RETEST 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)

For the most up-to-date tax products and information visit www.irs.gov.





The IRS Mission

Provide America's taxpayers top quality service by helping them understand and meet their tax responsibilities and by applying the tax law with integrity and fairness to all.



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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 Retest

This retest 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 retest on your own. Taking the retest in groups or with outside assistance could prove to be a disservice to the people you have volunteered to help.

The retest is divided into four parts as outlined below. You only need to complete the sections that you failed on the test.

| 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 retest:

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

You will receive your answer sheet back with your results.

You need to answer 70% of the questions correctly in the sections you are completing on this retest.

Using Tax Software to take the Retest

All social security numbers, employer identification numbers and routing/account numbers in this document are depicted as xxx-xx-xxxx, xx-xxxxxxx or xxxxxxx accordingly. Volunteers using tax preparation software to complete the retest 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.

Retest 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, if you did not provide it with your test answer 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 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 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 |

Retest Scoring and Certification – To be completed by the grader.

| | | <u>'</u> | <u>, </u> | |
|---------------------------|-----------------|-----------------------|--|--------------------|
| | Part A Basic | Part B Wage Earner | Part C Pension | Part D Military |
| | Dasic | I waye Lamei | | IVIIII y |
| | | | Earner | |
| Number of correct answers | | | | |
| Pass (yes/no) | | | | |
| Certified (yes/no) | | | | |
| | | | | |

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 |

This form is to be retained at the Site or Partner level.

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.

Cat. No. 39082Q Form **13615A** (Rev. 9-2004)

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 retest booklet.

- a. True
- b. False
- A-1 James and Irene are married but file separately. James itemizes on his Form 1040. Irene also wants a return prepared. Although she wants to take the standard deduction, she must itemize.
- A-2 George marries on December 31, 2004. He has a choice of filing either single, married filing jointly, or married filing separately.
- A-3 William and Mary have a child born at 11:59 pm on December 31, 2004. The child only lived with the parents for 1 minute during 2004. They can claim the child as a dependent.
- A-4 John's only income in 2004 was from wages and \$34 in interest reported in Box 1 of a Form 1099-INT from his bank. He must report the interest on Schedule B.
- A-5 Contributions to Roth IRA's are deductible.
- A-6 The maximum amount of expense that can be deducted from income on Schedule C-EZ is \$5,000.
- A-7 Income reported on a Form 1099-MISC for a person who is self-employed, can be reported on Schedule C-EZ.
- A-8 A taxpayer asks you how long he or she should keep a tax return. Your answer should be, 3 years from the date the return was due or filed or 2 years from the date the tax was paid, whichever is later.
- A-9 Two taxpayers may claim the same exemption provided the dependent lived for 6 months of the year with each taxpayer.
- A-10 A taxpayer who has received a Form 1099-MISC for self-employment may be subject to self-employment taxes.
- A-11 Shirley receives child support from her former husband, Paul. Child support payments are taxable income to Shirley.

- A-12 If the taxpayer does not provide an account and routing number for a direct deposit, the IRS will automatically mail a check if a refund is due.
- A-13 Quality review procedures should be established at each site in order to find errors prior to filing returns.

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 retest booklet.

- A-14 Which of the following is an acceptable substitute for the original Social Security Card?
 - a. A copy of last year's return
 - b. An original Form W-2 or Form 1099-Misc
 - c. A typed list showing names and social security numbers
 - d. A letter showing the information from the Social Security Administration
 - e. None of the above
- A-15 Which one of the following groupings contains only income that is considered taxable?
 - a. Gambling winnings, farm income, child support, rents received
 - b. Dividends, gambling winnings, workers' compensation
 - c. Unemployment compensation, tips and gratuities
 - d. Back pay, commissions, workers' compensation, notary fees.
 - e. None of the above
- A-16 Which one of the following statements is true?
 - a. Earned Income Credit (EIC) is the only refundable credit.
 - b. The Credit for Child and Dependent Care Expenses is the only refundable credit.
 - c. Child Tax Credit is the only refundable credit.
 - d. Additional Child Tax Credit is the only refundable credit.
 - e. EIC and Additional Child Tax Credit are the only refundable credits.
- A-17 Gerald and Kara are married but live apart. They file separate returns. Kara paid more than half the cost of keeping up her home for 2004. They lived apart beginning on 15 February, 2004. May and Elizabeth, their two children, lived with Kara for the entire year. Kara claims both children as dependents on her federal income tax return. What is Kara's most advantageous filing status?
 - a. Married Filing Separately
 - b. Head of Household
 - c. Single
 - d. Married Filing Jointly
 - e. None of the above

- A-18 Which of the following can be reported on Schedule A?
 - a. Rent
 - b. Mortgage interest and real estate taxes
 - c. Insurance on the home
 - d. Repairs, utilities & food
 - e. Welfare payments
- A-19 Which of the following items are deductible on Schedule A?
 - a. Home repairs and insurance
 - b. Self employed expenses
 - c. Gambling losses to the extent of gambling winnings
 - d. Personal legal expenses
 - e. None of the above
- A-20 Which of the following statements regarding standard and itemized deductions is the most accurate and complete?
 - a. Most taxpayers have a choice of taking a standard deduction or itemizing
 - b. The standard deduction reduces the amount of taxable income
 - c. The standard deduction is not the same for all taxpayers
 - d. If itemized deductions are greater than the standard deduction, it is usually in the taxpayers best interest to take the itemized deduction.
 - e. All of the above

PART B — Wage Earner

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

- B-1 Which of the following is considered earned income for the Earned Income Credit?
 - a. Alimony
 - b. Unemployment compensation
 - c. Workfare payments
 - d. Taxable scholarship not on a Form W-2
 - e. Disability paid by an employer prior to minimum retirement age
- B-2 Richard and Ellen are Donald's parents and cannot claim him as a dependent on their joint return. Donald's Aunt June made the payment for his tuition and fees to a qualified college. Donald is a full-time student in his senior year and received no scholarship or grant. Who is eligible to claim the education credit?
 - a. Donald
 - b. Richard and Ellen
 - c. June
 - d. Richard, Ellen, and Donald
 - e. Donald and June
- B-3 In the above scenario can the lifetime learning credit be claimed?
 - a. Yes
 - b. No
- B-4 Janice and Tom are divorced. Their son, Peter, is 10 and has lived with Tom for 2 years. Janice and Tom's divorce decree gives Janice the right to claim Peter as a dependent. Who can claim Peter for Earned Income Credit?
 - a. Janice
 - b. Tom
 - c. Both Janice and Tom
 - d. Neither Janice nor Tom
 - e. Peter
- B-5 Beth and her two children, both under 19 years of age, lived with her boyfriend, Marty for all of 2004. The children are not Marty's children, but he provides support for them. Beth did not earn any income in 2004, but Marty earned \$15,000 at his job. Can Marty claim the children for EIC?
 - a. Yes
 - b. No

- B-6 Jackie is 66 years old and has a two-year-old grandchild who lives with her. They lived together in their Minneapolis apartment for all of 2004. Jackie made \$15,000 at her job and had no other income besides her Social Security. Does she qualify for the EIC?
 - a. Yes
 - b. No
- B-7 Carlos has three children, ages 12, 14, and 16. Carlos and the children all lived with his mother, Marissa during 2004. Marissa and Carlos both have earned income less than \$19,000. Who can claim the children for the EIC?
 - a. Carlos
 - b. Marissa
 - c. Marissa and Carlos may agree to each claim different children
 - d. Any of the above
 - e. Neither Marissa nor Carlos
- 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. Taxpayer having earned income
 - d. Child must live with taxpayer in United States
 - e. Relationship to the child
- B-9 The maximum amount per child of Child Tax Credit is ?
- B-10 Jack and Tanisha are married. Their two daughters, 3-year-old Tamara and 15-year-old Alisa live with them. Which of the following is a qualifying expense for the Child and Dependent Care Credit?
 - a. Sending Tamara to a private elementary school.
 - b. Sending Tamara to an overnight summer camp.
 - c. Paying for after school care at the Sunrise Day Care for Tamara
 - d. Paying Alisa to care for Tamara
 - e. Paying for after school care at the Sunrise Day Care for Alisa

For questions B-11 through B-13, use the following scenario to complete a Form 1040 through line 62 and a Form 8863. Do not calculate a tuition and fees deduction on Form 1040, line 26. Select the most correct response and record your answers on the answer sheet located in the front of the retest booklet.

Charles Hamilton is an unmarried single father with a son, Brian, who is a full time student at the local university. Brian lives at home and is in his second year of college. The university classifies him as a sophomore.

You ask if Brian had income to contribute to his support. Charles tells you he did not.

Social Security

XXX-XX-XXXX

This number has been established for

Charles Monroe Hamilton

Social Security

XXX-XX-XXXX

This number has been established for

Brian J Hamilton

Date of Birth:

Charles, February 14, 1960

Brian, June 19, 1983

You ask Charles if he wants to contribute to the Presidential Election Campaign Fund, and he says yes. When asked, Charles states he is a custodian at Drake High School and has no other income.

| a Control number 111223 | OME | 3 No. 1545-0008 | Safe, a FAST! | ccurate, Use | rse v fi | Ð | Visit the IRS at www.irs. | |
|---|-----------------------------|-----------------|----------------------------------|-----------------|---------------------------|---|---------------------------|-------------------------|
| b Employer identification number XX-XXXXXXX | 1 Wa | | her compensation 20,098.96 | | Federal income | tax withheld 948.23 | | |
| c Employer's name, address, and ZIP | code | | 3 So | cial securit | y wages 20,098.96 | - 1 | Social security t | ax withheld 1,246.00 |
| Drake High School 200 Third Street | | | 5 Me | , | ges and tips 20,098.96 | - | Medicare tax wi | thheld 291.00 |
| Your City, State Zip | | | | cial securit | y tips | 8 | Allocated tips | |
| d Employee's social security number XXX-XX-XXXX | | | 9 Ad | vance EIC | payment | 10 | Dependent care | benefits |
| e Employee's first name and initial Charles Hamilton 224 W 83rd Street | Last name | | 11 No 13 Statute employ 14 Ott | X | | 12a C C C C C C C C C C C C C C C C C C C | See instructions | for box 12 |
| Your City, State Zi | P | | | | | 12d | | |
| 15 State Employer's state ID number XX XX-XXXXXXX | 16 State wages, tip 20,098. | · . | ne tax 01.00 | 18 Local v | wages, tips, etc. | 19 Loc | cal income tax | 20 Locality name |
| Form W-2 Wage and Ta Statement Copy B—To Be Filed With Employ This information is being furnished to | ree's FEDERAL Tax Retu | | D 4 | | Department of | of the Tr | easury—Internal | Revenue Service |

| FILER'S name, street address, city, state, ZIP code, and telephone number University of Lafayette 289 Fourth Street Your City, State, and Zip Code | | Payments received for qualified tuition and related expenses Amounts billed for qualified tuition and | 20 04 st | |
|--|---|---|---|---------------------------------|
| | | related expenses \$ 1,950.00 | Form 1098-T | |
| FILER'S Federal identification no. XX - XXXXXXX | STUDENT'S social security number xxx-xx-xxxx | 3 Adjustments made for a prior year | 4 Scholarships or grants \$ | Copy B |
| STUDENT'S name Brian Hamilton | | 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 | and 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 ref of qualified tuition and related expenses from insurance contract \$ | tax information and is being |
| Service Provider/Acct. No. (opt.) | | 8 Check if at least half-time student | 9 Check if a graduate student | |
| orm 1098-T | (keep for your records) | • | Department of the Treas | sury - Internal Revenue Service |

| <u>1040</u> | | Individual Income Tax Return | (| OMB No. 1545-0074 | |
|------------------------------|--------------|--|--------------------|---------------------------------------|-------|
| .abel | _ | ur first name and initial Last name | | social security numb | er |
| L L | | | | | |
| tructions page 19.) | If a | joint return, spouse's first name and initial | Spous | se's social security n | umbe |
| page 19.) E | | | | | |
| oel. H | Ho | me address (number and street). If you have a P.O. box, see page 19. Apt. no. | | Important! | |
| herwise, E ease print R | | | — 、 | ou must enter | |
| type. | City | /, town or post office, state, and ZIP code. If you have a foreign address, see page 19. | | our SSN(s) above. | |
| esidential 🔪 | _ | | Yo | ou Spouse | е. |
| ection Campaigr | 1 | 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? ▶ | □Ye | | _ |
| e page 19.) | , [| | | | |
| ing Status | 1 L | Single 4 Head of household (with a the qualifying person is a | | . , , , , | , |
| • | 2 L 3 [| Married filing jointly (even if only one had income) the qualifying person is a Married filing separately. Enter spouse's SSN above this child's name here. ▶ | brilla bu | it not your dependent | , em |
| eck only e box. | 3 L | and full name here. | deper | ident child (see page | e 20) |
| | 6a | Yourself. If someone can claim you as a dependent, do not check box 6a | 1 | Boxes checked on 6a and 6b | |
| kemptions | b | Spouse , | } | No. of children | |
| | С | Dependents: (2) Dependent's (3) Dependent's (4) V if qua | | on 6c who: lived with you _ | |
| | | (1) First name Last name social security number relationship to credit (see page 1). | | did not live with | |
| and the second | | TU' C' - | | you due to divorce or separation | |
| more than four pendents, see | | | | (see page 21) Dependents on 6c | |
| ge 21. | | | | not entered above _ | |
| | | | | Add numbers on | |
| | d | Total number of exemptions claimed | | lines above ▶ | |
| come | 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | | |
| COMIC | 8a | Taxable interest. Attach Schedule B if required | 8a | | |
| ach | b | Tax-exempt interest. Do not include on line 8a 8b | _////// 9a | 1 | |
| rms W-2 and 2G here. | 9a | Ordinary dividends. Attach Schedule B if required | 9a | | |
| o attach | b | gadinica dividenda (see page 20) | 10 | 1 | |
| rm(s) 1099-R ax was | 10 | Taxable refunds, credits, or offsets of state and local income taxes (see page 23) | 11 | | |
| thheld. | 11 12 | Alimony received | 12 | | |
| | 13 | Business income or (loss). Attach Schedule C or C-EZ Capital gain or (loss). Attach Schedule D if required. If not required, check here □ | 13 | | |
| ou did not | 14 | 0.1 | 14 | | |
| t a W-2, | 15a | Uther gains or (losses). Attach Form 4/97 | 15b | | |
| e page 22. | 16a | Pensions and annuities 16a b Taxable amount (see page 25) | 16b | | |
| close, but do | 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | | |
| t attach, any | 18 | Farm income or (loss). Attach Schedule F | 18 | | |
| yment. Also, | 19 | Unemployment compensation | 19 | | |
| ease use orm 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 total income | 22 | | |
| al:a.k.a.al | 23 | Deduction for clean-fuel vehicles (see page 29) 23 | | | |
| djusted | 24 | Certain business expenses of reservists, performing artists, and | | | |
| ross | | fee-basis government officials. Attach Form 2106 or 2106-EZ | \ | | |
| come | 25 | IRA deduction (see page 29) | <i>\\\\\\</i> | | |
| | 26 | Student loan interest deduction (see page 31) | <i>\\\\\\</i> | | |
| | 27 | Tuition and fees deduction (see page 32) | <i>\\\\\\</i> | | |
| | 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 | <i>\\\\\\</i> | | |
| | 31 | Self-employed health insurance deduction (see page 33) Self-employed SEP, SIMPLE, and qualified plans 32 | <i>\\\\\\</i> | | |
| | 32 | on employed out, onthin Eu, and qualified plants | <i>\\\\\\</i> | | |
| | 33 | Terraity of early withdrawar of savings | <i>\\\\\\</i> | | |
| | 34a | 7 minorly paid 2 hoolpions 3 cont P | _////// 35 | 1 | |
| | 35 36 | Add lines 23 through 34a | 36 | | |

