









2003 VITA/TCE Form 6744 Volunteer Assistor's Test

(for use in preparing Tax Year 2006 Returns)

Coming together to strengthen communities through free volunteer tax return preparation programs

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Department of the Treasury Internal Revenue Service

www.irs.gov

Form 6744 (Rev. 2006) Catalog Number 43560V

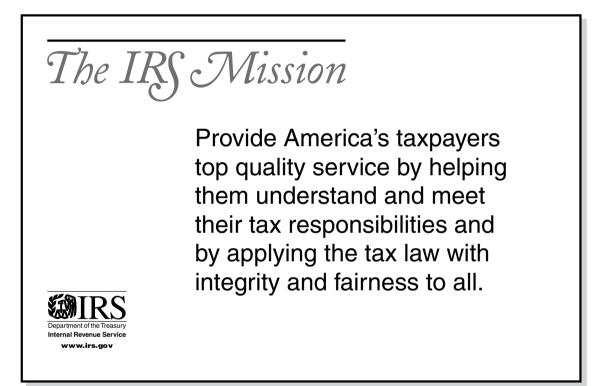
Pending Legislation

At the time this publication went to print, there was pending legislation on tax topics contained in this publication including the expired tax benefits listed below:

Expired Tax Benefits:

- Deduction from adjusted gross income for educator expenses.
- Tuition and fees deduction.
- Deduction for state and local general sales taxes.
- District of Columbia first time homeowner credit (for homes purchased after 2005).

Tax law changes implemented after this publication may cause various forms, tables, and worksheets to change. Visit www.irs.gov for current information on tax changes. If there are changes, additional guidance will be issued in the form of a supplement.



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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 and should be properly safeguarded

2006 VITA/TCE Test

Preface

Quality Return Process

The IRS has an ongoing initiative to improve and/or enhance the quality of returns prepared at VITA/TCE sites. For three years the Volunteer Return Preparation Program – Quality Improvement Process has focused on improving the return preparation process.

An accurate return is the most important aspect of providing quality service to the taxpayer; it establishes credibility and integrity in the program and the volunteer who prepared the return. Throughout the training material you were introduced to the major components of the VITA/TCE return preparation process including:

- Understanding and applying tax law
- Screening and interviewing taxpayers (Intake and Interview Sheet)
- Using references, resources, and tools
- Conducting quality reviews

During your training you were given an opportunity to apply the tax law knowledge you gained. You also learned how to properly apply the screening and interview information on the Intake and Interview Sheet to prepare a correct tax return. You also learned how to use your references, resources, and tools; and conduct a quality review of the returns that you have prepared.

Now comes the time to test the knowledge and competencies you have acquired and apply them to specific scenarios. All of these steps help you in achieving the goal of preparing accurate tax returns within your scope of training.

We welcome your comments for improving these materials and the VITA/TCE programs. You may follow the evaluation procedures in this kit or e-mail your comments to partner@irs.gov.

Thank you for being a part of this valuable public service for your neighbors and community.

Testing Instructions

Special Accommo- dations	If you require special accommodations to complete the test, please advise your Facilitator immediately.
Reference Materials	Use 2006 Values for Deductions, Exemptions, Tax, or Credits for all answers on the test. Remember to round to dollars. Test answers have been rounded up or down at the point of entry on the return.
	This is an open book test. You may use your course book and any other reference material you will use as a volunteer. Blank forms for the test are located in the back of the test booklet. If extra forms are needed they may be photocopied.
	Please complete this test on your own. Taking the test in groups or with outside assistance is a disservice to the customers you have volunteered to help.
	Income amounts for these test scenarios may exceed the income limits for VITA sites.
Using Software	The test is designed to be taken on paper. However, volunteers who use tax preparation software to complete the test or retest should be aware of the version of the software. Only the final 2006 version of the software will generate the correct answers for 2006 returns.
	All Social Security Numbers, Employer Identification Numbers, and routing/account numbers provided in the scenarios are fictitious.
	Volunteers using tax preparation software to complete the test should replace the X's as directed by the software. Use your city, state, and zip code when completing any of the forms.
Test Answer	When you complete the test, please transfer all answers to the tear- out Test Answer Sheet.
Sheet	Make sure your name is at the top of the page.
	Forward the completed Test Answer Sheet and the completed Form 13615, Volunteer Agreement, as directed for grading. Do not submit your entire test booklet unless otherwise directed.

	Testing Instructions, Continued
Test Score	You will be advised of your test results. Your Test Answer Sheet and Volunteer Agreement will be maintained by your Site Coordinator.
Certification	Each course must be passed with a minimum score of 80% for certification. If you do not achieve a score of at least 80% , you should discuss it with your Facilitator or Training/Site Coordinator. After the discussion, you may choose to take a certification retest. Your Facilitator or Training/Site Coordinator will provide the retest booklet.
VITA/TCE Courses	There are five courses. They are Basic, Intermediate, Advanced, Military, and International . Each course is summa- rized below.
	• Basic: This course covers the completion of wage earner type returns.
	• Intermediate: This course covers completion of returns from wage earners, those who receive pension income, and more complex Forms 1040.
	 Advanced: This course covers the completion of the full scope of returns. It requires certification in Basic and Intermediate.
	 Military: This course covers the full scope of returns presented by members of the Armed Forces, Reserve and National Guard. It requires certification in Basic and Intermediate.
	• International: This course covers the completion of returns for taxpayers (non-Military) living outside the United States and assisted by volunteers working at U.S. Embassies and Consulates or other areas. This requires certification in Basic and Intermediate.
	All volunteers must complete the Basic course. Volunteers who are certified in Basic can prepare returns within the scope of the Basic course. Volunteers can stop with Basic or proceed with other courses. Volunteers can only prepare returns for the level for which they have been certified.
	Volunteers who wish to take Advanced, Military or International must complete Basic and Intermediate before proceeding with these additional courses. Remember each course for which you wish to be certified must be passed with a minimum score of 80% accuracy.

You may take this volunteer certification test online using the Link & Learn Taxes e-learning application at http://www.irs.gov/app/vita/index.jsp

or

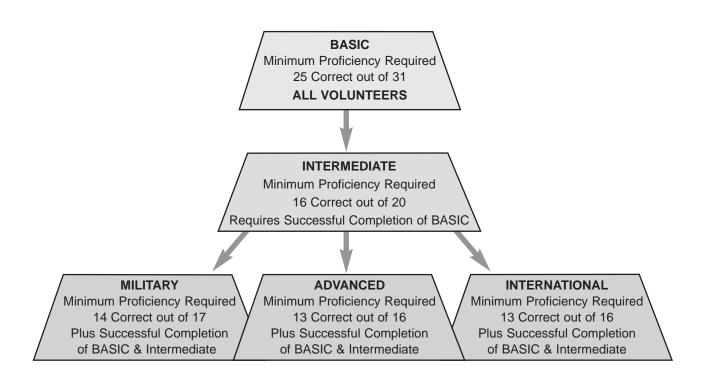
at www.irs.gov, using keyword search: Link and Learn.



VITA/TCE Certification Requirements

Basic certification is required for all volunteers who prepare or review tax returns in the VITA/TCE programs. Volunteers may certify at increasing levels of complexity based on their training and experience. Each level of certification builds on the previous level.

After completing the **Basic** certification (4 Scenarios and 1 Quality Review), volunteers may proceed to the **Intermediate** certification (2 Scenarios) followed by the **Advanced** or **Military** or **International** certification (1 Partial Return and 1 Quality Review of a completed return) as their training and experience warrants.



Test Answer Sheet

Name

Record all your answers on this tear-out page. Your Facilitator will tell you where to send your Test Answer Sheet for grading. Be sure to complete and sign the Form 13615, Volunteer Agreement.

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.

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1.2	
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1.5	
1.6	
Basic S	cenario 2
2.1	
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2.4	
2.5	
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Basic S	cenario 3
3.1	
3.2	
3.3	
3.4	
3.5	
3.6	
Basic S	cenario 4
4.1	
4.2	
4.3	
4.4	
4.5	
4.6	
Basic S	cenario 5
5.1	
5.2	
5.3	
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5.7	
Total Ans	swers Correct:
Total Qu	estions: 31
Passing	Score: 25 of 31

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viiitary	/ Scenario 1
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The mission of the VITA/TCE 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.

Instructions: To be completed by all volunteers in the VITA/TCE (Certified and non-certified) program.

As a participant in the VITA/TCE Program, I agree 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 certification level. (Basic, advance, etc)

Volunteer Information

- I will exercise reasonable care in the use and protection of equipment and supplies.
- I will not solicit business from taxpayers I assist or use the knowledge I have gained about them for any direct or indirect personal benefit for me or any other specific individual.
- I <u>will not accept payment from taxpayers</u> for the services I provide. I may receive compensation as an employee of a program sponsor.

Signature and Date

Daytime Telephone

Was a test taken? Yes

E-mail Address

Print Full Name

Home Street Address

City, State and Zip Code

Site and/or Partner Name

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

Volunteer position(s)

(screener, preparer, interpreter, etc.)

(IRS or Partner Use Only) Test Results – write the test score in the appropriate box below.

	Pagia	Intermediate	Advanad	Militory	International	Foreign	Student/S	Scholars
	Basic	Intermediate	Advanced	Military	International	Part 1	Part 2	Part 3
Volunteer's VITA/TCE Test Score – Mark the appropriate box								
Certification level – Mark the appropriate box								
Testing Method	Link & Learn	IRS Paper Test	Non-IRS Approved Test	Other (de	escribe metho	d of testin	g)	
Mark the appropriate box								

Certified by (IRS or SPEC Partner Only):

Date:

No

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2006 6744 Test – Basic Course

Basic Scenario 1: Fred Fulton

Taxpayer	Fred Fulton completed Form 13614, Intake and Interview Sheet.
Taxpayer Documents	Social Security card for Fred FultonW-2 for Fred Fulton
Interview Notes	 Fred lived with his parents all year. He does not pay rent or household bills. Fred tells you he does not provide over half of his own support. He started working full-time in 2006 and is saving most of his
	 Fred does not want to designate \$3 to go to the Presidential Election Campaign Fund.
	SOLIAL SEAUCRITY 110-XX-XXXX HIGH HAR SEAUCRITY Fred R. Fullton Fred R. Fullton

