040A		OMB No. 1545-0074
Department of the Traceury		ete and attach to For			2004
Department of the Treasury Internal Revenue Service	0011,210		a qualifying child.		Attachment Sequence No. 43
Name(s) shown on return				Yo	ur social security number
Before you beg			ne 41, or Form 1040 have a qualifying child		sure that
	e the EIC even though y s. See back of schedule		le, you may not be	allowed to tak	e the credit for up
for each q	us longer to process you ualifying child.		-	-	
social securi If the name	e child's name on line 1 ity card. Otherwise, at t or SSN on the child's so on at 1-800-772-1213.	he time we proc	ess your return, we	e may reduce of	r disallow your EIC.
Qualifying Child	Information	CI	nild 1	C	Child 2
1 Child's name		First name	Last name	First name	Last name
If you have more than tw only have to list two to g	o qualifying children, you et the maximum credit.		01		
of the Form 1040A instru Form 1040 instructions un died in 2004. If your chil	nless the child was born and d was born and died in 2004 , enter "Died" on this line	5 35 181	200°	e	
3 Child's year of bir	th	Year If born after t and 4bt go to	85, skip lines 4a line 5.	Year If born after and 4b; go to	1985, skip lines 4a o line 5.
4 If the child was be a Was the child under of 2004 and a stud	er age 24 at the end	Yes. Go to line 5.	No. Continue	Go to line 5.	No.
b Was the child pern disabled during an		Yes. Continue	No. The child is not a qualifying child.	Yes. Continue	No. The child is not a qualifying child.
5 Child's relationshi (for example, son, daught niece, nephew, foster chil	er, grandchild,				
6 Number of month you in the United S					
• If the child lived with 2004 but less than 7 mon	you for more than half of ths, enter "7".		months		months
• If the child was born on home was the child's hore she was alive during 2004	ne for the entire time he or	Do not enter mo	pre than 12 months.	Do not enter n	nore than 12 months.
TIP claimed as	also be able to take the addi s your dependent on line 6c e the instructions for line 42	of Form 1040A or I	Form 1040, and (c) is a		
For Paperwork Reduction A or 1040 instructions.	Act Notice, see Form 1040A	Cat. N	o. 13339M	Schedule EIC (Fo	rm 1040A or 1040) 2004

Additional Child Tax Credit

1040	-	
1040A		
	8812	

OMB No. 1545-1620 2004 Attachment

Sequence No. 47

Complete and attach to Form 1040 or Form 1040A.

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Your social	security	number
-------------	----------	--------

1

2

3

6

Pa	rt I All Filers
1	Enter the amount from line 1 of your Child Tax Credit Worksheet on page 41 of the Form 1040 instructions or page 38 of the Form 1040A instructions. If you used Pub. 972, enter the amount from line 8 of the worksheet on page 4 of the publication
2	Enter the amount from Form 1040, line 51, or Form 1040A, line 32
3	Subtract line 2 from line 1. If zero, stop ; you cannot take this credit
4 5	Enter your total taxable earned income. See the instructions on back
6	 Multiply the amount on line 5 by 10% (.10) and enter the result Next. Do you have three or more qualifying children? No. If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part II and enter the smaller of line 3 or line 6 on line 13. Yes. If line 6 is equal to or more than line 3, skip Part II and enter the amount from line 3 on line 13. Otherwise, go to line 7.

Certain Filers Who Have Three or More Qualifying Children Part II

W-2, t with y 8 1040 f 1040A 9 Add li 10 1040 f 1040A 11 Subtra 12 Enter Next, Part III	or Paperwork R	eduction Act Notice, see back of form.	Cat. No. 1	0644E		Form 8812	(2004)
W-2, t with y 8 1040 f 1040A 9 Add li 10 1040 f 1040A 11 Subtra 12 Enter Next, Part III				1040 1040A	Form 1	his amount on 040, line 67, or 040A, line 42.	•
W-2, t with y 8 1040 f 1040A 9 Add li 10 1040A 11 Subtra 12 Enter Next,	3 This is your	additional child tax credit			13		
W-2, t with y 8 1040 f 1040A 9 Add li 10 1040A 1040A 11 Subtra 12 Enter	Part III Your	Additional Child Tax Credit					
W-2, k with y 8 1040 f 1040A 9 Add li 10 1040A 1040A 11 Subtra	Next, enter th	e smaller of line 3 or line 12 on line 13.					
W-2, t with y 8 1040 f 1040A 9 Add li 10 1040 f 1040A	2 Enter the larg	ger of line 6 or line 11 here			12		
W-2, t with y 8 1040 f 1040A 9 Add li 10 1040 f	1 Subtract line	10 from line 9. If zero or less, enter -0			11		
W-2, t with y 8 1040 f 1040A 9 Add li	1040A filers:	Enter the total of the amount from Form 1040A, line 41, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 43 (see the instructions on back).					
W-2, t with y 8 1040 f 1040A	0 1040 filers:	Enter the total of the amounts from Form 1040, lines 65 and 66.					
W-2, b with y 8 1040 f	9 Add lines 7 a	nd 8	. 9				
W-2, t with y	8 1040 filers: 1040A filers:	Enter the total of the amounts from Form 1040, lines 30 and 58, plus any uncollected social security and Medicare or tier 1 RRTA taxes included on line 62. Enter -0	}				
7 Enter f	W-2, boxes 4 with yours. If	of the withheld social security and Medicare taxes from Form and 6. If married filing jointly, include your spouse's amou you worked for a railroad, see the instructions on back					

Instructions

Purpose of Form

Use Form 8812 to figure your additional child tax credit.



The additional child tax credit may give you a refund even if you do not owe any tax.

Who Should Use Form 8812

First, complete the Child Tax Credit Worksheet that applies to you. See the instructions for Form 1040, line 51, or Form 1040A, line 32. If you meet the condition given in the *TIP* at the end of your Child Tax Credit Worksheet, use Form 8812 to see if you can take the additional child tax credit.

Effect of Credit on Welfare Benefits

Any refund you receive as a result of taking the additional child tax credit will not be used to determine if you are eligible for the following programs, or how much you can receive from them.

- Temporary Assistance for Needy Families (TANF).
- Medicaid and supplemental security income (SSI).
- Food stamps and low-income housing.

Taxable Earned Income

1. Did you, or your spouse if filing a joint return, have net earnings from self-employment and use either optional method to figure those net earnings?

- **No.** Go to question 2.
- **Yes.** Use Pub. 972 to figure the amount to enter on Form 8812, line 4.

2. Are you claiming the earned income credit (EIC) on Form 1040, line 65, or Form 1040A, line 41?

Yes. Use the following chart to find the amount to enter on Form 8812 line 4

FOIL	1 0012, IIIIC 4.	
IF you are filing Form	AND you completed	THEN enter on Form 8812, line 4, the amount from
	Worksheet B on page 49 of your 1040 instructions	Worksheet B, line 4b.*
1040	Step 5 on page 46 of your 1040 instructions (but not Worksheet B)	Step 5, Earned Income
1040A	Step 5 on page 42 of your 1040A instructions	Step 5, Earned Income

* If you were a member of the clergy, subtract the following from the amount on line 4b: (a) the rental value of a home or the nontaxable portion of an allowance for a home furnished to you (including payments for utilities) and (b) the value of meals and lodging provided to you, your spouse, and your dependents for your employer's convenience.

No.

1040 filers: Go to question 3. **1040A filers:** Skip question 3 and so

1040A filers: Skip question 3 and go to question 4. 3. Were you, or your spouse if filing a joint return,

self-employed, or are you filing Schedule SE because you were a member of the clergy or you had church employee income, or are you filing Schedule C or C-EZ as a statutory employee?



Go to question 4.

Yes. Use Pub. 972 to figure the amount to enter on Form 8812, line 4.

4. Does the amount on line 7 of Form 1040 or Form 1040A include any of the following amounts?

• Taxable scholarship or fellowship grants not reported on a Form W-2.

• Amounts paid to an inmate in a penal institution for work (enter "PRI" and the amount paid in the space next to line 7 of Form 1040 or 1040A).

• Amounts received as a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan (enter "DFC" and the amount received in the space next to line 7 of Form 1040 or 1040A). This amount may be reported in box 11 of your Form W-2. If you received such an amount but box 11 is blank, contact your employer for the amount received as a pension or annuity.

• Amounts from Form 2555, line 41, or Form 2555-EZ, line 18.

No. Enter the amount from line 7 of Form 1040 or Form 1040A on Form 8812, line 4.

Yes. Subtract the total of those amounts from the amount on Ime 7 of Form 1040 or Form 1040A. (If an amount is included in more than one of the above categories, include it only once in figuring the total amount to subtract.) Enter the result on Form 8812, line 4.

Railroad Employees

If you worked for a railroad, include the following taxes in the total on Form 8812, line 7.

• Tier 1 tax withheld from your pay. This tax should be shown in box 14 of your Form(s) W-2 and identified as "Tier 1 tax."

• If you were an employee representative, 50% of the total tier 1 tax and tier 1 Medicare tax you paid for 2004.

1040A Filers

If you, or your spouse if filing a joint return, had more than one employer for 2004 and total wages of over \$87,900, figure any excess social security and tier 1 railroad retirement (RRTA) taxes withheld. See the instructions for Form 1040A, line 43. Include any excess on Form 8812, line 10.

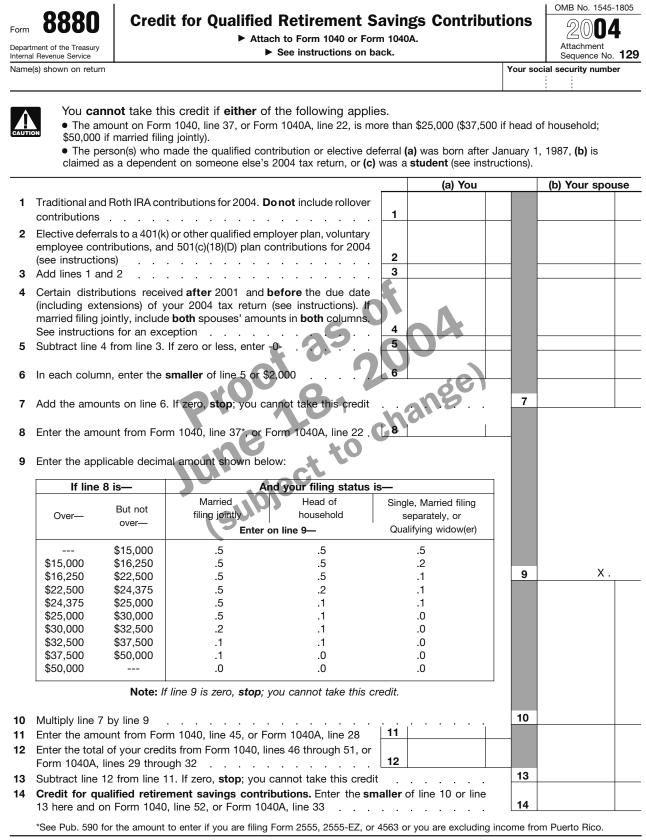
Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Internal Revenue Code section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is: **Recordkeeping**, 6 min.; **Learning about the law or the form**, 5 min.; **Preparing the form**, 28 min.; **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. See the Instructions for Form 1040 or Form 1040A.