| orm 1040 (2004) | | | | Page 2 |
|--------------------------------|-------------|---|--------------------------------------|-----------------------------------|
| Tax and | 37 | Amount from line 36 (adjusted gross income) | · · · · — | 37 |
| Credits | 38a | Check ∫ ☐ You were born before January 2, 1940, ☐ Blind. Total | al boxes | |
| Standard | | if: | cked ▶ 38a 📖 | |
| Deduction | b | If you are married filing separately and your spouse itemizes deductions, | or | |
| or— | | you were a dual-status alien, see page 34 and check here | ▶ 38b 🔲 🧖 | |
| People who | 39 | Itemized deductions (from Schedule A) or your standard deduction (se | e left margin) | 39 |
| checked any box on line | 40 | Subtract line 39 from line 37 | | 40 |
| 38a or 38b or | 41 | If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exem | ptions 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, | 42 | Taxable income. Subtract line 41 from line 40. If line 41 is more than line | | 42 |
| see page 34. | 43 | Tax (see page 36). Check if any tax is from: a Form(s) 8814 b Form | m 4972 | 43 |
| All others: | 44 | Alternative minimum tax (see page 38). Attach Form 6251 | | 44 |
| Single or | 45 | Add lines 43 and 44 | | 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 47 | | |
| Married filing | 48 | Education credits. Attach Form 8863 | | |
| ointly or Qualifying | 49 | Credits from: a \square Form 8396 b \square Form 8859 49 | 461 | |
| widow(er), | 49 50 | Foreign tax credit. Attach Form 1116 if required | | |
| \$9,700 | | Toroigi tax oreali, vitabil Torri Tro il required (1, 1, 1, 1, 1) | | |
| Head of nousehold, | 51 52 | Crima tax Great (500 page 40) | | |
| \$7,150 | 52 | The limit savings contributions of contribution 1 cm 1 contributions | | |
| | 53 | Adoption credit. Attach Form 6000 | | |
| | 54 | Other credits. Check applicable box(es): a Form 3800 | | |
| | | b in term death of in opening in the interest | /// | 55 |
| | 55 56 | | – | |
| | 56 | Subtract line 55 from line 45. If line 55 is more than line 45, enter -0 | | 56 |
| Other | 57 | Self-employment tax. Attach Schedule SE | | 57 |
| axes | 58 | Social security and Medicare tax on tip income not reported to employer. Attacl | | 58 |
| шлос | 59 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form | oozo ii roquirou . | 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 | 65 | Earned income credit (EIC) | | |
| qualifying child, attach | 66 | Excess social security and tier 1 RRTA tax withheld (see page 56) 66 | | |
| Schedule EIC. | 67 | Additional child tax credit. Attach Form 8812 67 | | |
| | 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 amo | unt vou overnaid | 71 |
| | 72a | Amount of line 71 you want refunded to you | | 72a |
| Direct deposit? See page 56 | , _u ▶ b | Routing number | | |
| nd fill in 72b, | ► d | Account number | Javings Davings | |
| 2c, and 72d. | | Amount of line 71 you want applied to your 2005 estimated tax 73 | | |
| Amount | 73 74 | Amount you owe. Subtract line 70 from line 62. For details on how to pa | v soo pago 57 ▶ | 74 |
| ou Owe | 74 75 | Estimated tax penalty (see page 58) | y, see page of 🚩 | |
| | | you want to allow another person to discuss this return with the IRS (see p | age 58)? | omplete the following \square N |
| Third Party | | | · , — | |
| Designee | De: nar | ignee's Phone no. ▶ () | Personal identificat number (PIN) | tion |
| Sign | | er penalties of perjury, I declare that I have examined this return and accompanying sched | . , , | to the best of my knowledge and |
| | | f, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is base | | |
| Here | You | r signature Date Your occupatio | n | Daytime phone number |
| oint return? see page 20. | | | | () |
| Keep a copy | - Cr | ujeo's signature. If a joint return both must sign. Data. | action | |
| or your | Spi | use's signature. If a joint return, both must sign. Date Spouse's occup | Jauoti | |
| ecords. | | Data | , | Draparar's CCN or DTIN |
| Paid | | parer's Date | Check if | Preparer's SSN or PTIN |
| aid | sig | ature 7 | self-employed | |
| | | . , , | | • |
| Preparer's Use Only | | n's name (or rs if self-employed), | EIN | |

Form **8863**

Education Credits (Hope and Lifetime Learning Credits)

Department of the Treasury
Internal Revenue Service

► Attach to Form 1040 or Form 1040A.

OMB No. 1545-1618

2004

Attachment
Sequence No. 50

Name(s) shown on return

Your social security number

Caution: You cannot take both an education credit and the tuition and fees deduction (Form 1040, line 27, or Form 1040A, line 19) for the same student in the same year. Hope Credit. Caution: You cannot take the Hope credit for more than 2 tax years for the same student. 1 (a) Student's name (c) Qualified (b) Student's (d) Enter the expenses (see (as shown on page 1 social security smaller of the (e) Subtract (f) Enter one-half instructions). Do of your tax return) of the amount in column (d) from number (as amount in not enter more First name shown on page 1 column (c) or column (c) column (e) than \$2,000 for \$1,000 of your tax return) Last name each student. Add the amounts in columns (d) and (f) 2 Tentative Hope credit. Add the amounts on line 2, columns (d) and (f). If you are taking the lifetime learning credit for another student, go to Part II; otherwise, go to Part III Lifetime Learning Credit (a) Student's name (as shown on page 1 (b) Student's social security (c) Qualified of your tax return) number (as shown on page expenses (see Caution: You 1 of your tax return) instructions) Last name cannot take the Hope credit and the lifetime learning credit for the same student in the same year. 5 Add the amounts on line 4, column (c), and enter the total 6 7 Part III Allowable Education Credits 8 Tentative education credits. Add lines 3 and 7 Enter: \$105,000 if married filing jointly; \$52,000 if single, head of household, or qualifying widow(er) 10 Enter the amount from Form 1040, line 37*, or Form 1040A, line 22. Subtract line 10 from line 9. If zero or less, stop; you cannot take 11 12 Enter: \$20,000 if married filing jointly; \$10,000 if single, head of 12 household, or qualifying widow(er) If line 11 is equal to or more than line 12, enter the amount from line 8 on line 14 and go to line 15. If line 11 is less than line 12, divide line 11 by line 12. Enter the result as 13 14 Enter the amount from Form 1040, line 43, or Form 1040A, line 28 (minus any alternative 15 minimum tax included on Form 1040A, line 28) Enter the total, if any, of your credits from Form 1040, lines 46 and 47, or Form 1040A, lines 29 and 30. 16 17 Enter the amount from Form 6251, line 31 Add lines 16 and 17 18 Subtract line 18 from line 15. If zero or less, stop; you cannot take any education credits ▶ 19 19 Education credits. Enter the smaller of line 14 or line 19 here and on Form 1040, 20 *See Pub. 970 for the amount to enter if you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico. Form **8863** (2004) For Paperwork Reduction Act Notice, see page 3. Cat. No. 25379M

| B-11 | What is the amount of tentative education credits (Form 8863, line 8)? a. \$390 b. \$980 c. \$1,370 d. \$1,475 e. \$1,500 |
|------|---|
| B-12 | What is amount of total tax (Form 1040, line 62)? a. 0 b. \$375 c. \$675 d. \$804 e. \$973 |
| B-13 | Does Brian qualify Charles 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 retest booklet.

Margarita is an unmarried single parent. She provides all the support for her children, Pedro and Tina, who live with her.

Social Security

XXX-XX-XXXX

This number has been established for

Margarita I Loras

Social Security

XXX-XX-XXXX

This number has been established for

Pedro M Loras

Social Security

XXX-XX-XXX

This number has been established for $Tina\ A\ Loras$

Dates of Birth: Margarita, October 4, 1960

Pedro, April 6, 1998

Tina, May 7, 2000

Margarita says she is a photographer. She states that her current address is the same as the one on her check and would like her refund directly deposited in the bank.

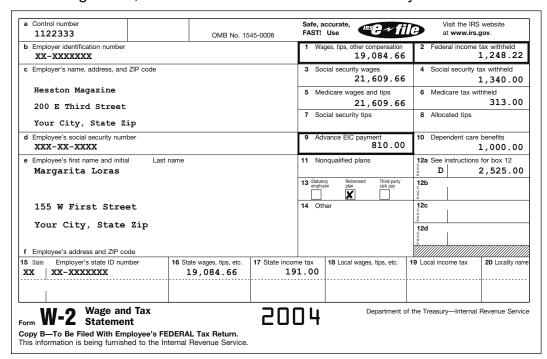
She gives you two income documents. When you ask her, she says she has no additional income. After looking at her documents, you ask her if her EIC was disallowed or reduced in the past two years and she tells you that it was not.

Margarita tells you she does not want to contribute to the Presidential Election Campaign.

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

Margarita states she did not forfeit any of her dependent care benefits.

After being asked, she also states she did not receive any distributions from her retirement plan.



| | ☐ CORP | ECTED (if checked) | | _ |
|---|------------------------------------|---------------------------------|---|--|
| PAYER'S name, street address, city, | state, ZIP code, and telephone no. | Payer's RTN (optional) | OMB No. 1545-0112 | |
| Bank of Greenville | | | 2004 | Interest Incom |
| 1255 E 18th Street | | | | |
| Your City, State ZI | P | | Form 1099-INT | |
| PAYER'S Federal identification number | RECIPIENT'S identification number | r 1 Interest income not include | | Сору |
| XX-XXXXXX | XXX-XX-XXXX | \$ | 85.71 | For Recipie |
| RECIPIENT'S name Margarita I Loras | | 2 Early withdrawal penalty | 3 Interest on U.S. Sav Bonds and Treas. of | bligations information and |
| | | \$ | \$ | being furnished to t |
| Street address (including apt. no.) | | 4 Federal income tax withheld | 5 Investment expens | Service. If you a |
| 155 W First Street | | \$ | \$ | required to file a return a negligence penalty |
| City, state, and ZIP code Your City, State ZI | P | 6 Foreign tax paid | 7 Foreign country or possession | U.S. other sanction may imposed on you if the income is taxable at |
| Account number (optional) | | | | the IRS determines the |
| 11111222334 | | \$ | | reporte |
| Form 1099-INT | (keep | for your records) | Department of the T | Freasury - Internal Revenue Servi |

| Margarita Loras 155 W. First Street Your City, State Zip Code | 1234 |
|---|------------|
| PAY TO THE ORDER OF | \$ DOLLARS |
| Bank of Greenville | DOLLARS |
| For xxxxxxxxx 0011111222334 1234 | |

Laredo Child Care 5540 Wilson Dr. Your City, State ZIP XX-XXXXXXX Amounts Received: January 1, 2004 \$800 April 1, 2004 \$800 July 1, 2004 \$800 October 1, 2004 \$800 Total amount received from Margarita Loras for the care of Pedro and Tina is: \$3200

| <u>1040</u> | | Individual Income Tax Return | (| OMB No. 1545-0074 | |
|------------------------------|--------------|--|--------------------|---------------------------------------|-------|
| .abel | _ | ur first name and initial Last name | | social security numb | er |
| L L | | | | | |
| tructions page 19.) | If a | joint return, spouse's first name and initial | Spous | se's social security n | umbe |
| page 19.) E | | | | | |
| oel. H | Ho | me address (number and street). If you have a P.O. box, see page 19. Apt. no. | | Important! | |
| herwise, E ease print R | | | — 、 | ou must enter | |
| type. | City | /, town or post office, state, and ZIP code. If you have a foreign address, see page 19. | | our SSN(s) above. | |
| esidential 🔪 | _ | | Yo | ou Spouse | е. |
| ection Campaigr | 1 | 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? ▶ | □Ye | | _ |
| e page 19.) | , [| | | | |
| ing Status | 1 L | Single 4 Head of household (with a the qualifying person is a | | . , , , , | , |
| • | 2 L 3 [| Married filing jointly (even if only one had income) the qualifying person is a Married filing separately. Enter spouse's SSN above this child's name here. ▶ | brilla bu | it not your dependent | , em |
| eck only e box. | 3 L | and full name here. | deper | ident child (see page | e 20) |
| | 6a | Yourself. If someone can claim you as a dependent, do not check box 6a | 1 | Boxes checked on 6a and 6b | |
| kemptions | b | Spouse , | } | No. of children | |
| | С | Dependents: (2) Dependent's (3) Dependent's (4) V if qua | | on 6c who: lived with you _ | |
| | | (1) First name Last name social security number relationship to credit (see page 1). | | did not live with | |
| and the second | | TU' C' - | | you due to divorce or separation | |
| more than four pendents, see | | | | (see page 21) Dependents on 6c | |
| ge 21. | | | | not entered above _ | |
| | | | | Add numbers on | |
| | d | Total number of exemptions claimed | | lines above ▶ | |
| come | 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | | |
| COMIC | 8a | Taxable interest. Attach Schedule B if required | 8a | | |
| ach | b | Tax-exempt interest. Do not include on line 8a 8b | _////// 9a | 1 | |
| rms W-2 and 2G here. | 9a | Ordinary dividends. Attach Schedule B if required | 9a | | |
| o attach | b | gadinica dividenda (see page 20) | 10 | 1 | |
| rm(s) 1099-R ax was | 10 | Taxable refunds, credits, or offsets of state and local income taxes (see page 23) | 11 | | |
| thheld. | 11 12 | Alimony received | 12 | | |
| | 13 | Business income or (loss). Attach Schedule C or C-EZ Capital gain or (loss). Attach Schedule D if required. If not required, check here □ | 13 | | |
| ou did not | 14 | 0.1 | 14 | | |
| t a W-2, | 15a | Uther gains or (losses). Attach Form 4/97 | 15b | | |
| e page 22. | 16a | Pensions and annuities 16a b Taxable amount (see page 25) | 16b | | |
| close, but do | 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | | |
| t attach, any | 18 | Farm income or (loss). Attach Schedule F | 18 | | |
| yment. Also, | 19 | Unemployment compensation | 19 | | |
| ease use orm 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 total income | 22 | | |
| al:a.k.a.al | 23 | Deduction for clean-fuel vehicles (see page 29) 23 | | | |
| djusted | 24 | Certain business expenses of reservists, performing artists, and | | | |
| ross | | fee-basis government officials. Attach Form 2106 or 2106-EZ | \ | | |
| come | 25 | IRA deduction (see page 29) | <i>\\\\\\</i> | | |
| | 26 | Student loan interest deduction (see page 31) | <i>\\\\\\</i> | | |
| | 27 | Tuition and fees deduction (see page 32) | <i>\\\\\\</i> | | |
| | 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 | <i>\\\\\\</i> | | |
| | 31 | Self-employed health insurance deduction (see page 33) Self-employed SEP, SIMPLE, and qualified plans 32 | <i>\\\\\\</i> | | |
| | 32 | on employed out, onthin Eu, and qualified plants | <i>\\\\\\</i> | | |
| | 33 | Terraity of early withdrawar of savings | <i>\\\\\\</i> | | |
| | 34a | 7 minorly paid 2 hoolpions 3 cont P | _////// 35 | 1 | |
| | 35 36 | Add lines 23 through 34a | 36 | | |

| orm 1040 (2004) | | | | Page 2 |
|--------------------------------|-------------|---|--------------------------------------|-----------------------------------|
| Tax and | 37 | Amount from line 36 (adjusted gross income) | · · · · — | 37 |
| Credits | 38a | Check ∫ ☐ You were born before January 2, 1940, ☐ Blind. Total | al boxes | |
| Standard | | if: | cked ▶ 38a 📖 | |
| Deduction | b | If you are married filing separately and your spouse itemizes deductions, | or | |
| or— | | you were a dual-status alien, see page 34 and check here | ▶ 38b 🔲 🧖 | |
| People who | 39 | Itemized deductions (from Schedule A) or your standard deduction (se | e left margin) | 39 |
| checked any box on line | 40 | Subtract line 39 from line 37 | | 40 |
| 38a or 38b or | 41 | If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exem | ptions 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, | 42 | Taxable income. Subtract line 41 from line 40. If line 41 is more than line | | 42 |
| see page 34. | 43 | Tax (see page 36). Check if any tax is from: a Form(s) 8814 b Form | m 4972 | 43 |
| All others: | 44 | Alternative minimum tax (see page 38). Attach Form 6251 | | 44 |
| Single or | 45 | Add lines 43 and 44 | | 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 47 | | |
| Married filing | 48 | Education credits. Attach Form 8863 | | |
| ointly or Qualifying | 49 | Credits from: a \square Form 8396 b \square Form 8859 49 | 461 | |
| widow(er), | 49 50 | Foreign tax credit. Attach Form 1116 if required | | |
| \$9,700 | | Toroigi tax oreali, vitabil Torri Tro il required (1, 1, 1, 1, 1) | | |
| Head of nousehold, | 51 52 | Crima tax Great (500 page 40) | | |
| \$7,150 | 52 | The limit savings contributions of contribution 1 cm 1 contributions | | |
| | 53 | Adoption credit. Attach Form 6000 | | |
| | 54 | Other credits. Check applicable box(es): a Form 3800 | | |
| | | b in term death of in opening in the interest | /// | 55 |
| | 55 56 | | – | |
| | 56 | Subtract line 55 from line 45. If line 55 is more than line 45, enter -0 | | 56 |
| Other | 57 | Self-employment tax. Attach Schedule SE | | 57 |
| axes | 58 | Social security and Medicare tax on tip income not reported to employer. Attacl | | 58 |
| шлос | 59 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form | oozo ii roquirou . | 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 | 65 | Earned income credit (EIC) | | |
| qualifying child, attach | 66 | Excess social security and tier 1 RRTA tax withheld (see page 56) 66 | | |
| Schedule EIC. | 67 | Additional child tax credit. Attach Form 8812 67 | | |
| | 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 amo | unt vou overnaid | 71 |
| | 72a | Amount of line 71 you want refunded to you | | 72a |
| Direct deposit? See page 56 | , _u ▶ b | Routing number | | |
| nd fill in 72b, | ► d | Account number | Javings Davings | |
| 2c, and 72d. | | Amount of line 71 you want applied to your 2005 estimated tax 73 | | |
| Amount | 73 74 | Amount you owe. Subtract line 70 from line 62. For details on how to pa | v soo pago 57 ▶ | 74 |
| ou Owe | 74 75 | Estimated tax penalty (see page 58) | y, see page of 🚩 | |
| | | you want to allow another person to discuss this return with the IRS (see p | age 58)? | omplete the following \square N |
| Third Party | | | · , — | |
| Designee | De: nar | ignee's Phone no. ▶ () | Personal identificat number (PIN) | tion |
| Sign | | er penalties of perjury, I declare that I have examined this return and accompanying sched | . , , | to the best of my knowledge and |
| | | f, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is base | | |
| Here | You | r signature Date Your occupatio | n | Daytime phone number |
| oint return? see page 20. | | | | () |
| Keep a copy | - Cr | ujeo's signature. If a joint return both must sign. Data. | action | |
| or your | Spi | use's signature. If a joint return, both must sign. Date Spouse's occup | Jauoti | |
| ecords. | | Data | , | Draparar's CCN or DTIN |
| Paid | | parer's Date | Check if | Preparer's SSN or PTIN |
| aid | sig | ature 7 | self-employed | |
| | | . , , | | • |
| Preparer's Use Only | | n's name (or rs if self-employed), | EIN | |