You (and Spouse) will	need:	Intak	e and	Inter	view Sheet		Call	3 # 1545-1964
 Proof of Identity 					 Child care 	providers' iden	tification nui	nber
 Copies of ALL W-2 1098, 	1099 for	ns				banking inform		
 Social Security (SSN) or I 		Tax				ings deposit slij	<i>c</i>	deposits
Identification Number (ITI) individuals to be listed on		19				tax payments r	nade, etc.	
					Amounts a	f other income		
Part I: Taxpayer Inform	ation		Lockble				0.00N	17.61
 Your First Name FRED 		M.I. R	Last Na FULTC				2. SSN o	(X - X X X X
3. Date of Birth (mm/dd/yyy 01 / 16 / 1988		ob Title STOMER	SERV	CE REP				
5. Spouse's First Name		M.I.	Last Na	ame			6. SSN o	TITIN
7. Date of Birth (mm/dd/yyy	y) 8. J	ob Title					-	-
9. Address 551 SOUTH LULLWOOD			Apt #	City YOUR	CITY		State YS	Zip Code YOUR ZIP
10. Phone Numbers: Daytim YOUR PHONE NUMBER	e	Even	ing			Cell		
11. Are you a U.S. Citizen?	V Yes		12. 1	s vour S	pouse a U.S. Ci	tizen? □ Ye	s 🗆 No	
13. Can your parents or som	eone els	e claim y	ou or yo	our spous	se as a depende	ent on their tax	return?	Yes 🗹 No
14. Did you pay more than ha	alf the co	st of kee	ping up	the home	9? 🗆 Yes 屋	No		
15. Check if Legally Blind:	Тахо	aver 🗆	Spouse					
16. Check if Permanently an		-			C Spource			
17. On December 31st 2006		Digginier		алрауы	L 90086			
Were you: Vere Single		/ Married	s 🗆 s	eparated	Divorced			
a. If married, were you liv						months of the	/ear? 🗌 Y	es 🗆 No
		es, provi	de the d	ate of de		/ /mmk	dd/yyyy)	
18. Was your spouse decea	sed? If y				aan/	-/ (uuuv		
	-			- Do not				
art II. Family and Dep	endent	Inform	ation -		include you or	your spouse		
Part II. Family and Dep	endent lived in ye	Inform	and outs		include you or	your spouse	e year. Check if resider of Carada or	a full time student?
Part II. Family and Dep Print the name of everyone who	endent lived in ye	Inform	and outs	lde your h I Security	include you or tome that you sup Relationship	your spouse	o yoar. Check if resider	I is the dependent a full time student? (yes or no) (g)
	endent lived in ye	Inform	and outs	ide your h Security er or ITIN	include you or tome that you sup Relationship (son, daughter, etc.)	your spouse parted during the Months person lived with you in 2006	e year. Check if resider of Caracte or Mexico	a full time student? (yes or no)
Part II. Family and Depo Print the name of everyone who Name	endent lived in ye	Inform	and outs	ide your h Security er or ITIN	include you or tome that you sup Relationship (son, daughter, etc.)	your spouse parted during the Months person lived with you in 2006	e year. Check if resider of Caracte or Mexico	a full time student? (yes or no)
Part II. Family and Depo Print the name of everyone who Name	endent lived in ye	Inform	and outs	ide your h Security er or ITIN	include you or tome that you sup Relationship (son, daughter, etc.)	your spouse parted during the Months person lived with you in 2006	e year. Check if resider of Caracte or Mexico	a full time student (yes or no)
Part II. Family and Depo Print the name of everyone who Name	endent lived in ye	Inform	and outs	ide your h Security er or ITIN	include you or tome that you sup Relationship (son, daughter, etc.)	your spouse parted during the Months person lived with you in 2006	e year. Check if resider of Caracte or Mexico	a full time student (yes or no)
Part II. Family and Depo Print the name of everyone who Name	endent lived in ye	Inform	and outs	ide your h Security er or ITIN	include you or tome that you sup Relationship (son, daughter, etc.)	your spouse parted during the Months person lived with you in 2006	e year. Check if resider of Caracte or Mexico	a full time student (yes or no)
Part II. Family and Depo Print the name of everyone who Name	endent lived in ye	Inform	and outs	ide your h Security er or ITIN	include you or tome that you sup Relationship (son, daughter, etc.)	your spouse parted during the Months person lived with you in 2006 (ii)	e yevar. Check if residen of Canada er Mexico dt	a full time student? (yes or no)

			anduct a thorough interview, please use the decision trees, interview tips and informational charts in 17 in addition to this intake sheet. This intake sheet does not constitute a complete interview.
Filing St	atus Det	ermi	ination – Use Publications 4012 and/or 17 to determine filing status.
	d on the w(er)	interv	view, the filing status of the taxpayer is: Single MFJ MFS* HH Qualifying
*Spouse	Name		Social Security Number
Depende	ency Det	ermi	ination – Use Publications 4012 and/or 17 to determine dependency exemptions.
T Yes	D No	2.	Did the taxpayer provide more than 50% of the support for the dependents claimed?
Yes	No.		Is there a signed Form 8332 or a divorce decree that allows someone else to claim the dependent(s)?
Yes	□ No	4.	is the dependent permanently and totally disabled?
		5.	Based on the interview, how many individuals qualify as dependents for this return?
			COMMONLY USED INCOME AND EXPENSES
			se Publication 17, Your Federal Income Tax for Individuals and Publication 4012, Guide while discussing the questions below with the taxpayer.
Part IV.	Incom	e	In 2006, did you receive:
Yes	□ No	1.	Wages or Salary (Include W-2s for all jobs worked during the year)
Yes	No No	2.	Disability income
Yes	No.	3,	Interest from: checking or savings account, bonds, dividends, CD, or brokerage account
Yes	and the second		State tax refund (may be taxable if you itemized last year)
Yes			Alimony income
Yes	No 🛛		Tip income
Yes	No No	- 0.7	Pension and/or IRA distribution
Yes.			Unemployment
Yes	Street Contract		Social Security or Railroad Retirement
Ves Yes			Self Employment Other Income such as gambling winnings, awards, prizes and Jury duty
			t - Did you have 2006 expenses for:
4			
Yes			IRA or other retirement account Alimony promote point (If you way must enough the same and SSN) of the registerity
Ves Yes	No No		Alimony payments paid (If yes, you must provide the name and SSN of the recipient) Education related expenses
	-		Deductions - Did you have 2006 expenses for:
Yes	No No	1.	Un-reimbursed medical expenses
Ves Yes	No No	2.	Home mortgage payments (interest and taxes – see Form 1098) Charitable contributions
		- 05	
Part VII.		1.01	In 2006, did you have:
L Yes	No No	1.	
T Van	No No	3.	Educational expenses for you or your dependents Retirement Savings Contribution
Ves			ncome Tax Credit Determination – EITC Eligibility
Yes	. carne		
TYes		4	Was EITC previously disallowed (if yes taxpayer may not be eligible for EITC)

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2710 BIRCH, BLDG 5 YOUR CITY, STATE ZIP											
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Basic Scenario 1 Test Questions

Directions

Using your resource materials and Interview Notes, answer the following questions. You are a volunteer at site S11011111.

Note: To complete social security numbers and employer identification numbers, replace Xs with 286560 or with the EFIN provided by your instructor.

- **1.1** Is Fred required to file a tax return?
 - a. Yes
 - b. No
- **1.2** If Fred files a return what is the amount Fred can claim for his personal exemption?
 - a. \$0
 - b. \$3,300
 - c. \$6,600
 - d. Fred can choose either \$0 or \$3,300
- **1.3** Based on the Interview Notes, which question did Fred answer incorrectly on the Intake and Interview Sheet?
- 1.4 What standard deduction amount is Fred eligible to claim?
- **1.5** While you are preparing Fred's taxes, he tells you that he received a \$5,000 gift from his grandmother in 2006. Should that income be included on Fred's 1040?
 - a. Yes
 - b. No
- **1.6** Is Fred eligible to claim the Earned Income Tax Credit?
 - a. Yes
 - b. No

Basic Scenario 2: Jake and Maria Flood

Taxpayer	Jake and Maria Flood completed their Intake and Interview Sheet (Form 13614) and want to file together.
Taxpayer	Social Security card for Jake Flood
Documents	Social Security card for Maria Flood
	Form W-2 for Jake Flood
	Form W-2 for Maria Flood
	Form 1099-INT from credit union
	• Form 1099-G for unemployment Maria received: \$3,000
	• Worker's compensation for Jake: \$1,000
Interview	Jake and Maria do not receive tips from their jobs.
Notes	Neither one attends school.
	 Jake pays child support each month for a son who lives with the son's mother. The son's mother always claims the son on her tax return.
	 Neither Jake nor Maria has received any distributions from any type of retirement plan.
	 Both of them want to designate \$3 to go to the Presidential Election Campaign Fund.
500	120-XX-XXXX Jake H. Flood Jake H. Flood Jake H. Flood Maria E. Flood Maria E. Flood

Form 13614 Rev. August-2006		100000000000000000000000000000000000000			emai Revenue Ser view Sheet		OME	# 1545-1964
You (and Spous	se) will need	:						
· Proof of Identity					 Child care ; 	oroviders' iden	tilication riun	nber
Copies of ALL W	-2 1098, 1099 /	orms				banking inform		
 Social Security (3 Identification Nun individuals to be i 	nber (ITIN) for s	9ď			Estimated t	ngs deposit sli lax payments i f other income		deposits
Part I: Taxpayer	Information							
1. Your First Name JAKE		M.I. H	Last Na FLOOD				2. SSN or 1 2 0 - X	ITIN (X-XXX)
3. Date of Birth (m 02 / 27 /		Job Title USTODIAN	u.					
5. Spouse's First N	1000	M.I.	Last Na	me			6. SSN or	ITIN
MARIA		E	FLOOD)			121-X	X - X X X X
7. Date of Birth (m 08 / 19 /		Job Title OUSEKEE	PING					
9. Address		are or an	Apt #		oitte			Zip Code
2022 RILEY ROW 10. Phone Numbers YOUR PHONE NUI		Even	205 ling	YOUR	CITY	Cell	YS	YOUR ZIP
11. Are you a U.S.		±s □ No	12	lo unuar S	pouse a U.S. Ci	52002 V	s 🗌 No	
14. Did you pay mor 15. Check if Legally					97 🗹 Yes 🗆] No		
16 Check if Perma	nently and Tota	lly Disable	t 🗆 1	laxpayer	Spouse			
TO: ONOON IT ONNO				nonmind				
 On December 3 Were you: S a. If married, we 	Single 🗹 Lega					months of the	year? 🗹 Ye	98 🗌 No
17. On December 3 Were you: S	šingle 🗹 Lega re you living wit	th your spo	use at a	nytime d	uring the last 6		year? 🗹 ¥e dd/yyyy}	98 🗆 No
17. On December 3 Were you: S a. If married, we 18. Was your spous Part II. Family ar	Single D Legs are you living wit se deceased? I nd Depender	th your spo f yes, provi nt Inform	ide the d nation -	inytime d late of de - Do not	uring the last 6 m with/ include you or) (mm/ your spouse	dd/yyyy)	98 🗌 No
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17. On December 3 Were you: S a. If married, we 18. Was your spous Part II. Family ar	Single D Legs are you living wit se deceased? I nd Depender	th your spo f yes, prov nt Inform your home Date of Birth mm/dd/your	ide the d nation - and outs	inytime d late of de - Do not	uring the last 6 m with/ include you or) (mm/ your spouse	dd/yyyy)	1
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17. On December 3 Were you: S a. If married, we 18. Was your spous Part II. Family an Print the name of even Name	Single D Legs are you living wit se deceased? I nd Depender	th your spo f yes, prov nt Inform your home Date of Birth mm/dd/your	ide the d nation - and outs Numb	Internet de Late of de - Do not kde your h I Security eror ITIN	uring the last 6 m ath. / include you or one that you sup Relationship (son, daughter, etc.)) (mm/ your spouse parted during th Norths person lived with you in 2006	dd/yyyy) e year. chick if naidert of Canada or Mexico	la fra depandan a full time student (yes or no)
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17. On December 3 Were you: S a. If married, we 18. Was your spous Part II. Family an Print the name of even Name	Single D Legs are you living wit se deceased? I nd Depender	th your spo f yes, prov nt Inform your home Date of Birth mm/dd/your	ide the d nation - and outs Numb	Internet de Late of de - Do not kde your h I Security eror ITIN	uring the last 6 m ath. / include you or one that you sup Relationship (son, daughter, etc.)) (mm/ your spouse parted during th Norths person lived with you in 2006	dd/yyyy) e year. chick if naidert of Canada or Mexico	la the dependen a full time studen (yes or no)
17. On December 3 Were you: S a. If married, we 18. Was your spous Part II. Family an Print the name of even Name	Single D Legs are you living wit se deceased? I nd Depender	th your spo f yes, prov nt Inform your home Date of Birth mm/dd/your	ide the d nation - and outs Numb	Internet de Late of de - Do not kde your h I Security eror ITIN	uring the last 6 m ath. / include you or one that you sup Relationship (son, daughter, etc.)) (mm/ your spouse parted during th Norths person lived with you in 2006	dd/yyyy) e year. chick if naidert of Canada or Mexico	la fra dependan a full time student (yes or no)
17. On December 3 Were you: S a. If married, we 18. Was your spous Part II. Family ar Print the name of even Name (s)	Single Lega re you living with se deceased? I nd Dependen yone who lived in	th your spo f yes, prov nt Inform your home Date of Birth mm/dd/your	ide the d nation - and outs Numb	Internet de Late of de - Do not kde your h I Security eror ITIN	uring the last 6 m ath. / include you or one that you sup Relationship (son, daughter, etc.)) (mm/ your spouse parted during th Months person lived with you in 2006 00	dd/yyyy) e year. Check il needent of Canada or Mexico (5	Is the dependent a full time student (yes or no) (gi)
17. On December 3 Were you: S a. If married, we 18. Was your spous Part II. Family an Print the name of even Name	Single Legs are you living with se deceased? I nd Dependen yone who lived in 36A	th your spo f yes, prov nt Inform your home Date of Birth ministry (b)	ouse at a ide the d hation - and outs Sonal Rumb	Introduction of the second sec	uring the last 6 m ath. / include you or one that you sup Relationship (son, daughter, etc.)) (mm/ your spouse paried during th Months person level during to 2006 00	dd/yyyy) e year. Check if heredant of Cancels or Menico (f) Form 13614	la Iha dependan a full lime skolent (yes or no) (g0)