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- B-14 What is the amount on Form 2441 Line 3?
 - a. \$1,500
 - b. \$2,000
 - c. \$3,000
 - d. \$4,000
 - e. \$5,000
- B-15 What is the amount on Form 2441 Line 8?
 - a. 0.35
 - b. 0.31
 - c. 0.28
 - d. 0.25
 - e. 0.20
- B-16 Which of Miguel's children qualify him for the Child Tax Credit?
 - a. Pedro
 - b. Tina
 - c. Both Pedro and Tina
 - d. Neither Pedro nor Tina
- B-17 What is the total tax amount (Form 1040, Line 62)?
 - a. 0
 - b. \$470
 - c. \$565
 - d. \$660
 - e. \$710
- B-18 What is the Earned Income Tax Credit amount (Form 1040, Line 65)?
 - a. \$2,839
 - b. \$2,829
 - c. \$2,808
 - d. \$2,797
 - e. \$2,787
- B-19 What is the Additional Child Tax Credit amount (Form 1040, Line 67)?
 - a. \$470
 - b. \$1,034
 - c. \$1,059
 - d. \$1,530
 - e. \$2,000

For question B-20, complete a Form 8863 and select the correct response. Record your answer on the answer sheet located in the front of the test booklet.

- B-20 Cassandra Jacobs tells you that she just finished her last year of a four-year accounting degree in 2004. That last year cost her \$3,000 in tuition expense. She received a Pell grant to cover \$1,000 of her tuition cost and paid the remaining \$2,000 in 2004. If all other requirements are met, how much is her tentative education credit (Form 8863, line 8)?
 - a. \$600
 - b. \$1,500
 - c. \$400
 - d. \$800
 - e. 0

Form	8863
Form	0003

Education Credits (Hope and Lifetime Learning Credits) ► See instructions. ► Attach to Form 1040 or Form 1040A.

OMB No. 1545-1618 2004

Attachment Sequence No. 50

Your social security number

Department of the Treasury Internal Revenue Service Name(s) shown on return

	tion: You cannot take bo		lit and the tuition a	nd fees deduction	(Form 1040, line	e 27, or Form 1040A,
Pa	19) for the same student Hope Credit, Ca	ution: You cannot ta	ake the Hope cred	it for more than 2	tax vears for the	same student.
1	(a) Student's name (as shown on page 1 of your tax return) First name Last name	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualified expenses (see instructions). Do not enter more than \$2,000 for each student.	(d) Enter the smaller of the amount in column (c) or \$1,000	(e) Subtract column (d) fror column (c)	(f) Enter one-half
2	Add the amounts in co	olumns (d) and (f)	2	0		
3	Tentative Hope credit. the lifetime learning cr	Add the amounts of edit for another stu	on line 2, columns			3
Par	rt II Lifetime Learni					
4	Caution: You		name (as shown on your tax return) Last name	num	tudent's social secur ber (as shown on pag 1 of your tax return)	
	cannot take the		Last hang			
	Hope credit and			C		
	the lifetime learning credit for the same		L			
	student in the		+ 1			
_	same year.					
5 6	Add the amounts on li Enter the smaller of li		nd enter the total		· · · · ⊢	5 6
7	Tentative lifetime learn	ing credit. Multiply	line 6 by 20% (.20	0) and go to Part		7
Par	rt III Allowable Educ					
8	Tentative education cr	edits. Add lines 3 a	nd 7			8
9	Enter: \$105,000 if man household, or qualifyir	ng widow(er)		9		
10	Enter the amount from					
11	Subtract line 10 from any education credits.		s, stop; you cann	ot take		
12	Enter: \$20,000 if man household, or qualifyir	ried filing jointly; \$1				
13	If line 11 is equal to o go to line 15. If line 11	is less than line 12	2, divide line 11 b	y line 12. Enter th	e result as	13 × .
14	a decimal (rounded to Multiply line 8 by line				· · · · ⊢	14
15	Enter the amount from minimum tax included	Form 1040, line 43,	, or Form 1040A, I	ine 28 (minus any	alternative	15
16	Enter the total, if any and 47, or Form 1040	DA, lines 29 and 30	om Form 1040, lir)........	nes 46		
17	Enter the amount from					10
18	Add lines 16 and 17.		••••••••••••••••••••••••••••••••••••••		· · · · ⊢	18 19
19 20	Subtract line 18 from line Education credits. E					
	line 48, or Form 1040	A, line 31			🕨 🛓	20
	*See Pub. 970 for the amou	int to enter if you are fili	ng Form 2555, 2555-E	Z, or 4563 or you are	excluding income	
For	Paperwork Reduction Act N	lotice, see page 3.		Cat. No. 25379M	I	Form 8863 (2004)

PART C – Pension Earner

For questions C-1 through C-3, select the most correct response and record your answers on the answer sheet located in the front of the test booklet.

- C-1 Allen sold 125 shares of Carthage Box Co. stock on July 17, 2004. His gross proceeds were \$12,500. He purchased his shares through a company investment program in the 1980's. He has a letter from his company indicating his total cost of the shares is \$750. His letter also states he paid a commission on the sale of \$35. What is his taxable profit?
 - a. \$11,715
 - b. \$11,750
 - c. \$0
 - d. \$12,500
 - e. \$750
- C-2 Barry tells you he purchased 100 shares of Itasco, Inc. stock for \$5 per share in 1985. There were no adjustments to the basis since the stock was purchased. What is the **basis** of Barry's stock?
 - a. 0
 - b. \$100c. \$500
 - d. \$535
 - e. None of the above
- C-3 John hands you a Form 1099-B for the sale of 31 shares of Glendale Life Insurance Company stock with net proceeds of \$612. When you question John, he states he never bought any shares of Glendale Life, but he's had a Glendale Life Insurance policy since he got married 43 years ago. Which answer best describes John's circumstance?
 - a. John does not have to report this transaction because it is not reported on a Form 1099-DIV.
 - b. John must report this transaction and his taxable gain is \$0.
 - c. John must report this transaction and his taxable short-term gain is \$612.
 - d. John must report this transaction and his taxable long-term gain is \$612.
 - e. None of the above

For question C-4, complete the simplified method worksheet. Select the most correct response and record your answers on the answer sheet located in the front of the test booklet.

C-4 Julio is single and retired from the Penn Corp on December 31, 2003 at age 55. He gives you his Form 1099-R. Julio states he began receiving his pension in January, 2004, and has received monthly payments ever since.

What is the taxable portion of Julio's pension (Simplified Method Worksheet, line 9)?

- a. \$16,448
- b. \$15,800
- c. \$3,052
- d. \$19,500
- e. None of the above

CORF PAYER'S name, street address, city, state, and ZIP code Penn Corporation 22 North 3rd Street Your City, State, and Zip Code	\$	a Taxable amour	ion . 00		1B No. 1545-0119 20 04 Form 1099-R		Distributions From nsions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S Federal identification RECIPIENT'S identification		b Taxable amour not determined Capital gain (in	X	4	Total distributior Federal income	·	Copy B Report this income on your
number number	\$	in box 2a)		\$	withheld		Federal tax return. If this form shows Federal income
RECIPIENT'S name Julio Valdosta	5	or insurance pre		6 \$	Net unrealized appreciation in employer's sec	urities	tax withheld in box 4, attach this copy to your return.
Street address (including apt. no.) 456 West 125th Ave	7		IRA/ SEP/ SIMPLE		Other	%	This information is being furnished to the Internal
City, state, and ZIP code Your City, State, and Zip Code	9a	Your percentage distribution	of total %	9b \$	Total employee con 19,50		Revenue Service.
Account number (optional)	10 		eld	11	State/Payer's s	tate no.	12 State distribution \$ \$
	13 	Lood last main	əld	14	Name of localit	y	15 Local distribution \$ \$