Child and Dependent Care Expenses

OMB No. 1545-0068 ► Attach to Form 1040. Attachment ► See separate instructions. Internal Revenue Service Sequence No. Name(s) shown on Form 1040 Your social security number Before you begin: You need to understand the following terms. See Definitions on page 1 of the instructions. Qualifying Person(s) Qualified Expenses Dependent Care Benefits • Earned Income Persons or Organizations Who Provided the Care—You must complete this part. (If you need more space, use the bottom of page 2.) (a) Care provider's (b) Address (c) Identifying number (d) Amount paid 1 name (number, street, apt. no., city, state, and ZIP code) (SSN or EIN) (see instructions) Complete only Part II below. Did you receive dependent care benefits? Complete Part III on the back next. Caution. If the care was provided in your home, you may owe employment taxes. See the instructions for Form 1040, line 61. Part II Credit for Child and Dependent Care Expenses Information about your qualifying person(s). If you have more than two qualifying persons, see the instructions. (c) Qualified expenses you incurred and paid in 2004 for the person listed in column (a) (a) Qualifying person's name (b) Qualifying person's social security number Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount 3 4 If married filing jointly, enter your spouse's earned income (if your spouse was a student 5 or was disabled, see the instructions); all others, enter the amount from line 4 . . . 6 Enter the **smallest** of line 3, 4, or 5 6 Enter on line 8 the decimal amount shown below that applies to the amount on line 7 If line 7 is: If line 7 is: **But not** Decimal Decimal But not Over amount is Over over over amount is \$0-15,000 .35 \$29,000-31,000 .27 15.000—17.000 .34 31.000-33.000 .26 17,000—19,000 .33 33,000-35,000 .25 Χ. 8 19,000-21,000 .32 35,000-37,000 .24 21,000-23,000 .31 37,000-39,000 .23 39,000—41,000 .22 23,000-25,000 .30 25,000-27,000 .29 41,000—43,000 .21 27.000-29.000 .28 43.000-No limit Multiply line 6 by the decimal amount on line 8. If you paid 2003 expenses in 2004, see 10 Enter the amount from Form 1040, line 43 Enter the amount, if any, from Form 6251, line 31 (see 11 12 12 Subtract line 11 from line 10. If zero or less, stop. You cannot take the credit . . .

Credit for child and dependent care expenses. Enter the smaller of line 9 or line 12

For Paperwork Reduction Act Notice, see page 3 of the instructions.

here and on Form 1040, line 46

Cat. No. 11862M

Form **2441** (2004)

| | 2441 (2004) | | Page 2 |
|----------|---|-----|-------------------------|
| Pa | rt 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 | 4.4 | |
| | your sole proprietorship or partnership | 14 | |
| 15 | Enter the amount forfeited, if any (see the instructions) | 16 | |
| 16 | Subtract line 15 from line 14 | 10 | |
| 17 | Enter the total amount of qualified expenses incurred in 2004 for the care of the qualifying person(s) Enter the smaller of line 16 or 17 | _ | |
| 18 | Effect the smaller of the 10 of 17 | - | |
| 19 20 | Enter your earned income Enter the amount shown below that applies to you. If married filling jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5). If married filling separately, see the instructions for the amount to enter. All others, enter the amount from line 19. | | |
| | All others, enter the amount from the 19. | | |
| 21 22 | Enter the smallest of line 18, 19, or 20 | 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 | Excluded benefits. Subtract line 27 from line 26. If zero or less, enter -0 | 28 | |
| 29 | Taxable benefits. Subtract line 28 from line 23. If zero or less, enter -0 Also, include 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 | Enter \$3,000 (\$6,000 if two or more qualifying persons) | 30 | |
| 31 | Add lines 25 and 28 | 31 | |
| 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 | |
| | 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!

- **Step 1.** Make sure you have a qualifying child for the child tax credit (defined below).
- **Step 2.** Make sure you checked the box on Form 1040, line 6c, column (4), for each qualifying child.
- Step 3. Answer the questions on this page to see if you 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

Who Must Use Pub. 972



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

| ☐ No. | Continue |
|-------|----------|
|-------|----------|



Yes. (STO

You must use Pub. 972 to figure your credit.

- **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. STOP

You must use Pub. 972 to figure your credit.

- 3. 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.

- 37 -

Need more information or forms? See page 7.

Child Tax Credit Worksheet—Line 51

Keep for Your Records





- To be a qualifying child for the child tax credit, the child must be **under age 17** at the end of 2004 and meet the other requirements listed on page 40.
- Do not use this worksheet if you answered "Yes" to question 1, 2, or 3 on page 40. Instead, use Pub. 972.

| 2. | Enter the amount from Form 1040, line 45. | |
|----|---|---------------|
| 3. | Add the amounts from Form 1040: | |
| | Line 46 | |
| | Line 47 + | |
| | Line 48 + | |
| | Line 49 + | |
| | Line 50 + Enter the total, | |
| 4. | Are the amounts on lines 2 and 3 the same? | |
| ٦. | Yes. STOP | |
| | 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. | |
| | | 4 |
| | No. Subtract line 3 from line 2. | |
| 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 This is your child tax | 5 |
| | TIP below. | Enter this am |
| | \square No. Enter the amount from line 1. | Form 1040, 1i |
| | | - M |
| | You may be able to take the additional child tax credit on Form 1040, line 67, if you answered "Yes" on line 4 or | 1040 |
| | line 5 above. | <u></u> |
| | • First, complete your Form 1040 through line 66. | |
| | Then, use Form 8812 to figure any additional child tax | |
| | credit. | |

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30

Need more information or forms? See page 7.

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 | |
|------|----------|--|
| | Commune | |



No. STOP

You cannot take the credit.

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)?

| Yes. | Continue | |
|------|----------|---|
| | | • |



You cannot take the credit. Put "No" on the dotted line next to line 65.

3. Is your filing status married filing separately?

| Yes. STOP | |
|---------------------|--|
| You cannot take the | |
| credit. | |

☐ **No.** Continue



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

☐ Yes. STOP

No. Continue



You cannot take the credit.

5. Were you a nonresident alien for any part of 2004?

☐ **Yes.** See *Nonresident* ☐ **No.** Go to Step 2. *aliens* on page 47.

| 2004? | |
|-------|--|

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Need more information or forms? See page 7.

Step 2 Investment Income

I. Add the amounts from Form 1040:

Line 8a

Line 8b

Line 9a +

Line 13*

Investment Income =

*Do not include if line 13 is a loss.

2. Is your investment income more than \$2,650?

☐ Yes. Continue

☐ **No.** Skip question 3; go to question 4.

3. Are you filing Form 4797 (relating to sales of business property)?

Yes. See Form 4797 filers on page 46.

☐ No. STOP

You cannot take the credit.

- 4. 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).

Worksheet 1 in Pub. 596 to see if you can take the credit. To get Pub. 596, see page 7.

□ No. Continue

inue 🗪

5. Did a child live with you in 2004?

Yes. Go to Step 3 on page 45.

☐ No. Go to Step 4 on page 45.

(Continued on page 45)

Continued from page 44

Step 3

Qualifying Child

A qualifying child is a child who is your...

Son, daughter, adopted child, stepchild, or a descendant of any of them (for example, your grandchild)

01

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

Of

Foster child (any child placed with you by an authorized placement agency whom you cared for as you would your own child)



was at the end of 2004...

Under age 19

or

Under age 24 and a student (see page 47)

01

Any age and permanently and totally disabled (see page 47



who...

Lived with you in the United States for more than half of 2004.

If the child did not live with you for the required time, see *Exception to "time lived with you"* condition on page 46.



If the child was married, see page 47.

- Look at the qualifying child conditions above. Could you, or your spouse if filing a joint return, be a qualifying child of another person in 2004?
 - ☐ Yes. STOP

☐ No. Continue ■

You cannot take the credit. Put "No" on the dotted line next to line 65.

Do you have at least one child who meets the above conditions to be your qualifying child?

- Yes. Go to question 3.
- **No.** Skip the next two questions; go to Step 4, question 2.

Need more information or forms? See page 7.

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- **3.** Does the child meet the conditions to be a qualifying child of any other person (other than your spouse if filing a joint return) for 2004?
 - ☐ **Yes.** See Qualifying child of more than one person on page 47.

■ No. This child is your qualifying child. The child must have a valid social security number as defined on page 47 unless the child was born and died in 2004. Skip Step 4; go to Step 5 on page 46.

Step 4 Filers Without a Qualifying Child

1. Look at the qualifying child conditions in Step 3. Could you, or your spouse if filing a joint return, be a qualifying child of another person in 2004?

☐ Yes. STOP

No. Continue



You cannot take the credit. Put "No" on the dotted line next to line 65.

2. Can you, or your spouse if filing a joint return, be claimed as a dependent on someone else's 2004 tax return?

Yes. STOP

No. Continue



You cannot take the credit.

3. Were you, or your spouse if filing a joint return, at least age 25 but under age 65 at the end of 2004?

Yes. Continue

☐ No. STOP

You cannot take the credit.

4. Was your home, and your spouse's if filing a joint return, in the United States for more than half of 2004? Members of the military stationed outside the United States, see page 47 before you answer.

Yes. Go to Step 5 on page 46.

☐ No. STOP

You cannot take the credit. Put "No" on the dotted line next to line 65.

(Continued on page 46)

Continued from page 45

| Step 5 Earned Income |
|---|
| 1. Are you filing Schedule SE because you were a member of the clergy or you had church employee income of \$108.28 or more? |
| ☐ Yes. See <i>Clergy</i> or <i>Church employees</i> , whichever applies, on this page. ☐ No. <i>Continue</i> |
| 2. Figure earned income: |
| Form 1040, line 7 |
| Subtract, if included on line 7, any: Taxable scholarship or fellowship grant not reported on a Form W-2. Amount paid to an inmate in a penal institution for work (put "PRI" and the amount subtracted on the dotted line next to Form 1040, line 7). Amount received as a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan (put "DFC" and the amount subtracted on the dotted line next to Form 1040, line 7). This amount may be shown in Form W-2, box 11. If you received such an amount but box 11 is blank, contact your employer for the amount received as a pension or annuity. |
| Earned Income = |
| 3. Were you 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 statutory employee? Yes. Skip question 4 No. Continue and Step 6; go to Worksheet B on page 49. |
| 4. If you have: |
| 2 or more qualifying children, is your earned income less than \$34,458 (\$35,458 if married filing jointly)? |
| • 1 qualifying child, is your earned income less than \$30,338 (\$31,338 if married filing jointly)? |
| • No qualifying children, is your earned income less than \$11,490 (\$12,490 if married filing jointly)? |
| ☐ Yes. Go to Step 6. ☐ No. STOP |
| You cannot take the credit |
| |
| |

Step 6 How To Figure the Credit

| 1. | Do you want the IRS to figu | re the credit for you? |
|----|----------------------------------|--------------------------------|
| | ☐ Yes. See Credit | ☐ No. Go to Worksheet A |
| | figured by the IRS on this page. | on page 48. |

Definitions and Special Rules

(listed in alphabetical order)

Adopted child. 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.

Church employees. Determine how much of the amount on Form 1040, line 7, was also reported on Schedule SE, line 5a. Subtract that amount from the amount on Form 1040, line 7, and enter the result in the first space of Step 5, line 2. Be sure to answer "Yes" on Step 5, line 3.

Clergy. The following instructions apply to ministers, members of religious orders who have not taken a vow of poverty, and Christian Science practitioners. If you are filing Schedule SE and the amount on line 2 of that schedule includes an amount that was also reported on Form 1040, line 7:

- 1. Put "Clergy" on the dotted line next to Form 1040, line 65.
- 2. Determine how much of the amount on Form 1040, line 7, was also reported on Schedule SE, line 2.
- 3. Subtract that amount from the amount on Form 1040, line 7. Enter the result in the first space of Step 5, line 2.
- 4. Be sure to answer "Yes" to question 3 in Step 5.

Credit figured by the IRS. To have the IRS figure the credit for you:

- Put "EIC" on the dotted line next to Form 1040, line 65.
- If you have a qualifying child, complete and attach Schedule EIC. If your EIC for a year after 1996 was reduced or disallowed, see *Form 8862*, *Who must file* below.

Exception to "time lived with you" condition. A child is considered to have lived with you for all of 2004 if the child was born or died in 2004 and your home was this child's home for the entire time he or she was alive in 2004. Temporary absences, such as for school, vacation, medical care, or detention in a juvenile facility, count as time lived at home. If your child is presumed to have been kidnapped by someone who is not a family member, see Pub. 596 to find out if that child is a qualifying child for the EIC. To get Pub. 596, see page 7. If you were in the military stationed outside the United States, see *Members of the military* on page 47.

Form 4797 filers. If the amount on Form 1040, line 13, includes an amount from Form 4797, you must use Worksheet 1 in Pub. 596 to see if you can take the EIC. To get Pub. 596, see page 7. Otherwise, stop; you cannot take the EIC.

Form 8862, Who must file. You must file Form 8862 if your EIC for a year after 1996 was reduced or disallowed for any reason other than a math or clerical error. But do not file Form 8862 if either of the following applies.

- After your EIC was reduced or disallowed in an earlier year (a) you filed Form 8862 (or other documents) and your EIC was then allowed, and (b) your EIC has not been
- 43 Need more information or forms? See page 7.

Form 1040—Line 63

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

Worksheet **A** -Earned Income Credit (EIC)—Line 65

Keep for Your Records

Before you begin: $\sqrt{}$ Be sure you are using the correct worksheet. Do not use this worksheet if you were self-employed, or you are filing Schedule SE because you were a member of the clergy or you had church employee income, or you are filing Schedule C or C-EZ as a statutory employee. Instead, use Worksheet B that begins on page 49.



| Part 1 | 1. Enter your earned income from Step 5 on page 46. |
|---------------------------------|--|
| All Filers Using Worksheet A | 2. Look up the amount on line 1 above 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. If line 2 is zero, You cannot take the credit. Put "No" on the dotted line next to line 65. |
| | 3. Enter the amount from Form 1040, line 37. |
| | 4. Are the amounts on lines 3 and 1 the same? \[\sum \text{Yes. Skip line 5; enter the amount from line 2 on line 6.} \] |
| | □ No. Go to line 5. |
| Part 2 Filers Who Answered | 5. If 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 \$14,050 (\$15,050 if married filing jointly)? |
| "No" on Line 4 | 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. |
| Part 3 | 6. This is your earned income credit. Enter this amount on |
| Your Earned Income Credit | Reminder— |
| income orean | √ If you have a qualifying child, complete and attach Schedule EIC. 1040 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. |
| | |

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Need more information or forms? See page 7.