			induct a thorough interview, please use the decision trees, interview tips and informational charts in 17 in addition to this intake sheet. This intake sheet does not constitute a complete interview.
Filing S	tatus Det	ermi	nation – Use Publications 4012 and/or 17 to determine filing status.
	ed on the ow(er)	interv	view, the filing status of the taxpayer is: Single MFJ MFS* HH Oualifying
*Spouse	Name		Social Security Number
Depend	ency Det	ermi	nation – Use Publications 4012 and/or 17 to determine dependency exemptions.
T Yes	T No	2.	Did the taxpayer provide more than 50% of the support for the dependents claimed?
Yes	□ No		Is there a signed Form 8332 or a divorce decree that allows someone else to claim the dependent(s)?
Yes	□ No	4	is the dependent permanently and totally disabled?
		5.	Based on the interview, how many individuals gualify as dependents for this return?
			COMMONLY USED INCOME AND EXPENSES
			se Publication 17, Your Federal Income Tax for Individuals and Publication 4012, Guide while discussing the questions below with the taxpayer.
Part IV.	Incom	e -	In 2006, did you receive:
V Yes		1	Wages or Salary (Include W-2s for all jobs worked during the year)
Yes	No No		Disability income
V Yes	No No		Interest from: checking or savings account, bonds, dividends, CD, or brokerage account
T Yes	No.		State tax refund (may be taxable if you itemized last year)
Yes	No No		Alimony income
Yes.	No.		Tip income
T Yes	No No		Pension and/or IRA distribution
Yes.	No No		Unemployment
Yes	No No		Social Security or Railroad Retirement
T Yes	No No		Self Employment
Yes	No.		Other Income such as gambling winnings, awards, prizes and Jury duty
Part V.	Adjust		t – Did you have 2006 expenses for:
□ Yes	No.	1.	IRA or other retirement account
Ves	No No		Alimony payments paid (If yes, you must provide the name and SSN of the recipient)
Yes	No No		Education related expenses
Part VI.	Itemize	ed D	eductions – Did you have 2006 expenses for:
Yes	No.	1.	Un-reimbursed medical expenses
Yes	No No	2.	이 것 같은 이 집 사람은 이 문화를 가지 못 했지? 이 가지 않는 것 같은 것 같
Ves Yes	No No	3.	Charitable contributions
Part VII	Credit	s -	In 2006, did you have:
Ves	No No	1.	Child/dependent care expenses that allow you (and your spouse-if MFJ) to work
A	No No	2.	Educational expenses for you or your dependents
Yes	D No	3.	그 비가 옷을 가 물었다. 비가 가 있는 것을 것 같아요. 것은 것을 것 같아요. 것은 것은 것을 하는 것이 없는 것을 하는 것이 같아요. 가 있는 것이 같아요. 가 않는 것이 않는 것이 않는 것이 않는 것이 않는 것이 않는 것이 않는 것 이 않는 것이 않이 않는 것이 않는 것이 않는 것이 않이 않. 것이 않이 않이 않는 것이 않이 않는 것이 않는 것이 않는 것이 않이
□ Yes		d Ir	ncome Tax Credit Determination – EITC Eligibility
TYes	i. Earne		
TYes	No No	1.	Was EITC previously disallowed (if yes taxpayer may not be eligible for EITC)

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b Employer Identification to 02-1XXXXXXX	umber (EIN)				epis, tips, other compensation 11080-00	2 Peteral Inc 1080.00	amii las withfield
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b Employer Identification In 02-2XXXXXXX	umber (EIN)			1.	iges, tps, other compensation 0200.00	Z Feckeral income t 423.00	as withheld
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15 Sain Employer's state YS 02-2XXXXXX							

State Worker's	1216 Jordan Your City, Your State Your Zip
Compensation	
Commission	
January 6, 2007	
Statement of Worker's Compensation Benefits	
Period ending 12/31/2006	
Jake H. Flood 120-XX-XXXX	
Year to date benefits received	\$1000
Roger P. Andrews	

PAYER'S name, street address, city,		Payer's RTN joptional	QMD No. 1545-0112	1	
TEACHERS FEDERAL C 74 PAYDEN PLACE YOUR CITY, STATE ZIP	REDIT UNION	250	2006	10000	rest Incom
PAYER'S Federal identification number 02-3XXXXXXXXX	RECIPIENT'S identification humber 120-XX-XXXX	1 interest income not include \$ 215.00	d in box 3		Copy For Recipie
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YOUR CITY, STATE ZIP		2 State or local income tax refunds, credits, or offsets \$	Eam 1099-G	Payments		
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RECIPIENT'S same	· · · · · · · · · · · · · · · · · · ·	6 ATAA popments	6 Taxable grama	This is important to		
MARIA E FLOOD		s	\$	being furnished to th Internal Revenue		
Street address Encluding apt. no.) 2022 RILEY ROW, APT 20	5	7 Agriculture payments S	8 Box 2 is trade or business income	Service, If you an		
City, state, and ZIP code YOUR CITY, STATE ZIP				offer sanction may b imposed on you if thi income is taxable an		
Account number (see instructions)	j.	1		the IRS determines the If here not been reported		

Basic Scenario 2 Test Questions

Directions

Complete Form 1040 for Jack and Maria Flood through line 56 in order to answer the following questions. You are a volunteer at site S12011111.

Note: To complete social security numbers and employer identification numbers, replace Xs with 286560 or with the EFIN provided by your instructor.

- 2.1 The Floods' total income on line 22 of Form 1040 is:
 - a. \$31,280
 - b. \$31,495
 - c. \$32,495
 - d. \$34,280
 - e. \$34,495
- **2.2** The standard deduction amount the Floods can claim on Form 1040 line 40 is: \$ _____
- **2.3** If the Floods' taxable income on line 43 of Form 1040 is \$17,595, what is the tax on line 44?
 - a. \$1,866
 - b. \$1,874
 - c. \$1,881
 - d. \$1,889
- **2.4** Publication 4012, Volunteer Resource Guide, has a chart of the requirements for qualifying for the Retirement Savings Credit. That information starts on page _____
- **2.5** Do the Floods qualify for the Retirement Savings Contribution Credit on their tax return?
 - a. Yes
 - b. No
- **2.6** On their joint return, can Jake and Maria deduct the child support that Jake pays for his son?
 - a. Yes
 - b. No

	and 5. Mathde and Danus Howard
Taxpayer	Matilde and Darius Howard completed their Intake and Interview Sheet, Form 13614, and want to file together. Their two children, Michael and Isabelle live with them.
Taxpayer Documents	 Social security cards for Matilde, Darius, Michael, and Isabelle Howard
	Form W-2 for Matilde Howard
	Form W-2 for Darius Howard
	Form 1099-DIV from US Equity Fund
	Form 1098-T from Brown Junior College
	Statement from Extended Learning Center
	Statement from Outdoor Experiences
Interview Notes	 Their son, Michael, started college in September, working toward a degree in business. They used a student loan to pay for tuition, fees, books and other expenses since he did not have a scholar- ship. Michael was free of any felony conviction for possessing or distributing a controlled substance.
	 They showed you a statement from Brown Junior College showing Tuition and Fees paid matching the dollar amount in box 2 of Form 1098-T.
	Their daughter, Isabelle, attended school and went to after-school care during the school year until either Darius or Matilde could pick her up.
	Isabelle attended an overnight camp for one week.
	 Most of the summer, Michael took care of Isabelle during the day and his parents paid him \$375. This was his only income for the year.
	 The Howards paid Beatrice Wallace, a neighbor, \$400 to keep Isabelle in Beatrice's home for two weeks during the summer. Her SSN is 134-XX- XXXX, and her address is 1920 Calvin's Court, Plantation FL, 33306.
	• The Howards want to claim the Federal Telephone Excise Tax. They state they paid taxes on their long distance service but did not keep any bills that would show the amount they paid.