Before you begin: √	If you are the beneficiary of a deceased employ before August 21, 1996, see Pub. 939 to find of benefit exclusion of up to \$5,000. If you are, in entered on line 2 below.	but if you are entitled to a death
	partially taxable pension or annuity, figure the t m 1040, line 16b. Enter the total pension or annu	
line 16a	nuity payments received in 2004. Also, enter this	
3. Enter the appropriate number date was after 1997 and the	r from Table 1 below. But if your annuity starting payments are for your life and that of your riate number from Table 2 below	ng
	on line 3	
5. Multiply line 4 by the number made. If your annuity starting	er of months for which this year's payments wer g date was before 1987, skip lines 6 and 7 and e wise, go to line 6	e enter
6. Enter the amount, if any, rec	overed tax free in years after 1986	6.
7. Subtract line 6 from line 2 .		
8. Enter the smaller of line 5 of	r line 7	
 Enter the smaller of line 5 o Taxable amount. Subtract li amount on Form 1040, line 1 		nan zero. Also, enter this t, use the amount on this
 Enter the smaller of line 5 o Taxable amount. Subtract li amount on Form 1040, line 1 	ne 8 from line 1. Enter the result, but not less the 16b. If your Form 1099-R shows a larger amount om Form 1099-R	an zero. Also, enter this t, use the amount on this
 Enter the smaller of line 5 or 9. Taxable amount. Subtract li amount on Form 1040, line 1 line instead of the amount from the amo	ne 8 from line 1. Enter the result, but not less the l6b. If your Form 1099-R shows a larger amount om Form 1099-R	an zero. Also, enter this t, use the amount on this
 8. Enter the smaller of line 5 or 9. Taxable amount. Subtract li amount on Form 1040, line 1 line instead of the amount from 1040. IF the age at annuity starting 	ne 8 from line 1. Enter the result, but not less the 16b. If your Form 1099-R shows a larger amount om Form 1099-R	an zero. Also, enter this t, use the amount on this
 8. Enter the smaller of line 5 or 9. Taxable amount. Subtract li amount on Form 1040, line 1 line instead of the amount from 1040. IF the age at annuity starting date (see page 27) was 	ne 8 from line 1. Enter the result, but not less the 16b. If your Form 1099-R shows a larger amount om Form 1099-R	an zero. Also, enter this t, use the amount on this
 8. Enter the smaller of line 5 or 9. Taxable amount. Subtract li amount on Form 1040, line 1 line instead of the amount from 1040. IF the age at annuity starting date (see page 27) was 55 or under 	ne 8 from line 1. Enter the result, but not less the lob. If your Form 1099-R shows a larger amount on Form 1099-R	an zero. Also, enter this t, use the amount on this
 8. Enter the smaller of line 5 of 9. Taxable amount. Subtract li amount on Form 1040, line 1 line instead of the amount from 1040. IF the age at annuity starting date (see page 27) was 55 or under 56-60 	ne 8 from line 1. Enter the result, but not less the lob. If your Form 1099-R shows a larger amount on Form 1099-R	an zero. Also, enter this t, use the amount on this
 8. Enter the smaller of line 5 or 9. Taxable amount. Subtract li amount on Form 1040, line 1 line instead of the amount from 1040. IF the age at annuity starting date (see page 27) was 55 or under 	ne 8 from line 1. Enter the result, but not less the lob. If your Form 1099-R shows a larger amount on Form 1099-R	an zero. Also, enter this t, use the amount on this
 8. Enter the smaller of line 5 of 9. Taxable amount. Subtract li amount on Form 1040, line 1 line instead of the amount from 1040. IF the age at annuity starting date (see page 27) was 55 or under 56–60 61–65 	ne 8 from line 1. Enter the result, but not less the lob. If your Form 1099-R shows a larger amount on Form 1099-R	an zero. Also, enter this t, use the amount on this
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 8. Enter the smaller of line 5 or 9. Taxable amount. Subtract li amount on Form 1040, line 1 line instead of the amount from 1040, line 1 line instead of the amount from 1040. IF the age at annuity starting date (see page 27) was 55 or under 56–60 61–65 66–70 71 or older IF the combined ages at an another starting the starting of the start start	ne 8 from line 1. Enter the result, but not less the 16b. If your Form 1099-R shows a larger amount on Form 1099-R	an zero. Also, enter this t, use the amount on this
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 8. Enter the smaller of line 5 or 9. Taxable amount. Subtract li amount on Form 1040, line 1 line instead of the amount from 1040, line 1 line instead of the amount from 1040, line 1 line instead of the amount from 156 for the amount from 1040, line 1 line instead of the amount from 1040, line 1 line	ne 8 from line 1. Enter the result, but not less the 16b. If your Form 1099-R shows a larger amount on Form 1099-R	an zero. Also, enter this t, use the amount on this after Movember 18, 1996, enter on line 3 360 310 260 210 160
 8. Enter the smaller of line 5 or 9. Taxable amount. Subtract li amount on Form 1040, line 1 line instead of the amount from 1040, line 1 line instead of the amount from 1040, line 1 line instead of the amount from 156 for the amount from 1040, line 1 line instead of the amount from 1040, line 1 line instead of the amount from 1040, line 1 line instead of the amount from 1040, line 1 line instead of the amount from 1040, line 1 line instead of the amount from 1040, line 1 line instead of the amount from 1040, line 1 line instead of the amount from 1040, line 1 line instead of the amount from 1040, line 1 line instead of the amount from 1040, line 1 line instead of the amount from 1040, line 1 line instead of the amount from 1040, line 1 line instead of the amount from 1040, line 1 line instead of the amount from 1040, line 1 line instead of the amount from 1040, line 1 line instead of the amount from 110 or under 111-120 	ne 8 from line 1. Enter the result, but not less the 16b. If your Form 1099-R shows a larger amount on Form 1099-R	An zero. Also, enter this t, use the amount on this

For questions C-5 through C-10, select the most correct response and record your answers on the answer sheet located in the front of the test booklet.

- C-5 Dorothy brings you the following information to prepare her tax return: her Form SSA-1099, two Forms 1099-INT, and a Form 1099-DIV. Dorothy's date of birth is April 1, 1932. While you are preparing her tax return, what other information is essential to correctly prepare Dorothy's return?
 - a. Dorothy's filing status and number of dependents
 - b. Whether she is legally blind
 - c. Whether she has any IRA or 401K accounts
 - d. Answers a and b above
 - e. Answers a, b, and c above
- C-6 Under which of the following circumstances should you recommend the taxpayer adjust the amount of withholding and/or estimated payments they will have for 2005?
 - a. Taxpayer had no tax liability for 2004 and has \$50 per month withheld from his/her pension during 2004.
 - b. Taxpayer had dividend and interest income in addition to his pension and had no withholding during 2004. His tax liability was \$1,997. Upon completing his return, you discover he must pay an Estimated Tax Penalty.
 - c. Taxpayer had withholding of \$120 and estimated tax payments of \$700 in 2004. He had a total tax liability in 2004 of \$900.
 - d. Taxpayer had a Federal Tax Liability for 2003 of \$0. In 2004, taxpayer had no withholding, paid no estimated taxes, and sold all his Series E savings bonds with a resulting tax liability of \$1,500.
 - e. Both a and b.

- C-7 Gordon has the following sources of income for 2004:
 - fully taxable annuity reported on Form 1099-R;
 - fully taxable IRA distribution reported on Form 1099-R;
 - Social Security Benefits reported on Form SSA-1099;
 - Form 1099-INT with Box 1, Interest Income;
 - Form W-2 with \$2,100 in wages; and
 - Form 1099-MISC with \$339 in Non-Employee Compensation.

Which statement is correct?

- a. He should report his pension and IRA distribution on the same line on his return because they were both reported on Form 1099R.
- b. He should report his pension and IRA distribution on his return because they were both fully taxable. He will need to complete the Social Security Benefits worksheet to determine if any of his benefits are taxable.
- c. He does not have to report his wages because they are less than the amount that he is allowed to earn and still receive his full Social Security benefit.
- d. He does not have to report his Form 1099MISC income because it is under \$400.
- e. None of the above.
- C-8 Dana Curry is married and has elected to file as married filing separately even though she lived with her spouse for the whole year. She received a Form SSA-1099 with a Box 5 amount of \$7,000. Which of the following statements is correct?
 - a. 100% of her Social Security is taxable because she's elected to file as Married Filing Separate.
 - b. The amount to be entered on Line 8 of the Social Security Benefits Worksheet is \$32,000.
 - c. Line 8 of the Social Security Benefits Worksheet is left blank and 85% of her Social Security Benefit is subject to tax.
 - d. The amount to be entered on Line 8 of the Social Security Benefits Worksheet should be \$25,000.
 - e. None of the above.

- C-9 Which of the following statements correctly describe the minimum distribution rules?
 - a. Taxpayers are required to receive minimum distributions from qualified employee retirement plans, qualified annuity plans, deferred compensation plans, tax-sheltered annuity plans and traditional IRA's.
 - b. A taxpayer is subject to an excise tax of 100% on required minimum distributions that are not taken.
 - c. A taxpayer may avoid the excise tax on minimum distributions not taken by taking at least 90% of the required minimum distribution.
 - d. All of the above.
 - e. None of the above.
- C-10 Steve is 43 and on disability from his job as a forklift driver. He has a non-work related illness and is receiving disability income from his employer. Which of the following statements is correct?
 - a. If Steve's employer issued a Form W-2 for his disability income, it should be reported on Form 1040, Line 7.
 - b. Steve must include in income any disability pension received under a plan paid for by his employer.
 - c. If Steve's employer issued a Form 1099-R with Code 3 in Box 7 for Steve's disability income, the income should be reported on Form 1040, Line 7, if Steve has not reached minimum retirement age.
 - d. All of the above.
 - e. None of the above.

For questions C-11 through C-13, use the following scenario to complete a Form 1040 through Line 36 and appropriate worksheets. Either fill-in the blank or select the most correct response and record your answers on the answer sheet located in the front of the test booklet.

Ray (born December 7, 1921) and Susan Parks (born July 4, 1929) are retired and filing a joint tax return. Ray retired from a railway career in 1984 when contributions were recovered in the first one to three years of retirement. They both have Forms RRB-1099/1099R from the railroad. Susan's RRB-1099 is blank. Susan has a Form 1099-R from her banking career and a Form SSA-1099 from Social Security.

They received \$3,200 interest from Pomona Savings Bank. They also brought in a year-end statement from the Waldorf Tax-Exempt Fund which shows tax-exempt interest received during the year of \$1,300. They have no other income.

CORREC PAYER'S name, street address, city, state, and ZIP code First National Savings Bank 25 N. 35th Street Your City, State and Zip Code		\$	1 Gross distribution \$ 6,942.00 2a Taxable amount \$ 6,942.00					Distributions From nsions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
			b Taxable amou not determined	d 🗌		Total distributior	·	Copy B Report this	
PAYER'S Federal identification number	RECIPIENT'S identification number		Capital gain (ir in box 2a)			Federal income withheld	e tax income on yo Federal ta return. If th form show		
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	\$	-	.00	\$		.00	Federal income	
RECIPIENT'S name Susan Parks			5 Employee contribution or insurance premium		6 Net unrealized appreciation in employer's securities		urities	tax withheld in box 4, attach this copy to your return.	
	<b>`</b>	\$	Distribution		\$	Other		-	
Street address (including apt. no 2241 East 54th St.	).)	(	code(s) <b>7</b>	IRA/ SEP/ SIMPLE	8 \$	Other	%	This information is being furnished to the Internal	
City, state, and ZIP code Your City, State, a	nd Zip Code	9a	9a Your percentage of total distribution %		9b \$	9b Total employee contributions		Revenue Service.	
Account number (optional)		10 			11	11 State/Payer's state no.		12 State distribution \$ \$	
		Ŧ	Local tax withh	eld	14	Name of locality	y	15 Local distribution \$ \$	