SCHEDULE EIC (Form 1040A or 1040)

Earned Income Credit

Qualifying Child Information



OMB No. 1545-0074

Attachment Sequence No. 43

Department of the Treasury Internal Revenue Service Complete and attach to Form 1040A or 1040 only if you have a qualifying child.

Name(s) shown on return

Your social security number

Before you begin:

See the instructions for Form 1040A, line 41, or Form 1040, line 65, to make sure that (a) you can take the EIC and (b) you have a qualifying child.



- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See back of schedule for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

| Qualifying Child Information | | Child 1 | | Child 2 | |
|--|--|---|--|--|--|
| 1 | Child's name If you have more than two qualifying children, you only have to list two to get the maximum credit. | First name | Last name | First name | Last name |
| 2 | Child's SSN The child must have an SSN as defined on page 43 of the Form 1040A instructions or page 47 of the Form 1040 instructions unless the child was born and died in 2004. If your child was born and died in 2004 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate. | 181 | 200° | (8) | |
| 3 | Child's year of birth | Year | | Year If born after 1985, skip lines 4a and 4b; go to line 5. | |
| | If the child was born before 1986— Was the child under age 24 at the end of 2004 and a student? | Yes. Go to line 5. | No. Continue | Yes. Go to line 5. | No. Continue |
| b | Was the child permanently and totally disabled during any part of 2004? | Yes. Continue | No. The child is not a qualifying child. | Yes. Continue | No. The child is not a qualifying child. |
| 5 | Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.) | | | | |
| 6 | Number of months child lived with you in the United States during 2004 | | | | |
| | • If the child lived with you for more than half of 2004 but less than 7 months, enter "7". | months Do not enter more than 12 months. | | | |
| | • If the child was born or died in 2004 and your home was the child's home for the entire time he or she was alive during 2004, enter "12". | | | Do not enter more than 12 months. | |
| | You may also be able to take the additional child tax credit if your child (a) was under age 17 at the end of 2004, (b) is claimed as your dependent on line 6c of Form 1040A or Form 1040, and (c) is a U.S. citizen or resident alien. For more details, see the instructions for line 42 of Form 1040A or line 67 of Form 1040. | | | | |
| For Paperwork Reduction Act Notice, see Form 1040A or 1040 and or 1040 instructions. Cat. No. 13339M Schedule EIC (Form 1040A or 1040) 2004 | | | | | |

8812

Additional Child Tax Credit

1040 1040A

| OMB No. 1545-1620 |
|-------------------|
| 2004 |
| |

For Paperwork Reduction Act Notice, see back of form.

Attachment

Department of the Treasury Internal Revenue Service (99) Complete and attach to Form 1040 or Form 1040A. Sequence No. 47 Name(s) shown on return Your social security number Part I **All Filers** 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 1 Enter the amount from Form 1040, line 51, or Form 1040A, line 32 Subtract line 2 from line 1. If zero, stop; you cannot take this credit Enter your total taxable earned income. See the instructions on back Is the amount on line 4 more than \$10,750? No. Leave line 5 blank and enter -0- on line 6. Yes. Subtract \$10,750 from the amount on line 4. Enter the result 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. Part II Certain Filers Who Have Three or More Qualifying Children Enter the total of the withheld social security and Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts 7 with yours. If you worked for a railroad, see the instructions on back 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. 8 **1040A filers:** Enter -0-. 10 1040 filers: Enter the total of the amounts from Form 1040, lines 65 and 66 1040A filers: Enter the total of the amount from Form 1040A, line 10 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). Subtract line 10 from line 9. If zero or less, enter -0-Enter the **larger** of line 6 or line 11 here Next, enter the smaller of line 3 or line 12 on line 13. Your Additional Child Tax Credit 13 This is your additional child tax credit Enter this amount on Form 1040, line 67, or Form 1040A, line 42. Form **8812** (2004)

Cat. No. 10644E

Form 8812 (2004) Page **2**

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 |

| 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

| | | e spouse, and your dependents for your employer's |
|-----------------|--------------------------------------|--|
| No. | 1040 filers: 1040A filers: | Go to question 3. Skip question 3 and go to question 4. |
| emplo aber o | yed, or are you f the clergy or y | ouse if filing a joint return, filing Schedule SE because you were a ou had church employee income, or are C-EZ as a statutory employee? |
| No. | Go to question | 4. |
| Yes. | | o figure the amount to enter on e 4. |
| | No. Were emploiber of filing No. | No. 1040 filers: 1040A filers: 1040A filers: were you, or your spemployed, or are you liber of the clergy or y filing Schedule C or C No. Go to question |

- 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.

| • | Amou | nts from | ı rorm | 2333, | nne - | 41, or | Form | 2333-EZ | ٠, |
|---|------------------------|----------|--------|-------|-------|--------|------|---------|----|
|] | line 18. | | | | | | | | |
| г | _ | | | | | | | | |

| 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 fine 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.

Credit for Qualified Retirement Savings Contributions

OMB No. 1545-1805 Attachment Sequence No. 129

Department of the Treasury Internal Revenue Service

► Attach to Form 1040 or Form 1040A. ► See instructions on back.

Name(s) shown on return

Your social security number



You cannot take this credit if either of the following applies.

- The amount on Form 1040, line 37, or Form 1040A, line 22, is more than \$25,000 (\$37,500 if head of household; \$50,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 1987, (b) is claimed as a dependent on someone else's 2004 tax return, or (c) was a student (see instructions).

| | | | | (a) You | | (b) Your spouse |
|--|---|--|--|--|----------------------|-----------------|
| Traditional ar contributions | | ntributions for 2004. Do | not include rollove | 1 | | |
| employee co (see instructi | ntributions, an |) or other qualified emplod d 501(c)(18)(D) plan con | | | | |
| Add lines 1 a | | | | | | |
| (including ex married filing | tensions) of y | ved after 2001 and be our 2004 tax return (se both spouses' amount eption | ee instructions). I | 4 | | |
| Subtract line | 4 from line 3. | If zero or less, enter -0 | | 5 | | |
| In each colur | mn, enter the s | smaller of line 5 or \$2, | 000 | 6 | | |
| Add the amo | unts on line 6. | . If zero, stop ; you can | not take this credit | ans | . 7 | |
| Catan No. | | - 1040 line 07*- 5 | 10404 117 20 | | | |
| ∟nter the am | ount from For | m 1040, line 37*, or Fo | m 1040A, line 22 | | | |
| Entor the co- | olicable decim | al amount shown below | " " FO | | | |
| Enter the app | olicable decima | ar amount shown below | v. | | | |
| If line | 8 is— | And | your filing status | is— | | |
| | But not | Married | Head of | Single, Married filing | | |
| Over— | over— | filing jointly | household | separately, or | | |
| | ovei— | Enter on | line 9— | Qualifying widow(er) | | |
| | | - | F | _ | | |
| | \$15,000 | .5 | .5 | .5 | | |
| \$15,000 | \$15,000 \$16,250 | .5 .5 | .5 .5 | .5 .2 | | |
| \$15,000 \$16,250 | | | | | 9 | Х. |
| \$16,250 | \$16,250 \$22,500 | .5 | .5 | .2 | 9 | X . |
| \$16,250 \$22,500 | \$16,250 \$22,500 \$24,375 | .5 .5 .5 | .5 .5 .2 | .2 .1 .1 | 9 | X . |
| \$16,250 \$22,500 \$24,375 | \$16,250 \$22,500 \$24,375 \$25,000 | .5 .5 .5 | .5 .5 .2 .1 | .2 .1 .1 .1 | 9 | X . |
| \$16,250 \$22,500 \$24,375 \$25,000 | \$16,250 \$22,500 \$24,375 \$25,000 \$30,000 | .5 .5 .5 .5 | .5 .5 .2 .1 | .2 .1 .1 .1 .0 | 9 | х. |
| \$16,250 \$22,500 \$24,375 \$25,000 \$30,000 | \$16,250 \$22,500 \$24,375 \$25,000 \$30,000 \$32,500 | .5 .5 .5 .5 .5 | .5 .5 .2 .1 .1 | .2 .1 .1 .1 .0 | 9 | Х. |
| \$16,250 \$22,500 \$24,375 \$25,000 \$30,000 \$32,500 | \$16,250 \$22,500 \$24,375 \$25,000 \$30,000 \$32,500 \$37,500 | .5 .5 .5 .5 .5 .2 .1 | .5 .5 .2 .1 .1 .1 | .2 .1 .1 .1 .0 .0 | 9 | X . |
| \$16,250 \$22,500 \$24,375 \$25,000 \$30,000 \$32,500 \$37,500 | \$16,250 \$22,500 \$24,375 \$25,000 \$30,000 \$32,500 \$37,500 \$50,000 | .5 .5 .5 .5 .5 .2 .1 | .5 .5 .2 .1 .1 .1 | .2 .1 .1 .1 .0 .0 .0 | 9 | X . |
| \$16,250 \$22,500 \$24,375 \$25,000 \$30,000 \$32,500 | \$16,250 \$22,500 \$24,375 \$25,000 \$30,000 \$32,500 \$37,500 | .5 .5 .5 .5 .5 .2 .1 | .5 .5 .2 .1 .1 .1 | .2 .1 .1 .1 .0 .0 | 9 | X . |
| \$16,250 \$22,500 \$24,375 \$25,000 \$30,000 \$32,500 \$37,500 | \$16,250 \$22,500 \$24,375 \$25,000 \$30,000 \$32,500 \$37,500 \$50,000 | .5 .5 .5 .5 .5 .2 .1 | .5 .5 .2 .1 .1 .1 .1 .0 | .2 .1 .1 .0 .0 .0 | 9 | X . |
| \$16,250 \$22,500 \$24,375 \$25,000 \$30,000 \$32,500 \$37,500 \$50,000 | \$16,250 \$22,500 \$24,375 \$25,000 \$30,000 \$32,500 \$37,500 \$50,000 | .5 .5 .5 .5 .2 .1 .1 | .5 .5 .2 .1 .1 .1 .1 .0 | .2 .1 .1 .0 .0 .0 | | X . |
| \$16,250 \$22,500 \$24,375 \$25,000 \$30,000 \$32,500 \$37,500 \$50,000 | \$16,250 \$22,500 \$24,375 \$25,000 \$30,000 \$32,500 \$37,500 \$50,000 Note: If | .5 .5 .5 .5 .2 .1 .1 .0 | .5 .5 .2 .1 .1 .1 .0 .0 | .2 .1 .1 .0 .0 .0 .0 .0 | . 10 | X . |
| \$16,250 \$22,500 \$24,375 \$25,000 \$30,000 \$32,500 \$37,500 \$50,000 Multiply line Enter the am | \$16,250 \$22,500 \$24,375 \$25,000 \$30,000 \$37,500 \$50,000 Note: If | .5 .5 .5 .5 .2 .1 .1 .0 | .5 .5 .2 .1 .1 .1 .1 .0 .0 | .2 .1 .1 .0 .0 .0 .0 .0 .0 | | X . |
| \$16,250 \$22,500 \$24,375 \$25,000 \$30,000 \$32,500 \$37,500 \$50,000 Multiply line Enter the am Enter the total | \$16,250 \$22,500 \$24,375 \$25,000 \$30,000 \$37,500 \$50,000 Note: If | .5 .5 .5 .5 .2 .1 .1 .0 <i>I line 9 is zero, stop; yo</i> | .5 .5 .2 .1 .1 .1 .0 .0 .0 .0 .0 | .2 .1 .1 .0 .0 .0 .0 .0 .0 | . 10 | X . |
| \$16,250 \$22,500 \$24,375 \$25,000 \$30,000 \$32,500 \$37,500 \$50,000 Multiply line Enter the am Enter the total Form 1040A, | \$16,250 \$22,500 \$24,375 \$25,000 \$30,000 \$32,500 \$37,500 \$50,000 Note: If 7 by line 9 ount from Fornal of your credilines 29 through | .5 .5 .5 .5 .5 .2 .1 .1 .0 | .5 .5 .2 .1 .1 .1 .0 .0 .0 | .2 .1 .1 .1 .0 .0 .0 .0 .0 .0 | | x . |
| \$16,250 \$22,500 \$24,375 \$25,000 \$30,000 \$32,500 \$37,500 \$50,000 Multiply line Enter the am Enter the total Form 1040A, Subtract line Credit for q | \$16,250 \$22,500 \$24,375 \$25,000 \$30,000 \$37,500 \$50,000 Note: If 7 by line 9 ount from Forral of your credi lines 29 throu 12 from line 1 | .5 .5 .5 .5 .5 .2 .1 .1 .0 | .5 .5 .2 .1 .1 .1 .0 .0 .0 .0 | .2 .1 .1 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 | . 10 . 13 e 14 | X . |
| \$16,250 \$22,500 \$24,375 \$25,000 \$30,000 \$32,500 \$37,500 \$50,000 Multiply line Enter the am Enter the tota Form 1040A, Subtract line Credit for q 13 here and | \$16,250 \$22,500 \$24,375 \$25,000 \$30,000 \$32,500 \$37,500 \$50,000 Note: If 7 by line 9 ount from Fornal of your credi lines 29 throu 12 from line 1 ualified retires | .5 .5 .5 .5 .5 .2 .1 .1 .0 | .5 .5 .2 .1 .1 .1 .1 .0 .0 .0 u cannot take this | .2 .1 .1 .1 .0 .0 .0 .0 .0 .0 .0 .credit. r 11 r 12 dit | . 10 . 13 e 14 | |

B-14 What is the amount on Form 2441 Line 3?

a. \$1,500

| | b. \$2,200 c. \$3,200 d. \$4,000 e. \$5,000 |
|------|---|
| B-15 | What is the amount on Form 2441 Line 8? a. 0.35 b. 0.32 c. 0.31 d. 0.25 e. 0.20 |
| B-16 | Which of Margarita's children qualify her 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. \$410 c. \$565 d. \$675 e. \$810 |
| B-18 | What is the Earned Income Tax Credit amount (Form 1040, Line 65)? a. \$3,250 b. \$3,240 c. \$3,229 d. \$3,219 e. \$3,208 |

- B-19 What is the Additional Child Tax Credit amount (Form 1040, Line 67)?
 - a. \$470
 - b. \$675
 - c. \$834
 - d. \$1,530
 - e. \$2,000

For question B-20, complete a Form 8863. Select the most correct response and record your answer on the answer sheet located in the front of the retest booklet.

- B-20 In 2004, Jana Davis completed her junior year of business administration. Her tuition for 2004 was \$3,000. She received a scholarship that covered \$1,000 and she had to borrow the other \$2,000. If all other credit requirements are met, what are her tentative education credits (Form 8863: line 8)?
 - a. \$400
 - b. \$600
 - c. \$1,500
 - d. \$200
 - e. 0

Form **8863**

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

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

OMB No. 1545-1618

Attachment Sequence No. **50** Your social security number

| | tion: אוסט cannot take bo 19) for the same student | | | | . (| | , | , |
|-----|---|--|---|--|--|----------------|--------------------------------------|----------|
| Pa | t I Hope Credit. Ca | ution: You cannot to | ake the Hope cred | it for more than 2 | tax years for | the s a | me 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) Subtra column (d) t column (d | from | (f) Enter one of the amou | nt in |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Add the amounts in co Tentative Hope credit. the lifetime learning cr | Add the amounts of edit for another stu | on line 2, columns | | | 3 | | |
| | t II Lifetime Learnir | | | | 0. 1 | ., | () 0 "" | |
| 4 | | | name (as shown on your tax return) Last name | nu | Student's social sember (as shown on 1 of your tax retur | page | (c) Qualified expenses (sinstruction | see |
| | cannot take the Hope credit and | | 1 | 100 | | | | |
| | the lifetime learning | - 0 | | C// | - | | | |
| | credit for the same | | *** | | | | | - |
| | student in the | 44 | | | 1 1 | | | |
| | same year. | | | | | | | |
| 5 | Add the amounts on li | | nd enter the total | | | 5 | | <u> </u> |
| 6 | Enter the smaller of lin | | | | | 6 | | |
| 7 | Tentative lifetime learn t III Allowable Educ | | ine 6 by 20% (.20 | n) and go to Par | | 7 | | |
| | Tentative education cre | | nd 7 | | | 8 | | |
| 8 | | | | | | | | |
| 9 | Enter: \$105,000 if mar household, or qualifying | | 52,000 it single, n | | | | | |
| 10 | Enter the amount from | | | | | | | |
| 1 | Subtract line 10 from I any education credits. | ine 9. If zero or less | s, stop; you cann | | | | | |
| 2 | Enter: \$20,000 if marr household, or qualifying | ied filing jointly; \$1 | | 140 | | | | |
| 13 | If line 11 is equal to or go to line 15. If line 11 a decimal (rounded to | is less than line 12 | 2, divide line 11 by | | | 13 | × . | |
| 4 | 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 an | y alternative | 15 | | |
| 16 | Enter the total, if any, and 47, or Form 1040 | | om Form 1040, lir | nes 46 16 | | | | |
| 7 | Enter the amount from | | | | | | | |
| 8 | Add lines 16 and 17 . | | | | | 18 | | |
| 9 | Subtract line 18 from lin | | | | | 19 | | |
| 20 | Education credits. En | A, line 31 | | | • | 20 | | |
| | *See Pub. 970 for the amou | nt to enter if you are fili | ng Form 2555, 2555-E | ∠, or 4563 or you a | e excluding inco | me fror | | |
| For | Paperwork Reduction Act N | lotice, see page 3. | | Cat. No. 25379 | М | | Form 8863 | (200 |

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 retest booklet.