Basic Scenario 3: Matilde and Darius Howard

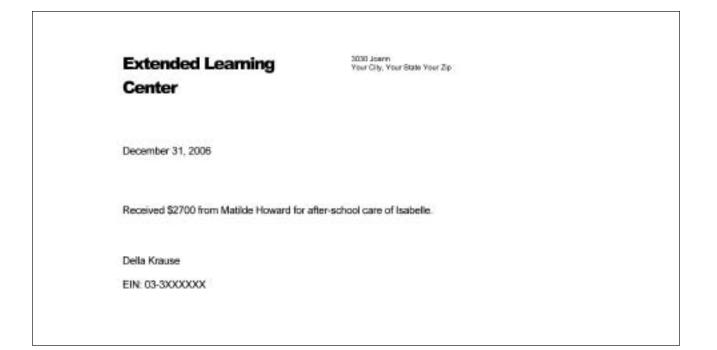
You (and Spouse) Proof of Identity Copies of ALL W-2 1 	will ne	ed:							
 Copies of ALL W-2 1 						 Child care ; 	providers' iden	tilication nun	nber
	098, 109	9 forms					banking infon		
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 Part I: Taxpayer Info 1. Your First Name 	ormati		u.	Last Name				2. SSN or	ITIN
DARIUS			P	HOWARD					X - X X X X
3. Date of Birth (mm/de 09 / 21 / 1960		4. Job TRUCH		/ER					
5. Spouse's First Name MATILDE		1	s	Last Name HOWARD	7.5			6. SSN or 1 3 1 - X	ITIN X - X X X X
 Date of Birth (mm/do 03 / 06 / 1961 		8. Job SALES		RK					
9. Address 1932 CALVIN'S COURT	r .				ty OUR (CITY	101		Zip Code YOUR ZIP
10. Phone Numbers: Da YOUR PHONE NUMBE			Eveni				Cell		
11. Are you a U.S. Citiz	en? 🗹	Yes [No	12. Is y	our St	ouse a U.S. Ci	izen? 🗹 Ye	s 🗌 No	
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16. Check if Permanent		otally Dis	sabied	1800	payer	□ spouse			
 On December 31st Were you: Single a. If married, were you 	• 1 L						months of the	vear? 🗹 Ye	as 🗆 No
18. Was your spouse de									
Part II. Family and I									
Print the name of everyone									
Narm		Date	ol Birth Istiyyyy	Social Ser Number of	curty	Relationship (son, daughter, etc.)	Months person lived with you in 2006	Check If resident of Caracte or Mexico	ts the dependent a full time student (yes or no)
(a)			(b)	04		(d)	040	10	(g)
MICHAEL T HOWA	NRD	7/25	1987	132-XX-3	XXXX	SON	12		YES
ISABELLE M HOW	ARD	12/3	/1995	133-XX-	XXXX	DAUGHTER	12		YES
								- 4004	
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STOP	D								

			anduct a thorough interview, please use the decision trees, interview tips and informational charts in 17 in addition to this intake sheet. This intake sheet does not constitute a complete interview.
Filing St	atus Det	ermi	ination – Use Publications 4012 and/or 17 to determine filing status.
	d on the w(er)	interv	view, the filing status of the taxpayer is: Single IMFJ MFS* HH Qualifying
*Spouse	Name		Social Security Number
Depende	ency Det	ermi	ination – Use Publications 4012 and/or 17 to determine dependency exemptions.
T Yes	I No	2.	Did the taxpayer provide more than 50% of the support for the dependents claimed?
Ves	No.		Is there a signed Form 8332 or a divorce decree that allows someone else to claim the dependent(s)?
Yes	□ No	4.	is the dependent permanently and totally disabled?
		5.	Based on the interview, how many individuals qualify as dependents for this return?
			COMMONLY USED INCOME AND EXPENSES
			se Publication 17, Your Federal Income Tax for Individuals and Publication 4012, Guide while discussing the questions below with the taxpayer.
Part IV.	Incom	e –	In 2006, did you receive:
Yes	🗌 No	1.	Wages or Salary (Include W-2s for all jobs worked during the year)
Yes	No No	2.	Disability income
Yes Yes			Interest from: checking or savings account, bonds, dividends, CD, or brokerage account
Yes	and the second		State tax refund (may be taxable if you itemized last year)
1 Yes			Alimony income
Yes	most comments		Tip income
Yes	and the second	- 0.7	Pension and/or IRA distribution
Yes.			Unemployment
Yes	Stand 1 1 1 1		Social Security or Railroad Retirement
Yes			Self Employment
1 Yes			Other Income such as gambling winnings, awards, prizes and Jury duty
Part V.	Adjust	men	t – Did you have 2006 expenses for:
Yes	No No	1.	IRA or other retirement account
Yes	No No	2.	Alimony payments paid (If yes, you must provide the name and SSN of the recipient)
Yes	No No	3.	Education related expenses
Part VI.	Itemize	ed D	Deductions – Did you have 2006 expenses for:
Yes	No No	1.	Un-reimbursed medical expenses
Ves	No No	2.	Home mortgage payments (interest and taxes - see Form 1098)
Ves	No No	3.	Charitable contributions
Part VII.	Credit	s -	In 2006, did you have:
Yes	No No	1.	Child/dependent care expenses that allow you (and your spouse-if MFJ) to work
V Yes	No No	2.	그 그는 것 같아요. 그는 것 같아요. 아이는 것 같아요. 아이들 것 같아요. 그는 것 같아요.
Yes	No.	3.	그 말과 것이 많은 것이 잘 하면 이 것을 때 못 친구 못했지 않는 것 같은 것 같이 다. 같이 집 것 같이 많이
	. Earne	ed Ir	ncome Tax Credit Determination – EITC Eligibility
Part VIII			Was EITC previously disallowed (if yes taxpayer may not be eligible for EITC)

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PORTSMOUTH, NH 038	01	2 Amounts billed for qualified tuition and related expenses \$ 2000.00	Fam 1098-T		
FILER'S federal identification inc. 03-1XXXXXX	SILDENT'S social accurity number 132 XX XXXX	 Check if you have changed reporting method for 2006 	r your	Copy /	
MICHAEL T HOWARD		4 Adjustments made for a prior year \$	6 Scholarships or granta	Internal Revenue Service Cente File with Form 1090	
Street address including apt, re 1932 CALVINS COURT	4	6 Adjustments to acticibentitips or prints for a prior year	7 Check this box if the amount in box 1 or 2 includes amounts for	 For Privacy Ac and Paperson Reduction Ac 	
City, state, and 2P code YOUR CITY, STATE ZIP		\$	an academic perod beginning January - March 2007 ►	Notice, see th 2006 Genera Instructions fo	
Bervice Provider/Acol, No. (pear tratr.)	8 Check If at least half-time student	Check if a graduate student	10 km, spetnact reimburrefun \$	d Forms 1099, 1098 5498, and W-20	
am 1098-T	0	et. No. 25087J	Department of the Teasury	- Internal Revenue Servic	



EXPERIENCES	Your City, Your State Your Zip	
August 27, 2006		
Received from: Matilde Howard		
Amount: \$500		
For: One week overnight camp for Isab	elle	
Jennifer Early, Camp Director		
EIN 03-2XXXXXXX		
	August 27, 2006 Received from: Matilde Howard Amount: \$500 For: One week overnight camp for Isab	August 27, 2006 Received from: Matilde Howard Amount: \$500 For: One week overnight camp for Isabelle Jennifer Early, Camp Director

US EQUITY FUND 8020 YONKERS BLD YOUR CITY, STATE ZIF	, state, 20P code, and telephone no.	ta Total ordinary dividenda \$ 112.00 10 Qualified dividends \$ 112.00	2006 Form 1099-DIV	Dividends and Distribution	
		2a Total capital gain datr. \$ 25.00	25 Universita Sec. 1250	For Recipier	
PAYER'S federal identification number 03-4XXXXXXX	PEOPENT'S identification number 131-XX-XXXX				
RECIPIENT'S name MATILDE S HOWARD		2c Section 1202 gain \$ 3. Nonchridend chitributions	2d Collectibles (20%) \$ 4 Federal income tas wi	This is important tax information	
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Form 1040-(2006)				inth .				Paj	pe 2
Tax and Credits		Amount from line 37 (adjusted gross income) Check { You were born before January 2, It Spouse was born before January	1942, [2, 1942, [Bind.		39a	38	38892	
Standard Deduction		If your spouse iterrities on a separate return or you were a					40	10300	
for-	40	Itemized deductions (from Schedule A) or you	IT standard	deduction	1 (see left m	urgin), .	41	28592	-
· People who	41	Subtract line 40 from line 38	1	1.1.1	Setter.	1 1 1 1	1000	20002	_
checked any box on line	42	If line 38 is over \$112,675, or you provided house	a second second second	Contraction of the second s	The second se		42	13200	
39s or 39b or	22	see page 37. Otherwise, multiply \$3,300 by the t Taxable income, Subtract Fine 42 from line 41.		L 788	Contraction of the		43	15392	_
who can be daimed as a	43 44	Tax See page 37). Check if any tax to from: a	CODA DUD.	and a second	Form 4972		44	1543	_
dependent, siee page 38.	45	Atternative minimum tax (see page 39). Attact	CONTRACTOR OF STREET	Contraction of the local sectors of the local secto	Furm 4972		45		_
All others:	45	Add Ines 44 and 45	- Barris Contractor		1.1		45	1543	-
Single or	47	Foreign tax credit. Attach Form 1116 if requires		47	1				
Married filing	48	Credit for child and dependent care expenses. Att		41 48					
separately, \$5,150	49	Credit for the elderly or the disabled. Attach So		1000					
Married filing	50					- 14 - 12			
jointly or	51	Retrement savings contributions credit. Attach I		51					
Gualitying widow(er),	62	Residential energy credits. Attach Form 6695		52					
\$10,300	53	Child tax crecit (see page XX). Attach Form 85		ed 53	-				
Head of household.	54	Credits from: a 🗌 Form 8396 b 🔲 Form 8839 c			-				
\$7,550	55	Other credits: a Form 3800 b Form 8801 c	Form_	55	1				
	56	Add lines 47 through S5. These are your total		1.1.1.1		1.1.1.1	55		_
	57	Subtract line 56 from line 46. If line 56 is more					67		_
Other	58	Self-employment tax. Attach Schedule SE ,					58	+	-
Taxes	59	Social security and Medicare tax on tip income not					50 60		-
	60	Additional tax on IRAs, other qualified retirement				000000000	60		_
	61 62	Advance samed income credit payments from Household employment taxes. Attach Schedulk		2, DOX 9.			62		-
	63	Add lines 57 through 62. This is your total tax		1.1.1			63		-
Desuments	64	Federal income tax withheid from Forms W-2 a		64					
Payments	65	2006 estimated tax payments and amount applied to		-					
If you have a	06a	Earned income credit (EIC)		00-					
qualifying	b	Nontacible combit pay election					-		
child, attach Schedule EIG.	67	Excess social security and tier 1 RRTA tax withheli	d isee pape	091 67		1.0			
	68	Additional child fas credit. Attach Form 8812							
	69	Amount paid with request for extension to file		Contraction of the second					
	70	Payments from: a Form 2439 b Form 4195 c	- Fars 680	1, 70					
	71	Credit for federal telephone excise tax paid. Attach Form		and the second sec		1			
S	72	Add lines 64, 65, 66a, and 67 through 71. The	se are your	total paym	sents .		72		_
Refund	73	If line 72 is more than line 63, subtract line 63 in	om line 72.	This is the	amount you	overpaid	73		_
Direct deposit?	74a	Amount of line 73 you want refunded to you, I	international second		10400 (000 - 10 - 10 - 10 - 10 - 10 - 10 -		74a		_
See page 59 and 18 in 74b.	• b	Pouting number		е Тура: 🛄	Checking [Savings			
740, and 74d,	d	Account number							
or Form 8888.	75	Amount of line 73 you want applied to your 2007 est			1		76		
Amount You Owe	76 77	Amount you owe. Subtract line 72 from line 63 Estimated tax penalty (see page 60)	a. Por detail	s on how to		age eu 🕨			
C. S. C. S. S. S. S. S.		you want to allow another person to discuss this	s return with			7 Yes.	Complete t	he following	No
Third Party		igner's Pho			ana ang ang ang ang ang ang ang ang ang	ersonal identific			
Designee		w 🕨 no.		1		amber (PIN)	*		
Sign		er penalties of pedury, I declare that I have examined this if, they are true, correct, and complete. Declaration of prep							
Here		the state of the second s	lote	Your occur		and a state of the		shone number	
Sinuter trial	10	r signature	440	304 0030	and an and a second		reduced t	COLUMN TRANSPORT	
See page 17. Keep a copy	-			Sec		1	1 0	-	
for your records.	sp	use's signature. If a joint return, both must sign. D	Nite	Spouse's o	scenbation				
102010	1			Dete		1.	Preparer	SSN or PTIN	-
Paid	nig	porer's			Chec self-e	n it start			
Preparer's	Fin	Ta nama (or				EIN.	4		-
Use Only	you add	rs if self-employed, ress, and ZIP code			1/1	Phone.ro.	()		