PAYER'S NAME, STREET ADDRESS, CITY, STATE, AND ZIP CODE	2004	PAYMENTS BY THE RAILROAD RETIREMENT BOARD			
844 N RUSH ST CHICAGO IL 60611-2092	3. Gross Social Security Equivalent Benefit				
PAYER'S FEDERAL IDENTIFYING NO. 36-3314600	Portion of Tier 1 Paid in 2004	11,340.00			
1. Claim Number and Payee Code	4. Social Security Equivalent Benefit Portion of Tier 1 Repaid to RRB in 2004	0.00			
2. Recipient's Identification Number	5. Net Social Security Equivalent Benefit		COPY C -		
xxx-xx-xxxx	Portion of Tier 1 Paid in 2004	11,340.00	FOR		
Recipient's Name, Street Address, City, State, and Zip Code	6. Workers' Compensation Offset in 2004	0.00	RECIPIENT'S RECORDS		
Ray Parks 2241 East 54th St. Norma Gitta State and Kin Gode	7. Social Security Equivalent Benefit Portion of Tier 1 Paid for 2003		THIS		
Your City, State, and Zip Code	8. Social Security Equivalent Benefit Portion of Tier 1 Paid for 2002		INFORMATION IS BEING FURNISHED		
	9. Social Security Equivalent Benefit Portion of Tier 1 Paid for Years Prior to 2000		TO THE INTERNAL REVENUE SERVICE.		
	10. Federal Income Tax Withheld 120.00	11. Medicare Premium Total 799.00			

FORM RRB-1099

DO NOT ATTACH TO YOUR INCOME TAX RETURN

UNITED STATES RAILROAD RETIREMENT B		4	RAILROAD RETIREMENT BOARD
844 N RUSH ST CHICAGO IL 60611-2092 PAYER'S FEDERAL IDENTIFYING NO. 36-3314600	3. Employee Contributions		
1. Claim Number and Payee Code	4. Contributory Amount Paid	9,646.00	СОРҮ В -
2. Recipient's Identification Number	5. Vested Dual Benefit		
xxx-xx-xxxx			REPORT THIS INCOME ON YOUR FEDERAL TAX
Recipient's Name, Street Address, City, State, and ZIP Code Ray Parks	6. Supplemental Annuity	542.00	RETURN. IF THIS FORM SHOWS FEDERAL INCOME
2241 East 54th St. Your City, State, and	7. Total Gross Paid	10,188.00	TAX WITHHELD IN BOX 9 ATTACH THIS COPY TO
Zip Code	8. Repayments		YOUR RETURN.
	9. Federal Income Tax Withheld		FURNISHED TO THE INTERNAL REVENUE SERVICE.
	10. Rate of Tax		11. Country 12. Medicare Premium Tota

### FORM RRB-1099-R

JNITED STATES RAILROAD RETIREMENT B 844 N RUSH ST CHICAGO IL 60611-2092	3. Employee Contributions	-			
AYER'S FEDERAL IDENTIFYING NO. 36-3314600					
. Claim Number and Payee Code	4. Contributory Amount Paid	3,086.00	СОРҮ В -		
Recipient's Identification Number	5. Vested Dual Benefit			SINCOME ON DERAL TAX	
Recipient's Name, Street Address, City, State, and ZIP Code	6. Supplemental Annuity	0.00	RETURN. IF THIS FOR SHOWS FEDERAL INCOM		
2241 East 54th St. Your City, State, and	7. Total Gross Paid	3,086.00	ATTACH THI	LD IN BOX 9 S COPY TO	
Zip Code	8. Repayments		YOUR RETURN. THIS INFORMATION IS BEI		
	9. Federal Income Tax Withheld	1,260.00	FURNISHED TO REVENUE SERVIC		
	10. Rate of Tax		11. Country	12. Medicare Premium Tot	

FORM SS	A-1099 – SOCIAL SE	CURITY	BENEFIT STATEMENT
2004 : PART OF	YOUR SOCIAL SECURITY E REVERSE FOR MORE INFO	ENEFITS S	SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
Box 1. Name <b>Susan Parks</b>		Box 2. Be	neficiary's Social Security Number <b>xxx - xx - xxxx</b>
Box 3. Benefits Paid in 2004 9,185.00	Box 4. Benefits Repaid to SSA	a in 2004 <b>0.00</b>	Box 5. Net Benefits for 2003 (Box 3 minus Box 4) 9,185.00
DESCRIPTION OF A	AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4
Paid by check o deposit: \$8,38 Medicare premiu \$799.00	6.00		
Total: \$9,185.	00		
		Box 6. Vo	luntary Federal Income Tax Withholding
			0.00
		Box 7. Ad	dress
			East 54th Street City, State, and Zip Code
			aim Number (Use this number if you need to contact SSA.)
Form SSA-1099-SM (1-2005)	DO NOT RETURN THIS	FORM TO	O SSA OR IRS

<u><b>1040</b></u>	_	. Individual Income Tax Return		99) IRS Use Only—Do n		
Label		the year Jan. 1–Dec. 31, 2004, or other tax year beginning ur first name and initial	, 2004, ending	g , 20		No. 1545-0074
	YO	In first name and initial Last	name		Your social	security number
instructions and page 19.) A B E	lf a	joint return, spouse's first name and initial Last	name		Spouse's s	ocial security numb
Use the IRS label. H Otherwise, E	Но	me address (number and street). If you have a P.O.	box, see page 19.	Apt. no.	▲ Im	portant!
please print or type.	Cit	v, town or post office, state, and ZIP code. If you ha	ave a foreign address, see	e page 19.		<b>nust</b> enter SSN(s) above.
Presidential		Note. Checking "Yes" will not change your			You	Spouse
Election Campaign (See page 19.)		Do you, or your spouse if filing a joint return			Yes	
	1	] Single		Head of household (with	qualifying per	son). (See page 20.
Filing Status	2	Arried filing jointly (even if only one had i		the qualifying person is a		
Check only	3	Arried filing separately. Enter spouse's S		this child's name here. ►		
one box.		and full name here.		Qualifying widow(er) wit		
	6a	Yourself. If someone can claim you as a	a dependent, <b>do not</b> d	check box 6a		es checked 6a and 6b ——
Exemptions	b	Spouse		· · · · · · · · · · · · · · · · · · ·		of children 6c who:
	С		(2) Dependent s	(3) Dependent's (4) √ if qu relationship to child for cl	anyng	ved with you
		(1) First name Last name St	ocial security number	you credit (see p	oage 21) • d	id not live with
If more than four					or s	due to divorce eparation
dependents, see					-	e page 21) endents on 6c
page 21.						entered above
		150				I numbers on
	d	Total number of exemptions claimed				s above ►
Income	7	Wages, salaries, tips, etc. Attach Form(s) W-	-2		7	
mcome	8a	Taxable interest. Attach Schedule B if require			8a	
Attach	b	Tax-exempt interest. Do not include on line				
Forms W-2 and W-2G here.	9a	Ordinary dividends. Attach Schedule B if rec			9a	
Also attach	b	Qualified dividends (see page 23)	9b			
Form(s) 1099-R	10	Taxable refunds, credits, or offsets of state a	and local income taxe	s (see page 23)	10	
if tax was withheld.	11	Alimony received			11	
	12	Business income or (loss). Attach Schedule			12	
	13	Capital gain or (loss). Attach Schedule D if re		d, check here 🕨 📘	13	
If you did not get a W-2,	14	Other gains or (losses). Attach Form 4797 . IBA distributions   <b>15a</b>			14 15b	
see page 22.	15a			e amount (see page 25)	16b	
Fueless but de	16a			e amount (see page 25)	17	
Enclose, but do not attach, any	17	Rental real estate, royalties, partnerships, S o	corporations, trusts, et	c. Attach Schedule E	18	
payment. Also,	18	Farm income or (loss). Attach Schedule F .			19	
please use Form 1040-V.	19 20a	Unemployment compensation Social security benefits . 20a		e amount (see page 27)	20b	
F0/111 1040-V.	20a 21	Other income. List type and amount (see pa		( 10 )	21	
	22	Add the amounts in the far right column for lin			22	
	23	Deduction for clean-fuel vehicles (see page 3				
Adjusted	24	Certain business expenses of reservists, performi				
Gross	24	fee-basis government officials. Attach Form 210				
Income	25	IRA deduction (see page 29)				
	26	Student loan interest deduction (see page 3				
	27	Tuition and fees deduction (see page 32)				
	28	Health savings account deduction. Attach Fo	00			
	29	Moving expenses. Attach Form 3903				
	30	One-half of self-employment tax. Attach Sch				
	31	Self-employed health insurance deduction (s				
	32	Self-employed SEP, SIMPLE, and qualified p				
	33	Penalty on early withdrawal of savings				
	34a	Alimony paid <b>b</b> Recipient's SSN <b>&gt;</b>				
	35	Add lines 23 through 34a			35	
	36	Subtract line 35 from line 22. This is your ac	ljusted gross income	• <b>.</b> •	36	