- C-1 Linda sold 250 shares of Clemson Container Co. stock on August 1, 2004. Her gross proceeds were \$8,300 and she paid a commission on the sale of \$35. She purchased her shares through a company investment program in the 1980's. She has a letter from her company indicating her cost for the shares was \$650. What is her net capital gain/loss on the sale?
 - a. \$8,265
 - b. \$7,615
 - c. \$7,650
 - d. \$8,300
 - e. \$0
- C-2 Joe tells you he purchased 150 shares of Asbury, 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 Joe's stock?
 - a. 0
 - b. \$150
 - c. \$750
 - d. \$900
 - e. None of the above
- C-3 Dave hands you a Form 1099-B for the sale of 42 shares of Humboldt Life Insurance Company stock with net proceeds of \$742. When you question Dave, he states he never bought any shares of Humboldt Life, but he's had a Humboldt Life Insurance policy since he married 27 years ago. Which answer best describes Dave's circumstance?
 - a. Dave does not have to report this transaction because it is not reported on a Form 1099DIV.
 - b. Dave must report this transaction and his taxable gain is \$0.
 - c. Dave must report this transaction and his taxable long-term gain is \$742.
 - d. Dave must report this transaction and his taxable short-term gain is \$742.
 - e. None of the above

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

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

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

- a. \$16,622
- b. \$16,349
- c. \$16,624
- d. \$17,332
- e. None of the above

| PAYER'S name, street address, city, state, and ZIP code Dickinson Company 259 North 99th Terrace Your City, State, and Zip Code | | \$ | Gross distribut 17,332 Taxable amoun | . 00 | (d | 20 04 rm 1099-R | Distributions From nsions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. | | |
|---|-----------------------------------|----------|--|--|---|---|---|--|--|
| PAYER'S Federal identification number | RECIPIENT'S identification number | | not determined Capital gain (ir in box 2a) | X | | Total distribution Federal income withheld | | Copy B Report this income on your Federal tax return. If this | |
| xx-xx-xxx | | | \$ | | \$ | | | form shows Federal income | |
| RECIPIENT'S name Peter Martin | | 5 | Employee control or insurance pro | | a | Net unrealized appreciation in employer's secu | urities | tax withheld in box 4, attach this copy to your return. | |
| Street address (including apt. no.) 731 East 49th Street City, state, and ZIP code Your City, State, and Zip Code Account number (optional) | | 7 | | IRA/ SEP/ SIMPLE | / • • • • • • • • • • • • • • • • • • | | % | This information is being furnished to | |
| | | 9a | Your percentage distribution | of total 9b Total employee contribution \$ 21,300. | | | | Revenue Service. | |
| | | 10 \$ | State tax withho | eld | 11 8 | State/Payer's st | tate no. | 12 State distribution \$ | |
| | | 13 \$ | Local tax withh | eld | 14 1 | Name of locality | у | 15 Local distribution \$ | |

Before you begin:

IF the combined ages at annuity starting date (see page 27) were . . .

110 or under

111-120

121-130

131-140

141 or older

If you are the beneficiary of a deceased employee or former employee who died **before** August 21, 1996, see Pub. 939 to find out if you are entitled to a death benefit exclusion of up to \$5,000. If you are, include the exclusion in the amount entered on line 2 below.



Note. If you had more than one partially taxable pension or annuity, figure the taxable part of each separately. Enter the total of the taxable parts on Form 1040, line 16b. Enter the total pension or annuity payments received in 2004 on Form 1040, line 16a.

| | payments received in 2004. Also, enter th | |
|--|--|-----------------------------|
| 2. Enter your cost in the plan at the | annuity starting date | 2. |
| 3. Enter the appropriate number from date was after 1997 and the payn | n Table 1 below. But if your annuity star ments are for your life and that of your number from Table 2 below | ting |
| 4. Divide line 2 by the number on lin | ne 3 | 4. |
| made. If your annuity starting date | months for which this year's payments we was before 1987, skip lines 6 and 7 and go to line 6 | l enter |
| 6. Enter the amount, if any, recovere | d tax free in years after 1986 | 6. |
| 7. Subtract line 6 from line 2 | , | 7 . |
| 8. Enter the smaller of line 5 or line | 7 | |
| amount on Form 1040, line 16b. I | from line 1. Enter the result, but not less f your Form 1099-R shows a larger amount 1099-R | int, use the amount on this |
| | Table 1 for Line 3 Above | |
| | AND your an | nuity starting date wasó |
| IF the age at annuity starting | before November 19, 1996, | after November 18, 1996, |
| date (see page 27) was | enter on line 3 | enter on line 3 |
| 55 or under | 300 | 360 |
| 56-60 | 260 | 310 |
| 61–65 | 240 | 260 |
| 66–70 | 170 | 210 |
| 71 or older | 120 | 160 |

Table 2 for Line 3 Above

- 23 -

Need more information or forms? See page 7.

THEN enter on line 3...

410

360

310

260

210

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 retest booklet.

- C-5 Barbara brings you the following information to prepare her tax return: her Form SSA-1099; two Forms 1099-INT; and a Form 1099-DIV. Barbara's date of birth is May 3, 1931. While you are preparing her tax return, what other information is essential to correctly prepare Barbara's return?
 - a. Whether she has any IRA or 401K accounts
 - b. Barbara's filing status and number of dependents
 - c. Whether she is legally blind
 - d. Answers a and b
 - e. Answers a, b, and c
- C- 6 Under which of the following circumstances should you recommend that 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 \$150 per month withheld from his/her pension during 2004.
 - b. Taxpayer had dividend and interest income in addition to his/her pension and had no withholding during 2004. His tax liability was \$2,350. Upon completing his return, you discover he/she must pay an Estimated Tax Penalty.
 - c. a and b
 - d. Taxpayer had withholding of \$140 and estimated tax payments of \$680 in 2004. He had a total tax liability in 2004 of \$950.
 - e. 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 \$1,700.
- C-7 Sanford 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 \$3,100 in wages; and
 - Form 1099-MISC with \$150 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 1099-R.
- 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 1099-MISC income because it is under \$400.
- e. None of the above.

- C-8 Howard and Providence are married and lived together for the entire year of 2004. Howard elected to file as married filing separately. He received a Form SSA-1099 with a Box 5 amount of \$7,000. Which of the following statements is correct?
 - a. 100% of his Social Security is taxable because he's elected to file as Married Filing Separately.
 - 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 his 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 transactions involving traditional IRA's are permitted without penalties or additional taxes?
 - a. Taking distributions at age 57
 - b. Investing the IRA in artworks and rare wines
 - c. Rolling over assets within 90 days
 - d. Rolling over assets within one year
 - e. Taking two minimal annual distributions during the year in which the taxpayer reaches age 70½
- C-10 Which of the following income sources is fully taxable?
 - a. Interest in municipal bonds from the taxpayer's state
 - b. Interest in municipal bonds from other than the taxpayer's state
 - c. Dividends on insurance policies
 - d. Interest from U.S. Government HH Bonds
 - 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. Fill-in the blanks and record your answers on the answer sheet located in the front of the retest booklet.

George (born January 22, 1923) and Susan Vincennes (born June 2, 1928) are retired and filing a joint tax return. George retired from a railway career in 1983 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 \$1,800 interest from Tulane Savings Bank. They also brought in a year-end statement from the Odessa Municipal Fund which shows tax-exempt interest received during the year of \$1,100. They have no other income.

They both would like to contribute to the Presidential Election Campaign.

| PAYER'S name, street address, city, state, and ZIP code First National Savings Bank 345 North 7th Avenue Your City, State and Zip Code | | \$ | 7,076 a Taxable amoun | | 1B No. 1545-0119 2004 Form 1099-B | Distributions From nsions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. | | |
|--|-----------------------------------|-------------|------------------------------------|------------------------|-----------------------------------|---|------------|---|
| | | 2 | b Taxable amour | nt | | Total distribution | า 🗌 | Copy B |
| PAYER'S Federal identification number | RECIPIENT'S identification number | 3 | Capital gain (ir in box 2a) | cluded | 4 | Federal income withheld | tax | income on your Federal tax return. If this |
| xx-xxxxxx | xxx-xx-xxxx | 1 \$ | 0 | .00 | \$ | | | form shows Federal income |
| RECIPIENT'S name Susan Vincennes | | 5 | Employee contr 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 2241 East 54th St. | o.) | — | Distribution code(s) | IRA/ SEP/ SIMPLE | <u> </u> | Other | % | This information is being furnished to the Interna |
| City, state, and ZIP code Your City, State, and Zip Code | | 9a | Your percentage distribution | of total % | 9b \$ | Total employee con | tributions | Revenue Service |
| Account number (optional) | • | 10 \$ | State tax withhe | eld | | State/Payer's s | | 12 State distribution \$ |
| | | | Local tax withh | eld | | Name of localit | • | 15 Local distribution \$ |

| PAYER'S NAME, STREET ADDRESS, CITY, STATE, AND ZIP CODE UNITED STATES RAILROAD RETIREMENT BOARD | 2004 | PAYMENTS BY THE RAILROAD RETIREMENT BOARD | | |
|--|---|--|---|--|
| 844 N RUSH ST CHICAGO IL 60611-2092 | Gross Social Security Equivalent Benefit Portion of Tier 1 Paid in 2004 | 10 400 00 | | |
| PAYER'S FEDERAL IDENTIFYING NO. 36-3314600 | Portion of Her I Paid in 2004 | 12,420.00 | | |
| 1. Claim Number and Payee Code | Social Security Equivalent Benefit Portion of Tier 1 Repaid to RRB in 2004 | 0.00 | CODY C | |
| 2. Recipient's Identification Number | 5. Net Social Security Equivalent Benefit | | COPY C - | |
| xxx-xx-xxxx | Portion of Tier 1 Paid in 2004 | 12,420.00 | FOR | |
| Recipient's Name, Street Address, City, State, and Zip Code George Vincennes 2241 East 54th St. Your City, State, and Zip Code | 6. Workers' Compensation Offset in 2004 | 0.00 | RECIPIENT'S RECORDS | |
| | 7. Social Security Equivalent Benefit | | | |
| | Portion of Tier 1 Paid for 2003 | | THIS | |
| | Social Security Equivalent Benefit Portion of Tier 1 Paid for 2002 | | INFORMATION IS BEING FURNISHED | |
| | Social Security Equivalent Benefit Portion of Tier 1 Paid for Years Prior to 2000 | | TO THE INTERNAL REVENUE SERVICE. | |
| | 10. Federal Income Tax Withheld 160.00 | 11. Medicare Premium Total 799.00 | | |

| PAYERS' NAME, STREET ADDRESS, CITY, STATE, AND ZIF UNITED STATES RAILROAD RETIREMENT B | | 4 | | PENSIONS BY THE TIREMENT BOARD | |
|---|---------------------------------|-----------|---|--------------------------------|--|
| 844 N RUSH ST CHICAGO IL 60611-2092 | 3. Employee Contributions | | | | |
| PAYER'S FEDERAL IDENTIFYING NO. 36-3314600 | | | | | |
| Claim Number and Payee Code | Contributory Amount Paid | 9,832.00 | COPY B - | | |
| 2. Recipient's Identification Number | 5. Vested Dual Benefit | | DEDOR T I | THE INCOME ON | |
| xxx-xx-xxxx | | | | THIS INCOME ON FEDERAL TAX | |
| Recipient's Name, Street Address, City, State, and ZIP Code | 6. Supplemental Annuity | 680.00 | RETURN. IF THIS FORM SHOWS FEDERAL INCOME TAX WITHHELD IN BOX 9 ATTACH THIS COPY TO | | |
| George Vincennes 2241 East 54th Street Your City, State, and | 7. Total Gross Paid | 10,512.00 | | | |
| Zip Code | 8. Repayments | | YOUR RETURN. | | |
| _ | | | | RMATION IS BEING | |
| | Federal Income Tax Withheld | 0.00 | FURNISHED REVENUE SE | TO THE INTERNAL RVICE. | |
| | 10. Rate of Tax | | 11. Country | 12. Medicare Premium Total | |

| PAYERS' NAME, STREET ADDRESS, CITY, STATE, AND ZIF UNITED STATES RAILROAD RETIREMENT B | ANNUITIES OR PENSIONS BY THE RAILROAD RETIREMENT BOARD | | | | |
|---|--|----------|--|-----------------------------|--|
| 844 N RUSH ST CHICAGO IL 60611-2092 | Employee Contributions | | | | |
| PAYER'S FEDERAL IDENTIFYING NO. 36-3314600 | | | | | |
| Claim Number and Payee Code | Contributory Amount Paid | 4,088.00 | СОРУ В - | | |
| 2. Recipient's Identification Number | 5. Vested Dual Benefit | | | IIC INCOME ON | |
| xxx-xx-xxxx | | | | IIS INCOME ON EDERAL TAX | |
| Recipient's Name, Street Address, City, State, and ZIP Code Susan Vincennes 2241 East 54th Street Your City, State, and Zip Code | 6. Supplemental Annuity | | RETURN. I | F THIS FORM DERAL INCOME | |
| | 7. Total Gross Paid | 4,088.00 | TAX WITHHELD IN BOX 9 ATTACH THIS COPY TO | | |
| | 8. Repayments | | YOUR RETU | JRN. | |
| _ | | | THIS INFORM | | |
| | Federal Income Tax Withheld | 1,280.00 | FURNISHED 1 REVENUE SER | O THE INTERNAL VICE. | |
| | 10. Rate of Tax | | 11. Country | 12. Medicare Premium Total | |

| | REVERSE FOR MORE INFO | | mafician de Casial Casurity Number | |
|--|------------------------------|-------------------|---|--|
| Box 1. Name Susan Vincennes | | Box 2. Be | neficiary's Social Security Number | |
| Box 3. Benefits Paid in 2004 9,280.00 | Box 4. Benefits Repaid to SS | A in 2004 0.00 | Box 5. Net Benefits for 2003 (Box 3 minus Box 4) 9,280.00 | |
| Paid by check of direct deposit: Medicare premindeducted: | \$8,481.00 | | DESCRIPTION OF AMOUNT IN BOX 4 | |
| | γ3,200.00 | Box 7. Ad 2241 | dress East 54th Street City, State, and Zip Code | |
| | | Box 8. Cla | im Number (Use this number if you need to contact SSA.) | |