Directions

Use the partially completed Form 1040 (through line 46) and the additional information to answer the following questions. You are a volunteer at site S1301111. *Note: To complete social security numbers and employer identification numbers, replace Xs with 286560 or with the EFIN provided by your instructor.*

- **3.1** The total amount of expenses for Isabelle's care that qualify for inclusion to be entered in box 2c on Part II of Form 2441 (Child and Dependent Care Expenses) is:
 - a. \$2,700
 - b. \$3,100
 - c. \$3,600
 - d. \$3,200
 - e. \$3,975
- **3.2** If line 6 of Form 2441, Child and Dependent Care Expense, is \$3,000, what is the credit allowed on line 11?
 - a. \$540
 - b. \$690
 - c. \$620
 - d. \$720
- **3.3** What is the amount of line 7, Form 8863, Education Credits, for the Howards? _____.
- **3.4** Publication 4012, Volunteer Resource Guide, has interview tips to help determine whether a taxpayer can claim the Child Tax Credit. That chart is on page _____.
- **3.5** For this question only, if the amount on line 3 of the Child Tax Credit Worksheet is \$1,030, the Child Tax Credit amount the Howards can enter on line 53 of Form 1040 is: _____.
- **3.6** How much Federal Telephone Excise Tax Credit are the Howards qualified to claim on line 71 of Form 1040?
 - a. \$30
 - b. \$40
 - c. \$50
 - d. \$60

Basic Scenario 4: Gladys Berry

Taxpayer	Gladys Berry completed Form 13614, Intake and Interview Sheet. She has two children, Maria and Kevin.
Taxpayer Documents	 Social Security card for Gladys Social Security card for Kevin Social Security card for Maria Two Forms W-2 for Gladys Form 1099-G – unemployment compensation for Gladys Form W-2G for Gladys
Interview Notes	 Gladys is married but her husband, Sam, moved out of the house and left the family March 2006, and she has not seen Sam since. Gladys' mother (Helen) kept the children (Maria and Kevin) in her home after school and during the summer but did not allow Gladys to pay her anything for this help. Gladys was laid off in August and received unemployment for two months. If she is due a refund, she wants half placed in her checking account and half in her savings account. Gladys spent \$400 purchasing lottery tickets during the year and has the tickets at home.



Rev. August-2006	200520000000	of the Treasury - Inte e and Interv			OM	B # 1545-1964
You (and Spouse) will r	eed:					
 Proof of Identity 			 Child care ; 	noviders' iden	tification nur	mber
• Copies of ALL W-2 1098, 1	099 forms			banking inform		
 Social Security (SSN) or In Identification Number (ITIN individuals to be listed on til) for all		Estimated t	ngs deposit sli ax payments r other income		l deposits
Part I: Taxpayer Informa	tion		· Anothis G	coner income		
1. Your First Name	M.L	Last Name			2. SSN o	r ITIN
GLADYS	S	BERRY			140-)	x x - x x x x
 Date of Birth (mm/dd/yyyy 04 / 29 / 1968) 4. Job Title RECEPTION	IST				
 Spouse's First Name SAM 	M.I. A	Last Name BERRY			6. SSN or	r ITIN
 Date of Birth (mm/dd/yyyy 05 / 15 / 1961) 8. Job Title CONSTRUC	TION WORKER			n) - 24 - 24	
9. Address 129 PETERBOROUGH		Apt # City YOUR (CITY	01	State YS	Zip Code YOUR ZIP
10. Phone Numbers: Daytime YOUR PHONE NUMBER	Eveni	ng		Cell		
11. Are you a U.S. Citizen?	Yes No	12. Is your Sp	pouse a U.S. Cit	izen? 🗹 Ye	s 🗆 No	
15. Check if Legally Blind:						
Check if Permanently and	Totally Disabled	Taxpaver	Spouse			
 Check If Permanently and On December 31st 2006: Were you: □ Single ☑ a. If married, were you livit 	Logally Married	Separated	Divorced	months of the	year? 🗌 Y	es 🗹 No
17. On December 31st 2006: Were you: Single 🗹	Legally Married og with your spor	Separated use at anytime de	Divorced uring the last 6 r		year? 🗌 Y dd/yyyy)	es 🗹 No
 On December 31st 2008: Were you: Single a. If married, were you livit 18. Was your spouse deceased 	Legally Married og with your spor ad? If yes, provid	Separated use at anytime du de the date of de	Divorced uring the last 6 r ath/	/ (mm/	dd/yyyy)	es 🗹 No
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17. On December 31st 2008: Were you: Single a. If married, were you livi 18. Was your spouse decease Part II. Family and Depe	Legally Married og with your spor ed? If yes, provis ndent Inform ved /n your home a Date of Birth mm/ddyyyy	Separated use at anytime du de the date of de ation – Do not	Divorced uring the last 6 r ath/ include you or	/ (mm/	dd/yyyy)	t la the dependent
 On December 31st 2008: Were you: Single a. If married, were you livit 18. Was your spouse decease Part II. Family and Deper Print the name of everyone who on Name 00 	Legally Married og with your spor ed? If yes, provid ndent Inform ved /n your frome : Date of Birth menddsyny [9]	Separated use at anytime du de the date of de ation – Do not and outside your hu Social Security Number of ITIN (c)	Divorced uring the last 6 r ath/ include you or ame that you sup Relationship (son, daughter, etc.) (d)	/ (mm/ your spouse ported during th Months person lived with you in 2000 [st]	dd/yyyy) e year. of Canada or	t is the dependent a full time dudent (yes or no) ist
17. On December 31st 2008: Were you: □ Single 2 a. If married, were you livit 18. Was your spouse decease Part II. Family and Deper Print the name of everyone who of Name 00 MARIA S BERRY	Legally Married og with your spor ed? If yes, provid ndent Inform Ved /n your home of Date of Britt miniddsyny (RI 8/25/2000	Separated use at anytime de de the date of de ation – Do not and outside your he Social Security Number or ITIN (c) 141-XX-XXXX	Divorced uring the last 6 r ath/ include you or ome that you sup Relationship (son, daughter, etc.)	/ (mm/ your spouse ported during th Months perion lived with you in 2000 1e1 12	dd/yyyy) e ysar. chedi i residen of Canada or Nexico	t is the dependent a full time student (yes or no)
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17. On December 31st 2008: Were you: ☐ Single 2 a. If married, were you livit 18. Was your spouse decease Part II. Family and Deper Print file name of everyone who 0 Name 00 MARIA S BERRY	Legally Married og with your spor ed? If yes, provid ndent Inform Ved /n your home of Date of Britt miniddsyny (RI 8/25/2000	Separated use at anytime de de the date of de ation – Do not and outside your he Social Security Number or ITIN (c) 141-XX-XXXX	Divorced uring the last 6 m ath/ include you or ame that you sup Relationship (son, daughter, etc.) [d] DAUGHTER	/ (mm/ your spouse ported during th Months perion lived with you in 2000 1e1 12	dd/yyyy) e ysar. chedi i residen of Canada or Nexico	t is the dependent is full time student (pes or no) ist YES
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			induct a thorough interview, please use the decision trees, interview tips and informational charts in 17 in addition to this intake sheet. This intake sheet does not constitute a complete interview.
Filing St	atus Det	ermi	nation – Use Publications 4012 and/or 17 to determine filing status.
	d on the w(er)	inter	view, the filing status of the taxpayer is: Single MFJ MFS* HH Oualifying
*Spouse	Name		Social Security Number
Depende	ency Det	ermi	nation – Use Publications 4012 and/or 17 to determine dependency exemptions.
T Yes	T No	2.	Did the taxpayer provide more than 50% of the support for the dependents claimed?
Yes	No.		Is there a signed Form 8332 or a divorce decree that allows someone else to claim the dependent(s)?
Ves	□ No	4	is the dependent permanently and totally disabled?
	1000		Based on the interview, how many individuals gualify as dependents for this return?
			COMMONLY USED INCOME AND EXPENSES
			se Publication 17, Your Federal Income Tax for Individuals and Publication 4012, Guide while discussing the questions below with the taxpayer.
Part IV.	Incom	e –	In 2006, did you receive:
Yes	□ No	1.	Wages or Salary (Include W-2s for all jobs worked during the year)
Yes	No No		Disability income
Yes	No No	3.	Interest from: checking or savings account, bonds, dividends, CD, or brokerage account
Yes	No No		State tax refund (may be taxable if you itemized last year)
Yes	No No		Alimony income
Yes	No No	6.	Tip income
Yes	No No	7.	Pension and/or IRA distribution
Yes.	□ No	8.	Unemployment
Yes	No No	9.	Social Security or Railroad Retirement
Yes	No No		Self Employment
VYes	🗌 No	11.	Other Income such as gambling winnings, awards, prizes and Jury duty
Part V.	Adjust	men	t – Did you have 2006 expenses for:
Yes	No No	1.	IRA or other retirement account
Yes	No No	2.	Alimony payments paid (If yes, you must provide the name and SSN of the recipient)
Yes	No No	3.	Education related expenses
Part VI.	Itemize	ed D	eductions – Did you have 2006 expenses for:
Yes	No No	1,	Un-reimbursed medical expenses
Yes	No No	2.	Home mortgage payments (interest and taxes - see Form 1098)
Yes	No No	3.	Charitable contributions
Part VII.	Credit	s -	In 2006, did you have:
Ves	No No	1.	
	No No	2.	Educational expenses for you or your dependents
Yes	No.	3.	Retirement Savings Contribution
Yes Yes		d Ir	ncome Tax Credit Determination – EITC Eligibility
Yes	. Earne		
Yes	. Earne		Was EITC previously disallowed (if yes taxpayer may not be eligible for EITC)