Form 1040 (2004)			Page <b>2</b>
Tex and	37	Amount from line 36 (adjusted gross income)	37
Tax and	38a	Check [ You were born before January 2, 1940, Blind. ] Total boxes	
Credits		if:   □ Spouse was born before January 2, 1940, □ Blind.   checked ► 38a	
Standard Deduction	h	If you are married filing separately and your spouse itemizes deductions, or	
for—		you were a dual-status alien, see page 34 and check here ► 38b	
<ul> <li>People who</li> </ul>	39	Itemized deductions (from Schedule A) or your standard deduction (see left margin).	39
checked any	40	Subtract line 39 from line 37	40
box on line 38a or 38b <b>or</b>			
who can be	41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see the worksheet on page 35	41
claimed as a dependent,	42	<b>Taxable income.</b> Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	42
see page 34.	43	<b>Tax</b> (see page 36). Check if any tax is from: $\mathbf{a} \square$ Form(s) 8814 <b>b</b> $\square$ Form 4972	43
<ul> <li>All others:</li> </ul>	44	Alternative minimum tax (see page 38). Attach Form 6251	44
Single or	45	Add lines 43 and 44	45
Married filing separately,	45 46	Credit for child and dependent care expenses. Attach Form 2441	
\$4,850	40 47		
Married filing			
jointly or Qualifying	48		
widow(er),	49 50	Credits from: a Form 8396 b Form 8859 49 Foreign tax credit. Attach Form 1116 if required 50	
\$9,700	50		
Head of household,	51 50		
\$7,150	52 52		
L	53 54	Adoption credit. Attach Form 8839	
	54	b Form 8801 c Specify	
	55		55
	56	Add lines 46 through 54. These are your <b>total credits</b>	56
			57
Other	57 50	Self-employment tax. Attach Schedule SE	58
Taxes	58 50	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59
	59 60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required .	60
	60 61	Advance earned income credit payments from Form(s) W-2	61
	62	Add lines 56 through 61. This is your total tax	62
Payments	63	Federal income tax withheld from Forms W-2 and 1099 . 63	
Fayments			
	64 65		
If you have a qualifying	66	Earned income credit (EIC)       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .	
child, attach Schedule EIC.	67	Additional child tax credit. Attach Form 8812	
Scriedule EIC.		Amount paid with request for extension to file (see page 56)	
	68 69	Other payments from: $\mathbf{a} \square$ Form 2439 $\mathbf{b} \square$ Form 4136 $\mathbf{c} \square$ Form 8885 . 69	
	70	Add lines 63 through 69. These are your total payments	70
Defined		If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you <b>overpaid</b>	71
Refund	71 72a	Amount of line 71 you want refunded to you	72a
Direct deposit? See page 56	► b	Routing number Savings Savings	
and fill in 72b,	► d	Account number	
72c, and 72d.			
Amount	73 74	Amount of line 71 you want applied to your 2005 estimated tax        Amount you owe.     Subtract line 70 from line 62. For details on how to pay, see page 57	74
You Owe	74 75	Estimated tax penalty (see page 58)	
		you want to allow another person to discuss this return with the IRS (see page 58)?	Complete the following.  No
Third Party		signee's Phone Personal identifi	
Designee	nai		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, ar	
Here		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of w	
Joint return?	Yo	ur signature Date Your occupation	Daytime phone number
See page 20.			( )
Keep a copy for your	Sp	ouse's signature. If a joint return, both must sign. Date Spouse's occupation	
records.			<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
Paid	Pre	parer's Date Check if	Preparer's SSN or PTIN
Paid Proporor'o		nature Check if self-employed	
Preparer's		n's name (or EIN	
Use Only	yoi ad	urs if self-employed), Prove Phone no.	( )
			Form <b>1040</b> (2004)

Schedules A&B (Form 1040) 2004 Vame(s) shown on Form 1040. Do not enter name and social security number if shown on other side.	-	1545-0074 ocial secur		ge <b>2</b>
Schedule B—Interest and Ordinary Dividends		Attach Seque	ment nce No.	08
Part I       1       List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address ▶         (See page B-1 and the nstructions for Form 1040, ine 8a.)       •		Amo	unt	
Note. If you         received a Form         1099-INT, Form         1099-OID, or         substitute         statement from         a brokerage firm,         ist the firm's         name as the         payer and enter         the total interest         shown on that         2	2			
iorm.       3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815         4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶         Note. If line 4 is over \$1,500, you must complete Part III.	3 4	Amo	unt	
5       List name of payer ►         Ordinary       Dividends         See page B-1       Contemport         and the       Contemport         nstructions for       Contemport         Form 1040,       Contemport         ine 9a.)       Contemport				
Note. If you         received a Form         1099-DIV or         substitute         statement from         a brokerage firm,         ist the firm's         name as the         payer and enter         the ordinary         dividends shown         on that form.	5			
6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a . ► Note. If line 6 is over \$1,500, you must complete Part III.	6			
<ul> <li>Part III</li> <li>Foreign</li> <li>Accounts</li> <li>and Trusts</li> <li>See bage B-2.</li> <li>You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary divide a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to,</li> <li>7a At any time during 2004, did you have an interest in or a signature or other authority account in a foreign country, such as a bank account, securities account, or other fin See page B-2 for exceptions and filing requirements for Form TD F 90-22.1.</li> <li>b If "Yes," enter the name of the foreign country ▶</li> <li>8 During 2004, did you receive a distribution from, or were you the grantor of, or foreign trust? If "Yes," you may have to file Form 3520. See page B-2</li> </ul>	a foreign over a fi ancial ac	n trust. nancial count?		No
	Schedule	B (Form	1040) 2	2004

|--|

cial Sec	curity Benef	fits Worksheet—Lines 20a and 20b	Keep for Your Reco
Before y	ou begin:	$\checkmark$ Complete Form 1040, lines 21, 23 through 25, and 28 through 34 to you.	a, if they apply
		$\checkmark$ Figure any write-in adjustments to be entered on the dotted line n (see page 33).	ext to line 35
		$\checkmark$ If you are married filing separately and you lived apart from your of 2004, enter "D" to the right of the word "benefits" on line 20a	
		$\checkmark$ Be sure you have read the <b>Exception</b> on page 27 to see if you ca worksheet instead of a publication to find out if any of your bene	
. Enter the Forms	he total amount <b>RRB-1099</b>	from box 5 of all your Forms SSA-1099 and 1.	
		l	2.
3. Enter the	he total of the a	mounts from Form 1040, lines 7, 8a, 9a, 10 through 14, 15b, 16b, 17	
4. Enter the	he amount, if an	y, from Form 1040, line 8b	4.
5. Add lir	nes 2, 3, and 4.	•••••••••••••••••••••••••••••••••••••••	5.
		mounts from Form 1040, lines 23 through 25, and 28 through 34a, plus ts you entered on the dotted line next to line 35	6.
	~	6 less than the amount on line 5?	0,
No.	STOP None of	of your social security benefits are taxable.	
Yes	. Subtract line 6	5 from line 5	. 7.
B. If you • M		ntly, enter \$32,000	
	ely and you live	busehold, qualifying widow(er), or married filing a <b>apart</b> from your spouse for all of 2004, enter	8.
in 2004	l, skip lines 8 th	arately and you lived with your spouse at any time arough 15; multiply line 7 by 85% (.85) and enter Then go to line 17	
	_	B less than the amount on line 7?	
No.	amount separate	f your social security benefits are taxable. You do not have to enter any is on line 20a or 20b of Form 1040. <b>But</b> if you are married filing ely and you <b>lived apart</b> from your spouse for all of 2004, enter -0- on 1	
		e sure you entered "D" to the right of the word "benefits" on line 20a.	. 9.
). Enter:	\$12,000 if marri	ed filing jointly; \$9,000 if single, head of household, qualifying	
		filing separately and you <b>lived apart</b> from your spouse for all of 2004	
		ine 9. If zero or less, enter -0	
		ne 9 or line 10	
		ne 2 or line 13	
		% (.85). If line 11 is zero, enter -0-	
		b (.85)	
<ul> <li><b>Taxab</b></li> <li>Enter</li> </ul>	er the amount from	<b>y benefits.</b> Enter the <b>smaller</b> of line 16 or line 17	
• Ente	er the amount fro	om line 18 above on Form 1040, line 20b.	
	art of your bene may be able to	efits are taxable for 2004 and they include benefits paid in 2004 that we	re for an earlier year,

pag

- C-11 How much taxable pension income will be reported on Form 1040 Line 16b?
  - a. \$20,216
  - b. \$31,556
  - c. \$40,741
  - d. \$19,674
  - e. None of the above
- C-12 What is the total tax exempt interest reported on Form 1040, Line 8b?
- C-13 How much of their combined Social Security and RRB Social Security-equivalent benefits will be reported on form 1040, Line 20b?

For questions C-14 through C-20, use the following scenario to complete a Form 1040 and appropriate schedules and worksheets. Either fill-in the blank or select the most correct response. Record your answers on the answer sheet located in the front of the test booklet.

Joe and Shirley Coker arrive at your site with documents needed to prepare their tax return. They are retired. Joe was born on June 13, 1935 and Shirley was born on May 21, 1944. They provide their Social Security cards and the information returns shown below. Joe and Shirley live at 2325 Third Ave. and their telephone number is (555) 111-1212.

Estimated tax payments of \$150 per quarter were made on the 15th of April, June, and September of 2004. The fourth payment was made on the 15th of January 2005. Shirley has started taking an IRA withdrawal from the bank. She withdrew her IRA funds in December 2004.

Joe accumulated 688 stock shares of Gannon Corporation (GC) over a ten year period ending in 1997. His total investment in stock was \$603.20. The Baylor-Holmes Bank (BHB) stock was purchased on September 23, 2002.

		ECT	ED (if checke	ed)			_		
PAYER'S name, street address,	city, state, and ZIP code	1	1 Gross distribution					Distributions From	
Gannon Corporation Pension Fund 123 Erskine Blvd. Your City, State, and Zip Code			<pre>\$ 16,412.00 2a Taxable amount \$ 16,412.00</pre>			20 <b>04</b>		Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
		2	<b>b</b> Taxable amound not determined			Total distribution	n 🗌	Copy B Report this	
PAYER'S Federal identification number	RECIPIENT'S identification number	3	Capital gain (ir in box 2a)	ncluded	4	Federal income withheld	e tax	income on your Federal tax	
xx-xxxxxx	xxx-xx-xxxx	\$	,		\$	583	. 00	return. If this form shows Federal income	
RECIPIENT'S name	•	5 Employee contributions 6 Net unrealized			tax withheld in				
Joseph Coker			or insurance pr	emiums		appreciation in employer's sec		box 4, attach this copy to your return.	
Street address (including apt. no.) 2325 Third Ave.		7		IRA/ SEP/ SIMPLE	\$ 8 \$	Other	%	This information is being furnished to the Internal	
City, state, and ZIP code Your City, State, and Zip Code		9a	9a Your percentage of total distribution % \$		+	9b Total employee contributions		Revenue Service.	
Account number (optional)		\$		eld	11	State/Payer's s	tate no.	\$	
		13 \$	Local tax withh	eld	14	Name of localit	у	\$ 15 Local distribution \$	
Form 1099-R		\$						Santarnal Payanua Santia	