| | For | the year Jan. 1-Dec. 31, 2004, or other tax year beginning , 2004, ending , 20 | OMB No. 1545-0074 |
|-------------------------------------|------------|---|--|
| _abel L | You | r first name and initial Last name | Your social security number |
| nstructions B B E | If a | joint return, spouse's first name and initial Last name | Spouse's social security number |
| Jse the IRS abel. H Otherwise, E | Но | ne address (number and street). If you have a P.O. box, see page 19. Apt. no. | ▲ Important! ▲ |
| olease print R 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. | You Spouse |
| See page 19.) | | Do you, or your spouse if filing a joint return, want \$3 to go to this fund? | ☐ Yes ☐ No ☐ Yes ☐ No |
| 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, enter |
| 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) |
| Exemptions | 6a b | Yourself. If someone can claim you as a dependent, do not check box 6a Spouse | Boxes checked on 6a and 6b No. of children |
| Exciliptions | C | Dependent's (3) Dependent's (4) V if qua | alifying on 6c who: |
| | · | social security number relationship to child for ch | ild tax • lived with you |
| | | (1) First name Last name you credit (see p | you due to divorce |
| f more than four | | 300 | or separation (see page 21) |
| dependents, see bage 21. | | | Dependents on 6c |
| bage 21. | | 160 | not entered above |
| | d | Total number of exemptions claimed | Add numbers on lines above ▶ |
| ncome | 7 8a | Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 8a |
| Attach | b | Tax-exempt interest. Do not include on line 8a 8b | |
| Forms W-2 and | 9a | Ordinary dividends. Attach Schedule B if required | 9a |
| V-2G here. | b | Qualified dividends (see page 23) | |
| Also attach Form(s) 1099-R | 10 | Taxable refunds, credits, or offsets of state and local income taxes (see page 23) | 10 |
| f tax was | 11 | Alimony received | 11 |
| vithheld. | 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 |
| f you did not | 14 | Other gains or (losses). Attach Form 4797 | 14 |
| get a W-2, | 15a | IRA distributions 15a b Taxable amount (see page 25) | 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 |
| ot 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 total income | 22 |
| Adjusted | 23 | Deduction for clean-fuel vehicles (see page 29) | |
| Gross | 24 | Certain business expenses of reservists, performing artists, and fee-hasis government officials. Attach Form 2106 or 2106-F7. | |
| ncome | 25 | The basic government emission rather than 2 to 61 2 to 62 | |
| | 25 26 | IRA deduction (see page 29) | |
| | 20 27 | Tuition and fees deduction (see page 32) | |
| | 28 | Health savings account deduction. Attach Form 8889 | |
| | 29 | Moving expenses. Attach Form 3903 | |
| | 30 | One-half of self-employment tax. Attach Schedule SE | |
| | 31 | Self-employed health insurance deduction (see page 33) | |
| | 32 | Self-employed Realth insurance deduction (see page 33) Self-employed SEP, SIMPLE, and qualified plans 32 | |
| | 33 | Penalty on early withdrawal of savings | |
| | 34a | Alimony paid b Recipient's SSN ▶ | |
| | 35 | Add lines 23 through 34a | 35 |
| | 36 | Subtract line 35 from line 22. This is your adjusted gross income | 36 |

| _ | 27 | Amount from line 36 (adjusted gross income) | | | | 37 | T |
|--|-----------|--|------------|----------------------|-------------------------|---------------------|--|
| Tax and | 37 38a | Amount from line 36 (adjusted gross income) . Check \[\subseteq \textbf{You} \] were born before January 2, 19 | | □ Blind. Tota | | | |
| Credits | Soa | if: Spouse was born before January 2, | | | | | |
| Standard | | • | | , | | | |
| Deduction or— | b | If you are married filing separately and your spour | | | | | |
| | -00 | you were a dual-status alien, see page 34 and ch | | | | 39 | |
| People who checked any | 39 40 | Itemized deductions (from Schedule A) or your subtract line 39 from line 37 | | • | • , | 40 | |
| oox on line 38a or 38b or | | | | | | | |
| who can be | 41 | If line 37 is \$107,025 or less, multiply \$3,100 by the | | | | 41 | |
| claimed as a dependent, | 40 | line 6d. If line 37 is over \$107,025, see the works | | | | 42 | |
| see page 34. | 42 | Taxable income. Subtract line 41 from line 40. If Tax (see page 36). Check if any tax is from: a \square Form | | | | 43 | |
| All others: | 43 | Alternative minimum tax (see page 38). Attach F | . , | | 14972 | 44 | |
| Single or | 44 | (1 9 / | -OIII 62: | | | 45 | |
| Married filing separately, | 45 46 | Add lines 43 and 44 | n Form 2 | 441 46 | | | |
| \$4,850 | 46 | | | | | | |
| Married filing | 47 | Credit for the elderly or the disabled. Attach Sche | | 48 | | | |
| jointly or Qualifying | 48 | Education credits. Attach Form 8863 | | 49 | 761 | | |
| widow(er), | 49 50 | Credits from: a Form 8396 b Form 8 | | 50 | | | |
| \$9,700 | 50 51 | Foreign tax credit. Attach Form 1116 if required | | 51 | | *//// | |
| Head of household, | 51 52 | Child tax credit (see page 40) | | | | *///// | |
| \$7,150 | 52 53 | Retirement savings contributions credit. Attach For Adoption credit. Attach Form 8839 | 008 | 53 | | *///// | |
| | 53 54 | | Form 38 | . ////// | | 1///// | |
| | J4 | b Form 8801 c Specify | i Uitti Jö | 54 | | | |
| | 55 | Add lines 46 through 54. These are your total cre | edits | | | 55 | |
| | 56 | Subtract line 55 from line 45. If line 55 is more th | | 15. enter -0 | | 56 | |
| | 57 | Self-employment tax. Attach Schedule SE | | | | 57 | |
| Other | 58 | Social security and Medicare tax on tip income not re | | | | 58 | |
| Taxes | 59 | Additional tax on IRAs, other qualified retirement | | | | 59 | |
| | 60 | Advance earned income credit payments from Fo | | | · | 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 | 1 1099 | 63 | | | |
| u, | 64 | 2004 estimated tax payments and amount applied from 20 | | | | | |
| If you have a | 65 | Earned income credit (EIC) | | 05 | | | |
| qualifying | 66 | Excess social security and tier 1 RRTA tax withheld (s | | 00 | | | |
| child, attach Schedule EIC. | 67 | Additional child tax credit. Attach Form 8812 . | | ′ a= | | | |
| | 68 | Amount paid with request for extension to file (se | | | | | |
| | 69 | Other payments from: a Form 2439 b Form 4136 c | | | | | |
| | 70 | Add lines 63 through 69. These are your total page | yments | | • | 70 | |
| Refund | 71 | If line 70 is more than line 62, subtract line 62 from | n line 70 | . This is the amo | ınt vou overpaid | 71 | |
| Direct deposit? | 72a | Amount of line 71 you want refunded to you . | | | | 72a | |
| See page 56 | ▶ b | Routing number | | c Type: Check | king Savings | | |
| and fill in 72b, | ► d | Account number | \Box | | | | |
| '2c, and 72d. | 73 | Amount of line 71 you want applied to your 2005 estim | ated tax | ▶ 73 | | | |
| Amount | 74 | Amount you owe. Subtract line 70 from line 62. F | | | , see page 57 ► | 74 | ,,,,,, |
| ou Owe | 75 | | | | · - L | <u> </u> | ////X//// |
| Third Party | Do | you want to allow another person to discuss this re | eturn wit | h the IRS (see pa | ge 58)? | Complete the follow | ving. 🗌 🏻 |
| Designee | Des | ignee's Phone | , | | Personal identific | cation | |
| | nar | |) (|) | number (PIN) | <u> </u> | |
| Sign | | er penalties of perjury, I declare that I have examined this ret ef, they are true, correct, and complete. Declaration of prepare | | | | | |
| Here | | r signature Date | | Your occupation | | Daytime phone nur | - |
| loint return? | 100 | o.g. a.a. | • | . ca. codapation | | , sayame phone nur | |
| See page 20. Keep a copy | | | | <u> </u> | | () () | |
| or your | Spo | buse's signature. If a joint return, both must sign. Date | Э | Spouse's occup | ation | | |
| ecords. | | | | Data | | Drangueri's 221 | ////////////////////////////////////// |
| Paid | | parer's lature | | Date | Check if | Preparer's SSN or | PIIN |
| Preparer's | | <u> </u> | | | self-employed | <u> </u> | |
| | | n's name (or rs if self-employed), | | | EIN | | |
| Jse Only | you | ress, and ZIP code | | | Phone no. | | |

| Schedule B—Interest and Ordinary Dividends Attachment Sequence No. 0 Attachment Sequence No. 0 Amount 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. I would be a form 1994. If you seekved a Form 1995-HD, Form 1995-HD | Schedules A&B (For | | 1040. Do not enter name and social security number if shown on other side. | | No. 1545-0074 | | ige 2 |
|--|--|------------|--|----------------------------|----------------------|----------------|-------|
| Screamount B—Interest and Urdinary Unidends Sequence No. 0 Amount Part I List name of payer. If any treest 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 ▶ Interest first. Also, show that buyer's social security number and address ▶ Interest first. Also, show that buyer's social security number and address ▶ Interest first. Also, show that buyer's social security number and address ▶ Interest first. Also, show that buyer's social security number and address ▶ Interest first. Also, show that buyer's social security number and address ▶ Interest first. Also, show that buyer's social security number and address ▶ Interest first. Also, show that buyer's social security number and address ▶ Interest first. Also, show that buyer's social security number and address ▶ Interest first. Also, show that buyer's social security number and address ▶ Interest first. Also, show that buyer's social security number and address ▶ Interest first. Also, show that buyer's social security number and address ▶ Interest first. Also, show that buyer's social security number and address ▶ Interest first. Also, show that buyer's social security number and address ▶ Interest first. Also, show that buyer's social security number and address ▶ Interest first. Also, show that buyer's social security number and address ▶ Interest first. Also, show that buyer's social security number and address ▶ Interest first. Also, show that buyer's social security number and address ▶ Interest first. Also, show that buyer's social security number and address ▶ Interest first. Also, show that buyer's social security number and address ▶ Interest first. Also, show that buyer's social security number and address ▶ Interest first. Also, show that buyer's social security number and address Part III. Interest first. Also, show that buyer's social security number and address Part III. Intere | varrie(s) snown on r | omi | 1040. Do not enter name and social security number it shown on other side. | 100 | ur sociai secur | ity nun | nber |
| The state of the state of payer. In any interest is from a search interest entered the property as a personal residence, see page B-1 and its this interest frist. Also, show that buyer's social security number and address. In additional to the structures frist. Also, show that buyer's social security number and address. In additional to the structures of the structure of the structure of the structures of the structure of the stru | | | Schedule B—Interest and Ordinary Dividends | | Attachi Sequer | ment nce No | . 0 |
| nd the sistuuctions for own 1040, ine 8a. In the structure of the structu | Part I nterest | 1 | buyer used the property as a personal residence, see page B-1 and list this | | Amoi | unt | |
| pose-living from gog-Oil), or ubstitute transment from brown on that own. 2 Add the amounts on line 1 3 Excludable interest on series EE and I U.S. sayings 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. Part III ordinary Dividends See page 8-1 and the structure of the stru | nd the estructions for orm 1040, | | | 1 | | | |
| te total interest hown on that prime. The total 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 ▶ 4 Note. If line 4 is over \$1,500, you must complete Part III. Part III Dridinary Dividends See page B-1 and the sistructions for orm 1040, line 9a . ▶ 5 List name of payer ▶ | eceived a Form 099-INT, Form 099-OID, or ubstitute tatement from brokerage firm, st the firm's ame as the | | | | | | |
| 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. Part II | ne total interest hown on that | | | 2 | | | |
| Part II Dridinary Dividends See page B-1 nd the structions for orm 1040, ne 9a.) lote. If you servived a Form 099-DIV or ubstitute tatement from brokerage firm's ame as the ayer and enter the ordinary invidends shown n that form. 6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a. ▶ 6 Note. If line 6 is over \$1,500, you must complete Part III. You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. 7a At any time during 2004, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1. b If "Yes," enter the name of the foreign country ▶ 8 During 2004, did you received a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See page B-2 | Jiii. | 4 | Attach Form 8815 | _ | | | |
| Ordinary Dividends See page B-1 nd the structions for orm 1040, ne 9a.) lote. If you seelved a Form 099-DIV or ubstitute tatement from brokerage firm's ame as the ayer and enter ne ordinary ividends shown in that form. 6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a. ▶ 6 Note. If line 6 is over \$1,500, you must complete Part III. You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. 7a At any time during 2004, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1. b If "Yes," enter the name of the foreign country ▶ 8 During 2004, did you received a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See page B-2 | | | | - | Amou | ınt | |
| peceived a Form 099-DIV or ubstitute tatement from brokerage firm, st the firm's arme as the ayer and enter re ordinary violends shown in that form. 6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a . ▶ 6 Note. If line 6 is over \$1,500, you must complete Part III. You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. 7a At any time during 2004, did you have an interest in or a signature or other authority over a financial account; See page B-2 for exceptions and filling requirements for Form TD F 90-22.1. b If "Yes," enter the name of the foreign country ▶ 8 During 2004, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See page B-2 | Drdinary Dividends See page B-1 nd the instructions for form 1040, ine 9a.) | | (S)(0)(S)(C)(S)(S)(S)(S)(S)(S)(S)(S)(S)(S)(S)(S)(S) | | | | |
| Note. If line 6 is over \$1,500, you must complete Part III. You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. 7a At any time during 2004, did you have an interest in or a signature or other authority over a financial account; in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1. b If "Yes," enter the name of the foreign country ▶ 8 During 2004, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See page B-2 | lote. If you eceived a Form 099-DIV or ubstitute tatement from a brokerage firm, st the firm's name as the payer and enter ne ordinary lividends shown on that form. | | | | | | |
| a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. 7a At any time during 2004, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1. b If "Yes," enter the name of the foreign country ▶ 8 During 2004, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See page B-2 | | No | ote. If line 6 is over \$1,500, you must complete Part III. | | | | |
| Bee Bage B-2.) 8 During 2004, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See page B-2 | Part III Foreign Accounts and Trusts | a fo 7a | reign account; or (c) received a distribution from, or were a grantor of, or a transferor to 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 fir See page B-2 for exceptions and filing requirements for Form TD F 90-22.1. | a fore over a ancial | a financial account? | Yes | No |
| or Paperwork Reduction Act Notice, see Form 1040 instructions. Schedule B (Form 1040) 200 | See age B-2.) | | During 2004, did you receive a distribution from, or were you the grantor of, or | transf | eror to, a | | |
| | or Paperwork P | Reduc | | | | 040) | 200 |

Social Security Benefits Worksheet—Lines 20a and 20b

Keep for Your Records

| Be | to you. √ Figure any wr (see page 33). √ If you are mar of 2004, enter √ Be sure you ha | te-in adjustments to be entered on the ried filing separately and you lived a "D" to the right of the word "benefit ave read the Exception on page 27 to lead of a publication to find out if any | e dotted line next to line 35 part from your spouse for all s' on line 20a. o see if you can use this |
|-----|--|--|---|
| 1. | Enter the total amount from box 5 of all yo Forms RRB-1099 | ur Forms SSA-1099 and | |
| 2. | Enter one-half of line 1 | | 2. |
| 3. | | 040, lines 7, 8a, 9a, 10 through 14, 1 | 5b, 16b, 17 |
| 4. | Enter the amount, if any, from Form 1040, | line 8b | 4. |
| 5. | Add lines 2, 3, and 4 | | 5. |
| 6. | Enter the total of the amounts from Form 19 any write-in adjustments you entered on the | | |
| 7. | Is the amount on line 6 less than the amount | t on line 5? | (O) |
| | No. (STOP) None of your social securit | y benefits are taxable. | |
| | Yes. Subtract line 6 from line 5 | | |
| Q | If you are: | | |
| 0. | Married filing jointly, enter \$32,000 | 2 0 | |
| | • Single, head of household, qualifying v separately and you lived apart from your s \$25,000 | pouse for all of 2004, enter | 8. |
| | Married filing separately and you lived in 2004, skip lines 8 through 15; multiply lithe result on line 16. Then go to line 17 | | |
| 9. | Is the amount on line 8 less than the amoun | t on line 7? | |
| | amounts on line 20a or 20b separately and you lived ap | benefits are taxable. You do not have of Form 1040. But if you are marrie art from your spouse for all of 2004." to the right of the word "benefits" | d filing enter -0- on line on line 20a. |
| 10. | Enter: \$12,000 if married filing jointly; \$9,0 widow(er), or married filing separately and | 000 if single, head of household, qua | ifying |
| 11. | Subtract line 10 from line 9. If zero or less, | | |
| 12. | Enter the smaller of line 9 or line 10 | | |
| 13. | Enter one-half of line 12 | | |
| 14. | Enter the smaller of line 2 or line 13 | | |
| 15. | Multiply line 11 by 85% (.85). If line 11 is | | |
| 16. | Add lines 14 and 15 | | |
| 17. | Multiply line 1 by 85% (.85) | | |
| 18. | Taxable social security benefits. Enter theEnter the amount from line 1 above on F | smaller of line 16 or line 17 | |
| | • Enter the amount from line 18 above on | Form 1040, line 20b. | |
| | If part of your benefits are taxable for 2 you may be able to reduce the taxable a | | 2004 that were for an earlier year, |

- 25 -

Need more information or forms? See page 7.