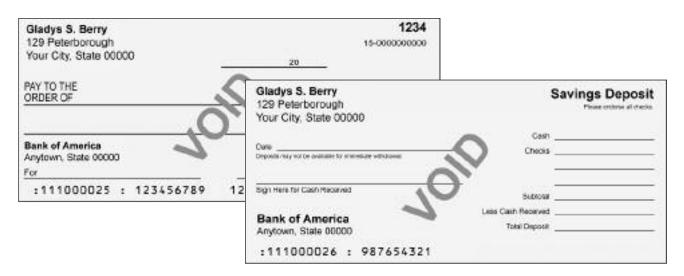
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 Employee's trut rame as GLADYS S 	ed initial Last ram			Suff,	11 No	riqualitied plana	12a See instruction	a for box 12
129 PETERBOR					13 144	nyan Padasaman Tendujuahy nyan pilan aki ony	126	
YOUR CITY, ST	TATE ZIP				16 DI	her	120	
f Employee's address and	27P coda						134	111
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							12d		
	reployee's address and ZP :							Personal Astronomy	
10 B YS			tata wegos, tras, etc. 6250.00	17 State inco 97.00	no tax	18 Local wages, tips. etc.	19 Local income tax	20 Locally her	
	1								
Form	W-2 Wage an Stateme	ent	Rand this antice	50	06	C 2010 Control (1997) Control (19	f the Theory—Interna Privacy Act and Pape Act Notice, see		
	W-3 to the Social Security /							Call No. 10134	

L

STATE LOTTERY COMMISSION	1 Gross winnings 800	2 Federal Income tax withheld 0	OMB No. 1545-023
Street address 1800 RAINBOW'S END	3 Type of wager QUICK PICK TICKET	4 Date wort 07 27 2006	2006 Form W-20
City, minie, and ZIP code YOUR CITY, STATE ZIP	5 Transaction	6 Race	Certair
Federal identification number Telephone number 04-4XXXXXXX	7 Winnings from identical wagers	& Cashier	Gambling
WINNERS name GLADYS S BERRY	Writer's suppyer identification no. 140-XX-XXXX	90 Window	For Privacy Act an Paperwork Reduction Ac Notice, see the 200
Street address (including spt. no.) 129 PETERBOROUGH	11 Fig1D.	12 Second LD.	General Instructions fo Forms 1099, 1098, 5498
City, state, and ZIP code YOUR CITY, STATE ZIP	13 StatePayer's state identification mu	14 State income tax withheld	and W-20 File with Form 109
Under penalties of perjury, I declare that to the best of rey becordedge and correctly identify the as the recipient of this payment and any payments from Signature >	e identical wagers, and that no other person is		Copy / For Internal Revenu Service Cente

FIS name, street address, city, 6 ATE UNEMPLOYMENT C 00 GOVERNMENT PLAZ/	C	1 Unemployment compensation \$ 2510.00	2006	Certai Governmen
OUR CITY, STATE ZIP		2 State or local income tax infunds, credits, or offsets \$	Form 1099-G	Payment
-3XXXXXX	RECIPIENT'S identification number 140-XX-XXXX	3 Rex 2 amount is for tax year	4 Federal income tax wi	0 For Recipier
ADYS BERRY		S ATAA payrawta	4 Taxable grants	This is important to information and i being furnished to th Informal Devenue
t address (including apt. no.) 9 PETERBOROUGH		7 Agriculture payments \$	8 Bos 2 is trade or business income >	 a regigence penalty c
atata, and ZIP code OUR CITY, STATE ZIP				other sanction may b imposed on you if the income is taxable an
urt rumber (see instructions)	1			the IRS determines the it has not bee reported



Basic Scenario 4 Test Questions

Directions

Using your resource materials, answer the following questions. You are a volunteer at site S14011111.

Note: To complete social security numbers and employer identification numbers, replace Xs with 286560 or with the EFIN provided by your instructor.

- **4.1** What is Gladys' filing status?
 - a. Single
 - b. Married Filing Jointly
 - c. Married Filing Separately
 - d. Head of Household
 - e. Qualifying Widow(er) with dependent child
- **4.2** Looking at Gladys' Form 13614, Intake and Interview Sheet, do her children qualify for the Child Tax Credit?
 - a. Yes
 - b. No
- **4.3** If Gladys' taxable income on line 43 on Form 1040 is \$2,900, what is the tax on line 44?
 - a. \$0
 - b. \$289
 - c. \$291
 - d. \$294
- 4.4 What amount must Gladys claim on line 21 of Form 1040? \$_____
- 4.5 What is the amount of Gladys' Earned Income Tax Credit? \$_____
- **4.6** Gladys wants to direct deposit her refund into two different accounts. What form does she complete? Form _____.

Basic Scenario 5: Brenda James

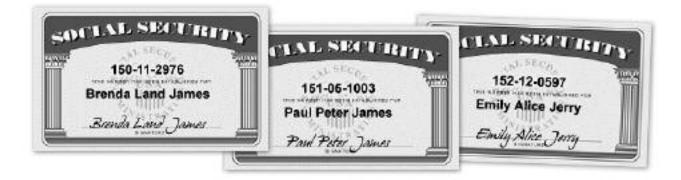
TaxpayerBrenda James completed her Form 13614, Intake and InterviewSheet. Her two children, Paul and Emily, live with her.

Taxpayer	•	Social security card for Brenda
Documents	•	Social socurity card for Paul

- Social security card for Paul
 - Social security card for Emily
 - Two Forms W-2 for Brenda
 - Form 1099-DIV from Small Cap Mutual Fund
 - Form 1099-INT from First National Bank and Trust

Interview	•	Brenda and her family live in Texas.
Notes	•	Texas does not have a state income tax.

- Brenda's mother, Sara Reynolds, takes care of Paul all day and Emily after school in her home while Brenda works. Brenda paid her mother \$600 in 2006. Her mother's address is 5200 Lancaster, Your City, State Zip.
- Brenda's mother is not eligible for a social security number



Rev. August-2006 Intake and Interview Sheet OM								
You (and Spous	e) will need	1:						
 Proof of identity 					 Child care ; 	providers' iden	tilication nun	tber
 Copies of ALL W- 	2 1098, 1099 ('orms				banking infor ngs deposit sl		
 Social Security (S Identification Num individuals to be li 	ber (ITIN) for a	90			Estimated t	ax payments i other income	nade, etc.	uepuana
Part I: Taxpayer I	nformation	1 or o						
1. Your First Name BRENDA		M.L. L	Last Nan JAMES	пе			2. SSN or 1 5 0 - 1	ITIN 1-2976
3. Date of Birth (mn 11 / 29 / 1		Job Title LERK						
5. Spouse's First Na	ame	M.I.	Last Nan	ne			6. SSN or	ITIN
7. Date of Birth (mm	n/dd/yyyyy) 8.	Job Title					-	
9. Address 1492 COLUMBUS D	RIVE			City AUSTI	N			Zip Code 78701
10. Phone Numbers YOUR PHONE NUM		Eveni	ng			Cell		
11. Are you a U.S. C	itizen? 🗹 Yo	es 🗆 No	12. Is	your S	pouse a U.S. Ci	izen? 🗌 Ye	s 🗌 No	
14. Did you pay more 15. Check if Legally				ie home	97 🗹 Yes 🗆] No		
16. Check if Perman	ently and Tota	Illy Disabled	t 🗆 Ta	orpayer	Spouse			
 On December 31 Were you: Si a. If married, were Was your spouse 	ngle 🗌 Leg e you living wi	th your spo	use at an	ytime d	uring the last 6 r		year? 🗌 Ye dd/yyyy)	s 🗌 No
Part II. Family an		- 15						
Print the name of every								
Narn		Date of Birth mm/dd9ysy	Social S Number	ecurty	Relationship (son, daughter, etc.)	Months person lived with you in 2006	Chuck if newdent of Caracte or Mexico	is the dependent a full time student (yes or no)
(x)		(b)	(0	instante instant	(d)	040	10	(g)
PETER JAN		5/10/2003			SON	12		NO
EMILY JAM	ES	12/5/1997	152-12	2-0597	DAUGHTER	12		YES
			-					
Catalog Number 3883	C.A.						Com 13614	(Rev. 8-2006)

			induct a thorough interview, please use the decision trees, interview tips and informational charts in 17 in addition to this intake sheet. This intake sheet does not constitute a complete interview.
Filing S	tatus Det	ermi	nation – Use Publications 4012 and/or 17 to determine filing status.
	ed on the ow(er)	inter	view, the filing status of the taxpayer is: 🗌 Single 📋 MFJ 🗌 MFS* 🖹 HH 🗌 Qualifying
*Spouse	Name		Social Security Number
Depend	ency Det	ermi	nation – Use Publications 4012 and/or 17 to determine dependency exemptions.
T Yes	T No	2.	Did the taxpayer provide more than 50% of the support for the dependents claimed?
Ves	No No		Is there a signed Form 8332 or a divorce decree that allows someone else to claim the dependent(s)?
Ves	□ No	4	is the dependent permanently and totally disabled?
100.4965		5.	Based on the interview, how many individuals gualify as dependents for this return?
			COMMONLY USED INCOME AND EXPENSES
			se Publication 17, Your Federal Income Tax for Individuals and Publication 4012, Guide while discussing the questions below with the taxpayer.
		1.00.00	In 2006, did you receive:
1			
Yes Yes	No No		Wages or Salary (Include W-2s for all jobs worked during the year) Disability income
V Yes	No No		Interest from: checking or savings account, bonds, dividends, CD, or brokerage account
Yes	No.		State tax refund (may be taxable if you itemized last year)
1 Yes	No No		Alimony income
□ Yes	No No		Tip income
-	No		Pension and/or IRA distribution
Yes Yes	No No		Unemployment
	No No		
Yes Yes			Social Security or Railroad Retirement
Ves Yes	No No		Self Employment Other Income such as gambling winnings, awards, prizes and Jury duty
	-		
4.000			t - Did you have 2006 expenses for:
Yes	-		IRA or other retirement account
Ves Ves	No No		Alimony payments paid (If yes, you must provide the name and SSN of the recipient) Education related expenses
Yes		-	
		_	eductions – Did you have 2006 expenses for:
			Un-reimbursed medical expenses
Yes	No No		Home mortgage payments (interest and taxes – see Form 1098)
Yes	No No	3.	Charitable contributions
Part VII	Credit	ts -	In 2006, did you have:
Yes	No No	1.	
Ves Yes	No No		Educational expenses for you or your dependents
☐ Yes	No.	3.	Retirement Savings Contribution
Part VII	I. Earne	ed Ir	ncome Tax Credit Determination – EITC Eligibility
		100	The second s
Yes	No No	1.	Was EITC previously disallowed (if yes taxpayer may not be eligible for EITC)