		ECT	ED (if checke	ed)			_		
PAYER'S name, street address,	city, state, and ZIP code	1	1 Gross distribution			1B No. 1545-0119		Distributions From	
Doane Savings Bank 321 2nd St. Your City, State, and Zip Code			\$ 3,629.00           2a Taxable amount           \$ 3,629.00			20 <b>04</b>	Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		
			b Taxable amou not determine	nt		Total distributio	n	Copy B Report this	
PAYER'S Federal identification number	RECIPIENT'S identification number	3	Capital gain (ir in box 2a)	ncluded	4	Federal income withheld	e tax	income on your Federal tax return. If this	
xx-xxxxxx	xxx-xx-xxxx	\$			\$			form shows Federal income	
RECIPIENT'S name		5 Employee contributions		6 Net unrealized			tax withheld in		
Shirley Coker		or insurance premiums		appreciation in employer's securities		box 4, attach this copy to your return.			
		\$			\$			your return.	
Street address (including apt. n 2325 Third Ave.	Street address (including apt. no.) 2325 Third Ave.		Distribution code(s) <b>7</b>	IRA/ SEP/ SIMPLE	8 \$	Other	%	This information is being furnished to	
City, state, and ZIP code Your City, State, a	City, state, and ZIP code Your City, State, and Zip Code		9a Your percentage of total distribution %		9b	9b Total employee contributions \$		the Internal Revenue Service.	
Account number (optional)		\$	10 State tax withheld		<b>11</b> State/Payer's state no.		12 State distribution \$ \$		
			\$ 13 Local tax withheld		14 Name of locality			<b>15</b> Local distribution	
			\$		·····		\$ \$		
Form <b>1099-R</b>					D	epartment of the T	reasury -	Internal Revenue Service	

FORM SS	A-1099 - SOCIAL SE	CURITY	BENEFIT STATEMENT
2004 : PART OF	YOUR SOCIAL SECURITY E REVERSE FOR MORE INFO	ENEFITS S RMATION.	SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
Box 1. Name Joseph Coker			neficiary's Social Security Number <b>xxx-xx-xxxx</b>
Box 3. Benefits Paid in 2004 10,281.00	Box 4. Benefits Repaid to SS/	A in 2004 0.00	Box 5. Net Benefits for 2003 (Box 3 minus Box 4) 10,281.00
DESCRIPTION OF	MOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4
Paid by check o deposit \$			
Medicare premiu \$	ms deducted 799.00		
Total \$1	0,281.00		
		Box 6. Vo	luntary Federal Income Tax Withholding
			0.00
		Box 7. Ad	dress
			Third Ave. City, State, and Zip Code
		Box 8. Cla	aim Number (Use this number if you need to contact SSA.)
Form SSA-1099-SM (1-2005)	DO NOT RETURN THIS	FORM TO	D SSA OR IRS

		ECTED (if checked)		
PAYER'S name, street address, city,	state, ZIP code, and telephone no.	Payer's RTN (optional)	OMB No. 1545-0112	
Irvine National Sav: 64 S. 17th Ave.	ings and Loan		2004	Interest Income
Your City, State, an	nd Zip Code		Form 1099-INT	
PAYER'S Federal identification number	RECIPIENT'S identification number	1 Interest income not include		Сору В
xx-xxxxxx	xxx-xx-xxxx	\$	403.00	For Recipient
RECIPIENT'S name Joseph Coker		2 Early withdrawal penalty	3 Interest on U.S. Sav Bonds and Treas. of	bligations information and is
		\$ 25.00	\$	being furnished to the Internal Revenue
Street address (including apt. no.) 2325 Third Ave.		4 Federal income tax withheld \$ 0.00	5 Investment expens	a negligence penalty or
City, state, and ZIP code Your City, State, and	nd Zip Code	6 Foreign tax paid	7 Foreign country or possession	imposed on you if this income is taxable and
Account number (optional)		\$		the IRS determines that it has not been reported.
Form <b>1099-INT</b>	(keep	for your records)	Department of the T	reasury - Internal Revenue Service

72	<b>Consolidated Statement</b>	atement			Account I	Account Number: C4321A
	<b>Payer:</b> Employer ID# xx-xxxxxx Wharton and Taylor Finar 800 East 43 rd Street Your City, State Zip	<b>Payer:</b> Employer ID# xx-xxxxxx Wharton and Taylor Financial Services 800 East 43 rd Street Your City, State Zip		Account Holder: SSN: xxx-xx-xxxx Joseph Coker Shirley Coker 2325 Third Ave. Your City, State, Zip	er: xxx , Zip	
	<b>2004 Interest Income – 1099-INT</b> Type Box 1: Box 2: Interest Income Early Withdr Not Included in Penalty Box 3	<b>ome – 1099-INT</b> Box 2: ne Early Withdrawal in Penalty	Box 3: US Savings Bond	Box 4: Federal Income Tax Withheld	Box 6: Foreign Tax Paid	Box 7: Foreign Country or US Possession
	Cash \$83.51 Management Account Fisk Bank \$709.47 CD		\$1,121.44	\$71.00		
	<b>2004 Dividends </b> Box 1a Total Ordinary Dividends \$487.50 No other entries.	<b>2004 Dividends &amp; Distributions – 1099-DIV</b> Box 1aBox 1bBox 1aDox 1bTotal OrdinaryQualifiedTotal OrdinaryQualifiedDividendsDividends\$487.50\$357.49No other entries.	<b>9-DIV</b> Box 2a Total Capital Gain Distribution \$4.49	Box 2c Section 1202 Gain		
	<b>2004 Proceeds fi</b> Security C BHB GC	2004 Proceeds from Broker and Barter Exchange Transactions – 1099B2004 Proceeds from Broker and Barter Exchange Transactions – 1099BSecurityDate AcquiredSecurityDate AcquiredBHB2059/23/026/15/2004GC688N/A9/15/2004Second Sales \$15,663.00Total Sales \$15,663.00	er Exchange Trans d Date Liquidated 6/15/2004 9/15/2004 Total S	Transactions - 109           uidated         Sale Price           2004         \$6,749.00           2004         \$8,914.00           2014         \$8,914.00           Total Sales \$15,663.00         \$100	<ul> <li>B Cost Basis</li> <li>\$7,667.00 N/A</li> </ul>	Gain(Loss) (\$918) N/A
	<b>2004 Non-Repor</b> Your City Bond	<b>2004 Non-Reportable Dividends/Interest</b> Your City Bond	est		<b>Tax Exempt Interest Paid</b> \$463.00	st Paid

<b><u>1040</u></b>	-	C. Individual Income Tax Return         UU4         (99)         IRS Use Only—Do not           the year Jan. 1-Dec. 31, 2004, or other tax year beginning         , 2004, ending         , 20	t write or staple in this space. OMB No. 1545-0074
Label		ur first name and initial Last name	Your social security number
(See L			
instructions B	lf a	joint return, spouse's first name and initial Last name	Spouse's social security numb
on page 19.)			
Use the IRS Label.	Ho	me address (number and street). If you have a P.O. box, see page 19. Apt. no.	▲ Important! ▲
Otherwise, E please print B		<u>C</u> .	You <b>must</b> enter
or type.	Cit	y, town or post office, state, and ZIP code. If you have a foreign address, see page 19.	your SSN(s) above.
Presidential	Ĺ		You Spouse
Election Campaign		Note. Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund?	
(See page 19.)	<b>/</b>		
Filing Status	1 L		jualifying person). (See page 20.) child but not your dependent, ent
-	2 [ 3 [		silla bat not your dependent, ent
Check only one box.	31	- Married ming separately. Enter spouse s contabove	dependent child (see page 20
	6a	Yourself. If someone can claim you as a dependent, do not check box 6a	Boxes checked on 6a and 6b
Exemptions	b	Spouse	∫ No. of children
	с	Dependents: (2) Dependent's (3) Dependent's (4) √ if qual child for chil	
		(1) First name Last name credit social security number relationship to you credit (see pa	ge 21) • did not live with
16			you due to divorce or separation
If more than four dependents, see			(see page 21)
page 21.			Dependents on 6c not entered above
			Add numbers on
	d	Total number of exemptions claimed	lines above ►
Income	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7
income	8a	Taxable interest. Attach Schedule B if required	8a
Attach	b	Tax-exempt interest. Do not include on line 8a 8b	9a
Forms W-2 and W-2G here.	9a	Ordinary dividends. Attach Schedule B if required	
Also attach	b		10
Form(s) 1099-R if tax was	10 11	Taxable refunds, credits, or offsets of state and local income taxes (see page 23) Alimony received	11
withheld.	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	13
lf you did not	14	Other gains or (losses). Attach Form 4797	14
get a W-2,	15a	IRA distributions	15b
see page 22.	16a	Pensions and annuities 16a b Taxable amount (see page 25)	16b
Enclose, but do	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17
not attach, any	18	Farm income or (loss). Attach Schedule F	18
payment. Also, please use	19	Unemployment compensation	19
Form 1040-V.	20a	Social security benefits , 20a b Taxable amount (see page 27)	20b
	21	Other income. List type and amount (see page 27)	21
	22	Add the amounts in the far right column for lines 7 through 21. This is your <b>total income</b>	22
Adjusted	23	Deduction for clean-fuel vehicles (see page 29) 23	
Gross	24	Certain business expenses of reservists, performing artists, and	
Income	05	fee-basis government officials. Attach Form 2106 or 2106-EZ IBA deduction (see page 29) 25	
	25 26		
	26 27		
	27 28		
	28 29	Health savings account deduction. Attach Form 8889       28         Moving expenses. Attach Form 3903       29	
	29 30	One-half of self-employment tax. Attach Schedule SE	
	31	Self-employed health insurance deduction (see page 33)	
	32	Self-employed SEP, SIMPLE, and qualified plans	
	33	Penalty on early withdrawal of savings	
	34a	Alimony paid <b>b</b> Recipient's SSN ▶ <b>34a</b>	
	35	Add lines 23 through 34a	35
	36	Subtract line 35 from line 22. This is your adjusted gross income	36