60

| C-11 | How much taxable pension income will be reported on Form 1040 Line 16b? |
|------|--|
| | |
| C-12 | What is the amount on Form 1040, Line 8b? |
| C-13 | How much of their combined Social Security and RRB Social Security-equivalent benefits will be taxable on form 1040, Line 20b? |

For questions C-14 through C-20, use the following scenario to complete a Form 1040 and appropriate forms and 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 retest booklet.

Earl and Jane Purdue arrive at your site with documents needed to prepare their tax return. They are retired. Earl was born on May 14, 1934 and Jane was born on January 2, 1943. They provide their Social Security cards and the information returns shown below. Earl and Jane live at 77 North 12th Street. They both would like to contribute to the Presidential Election Campaign.

Estimated tax payments of \$160 per quarter were made on the 15th of April, June, and September of 2004.

Earl accumulated 577 stock shares of Wilkes Corporation (WC) prior to his retirement in 1996. He has records indicating that his total investment in the stock is \$731.49.

| PAYER'S name, street address, city, | state, ZIP code, and telephone no. | Payer's RTN (optional) | OMB No. 1545-0112 | | |
|---|--|---------------------------------------|---|------|--|
| Penn National Saving | gs and Loan | | 20 04 | Inte | rest Income |
| Your City, State, as | nd Zip Code | | Form 1099-INT | | |
| PAYER'S Federal identification number XX-XXXXX | RECIPIENT'S identification number XXX-XX-XXXX | 1 Interest income not included \$ | d in box 3 477 . 47 | | Copy B For Recipient |
| RECIPIENT'S name Earl Purdue | | 2 Early withdrawal penalty | 3 Interest on U.S. Sav Bonds and Treas. of | | This is important tax information and is |
| | | \$ 47.75 | \$ | | being furnished to the Internal Revenue |
| Street address (including apt. no.) 77 N. 12th Street | | 4 Federal income tax withheld \$ 0.00 | 5 Investment expens | es | Service. If you are required to file a return a negligence penalty or |
| City, state, and ZIP code Your City, State, as | nd Zip Code | 6 Foreign tax paid | 7 Foreign country or possession | U.S. | other sanction may be imposed on you if this income is taxable and |
| Account number (optional) | | \$ | | | the IRS determines that it has not been reported. |

| | REVERSE FOR MORE INFO | | |
|---|------------------------------|----------------------|---|
| Box 1. Name Earl Purdue | | Box 2. Be | neficiary's Social Security Number *********************************** |
| Box 3. Benefits Paid in 2004 10,173.00 | Box 4. Benefits Repaid to SS | A in 2004 0.00 | Box 5. Net Benefits for 2003 (Box 3 minus Box 4, 10, 173.00 |
| Paid by check of deposit Medicare premis | \$ 9,374.00 | | DESCRIPTION OF AMOUNT IN BOX 4 |
| Total | \$10,173.00 | Box 7. Ad 77 N. Your | 12th Street City, State, and Zip Code |
| | | Box 8. Cla | im Number (Use this number if you need to contact SSA. |

| PAYER'S name, street address, | • • • | 1 | Gross distribu | tion | ОМ | IB No. 1545-0119 | _ | Distributions From nsions, Annuities, |
|---|-----------------------------------|-------|----------------------------------|------------------------|----------|---|-----------|---|
| Wilkes Corporation 123 Thirteenth St. Your City, State, a | | \$ 2: | a Taxable amou | ınt | | 20 04 | 10 | Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. |
| | | _ | b Taxable amou | ınt | • | Total distribution | n 🗌 | Copy B |
| PAYER'S Federal identification number | RECIPIENT'S identification number | 3 | Capital gain (i in box 2a) | ncluded | 4 | Federal income withheld | tax | income on your Federal tax return. If this |
| xx-xxxxxx | xxx-xx-xxxx | \$ | | | \$ | 633. | .00 | form shows Federal income |
| RECIPIENT'S name Earl Purdue | | 5 | Employee cont or insurance pr | | | Net unrealized appreciation in employer's sec | urities | tax withheld in box 4, attach this copy to your return |
| Street address (including apt. n 77 N. 12th Street | 0.) | 7 | Distribution code(s) | IRA/ SEP/ SIMPLE | 8 \$ | Other | % | This information is being furnished to |
| City, state, and ZIP code Your City, State, a | and Zip Code | 9a | Your percentage distribution | e of total % | 9b \$ | Total employee conf | ributions | Revenue Service |
| Account number (optional) | | \$ | State tax withh | neld | 11 | State/Payer's s | tate no. | 12 State distribution \$ |
| | | \$ | Local tax withh | ald. | 11 | Name of lastit | | \$ 15 Local distribution |
| | | 13 | | ieia | 14 | Name of locality | У | \$ Local distribution |

| PAYER'S name, street address, Doane Savings Bank 321 2nd St. Your City, State, a | , | \$ | a Taxable amou | . 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 number | RECIPIENT'S identification number | ┸ | b Taxable amount determined Capital gain (ir in box 2a) | | 4 | Total distribution Federal income withheld | | Copy B Report this income on your Federal tax return. If this |
| xx-xxxxxxx RECIPIENT'S name Jane Purdue | xxx-xx-xxxx | \$ 5 | Employee contr or insurance pro | | \$ 6 \$ | Net unrealized appreciation in employer's sec | urities | form shows Federal income tax withheld in box 4, attach this copy to your return. |
| Street address (including apt. n. 77 N. 12th Street | 0.) | <u> </u> | Distribution code(s) | IRA/ SEP/ SIMPLE | + * | Other | % | This information is being furnished to the Interna |
| City, state, and ZIP code Your City, State, a | and Zip Code | 9a | Your percentage distribution | of total % | 9b \$ | Total employee con | tributions | Revenue Service. |
| Account number (optional) | | 10 \$ | | eld | 11 | State/Payer's s | tate no. | 12 State distribution \$ |
| | | 13 | Local tax withh | eld | 14 | Name of localit | у | 15 Local distribution |

Consolidated Statement

Employer ID# xx-xxxxxxx Wharton and Taylor Financial Services 800 East 43rd Street Your City, State Zip Payer:

Your City, State Zip Jane Purdue 77 Eleventh Street. SSN: xxx-xx-xxx Earl Purdue

Account Holder:

2004 Interest Income - 1099-INT

| Box 7: | Foreign Country or US Possession | |
|--------|--|----------|
| Box 6: | Foreign Tax Paid | |
| Box 4: | Federal Income Tax Withheld | \$84.00 |
| Box 3: | US Savings Bond | \$833.97 |
| Box 2: | Early Withdrawal Penalty | |
| Box 1: | Interest Income Not Included in Box 3 | |
| Type | | Cash |

\$1433.96 Management Account **DePaul Bank**

\$144.00

2004 Dividends & Distributions — 1099-DIV

| Box 2a | Fotal Capital Gain | Distribution | \$114.63 | |
|--------|--------------------|--------------|----------|-------------------|
| | Qualified | | | |
| Box 1a | Total Ordinary | Dividends | \$222.50 | No other entries. |

Box 2c Section 1202 Gain

2004 Proceeds from Broker and Barter Exchange Transactions — 1099B

| | | Total Sales \$13,666.00 | | | | |
|-------------|------------|-------------------------|-----------|---------------|----------|----------|
| N/A | N/A | \$7,317.00 | | A/N | 22.2 | WC |
| (\$318) | \$6,667.00 | \$6,349.00 | 6/15/2004 | 9/23/03 | 215 | ABC |
| Gain (Loss) | Cost Basis | Sale Price | | Date Acquired | Quantity | Security |
| | | | | | | |

2004 Non-Reportable Dividends/Interest

Your City Bond

Tax Exempt Interest Paid \$222.00

| | For | the year Jan. 1–Dec. 31, 2004, or other tax year beginning , 2004, ending , 20 | OMB No. 1545-0074 |
|--|------------|---|---|
| _abel | You | ur first name and initial Last name | Your social security number |
| See L | | | |
| n page 19.) | If a | joint return, spouse's first name and initial Last name | Spouse's social security numbe |
| Jse the IRS H abel. H Otherwise, E | Hoi | me address (number and street). If you have a P.O. box, see page 19. Apt. no. | ▲ Important! ▲ |
| olease print R | City | y, town or post office, state, and ZIP code. If you have a foreign address, see page 19. | You must enter your SSN(s) above. |
| er type. Presidential | | | |
| lection Campaign | | Note. Checking "Yes" will not change your tax or reduce your refund. | You Spouse |
| See page 19.) | | Do you, or your spouse if filing a joint return, want \$3 to go to this fund? | ☐Yes ☐ No ☐Yes ☐ No |
| Filing Status | 1 [2 [| | qualifying person). (See page 20.) child but not your dependent, ente |
| Check only | 3 | Married filing separately. Enter spouse's SSN above this child's name here. ▶ | dependent shild (see page 20) |
| one box. | 6a | and full name here. ► 5 ☐ Qualifying widow(er) with Yourself. If someone can claim you as a dependent, do not check box 6a | dependent child (see page 20) Boxes checked on 6a and 6b |
| Exemptions | b | Spouse | No. of children |
| | С | (2) Dependents: relationship to child for chi | ild tax • lived with you |
| | | (1) Hirst name Last name you credit (see pa | you due to divorce |
| f more than four | | | or separation (see page 21) |
| dependents, see | | | Dependents on 6c |
| page 21. | | | not entered above |
| | d | Total number of exemptions claimed | Add numbers on lines above ▶ |
| ncome | 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 8a |
| | 8a | Taxable interest. Attach Schedule B if required | |
| Attach Forms W-2 and | b 9a | Tax-exempt interest. Do not include on line 8a | 9a |
| V-2G here. | b | Qualified dividends (see page 23) | |
| Also attach | 10 | Taxable refunds, credits, or offsets of state and local income taxes (see page 23) | 10 |
| orm(s) 1099-R f tax was | 11 | Alimony received | 11 |
| vithheld. | 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 |
| f 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 |
| ot 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 total income | 22 |
| N divoted | 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 | |
| ncome | 25 | IRA deduction (see page 29) | |
| | 26 | Student loan interest deduction (see page 31) | |
| | 27 | Tuition and fees deduction (see page 32) | |
| | 28 | Trouble developed account deduction. | |
| | 29 | Moving expenses. Attach Form 3903 | |
| | 30 | one hall of sell employment tax. Attach softedate of | |
| | 31 | con omproyed nearth medianes deduction (eee page co) | <i>-\(\(\(\) \\ \</i> |
| | 32 | Son Simpleyed SET, Chivil EE, and quantital plants | <i></i> |
| | 33 | Penalty on early withdrawal of savings | <i>-\(\(\)</i> |
| | 34a 35 | Allmony paid b Hecipient's SSN Add lines 23 through 34a | 35 |
| | 36 | Subtract line 35 from line 22. This is your adjusted gross income | 36 |

| Tax and | 37 | Amount from line 36 (adjusted gross income) | | | 37 |
|---|-----------|---|---------------------------------------|-----------------------------------|---|
| Credits | 38a | Check \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | _ > | I | |
| Standard Deduction | b | If you are married filing separately and your spouse item | izes deductions, | or | |
| for— | | you were a dual-status alien, see page 34 and check he | | | 39 |
| People who checked any | 39 | Itemized deductions (from Schedule A) or your standa | | | 40 |
| box on line | 40 | Subtract line 39 from line 37 | | | |
| 38a or 38b or who can be | 41 | If line 37 is \$107,025 or less, multiply \$3,100 by the total | | | 44 |
| claimed as a dependent, | | line 6d. If line 37 is over \$107,025, see the worksheet or | | | 41 |
| see page 34. | 42 | Taxable income. Subtract line 41 from line 40. If line 41 | | | 42 |
| All others: | 43 | Tax (see page 36). Check if any tax is from: a Form(s) 88 | | m 4972 | 43 |
| Single or | 44 | Alternative minimum tax (see page 38). Attach Form 62 | 251 | | 44 |
| Married filing | 45 | Add lines 43 and 44 | | > | 45 |
| separately, \$4,850 | 46 | Credit for child and dependent care expenses. Attach Form | | | |
| Married filing | 47 | Credit for the elderly or the disabled. Attach Schedule R | | | <i></i> |
| ointly or | 48 | Education credits. Attach Form 8863 | 48 | 10. | |
| Qualifying widow(er), | 49 | Credits from: a \square Form 8396 b \square Form 8859. | 49 | 001 | |
| \$9,700 | 50 | Foreign tax credit. Attach Form 1116 if required | 50 | | <i>Y////</i> // |
| Head of | 51 | Child tax credit (see page 40) | 51 | | <i>Y////</i> |
| household, | 52 | Retirement savings contributions credit. Attach Form 88 | | | <i>Y////</i> |
| \$7,150 | 53 | Adoption credit. Attach Form 8839 | . 53 | | |
| | 54 | Other credits. Check applicable box(es): a Form 3 | | | |
| | | b ☐ Form 8801 c ☐ Specify | 54 | | <i>Y////h</i> |
| | 55 | | | | 55 |
| | 56 | Subtract line 55 from line 45. If line 55 is more than line | 45, enter -0 | <u> ▶</u> | 56 |
| Other | 57 | Self-employment tax. Attach Schedule SE | | | 57 |
| | 58 | Social security and Medicare tax on tip income not reported | | | 58 |
| axes | 59 | Additional tax on IRAs, other qualified retirement plans, | | | 59 |
| | 60 | Advance earned income credit payments from Form(s) V | | • | 60 |
| | 61 | | | | 61 |
| | 62 | A 1 1 1 5 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | _ | 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 | | | |
| If you have a | 65 | Earned income credit (EIC) | 0.5 | | |
| qualifying | 66 | Excess social security and tier 1 RRTA tax withheld (see page | | | |
| child, attach Schedule EIC. | 67 | Additional child tax credit. Attach Form 8812 | | | |
| Scricdaic Lio. | 68 | Amount paid with request for extension to file (see pag | | | |
| | 69 | Other payments from: a Form 2439 b Form 4136 c Form 8 | 3 00) | | |
| | 70 | Add lines 63 through 69. These are your total payment : | | | 70 |
| امرانید ط | | | | | 71 |
| Refund | 71 72a | If line 70 is more than line 62, subtract line 62 from line 7 Amount of line 71 you want refunded to you | J. THIS IS THE AMO | unt you overpaid | 72a |
| irect deposit? ee page 56 | | | • • • • • • • • • • • • • • • • • • • | | |
| nd fill in 72h | ٠ b | | - Crype: ☐ Chec | king Savings | |
| 2c, and 72d. | - | Account number | | | |
| mount | 73 | Amount of line 71 you want applied to your 2005 estimated ta | | 57. | 74 |
| ∖mount ∕ou Owe | 74 75 | Amount you owe. Subtract line 70 from line 62. For det Estimated tax penalty (see page 58) | | y, see page 57 ► | |
| | | you want to allow another person to discuss this return w | | 200 58\2 | Complete the following |
| Third Party | Ъ | you want to allow another person to discuss this return w | itti tile ino (see pa | · · — | |
| Designee | | ignee's Phone no. ▶ (| ١ | Personal identifi number (PIN) | cation |
| Pian . | nar | er penalties of perjury, I declare that I have examined this return and | accompanying sched | . , , | nd to the best of my knowledge an |
| Sign | | of, they are true, correct, and complete. Declaration of preparer (other | | | |
| Here | You | r signature Date | Your occupation | า | Daytime phone number |
| oint return? see page 20. | | 34.0 | | | |
| | <u></u> | upole signature. If a joint vature to the second size | Chaug-' | ation | (|
| | Spo | buse's signature. If a joint return, both must sign. Date | Spouse's occup | pation | |
| keep a copy or your | | l l | 1 | | *////////////////////////////////////// |
| keep a copy or your | | | | T | <u> </u> |
| deep a copy or your ecords. | | parer's | Date | Check if | Preparer's SSN or PTIN |
| Reep a copy or your ecords. Paid Preparer's | sig | parer's lature | Date | Check if self-employed | Preparer's SSN or PTIN |

| Schedules A&B (Form Name(s) shown on F | orm 1040. Do not enter name and social security number if shown on other side. | You | ır social securit | Page ty numbe |
|--|--|-------------------------------------|-------------------|------------------|
| | | | | |
| | Schedule B—Interest and Ordinary Dividends | | Attachm Sequen | ce No. 0 |
| Part I nterest | 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 ▶ | | Amou | nt |
| See page B-1 ind the instructions for form 1040, ine 8a.) | | 1 | | |
| dote. If you ecceived a Form 099-INT, Form 099-OID, or substitute statement from a brokerage firm, st the firm's same as the payer and enter the total interest shown on that orm. | 2 Add the amounts on line 1 | 2 3 4 | Amou | int |
| Part II Ordinary Dividends See page B-1 and the astructions for form 1040, ane 9a.) | 5 List name of payer ▶ | | | |
| lote. If you eceived a Form 099-DIV or substitute statement from a brokerage firm, st the firm's same as the payer and enter he ordinary lividends 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. You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary divide | 6 | or (b) had | |
| Part III Foreign Accounts and Trusts | 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. b If "Yes," enter the name of the foreign country ▶ | y over a financial nancial account? | | |
| See age B-2.) | 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 | | | |

SCHEDULE D (Form 1040)

► Attach to Form 1040.