e. Control number	55555	Void 🛄	For Official OMB No.					
 Employer identification in 05-1286560 	umber (Elfs)	n; n				ges, tips, ofter compensation 0200	2 Fodend in B16	come tax withhold
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9650 PECAN			1		cloare wages and tips 0200	8 Medicaria 296	tur withfaild	
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d Employee's social securi 150 11	tji murtber 2976				kance EIC payment. 00	10 Depender	10 Dependent care benefits	
 Employee's first name as BRENDA L 	d initial Last norm JAMES			Soff.		ngualified plans	124 See huts	iclicitie for box 12
1492 COLUMBI AUSTIN, TX 78					19 344		125	
AUGTIN, TA TO					100,000		1	
f Employee's address and	ZIP code						1	
5 State Employer's state TX 06-1286560		State weglet, tips, etc 20200	17 State	kigan	ni tiin	18 Local wages, tips, etc.	19 Local moorns	Tax 20 Locality na
	e and Tax		2	п) Б	Department	of the Treasury—In	terral Revenue Serv
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	acurity Administration:							Cat. No. 1015

a Control nu	mber	25555	Void 🔲	For Officia OMB No.						
b Employer i 05-2286	dentification number (EIN) 950						ges ties, other comparisation 250	3	Fodaral incom 858	e tax withinkit
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AUSTIN	TX 78701					Y 80	cal security tips	. 8	Allocated tips	
d Employee' 150	a social security manther 11 2976		9 Advance EIC payment			10 Dependent care benefits				
e Employee BREND	s finit name and initial A L	Last name JAMES			Suff.	11 No.	rqualified plans	12	i See instructio	ta fur fins 12
0.000	OLUMBUS DRIV	/E				13	ÖÖ	12		
AUSTIN	4, TX 78701					14 Other				
f Employee)	a achtrana and ZIP code							52	4	
1	proyer's state ID nomber 5-2286550		tata wagan, tuni, ek 8250	2. 17 Stan	a liiddii	na tan	18 Local wages, tips. etc.	79 L.	cal income tax	20 Locality ner
Form W-	2 Wage and Ta Statement		Parent Ship antin		_	56	1. Solo 1000.057		oy Act and Pap	al Revenue Send enwork Reduction e back of Copy I
	dwooded around my realities		photocopies are							Cat. No. 10134

PAYER'S name, street address, oily, FIRST NATIONAL BANK 1000 MAIN STREET AUSTIN, TX 78701		Payer's RTN justered	2006	Inte	rest Incom	
PWYER'S Federal identification number 05-5286560	PEOPENT's confriction humber 150-11-2976	1 interest income not included \$ 57	t in box 3		Copy I For Recipier	
BRENDA L JAMES	161	2 Early water and percently	B merest on U.S. Sav Bonds and Treas. of \$	ings bligations	This is important to information and being furnished to th Informal Plevenu	
Street activess (including apt rel) 1492 COLUMBUS DR)` . n!	4 Federal income fax withheid \$ 0	5 Investment expenses	Service. If you as required to file a retain a negligence penalty of		
City, state, and ZP code AUSTIN, TX 78701	610	Sifereign tax paid	7 Forsign country or U.S. possession		a negligence penalty or other sanction may be imposed on you if this income is taxable and	
Account number (see instructions)	021	s			the IRS determines the it has not bee reporter	

SMALL CAP MUTUAL F 7900 BRIGHTON AUSTIN, TX 78701P	y, state, 20° code, and telephone no.	ta Total ordinary childrenda OMB No. 1545-0110 \$ 97 2006 \$ 97 2006 \$ 97 Form 1099-DIV		Dividends and Distributions	
		2a Total capital gain dietr. § 80	28 Unrecap. Sec. 1250 g	For Recipier	
PWYER'S federal identification number	RECIPIENT'S identification number	2000-00 (A	21525	100000000	
05-4286560	150-11-2976				
RECIPIENT'S name		2e Section 1202 gain	24 Collecticies (29%) ga	This is importan	
BRENDA LEE JAMES		S Nordividenti distrituzione	\$ 4 Federal income tax with	tax informatio	
		\$	S 0	eff and is bein furnished to th	
Street address (including apt. ns.)		and the second s	5 Investment expenses	Internal Revenu	
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City, state, and ZIP code		Foreign tax peid	7 Foreign country or U.S. possess	in negligenc penalty or othe	
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Account number (see instructions)		8 Cash liquidation distributions	9 Noncash liquidation distributions	imposed on yo if this income i	
		s	s	taxable and th	
		1.1	1	IRS determine that it has no been reported	

1040		. Individual				123 (2)	06		2D 2D		stople in the space.	_
Label	Your first name and initial Last name						the second second	OME No. 1545-0074 Your social security number				
ISee L									76			
instructions A on page 16.)	1.0	joint return, spous	d's first name i	and_initial	Lintak			0			e's social security r	_
Use the IRS L				5. Sec. 1	0	P-	1.12				1 1	
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or type.	Ot	y, lown or past all it		ZIP Code, If	you have	1)-64	n attreit,	ane page 16.			ng a bos below wil	
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1	2	Married filing	Constant and the second	100 March 100 Ma		0.000		the qualitying p this child's nam		ched bu	t not your depender	it, enter
Check only one box.	3 .	Married filing and full name		riter spour	96 S 55N	above	5			deper	dant child (see pag	e 17)
2119, 81911	6a	2000 C	MILL 1993	n claim w	u es e d	anand	ent do ne	of check box 6a		1	Boxes checked on 5e and 5b	1
Exemptions	b	Spouse .								1	No. of children	
100	e	Dependents:	The second	1. T. C.) Depin		(2) Superview's relationship to	HIV C S.S.		 iived with you . 	2
		(1) First same	Last nem	e	socia	i securit,	turbur.	101	credit (see pr		+ did not live with	
If more than four		PETER	JAME		151	05	1003	SON			you due to divorce or separation	
Sependents, see		EMILY	JAME	s	152	12	0697	DAUGHTEF	N		[see page 20] Dependents on 6c	
page 19.					+	1	-				not entered above	_
	d	Total number of	exemptions	claimed			A CONTRACTOR				Add numbers on lines above P	3
-	7	Wages, salaries			La lut o	-				7	28450	
Income	Ba	Taxable interes			39500 0000	15			1.1.1	Ba	57	
Attach Form(s)	b				1000000		18	21.1 g	1			
W-2 here. Also	9.8	Ordinary divider						Necessaria	and an	88	97	
attach Forms W-2G and	b	Qualified divide	nds (see pag	e 23) .		2 a.)	19		97	1000		
1099-R if tax	10	Taxable refunds	, credita, or	offsets of	atate arm	i local	income ta	ues (see page 2	15)	10		
was withheld.	11	Alimony receive	d	4. 1. 1				1 102/1017		11		-
	12	Business incom		007.000.000	110243101		CONTRACTOR OF STREET, S		<u></u>	12		-
2 2 2	13		Contraction of the second		10.00			ired, öheck here	• 10	13	80	-
If you did not get a W-2.	14	Other gains or (ch Form 4 Sa	197	1	1			14 15b	-	-
see page 22.	15e 16a	IPA distribution Pensions and a		60		-	111.1.203	able amount (see	N. M. B. C. S. C.	160		
Enclose, but do	100	Persons and a Pental real estat	and the second second	CONTRACTOR DATES	a Sere	-		able amount (see	LATE CARE	17		
not attach, any	18	Farm income or						The Paragent Sen	in a second s	18		
payment, Also, please use	19	Unemployment	1000	1000000000		1.1.1.1				19		
Form 1040-V.	200	Social security b	anafits , L2	Oes		1	b Tax	able amount (see		206		
	21	Other income. L	ist type and	amount (s	ee page	29				21		-
	22	Add the amount	s in the tarrig	ph calumn	for lines.	7 throu	a second second	s is your total in	oome ►	22	28684	-
Adjusted	23	Archer MSA de	fuction, Atta	ch Form B	853 , .	- 659	- 2	5				
Gross	24	Certain business		N								
Income	25	fee-basis govern Health savings i										
	20	Moving expense										
	27	One-half of self-						7				
	28	Self-employed !					and the second second	1				
	29	Self-employed I	neolth insura	nce deduc	tion (see	page	30) 2	9	_	1		
	30	Penalty on early	withdrawat	of savings				No. of Concession, Name	_			
		Alimony paid Ib				1.5	31		_	2		
	31a	IRA deduction t								1		
	32		And the state of the set	tion isee o	age 336		- 3		-	1		
	32 33	Student loan int										
	32 33 34	Jury duty pay y	ou gave to y	our emplo	yer,		The second second					
	32 33		ou gave to y tion activities	our emplo	yer . Attach F	iann 85	101 10	5	1	36	3	