Form 1040 (2004)			Page <b>2</b>
Tex and	37	Amount from line 36 (adjusted gross income)	37
Tax and	38a	Check [ You were born before January 2, 1940, Blind. ] Total boxes	
Credits	\ \	if: ∫ □ Spouse was born before January 2, 1940, □ Blind. ∫ checked ▶ 38a	
Standard Deduction	b	If you are married filing separately and your spouse itemizes deductions, or	
for—		you were a dual-status alien, see page 34 and check here	
<ul> <li>People who</li> </ul>	39	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	39
checked any box on line	40	Subtract line 39 from line 37	40
38a or 38b <b>or</b>	41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on	
who can be claimed as a		line 6d. If line 37 is over \$107,025, see the worksheet on page 35	41
dependent, see page 34.	42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	42
<ul> <li>All others:</li> </ul>	43	Tax (see page 36). Check if any tax is from: a 🗌 Form(s) 8814 b 🔲 Form 4972	43
	44	Alternative minimum tax (see page 38). Attach Form 6251	44
Single or Married filing	45	Add lines 43 and 44	45
separately, \$4,850	46	Credit for child and dependent care expenses. Attach Form 2441	
Married filing	47	Credit for the elderly or the disabled. Attach Schedule R 47	
jointly or	48	Education credits. Attach Form 8863	
Qualifying widow(er),	49	Credits from: a Form 8396 b Form 8859 49	
\$9,700	50	Foreign tax credit. Attach Form 1116 if required 50	
Head of	51	Child tax credit (see page 40)	
household, \$7,150	52	Retirement savings contributions credit. Attach Form 8880	
	53	Adoption credit. Attach Form 8839	
	54		
		b Form 8801 c Specify	55
	55 56	Add lines 46 through 54. These are your <b>total credits</b>	56
			57
Other	57 50	Self-employment tax. Attach Schedule SE	58
Taxes	58 50	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59
	59 60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required . Advance earned income credit payments from Form(s) W-2	60
	61	Household employment taxes. Attach Schedule H	61
	62	Add lines 56 through 61. This is your total tax	62
Payments	63	Federal income tax withheld from Forms W-2 and 1099 . 63	
raymento	64	2004 estimated tax withheid norm of sw-2 and 1000	
If you have a	65	Earned income credit (EIC)	
qualifying	66	Excess social security and tier 1 RRTA tax withheld (see page 56)	
child, attach Schedule EIC.	67	Additional child tax credit. Attach Form 8812	
	68	Amount paid with request for extension to file (see page 56) 68	
	69	Other payments from: a Form 2439 b Form 4136 c Form 8885 69	
	70	Add lines 63 through 69. These are your total payments	70
Refund	71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid	71
Direct deposit?	72a	Amount of line 71 you want refunded to you	72a
See page 56	▶ b	Routing number	
and fill in 72b, 72c, and 72d.	► d	Account number	
	73	Amount of line 71 you want applied to your 2005 estimated tax	
Amount	74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 57	74
You Owe	75	Estimated tax penalty (see page 58)	
Third Party	Do	you want to allow another person to discuss this return with the IRS (see page 58)? [] Yes.	Complete the following.
Designee	De	signee's Phone Personal identifie	cation
	nar Un	ne ▶ () number (PIN) der penalties of perjury. I declare that I have examined this return and accompanying schedules and statements, an	d to the best of my knowledge and
Sign		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of w	
Here	Yo	ur signature   Date   Your occupation	Daytime phone number
Joint return? See page 20.			
Keep a copy	- Sn	ouse's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation	
for your records.			
	~	Date	Preparer's SSN or PTIN
Paid		eparer's nature Check if self-employed	
Preparer's	Fin	n's name (or	<u> </u>
Use Only	you	dress, and ZIP code Phone no.	
_	adi		Eorm <b>1040</b> (2004)

Name(s) shown on F	Form 1040. Do not enter name and social security number if shown on other side.	Your social security number
	Schedule B—Interest and Ordinary Dividends	Attachment Sequence No. <b>0</b>
Part I Interest (See page B-1 and the instructions for Form 1040, line 8a.)	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address ▶	Amount
Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.	<ul> <li>2 Add the amounts on line 1</li></ul>	2
	Note. If line 4 is over \$1,500, you must complete Part III.	Amount
Part II Ordinary Dividends (See page B-1 and the instructions for Form 1040, line 9a.)		
Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.		5
	6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a . ► Note. If line 6 is over \$1,500, you must complete Part III.	6
Dort III	You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividen	
Part III Foreign Accounts and Trusts See Dage B-2.)	<ul> <li>a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a</li> <li>7a At any time during 2004, did you have an interest in or a signature or other authority or account in a foreign country, such as a bank account, securities account, or other final See page B-2 for exceptions and filing requirements for Form TD F 90-22.1.</li> <li>b If "Yes," enter the name of the foreign country ▶</li> <li>8 During 2004, did you receive a distribution from, or were you the grantor of, or transferor of the foreign country and for the foreign country</li></ul>	over a financial ncial account?
- ·	foreign trust? If "Yes," you may have to file Form 3520. See page B-2	

#### SCHEDULE D (Form 1040)

#### **Capital Gains and Losses**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) Name(s) shown on Form 1040 ► Attach to Form 1040. ► See Instructions for Schedule D (Form 1040).

Use Schedule D-1 to list additional transactions for lines 1 and 8.

Attachment Sequence No. 12 Your social security number

	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-6 of the instructions)	(e) Cost or othe (see page D- the instruction	6 of	(f) Gain or (le Subtract (e) fro	
		(1010., day, yr.)				5115)		
	Enter your short-term totals, if any			6				
	line 2	<b>s.</b> Add lines 1 a	and 2 in	0				
	column (d)				. and 8824	4		1
	Net short-term gain or (loss) from	partnerships, S						
	Schedule(s) K-1					5		-
	Short-term capital loss carryover. En	ter the amount	, if any, from	line 8 of your Ca	pital Loss	6	(	
	Carryover Worksheet on page D-5 o	in the instruction					<u> </u>	
	Net short-term capital gain or (loss	. Combine line	s 1 through 6	in column (f) .		7		
a	tt II Long-Term Capital Gains a	and Losses—	Assets Held	More Than Or	ne Year			
	(a) Description of property	(b) Date						
			(c) Date sold	(d) Sales price	(e) Cost or othe		(f) Gain or (le	oss)
	(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(C) Date sold (Mo., day, yr.)	(d) Sales price (see page D-6 of the instructions)	(e) Cost or othe (see page D- the instructio	6 of	(f) Gain or (le Subtract (e) fro	
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		acquired		(see page D-6 of	(see page D-	6 of		
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		acquired (Mo., day, yr)	Mo., day, yr.)	(see page D-6 of	(see page D-	6 of		
	(Example: 100 sh. XYŻ Có.) Enter your long-term totals, if any, line 9	from Schedu	Mo., day, yr.)	(see page D-6 of the instructions)	(see page D-	6 of		
	(Example: 100 sh. XYŻ Có.) Enter your long-term totals, if any, line 9	from Schedu s. Add lines 8 a m gain from For	Mo., day, yr.)	(see page D-6 of the instructions)	rm gain or	6 of		
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Sche	dule D (F	(Form 1040) 2004 Pa			
Pa	rt III	Summary			
16		ine lines 7 and 15 and enter the result. If line 16 is a loss, skip lines 17 through 20, and line 21. If a gain, enter the gain on Form 1040, line 13	16		
17	🗌 Ye	nes 15 and 16 <b>both</b> gains? es. Go to line 18. o. Skip lines 18 through 21, and go to line 22.			
18		the amount, if any, from line 7 of the <b>28% Rate Gain Worksheet</b> on page D-7 of the ctions	18		
19		the amount, if any, from line 18 of the <b>Unrecaptured Section 1250 Gain Worksheet</b> on D-8 of the instructions	19		
20	☐ Ye Ca lin ☐ Ne	<ul> <li>and 19 both zero or blank?</li> <li>as. Complete Form 1040 through line 42, and then complete the Qualified Dividends and apital Gain Tax Worksheet on page 37 of the Instructions for Form 1040. Do not complete es 21 and 22 below.</li> <li>b. Complete the Schedule D Tax Worksheet on page D-10 of the instructions. Do not implete lines 21 and 22 below.</li> </ul>			
21	● The ● (\$3,	16 is a loss, enter here and on Form 1040, line 13, the <b>smaller</b> of: loss on line 16 or 000), or if married filing separately, (\$1,500) When figuring which amount is smaller, treat both amounts as positive numbers.	<b>21</b> ( )		
22		u have qualified dividends on Form 1040, line 9b? es. Complete Form 1040 through line 42, and then complete the Qualified Dividends and apital Gain Tax Worksheet on page 37 of the Instructions for Form 1040. b. Complete the rest of Form 1040.			
		Printed on recycled paper	Schedule D (Form 1040) 2004		

Form 1040—Lines 20a and 20b

Be	efore you begin:	$\checkmark$ Complete Form 1040, lines 21, 23 through 25, and 28 through 3	4a, if they apply
		to you. $$ Figure any write-in adjustments to be entered on the dotted line	next to line 35
		<ul> <li>(see page 33).</li> <li>√ If you are married filing separately and you lived apart from you of 2004, enter "D" to the right of the word "benefits" on line 20</li> </ul>	
		$\checkmark$ Be sure you have read the <b>Exception</b> on page 27 to see if you c worksheet instead of a publication to find out if any of your ben	an use this
		rom box 5 of all your Forms SSA-1099 and 1.	
	Enter one-half of line		2.
•		nounts from Form 1040, lines 7, 8a, 9a, 10 through 14, 15b, 16b, 17	3.
	Enter the amount, if an	y, from Form 1040, line 8b	4.
	Add lines 2, 3, and 4.		5.
•		hounts from Form 1040, lines 23 through 25, and 28 through 34a, plus s you entered on the dotted line next to line 35	
	Is the amount on line 6	less than the amount on line 5?	0,
	No. STOP None of	f your social security benefits are taxable.	0
		from line 5	
•		ly, enter \$32,000 usehold, qualifying widow(er), or married filing <b>I apart</b> from your spouse for all of 2004, enter	
	<ul><li>\$25,000</li><li>Married filing sep</li></ul>	rately and you lived with your spouse at any time ough 15; multiply line 7 by 85% (.85) and enter	8.
	Is the amount on line 8	less than the amount on line 7?	
	amount	your social security benefits are taxable. You do not have to enter an on line 20a or 20b of Form 1040. <b>But</b> if you are married filing ly and you <b>lived apart</b> from your spouse for all of 2004, enter -0- on sure you entered "D" to the right of the word "benefits" on line 20a.	
		from line 7	9.
•	widow(er), or married	d filing jointly; \$9,000 if single, head of household, qualifying ling separately and you <b>lived apart</b> from your spouse for all of 2004	
•		ne 9. If zero or less, enter -0	
•		e 9 or line 10	
•		2	
		e 2 or line 13	
	· · · ·	<i>b</i> (.85). If line 11 is zero, enter -0	
		(.85)	
		<b>benefits.</b> Enter the <b>smaller</b> of line 16 or line 17	
	• Enter the amount from	m line 1 above on Form 1040, line 20a. m line 18 above on Form 1040, line 20b.	
6		fits are taxable for 2004 <b>and</b> they include benefits paid in 2004 that w	ere for an earlier vear.