Capital Gains and Losses

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

► See Instructions for Schedule D (Form 1040).

2004
Attachment
Sequence No. 12

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on Form 1040

Your social security number

| | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired | (c) Date sol | ., (see page L |)-6 of | (e) Cost or othe (see page D | -6 of | (f) Gain or (Subtract (e) fi | |
|---|--|---|------------------------------|------------------|-------------------|--|-------|----------------------------------|--------|
| | (Example: 100 Sn. X12 Co.) | (Mo., day, yr.) | (Mo., day, yi | the instruct | ions) | the instructi | ons) | Subtract (e) II | om (a) |
| | | | | | : | | | | |
| | | | | | | | | | |
| | | | | | 1 | | : | | |
| | | | | | | | | | |
| | | | | | i | | | | |
| | | | | | 1 | | | | |
| | | | | | į | | | | |
| _ | Enter your short-term totals, if any line 2 | y, from Schedu | le D-1, | 2 | | | | | |
| | Total short-term sales price amount column (d) | | | 30, | | | | | |
| | Short-term gain from Form 6252 and | | | n Forms 4684, | 6781 | , and 8824 | 4 | | |
| | Net short-term gain or (loss) from | | | | and t | rusts from | 5 | | |
| | Schedule(s) K-1 | | | | | nitely) and | 5 | | |
| | Carryover Worksheet on page D-5 | | | | ur Ca | | 6 | (| |
| | Net short-term capital gain or (loss | a). Combine line | through | C in column (f | | | _ | | |
| | <u> </u> | | | V | | | 7 | | - : |
| ľ | t II Long-Term Capital Gains | and Losses— | Assets He | eld More Tha | n Or | ne Year | | | |
| | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sol (Mo., day, y | |)-6 of | (e) Cost or othe (see page D the instructi | -6 of | (f) Gain or (Subtract (e) fi | |
| | | 1/0) | | | į | | | | |
| | | 9 | | | : | | | | |
| | | | | | - | | - | | - |
| | | | | | | | | | |
| _ | | | | | 1 | | : | | - |
| | | | | | - | | | | |
| | | | | | - | | | | |
| _ | Enter your long-term totals, if any line 9 | y, from Schedu | | 9 | | | | | |
| | Total long-term sales price amount column (d) | | | 0 | | | | | |
| | ` ' | | rms 2439 ar | | | | 11 | | |
| | Gain from Form 4797, Part I; long-ter (loss) from Forms 4684, 6781, and 88 | | | | | rusts from | | | |
| | | 324 | corporation | | | | 12 | | |
| | (loss) from Forms 4684, 6781, and 88 Net long-term gain or (loss) from Schedule(s) K-1 | partnerships, S | corporatio | | | | 12 | | |
| | (loss) from Forms 4684, 6781, and 88 Net long-term gain or (loss) from Schedule(s) K-1 | partnerships, S | ctions . | | | | | | |
| | (loss) from Forms 4684, 6781, and 88 Net long-term gain or (loss) from Schedule(s) K-1 | partnerships, S | ctions if any, from | | ur C a | pital Loss | | (| |

| Sche | ule D (Form 1040) 2004 | Page 2 |
|------|---|-----------------------------|
| Pai | t III Summary | |
| 16 | Combine lines 7 and 15 and enter the result. If line 16 is a loss, skip lines 17 through 20, and go to line 21. If a gain, enter the gain on Form 1040, line 13 | 16 |
| 17 | Are lines 15 and 16 both gains? Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22. | |
| 18 | Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet on page D-7 of the instructions | 18 |
| 19 | Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet or page D-8 of the instructions | 19 |
| 20 | Are lines 18 and 19 both zero or blank? Yes. Complete Form 1040 through line 42, and then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 37 of the Instructions for Form 1040. Do not complete lines 21 and 22 below. No. Complete the Schedule D Tax Worksheet on page D-10 of the instructions. Do not | |
| 21 | complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, line 13, the smaller of: | |
| | The loss on line 16 or (\$3,000), or if married filing separately, (\$1,500) | . 21 () |
| | Note. When figuring which amount is smaller, treat both amounts as positive numbers. | |
| 22 | Do you have qualified dividends on Form 1040, line 9b? Yes. Complete Form 1040 through line 42, and then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 37 of the Instructions for Form 1040. No. Complete the rest of Form 1040. | |
| | Printed on recycled paper | Schedule D (Form 1040) 2004 |

Social Security Benefits Worksheet—Lines 20a and 20b

Keep for Your Records

| В | to you. √ Figure any write-in adjustments to be entered on the do | Figure any write-in adjustments to be entered on the dotted line next to line 35 | | | | |
|---|--|--|--|--|--|--|
| | (see page 33). √ If you are married filing separately and you lived apart of 2004, enter "D" to the right of the word "benefits" o | | | | | |
| | √ Be sure you have read the Exception on page 27 to see worksheet instead of a publication to find out if any of | e if you can use this | | | | |
| 1. | Enter the total amount from box 5 of all your Forms SSA-1099 and Forms RRB-1099 | | | | | |
| 2. | | 2. | | | | |
| 3. | | 16b, 17 | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 0. | any write-in adjustments you entered on the dotted line next to line 35 | | | | | |
| 7. | Is the amount on line 6 less than the amount on line 5? | | | | | |
| | No. (STOP) None of your social security benefits are taxable. | X | | | | |
| | | | | | | |
| 0 | Yes. Subtract line 6 from line 5 | · · · · · · · · · · · · · · · · · · · | | | | |
| δ. | If you are: • Married filing jointly, enter \$32,000 | | | | | |
| | Single, head of household, qualifying widow(er), or married filing | | | | | |
| | separately and you lived apart from your spouse for all of 2004, enter | | | | | |
| | \$25,000 | 8. | | | | |
| | • Married filing separately and you lived with your spouse at any time in 2004, skip lines 8 through 15; multiply line 7 by 85% (.85) and enter | | | | | |
| 0 | the result on line 16. Then go to line 17 | | | | | |
| 9. | Is the amount on line 8 less than the amount on line 7? | | | | | |
| | No. Stop None of your social security benefits are taxable. You do not have to amounts on line 20a or 20b of Form 1040. But if you are married fill separately and you lived apart from your spouse for all of 2004, enter | ing er -0- on line | | | | |
| | 20b. Be sure you entered "D" to the right of the word "benefits" on l | | | | | |
| 10 | Yes. Subtract line 8 from line 7 | | | | | |
| | Enter: \$12,000 if married filing jointly; \$9,000 if single, head of household, qualifyin widow(er), or married filing separately and you lived apart from your spouse for all | of 2004 10. | | | | |
| 11. | | | | | | |
| 12. | | | | | | |
| 13. | | | | | | |
| 14. | | | | | | |
| 15. | | | | | | |
| 16. | | | | | | |
| 17. | | | | | | |
| 18. | Taxable social security benefits. Enter the smaller of line 16 or line 17 Enter the amount from line 1 above on Form 1040, line 20a. | 18. | | | | |
| | • Enter the amount from line 18 above on Form 1040, line 20a. | | | | | |
| If part of your benefits are taxable for 2004 and they include benefits paid in 2004 that were for an earlier year, you may be able to reduce the taxable amount. See Pub. 915 for details. | | | | | | |

- 25 -

Need more information or forms? See page 7.

Qualified Dividends and Capital Gain Tax Worksheet—Line 43

Keep for Your Records

| 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. |
| 1. Enter the amount from Form 1040, line 42 |
| 2. Enter the amount from Form 1040, line 9b |
| 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- |
| No. Enter the amount from Form 1040, line 13 |
| 4. Add lines 2 and 3 |
| 5. If you are claiming investment interest expense on Form 4952, enter the amount from line 4g of that form. Otherwise, enter -0 |
| 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 |
| 10. Subtract line 9 from line 8 |
| 11. Multiply line 10 by 5% (.05) |
| 12. Are the amounts on lines 6 and 10 the same? |
| Yes. Skip lines 12 through 15; go to line 16. No. Enter the smaller of line 1 or line 6 |
| 13. Enter the amount from line 10 (if line 10 is blank, enter -0-) |
| 14. Subtract line 13 from line 12 |
| 15. Multiply line 14 by 15% (.15) |
| 16. Figure the tax on the amount on line 7. Use the Tax Table or Tax Computation Worksheet, whichever applies |
| 17. Add lines 11, 15, and 16 |
| 18. Figure the tax on the amount on line 1. Use the Tax Table or Tax Computation Worksheet, whichever |
| applies |
| 19. Tax on all taxable income. Enter the smaller of line 17 or line 18. Also include this amount on Form |
| 1040, line 43 |
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| Need more information or forms? See page 7 34 - |

C-14 What is the amount shown on Form 1040, Line 8a?

| | b. \$2,745c. \$2,967d. \$2,968e. None of the above |
|------|--|
| C-15 | What is the amount shown on Schedule D, Line 15? a. \$6,268 b. \$6,586 c. \$6,701 d. \$6,383 e. None of the above |
| C-16 | What is the amount shown on Form 1040, Line 33? a. \$48 b. \$633 c. \$681 d. \$222 e. None of the above |
| C-17 | What is the amount shown on form 1040, Line 20a? a. \$10,173 b. \$0 c. \$9,374 d. \$17,377 e. None of the above |
| C-18 | What is the amount shown on Form 1040, Line 70? a. \$0 b. \$1,008 c. \$1,501 d. \$1,341 e. None of the above |
| C-19 | What is the amount shown on Form 1040, Line 8b? |
| C-20 | What is the amount shown on Form 1040, Line 9b? |
| Reco | rd all answers on the tear-out Test Answer Sheet located in the front of the |

test booklet

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 Required insignia such as rank, epaulets, and decorations are deductible.
- D-2 Private Kent can deduct moving costs associated with a permanent change of station.
- D-3 If a member of the Armed Forces serves in a combat zone from March 1 to November 1, all nine months combat zone pay will be excluded.
- D-4 In order to be deductible, travel expenses must exceed any advance, allowance, or reimbursements.
- D-5 Contributions to a Thrift Savings Plan from pay earned while serving in a combat zone reduces taxable income.
- D-6 Corporal James Greene married an Italian citizen. In 2004, their son was born in Italy. His son meets the citizen/resident test.
- D-7 Airman Smith can file Schedule C-EZ to report his business income of \$40,000 and business expenses of \$5,050.
- D-8 SSGT Martin rents out his former home. He should report the income and expenses on Schedule E.
- D-9 Active duty personnel serving outside of the United States and Puerto Rico are granted an automatic two-month extension.
- D-10 If travel and transportation costs are fully covered by the military, you need to report the transactions on the tax return.
- D-11 All extensions to file (except combat zone) are subject to interest charges on taxes due.
- D-12 Military personnel with spouses who are non-resident aliens may be considered unmarried for purposes of using the filing status Head of Household.
- D-13 Private Thomas has net income of \$450 on his Schedule C-EZ. He needs to file Schedule SE to calculate self-employment tax.
- D-14 Eligibility for the Retirement Savings Contributions Credit is determined by filing status and gross income.

- D-15 Sgt. Jerry Black authorized a dependency allotment of \$150 per month for his mother. Mrs. Black's total support from all sources is \$550 per month. Because all the other dependency tests are met and Sgt. Black has set up an allotment to his mother, he can claim her as a dependent on his return.
- D-16 If illness occurs due to service in a combat zone, the income exclusion continues during the time spent in a hospital outside the combat zone.
- D-17 If a Form 1099MISC is not received, income received must still be claimed on the return.
- D-18 A Schedule E only has to be filed if the house is rented out for more than half of the year.
- D-19 If a service person becomes a prisoner of war, the combat zone exclusion continues.
- D-20 Active duty personnel should send their returns to the service center for where they currently reside rather than their permanent home.
- D-21 If excess travel funds are reimbursed to the government, those funds are reported as income.
- D-22 The filing date for active duty personnel in the United States and Puerto Rico is April 15.
- D-23 The 180-day rule starts the last day in a combat zone or in a hospital.
- D-24 Lori is in the Reserves and she attends training and drills every month that require her to incur travel costs. Lori can deduct the unreimbursed expenses on her tax return.
- D-25 Captain Bennett cannot claim his mother, who is a citizen and resident of Spain, on his tax return.
- D-26 The third-party designee authorization cannot be revoked.
- D-27 Military pay attributable to active service in a combat zone that is excluded from gross income will appear on a serviceperson's Form W-2 in the box marked "Wages, tips, other compensation."
- D-28 In order to be deductible, travel expenses must exceed any advance, allowance, or reimbursement.

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 Deduction for meals, if fully reimbursed, is limited to what percent?
 - a. 0
 - b. 10%
 - c. 75%
 - d. 100%
 - e. None of the above
- D-30 Which of the following is a permanent change of station?
 - a. A move from the last post of duty to the home of record
 - b. A move from Maxwell AFB to Andersen AFB for a six-month detail
 - c. Both
 - d. Neither
- D-31 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-32 What item is not a qualifying item in a combat zone?
 - a. Active Duty pay
 - b. Student loan repayments
 - c. Retirement pay
 - d. Awards for suggestions
 - e. None of the above
- D-33 Is a re-enlistment bonus included as taxable income?
 - a. Yes, it is supplemental income
 - b. No, it is not earned income
 - c. Yes, unless occurring while in a combat zone
 - d. No, it is specifically exempt
 - e. None of the above

- D-34 What agency makes the determination whether a medical disability is approved?
 - a. Department of Defense
 - b. Internal Revenue Service
 - c. Veterans' Administration
 - d. Social Security Administration
 - e. Department of Health and Human Services
- D-35 The maximum amount contributed to all Thrift Savings Plans of a uniformed service member includes:
 - a. 8% of basic pay per period
 - b. Part or all of incentive, special pay or bonus amounts
 - c. If over age 50, a catch up amount of \$2,000 in 2004
 - d. All of the above
 - e. None of the above
- D-36 To claim a personal exemption for a spouse that is a non-resident alien, the following must be true:
 - a. The spouse must be treated as a resident alien
 - b. A joint return must be filed the first year
 - c. The spouse's world-wide income must be reported
 - d. All the above
 - e. None of the above
- D-37 What tax year is used when claiming business income for a cash basis taxpayer?
 - a. The year in which the income is used
 - b. The year when the income was received
 - c. Whatever tax year is most beneficial to the taxpayer
 - d. The year in which the business declares a profit
 - e. None of the above

- D-38 Seaman Robert Blue and his wife moved from Naval Station, San Diego to Naval Station, Norfolk. He received a dislocation allowance of \$1,400, mileage 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). Seaman Blue's moving expense deduction is:
 - a. \$1,500
 - b. \$1,400
 - c. \$500
 - d. \$350
 - e. 0
- D-39 In which of the following situations must allowances and reimbursements be included in income?
 - a. Payment for a do-it-yourself (DITY) permanent change station (PCS) move
 - b. Allowances for dislocation, temporary lodging, and per diem
 - c. Unreturned reimbursements/allowances (other than non-tax allowances) in excess of deductible moving expenses
 - d. All of the above
 - e. None of the above
- D-40 Deadline extensions for combat zone are arrived at:
 - a. There is no extension
 - b. 30 days after return
 - c. 180 days after return
 - d. 180 days plus any time remaining from the filing season
 - e. None of the above

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