Qualified Dividends and Capital Gain Tax Worksheet—Line 43       Keep for Your Record
Before you begin: √ See the instructions for line 43 on page 36 to see if you can use this worksheet to figure your tax. √ If you do not have to file Schedule D and you received capital gain distributions,
be sure you checked the box on line 13 of Form 1040.
<b>1.</b> Enter the amount from Form 1040, line 42
<b>2.</b> Enter the amount from Form 1040, line 9b <b>2.</b>
3. Are you filing Schedule D?
Yes. Enter the smaller of line 15 or 16 of Schedule D, but do not enter less than -0-
<b>No.</b> Enter the amount from Form 1040, line 13
4. Add lines 2 and 34.
<b>5.</b> If you are claiming investment interest expense on Form 4952, enter the amount from line 4g of that form. Otherwise, enter -0 <b>5.</b>
6. Subtract line 5 from line 4. If zero or less, enter -0
7. Subtract line 6 from line 1. If zero or less, enter -0
8. Enter the smaller of:
• The amount on line 1 or
• \$29,050 if single or married filing separately, \$58,100 if married filing jointly or qualifying widow(er), or \$38,900 if head of household.
9. Is the amount on line 7 equal to or more than the amount on line 8?
Yes. Skip lines 9 through 11; go to line 12 and check the "No" box.         No. Enter the amount from line 7
<b>10.</b> Subtract line 9 from line 8
<b>11.</b> Multiply line 10 by 5% (.05)
<ul> <li>12. Are the amounts on lines 6 and 10 the same?</li> <li>Yes. Skip lines 12 through 15; go to line 16.</li> <li>No. Enter the smaller of line 1 or line 6</li></ul>
13. Enter the amount from line 10 (if line 10 is blank, enter -0-)
<b>14.</b> Subtract line 13 from line 12
<b>15.</b> Multiply line 14 by 15% (.15) <b>15.</b>
16. Figure the tax on the amount on line 7. Use the Tax Table or Tax Computation Worksheet, whichever
applies
<b>17.</b> Add lines 11, 15, and 16 <b>17.</b>
18. Figure the tax on the amount on line 1. Use the Tax Table or Tax Computation Worksheet, whichever
applies
<b>19. Tax on all taxable income.</b> Enter the <b>smaller</b> of line 17 or line 18. Also include this amount on Form 1040, line 43
Need more information or forms? See page 7 34 -

- C-14 What is the amount of taxable interest reported on Form 1040, Line 8a?
  - a. \$1,250
  - b. \$1,608
  - c. \$2,317
  - d. \$2,780
  - e. \$1,914
- C-15 What is the amount of the net long term capital gain or (loss) reported on Schedule D, Line 15?
  - a. \$7,996
  - b. (\$918)
  - c. \$8,311
  - d. \$7,397
  - e. None of the above
- C-16 What is the amount of the penalty on early withdrawal of savings reported on Form 1040, Line 33?
  - a. \$403
  - b. \$25
  - c. \$378
  - d. \$1,171
  - e. None of the above
- C-17 What is the amount of total social security benefits reported on Form 1040, Line 20a?
  - a. \$10,281
  - b. \$0
  - c. \$8,739
  - d. \$9,482
  - e. None of the above
- C-18 What is the amount of total payments reported on Form 1040, Line 70?
  - a. \$0
  - b. \$1,104
  - c. \$1,121
  - d. \$1,033
  - e. \$1,254

C-19 What is the amount of tax exempt interest reported on Form 1040, Line 8b?

C-20 What is the amount of qualified dividends reported Form 1040, Line 9b?

#### Part D – Military Returns

For questions D-1 through D-28 determine whether each of the following statements is true or false and record your answers on the answer sheet located in the front of the test booklet.

- a. True
- b. False
- D-1 The President of the United States must designate combat zones. A combat zone is an area in which the U.S. Armed Forces are engaging or have engaged in combat.
- D-2 Private Brown cannot deduct moving costs associated with a permanent change of duty station.
- D-3 Uniform expenses exceeding any allowances or reimbursements may be deducted by active duty personnel if the uniforms are worn only on duty.
- D-4 To avoid processing and refund (if applicable) delays, it is extremely important that taxpayers use the correct social security number, report all income and select the correct filing status.
- D-5 If a member of a reserve component of the Armed Forces travels more than 100 miles away from home in connection with his or her performance of services as a member of the reserves, he/she can deduct the travel expenses.
- D-6 Members of the Armed Forces who served in a combat zone are allowed additional time to take care of tax matters.
- D-7 Active duty personnel serving outside of the United States and Puerto Rico are granted an automatic three-month extension to file.
- D-8 Armed Services personnel receive an automate extension to file their tax return if they are in a combat zone.
- D-9 The180-day rule starts the first day in a combat zone or in a hospital.
- D-10 If travel and transportation costs are fully covered by the military, you need not report all of the transactions on the tax return.
- D-11 If excess travel funds are reimbursed to the Government, those funds are not reported as income.
- D-12 In order to be deductible, travel expenses must exceed any advance, allowance, or reimbursement.

- D-13 For purposes of the determination of "away from home," the taxpayer's main place of business or post of duty is generally considered the taxpayer's home.
- D-14 Rental income and expenses are frequent occurrences since Armed Forces personnel are not able to sell their home when they get orders to relocate.
- D-15 Military pay attributable to active service in a combat zone that is excluded from gross income will not appear on your Form W-2 in the box marked "Wages, tips, other compensation."
- D-16 Student loan repayments (amounts that the armed forces pays on behalf of the service member) attributable during periods of service in the combat zone are excludible from income.
- D-17 Morris is 18 and has been in the military all year. His mother cannot claim him as a dependent.
- D-18 Captain Clarke can claim his mother, who is a citizen and resident of Spain, on his tax return.
- D-19 A re-enlistment bonus signed while assigned to a combat zone is not taxable income.
- D-20 Special tax forgiveness provisions apply to individuals who die while serving in a combat zone or from wounds, disease, or injury incurred while serving in a combat zone.
- D-21 If illness occurs due to service in a combat zone, the income exclusion continues during the time spent in a hospital inside or outside the combat zone.
- D-22 If, as a result of serving in a combat zone, a service person becomes a prisoner of war, the combat zone exclusion continues.
- D-23 If a member of the armed forces serves in a combat zone from March 1 to November 1, they cannot deduct all eight months of combat zone pay.
- D-24 Taxpayers must include all taxable income on their return even if they do not receive a Form 1099.
- D-25 Airman Hanna cannot file Schedule C-EZ to report business income of \$40,000 and business expenses of \$3,000.
- D-26 Private Howard has net income of \$390 on his Schedule C-EZ and needs to file Schedule SE to calculate self-employment tax.

- D-27 Spellman sold his main home on July 12, 2004 and had a capital gain of \$26,000. The home which was purchased in 1995, was his main residence until October 1998 when he went on qualified official extended duty. His qualified extended duty ended on February 14, 2004. He lived in his residence until he sold it. Spellman can have the 5-year test period suspended.
- D-28 Publication 3, Armed Forces' Tax Guide, covers the special tax situations of active members of the U.S. Armed Forces and is available on the IRS web site at <u>www.irs.gov</u>.

#### For questions D-29 through D-40, select the most correct response and record your answers on the answer sheet located in the front of the test booklet.

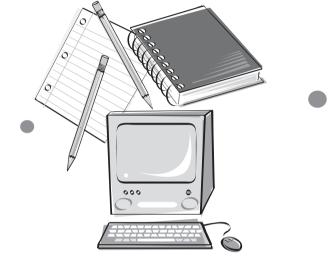
- D-29 Which of the following permanent change of station expenses are qualified moving expenses?
  - a. Transportation of household goods
  - b. Travel from the old home to the new home
  - c. Lodging while traveling from the old home to the new home
  - d. All of the above
  - e. None of the above
- D-30 Which of the following excess expenses are not deductible?
  - a. Packing of household goods
  - b. Renting a trailer to transport household goods
  - c. Meals en-route from one permanent change of station to another
  - d. Automobile expenses from one permanent change of station to another
  - e. None of the above
- D-31 Seaman Morris Brown and his wife moved from Naval Station, San Diego to Naval Station, Norfolk. He received a dislocation allowance of \$1,400, mileage an allowance of \$500, and per diem allowance of \$300. The allowances were not reported on his W-2. His expenses included: dislocation (\$1,500), travel (\$350), and meals (\$500). Compute his moving expense deduction.
  - a. 0
  - b. \$100
  - c. \$1,400
  - d. \$1,500
  - e. \$1,600

- D-32 Deadline extensions for combat zone are arrived at:
  - a. 30 days after return
  - b. 180 days after return
  - c. 180 days plus any days that were left for the taxpayer to take action with the IRS before entering the combat zone.
  - d. There is no extension
  - e. None of the above
- D-33 Which of the following is not a designated combat zone?
  - a. Yemen
  - b. Djibouti
  - c. Germany
  - d. Jordan
  - e. None of the above
- D-34 To claim a personal exemption for a spouse that is a non-resident alien, the following must be true:
  - a. The spouse's world-wide income must be reported
  - b. The spouse must be treated as a resident alien
  - c. A joint return must be filed the first year
  - d. All of the above
  - e. None of the above
- D-35 Box 1 on what form indicates includible income?
  - a. W-7
  - b. W-5
  - c. W-4
  - d. W-2
  - e. None of the above
- D-36 What agency makes the determination whether a medical disability is approved?
  - a. Veterans' Administration
  - b. Department of Defense
  - c. Internal Revenue Service
  - d. Social Security Administration
  - e. Department of Health and Human Services

- D-37 What item is not a qualifying item in a combat zone?
  - a. Active Duty pay
  - b. Student loan repayments
  - c. Awards for suggestions
  - d. Retirement pay
  - e. None of the above
- D-38 What tax year is used when claiming business income?
  - a. The year in which the income is used
  - b. Whatever tax year is most beneficial to the taxpayer
  - c. The year when the income was received
  - d. The year in which the business declares a profit
  - d. None of the above
- D-39 If a mortgaged residence is rented out for part of the year, what form(s) is (are) used to claim mortgage interest and property taxes?
  - a. Mortgage interest is not allowable while the residence is rented
  - b. Only Schedule A
  - c. Only Schedule E
  - d. Both Schedule A and E
  - e. None of the above
- D-40 Which of the following military compensations do not met the definition of "earned income" for purposes of the EITC?
  - a. Excludable combat zone compensation
  - b. The Basic Allowance for Housing (BAH)
  - c. The Basic Allowance for Subsistence (BAS)
  - d. All of the above
  - e. None of the above

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