furm 1040 (2006)				1.00					3. 106	P	age å
Гах	36	Amount from line 37 (adjusted gross income)			÷			- 1	38	28684	
and	39a	Check J D You were born before January 2,	1942,	Ble	411	iotal boxes		1			
Credits		1: Spouse was born before January						-			
Standard	ъ	If your spouse iterates on a separate return or you were a	the states	art, 192	page 35	and check	hers > 39		6		
for-	40	Itemized deductions (from Schedule A) or you	ur standare	d dedu	otion	see left n	nargin) .	+	40	7550	
· People who	41	Subtract line 40 from line 38	a con						41	21134	
checked any	42	If line 38 is over \$112,875, or you provided house							-	9900	
38a or 39b or		see page 37. Otherwise, multiply \$3,300 by the t			11. March			56	42	11234	
who can be claimed as a	43	Taxable income, Subtract line 42 from line 41						1	43	11234	-
dependent.	44	Tax (see page 37). Check if any tax is from a 🔲 P	CONTRACTOR OF THE OWNER.			orm 4973		*	45	1130	
see page 36.	45	Alternative minimum tax (see page 39). Attac			1.1				46	1133	-
All others:	46	Add lines 44 and 45			47	1.1.1.1.1	1		45	1100	
Single or Married filing	47 48	Foreign titx credit, Attach Form 1116 if require Gredit for child and dependent care expenses. Att		20 10	48		-	_			
separately, \$5,150	49	Credit for the elderly or the disabled. Attach Si		GANGE	49		-	_			
Married filing	50			20 U U	50		_	_			
jointly or	51	Retirement savings contributions credit. Attach	Enon Papa		51						
Qualifying widowier)	52	Residential energy credits. Attach Form 5625			52		1000				
\$10,300	53	Child tax credit (see page XX). Attach Form B			53		1133				
Head of	54	Credits from: a Form 8396 b Form 8839 c		200000	54						
household, 87,590	56	Other credita: a Form 3800 b Form 8801 c	and the second second		55				3		
	56	Add lines 47 through 56. These are your total							56	1133	
	57	Subtract line 56 from line 46. If line 56 is more	than line 4	l6, ente	ir -0-			•	57	0	
Other	58	Self-employment tax. Attach Schedule SE						4.5	58	12	
Taxes	59	Social security and Medicare tax on tip income not	t reported to	employ	er. An	ach Form	4137 .	1.3	59	-	
axes	60	Additional tax on IRAs, other qualified retirement	t plans, etc.	Attach	Form	5329 if re	. beriup		60		
	61	Advance earned income credit payments from	Form(s) W	-2, box	9.	e con e de	in a se	1.2	61		
	62	Household employment taxes. Attach Schedul			÷.			3	62		_
	63	Add lines 57 through 62. This is your total tax			-			•	63	0	_
Payments	64	Federal income tax withheld from Forms W-2	and 1099		64		1674	_			
	65	2006 estimated tax payments and amount applied f			65		4040	-	8		
If you have a qualifying	66a	Earned income credit (EIG)	1.1.1.1		660		1616	-	2		
chid, attach	b										
Schedule BC.	67	Excess social security and tier 1 PRTA tax withhel	100 EXP (0.07)		67		867	-	2		
	68	Additional child tax childs: Attach Partil doi:2 1 1 1 1 1 1						-			
	68	Amount paid with request for extension to file Payments from: a From 2438 b From 4136 c			70		-	-			
	70	Credit for faderal talephone excise tas paid. Attach Forn			71		-	_			
	72	Add lines 64, 65, 68a, and 67 through 71. The				nta			72	4157	
Defund	73	If line 72 is more than line 63, subtract line 63 to		12000	11111			-	73	4157	
Refund Direct deposit?	10000	Amount of line 73 you want refunded to you.				0.0000000000000000000000000000000000000			74a	4157	
See page 58		Routing number			1000	hecking					
and fill in 74b. 74c. and 74d.		Account number			TT	II	TI				
or Form 8888.	75	Amount of line 73 you want applied to your 2007 est	timated tax		75				Sec. 1		
Amount	76	Amount you owe. Subtract line 72 from line 60				pay, see	page 60 l		76		
You Owe	77	Estimated tax penalty (see page 60)			77						
Third Party	Do	you want to allow another person to discuss thi	s raturt eit	h the iP	S (SH	e page 61	15 🗆 A	es. (Complete	the following.	N
Designee			one	101			ersonal ide		ation		-
	_	14 Providence - Linkshop Bart house experience - Bart house exp	the state of the s	1	-		umber (PP		-	al mi konstatu	-
Sign	bei	fer penalties of perjury, 1 declare that I have examined this ef, they are true, correct, and complete. Declaration of peg	sale, jother av	an texper	yeo is t	ased on all	information	of w	tich prepare	r has any knowledge	De.
Here	Yo	ur signature 0	Date	Your	occupe	tion			Daytime	phone number	
Joint return? See page 17.	1000	0.000.000		100.002					18 1		
Keep a copy for your	50	ouse's signature. If a joint return, both must sign.	Daibo	Bpou	se's oc	oupation		-	100		
recorda,	122.0		10	Oute		1.1.1.1			Prenarce	's SSN or PTIN	
Paid	Pro	paren's patients				Chec set-	k F imployed		- return	S15011111	
Preparer's	Pin	n'a name (or					EN	1	1		
Use Only	704	as it self-employed), frees, and ZIP code					Phone h	<u>.</u>	1 1		
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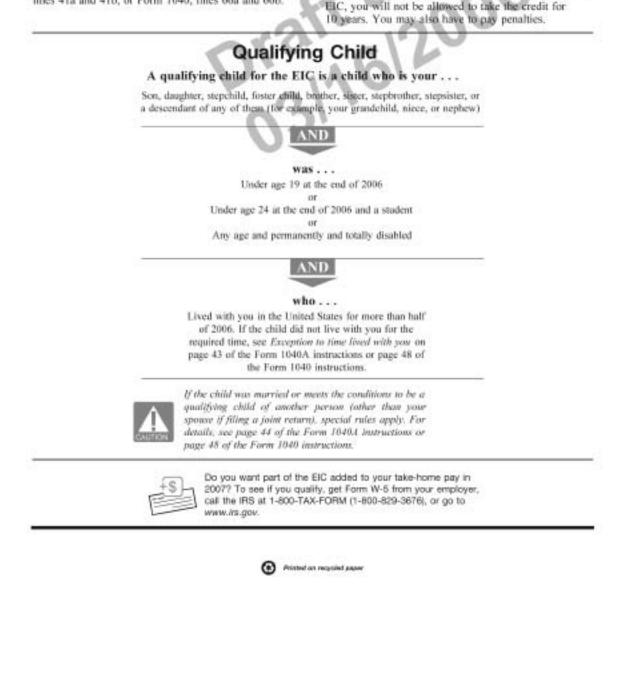
	ment of the Treasury (Pavenue Sariace 199	Additional Child Tax C	1040NR	\mathcal{D}	2006 Attachment Sequence No. 47
_	(a) shown on return			Your so	cial security number
	NDA L JAMES		6	105	11 2976
Par			2	-	
1	page 39 of the F	t from line 1 of your Child Tax Credit Worksheet on page form 1040A instructions, or page 20 of the Form 1040N mount from line 8 of the worksheet on page 4 of the put	R instructions. If you used Pul	- I - I - I - I - I - I - I - I - I - I	2000
2	Enter the amoun	n tron Form 1040, line 53, Poers (040A, line 33; or For	m 1040NR, line 48	2	1133
3	Subtract line 2.1	from line 1. If zero, stop; you cannot take this credit		3	867
4a		earned income (see instructions on back)	40 28450	-	
þ		nbat pay (see instructions on			
5		a line 4a more than \$11,300?			
29		line 5 blank and enter -0- on line 6.			
1		ct \$11,300 from the amount on line 4a. Enter the result	5 17150	1	
6	and the second sec	ount on line 5 by 15% (.15) and enter the result			2573
		ave three or more qualifying children? i 6 is zero, stop; you cannot take this credit. Otherwin	e, skip Part II and enter the		
		r of line 3 or line 6 on line 13.	of the state of the state of the		
		6 is equal to or more than line 3, skip Part II and enter	er the amount from line 3 on		
Par	til Certai	h. Otherwise, go to line 7. n Filers Who Have Three or More Qualifying	Children		
7		security and Medicare taxes from Form(s) W-2, boxes 4 a			
1		ng jointly, include your spouse's amounts with yours. If y	101		
-		Iroad, see instructions on back	, 7		
8	1040 filers:	Enter the total of the amounts from Form 1040, lines 27 and 39, plus any uncollected social security and			
		Medicare or tier 1 RRTA taxes included on line 63.	8	-	
	1040A filers:	Enter -0-,	1	T I	
	1040NR filers:	Enter the total of the amounts from Form 1040NR, line 54, plus any uncollected social security and Medicare			
		or tier 1 RRTA taxes included on line 58.	18		
9	Add lines 7 and	8	9	-	
10	1040 filers:	Enter the total of the amounts from Form 1040, lines 66a and 67.			
	1040A filers:	Enter the total of the amount from Form 1040A, line 40a, plus any excess social security and tier 1 RRTA	10		
		taxes withheld that you entered to the left of line 42			
		(see instructions on back).			
	1040NR filen:	Enter the amount from Form 1040NR, line 61.	1		
11	Subtract line 10	from line 9. If zero or less, enter -0	inge Networker - Networkstradier	. п	
12	Enter the larger	of line 6 or line 11		12	
		smaller of line 3 or line 12 on line 13.	CONTRACT DESCRIPTION	0100 middal	
Deer		onal Child Tax Credit		1	
Fai	Addition	and oneu rax occur.			
13	This is your a	dditional child tax credit	ana ana ao ao ao ao a	13	867
			TIDADA	A For For	er dos ancores on w 1040, line 68, w 1040A, line 41, or w 1040NR, line 62

(Fo	rm 1040A or 1040)	Earned Ir Qualifying Ch	ild Informatio	SE	2006		
	etward of the Treasury tol Reverse Service 558	Comple	te and attach to Fo	m 10404 or 1040		Attachment Seguence No. 43	
	wija) alhown on return					r eocial security number	
-	-fam	BRENDA L See the instructions		ines 41a and 41b, or F		11 2976	
B	efore you begi	oob, to make sure in	11 30	e the EIC, and (b) you	10 VD. 1	0. 10 ·····	
_		the EIC even though y . See back of schedule		ole, you may not be	allowed to take	the credit for up	
7	It will take	us longer to process y	200	ssue your retund if	you do not fill in	all lines that apply	
es.	JTICN	alifying child. • child's name on line 1	and social sec	urity number (SSM)	on line 2 anne	with the child's	
	social secu	rity card. Othenwise, at	the time we pr	ocess your return,	we may reduce	or disallow your	
		name or SSN on the ch ion at 1-800-772-1213		unty card is not co	rrect, call the Sc	cial Security	
Q	ualifying Child I	nformation	20	hild 1	с	hild 2	
1	Child's name	1	Entrians	Last name	First name	Last nome	
	If you have more than two only have to list two to get		PETER	JAMES	EMILY	JAMES	
		tions or page 48 of the less the child was born and was born and died in 2006 enter "Died" on this line	115 0	15 1003	152	12 0597	
3	Child's year of birt	h	Year 2 If horn after and 4b, go to	0 0 3 1987, skip liner 4a line 3.	Year <u>1</u> If horn after 1 and 4h; go to	9 9 7 987 skip lines 4a line 3	
4	If the child was bo	m before 1988—					
a	Was the child under age 2- student?	4 at the end of 2006 and a	Go to line 5.	No. Continue.	Go to line 5.	No. Continue.	
ь		and totally disabled during				Π.,	
	any part of 2006?		Continue.	No. The child is not a	Continue.	The child is not a	
_				qualifying child.		qualifying child.	
5	Child's relationship (for example, son, daughte niece, nephew, foster child	r, grandchild;	SON		DAUGHTER		
6	Number of months you in the United S						
	 If the child lived with ye 2006 but less than 7 mo 					1028	
	· If the child was born or	clied in 2006 and your me for the entire time he	Do not enter m	12 months are than 12 months	Do not enter m	12 months over than 12 months.	
6		be able to take the addition itizen or resident alien. For					

Purpose of Schedule

After you have figured your earned income credit (EIC), use Schedule EIC to give the IRS information about your qualifying child(ren).

To figure the amount of your credit or to have the IRS figure it for you, see the instructions for Form 1040A, lines 41a and 41b, or Form 1040, lines 66a and 66b. Taking the EIC when not eligible. 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 finadulently take the EIC, you will not be allowed to take the credit for 10 years. You may also have to pay penalties.



Page 2

Directions

You are conducting a quality review of a return prepared by another volunteer tax preparer. Brenda is sitting with you as you conduct the review. Using your resource materials and all the taxpayer's documents, review the tax return and answer the questions below.

You are a volunteer at site S15011111.

- **5.1** Which names are entered incorrectly on the tax return? (Select only one answer.)
 - a. Brenda
 - b. Emily
 - c. Paul
 - d. Brenda and Paul
 - e. Brenda and Emily
 - f. Paul and Emily
- **5.2** Where has the volunteer entered information on the tax return differently from what is provided in Part I of the Intake and Interview Sheet? Provide the question number from the Intake and Interview Sheet here.
- **5.3** What information did the volunteer fail to enter correctly from a Form W-2:
 - a. Box 1
 - b. Box 2
 - c. Box 9
 - d. Box 13
 - e. Box 15
- **5.4** If Brenda had contributed to an IRA and qualified to deduct the contribution, on what line of the Form 1040 would this information be shown? Line _____.
- **5.5** If Brenda contributed to an IRA, what form needs to be completed to determine if she qualified for a Retirement Savings Contributions Credit? Form _____.

- **5.6** Brenda has heard you can deduct childcare expenses and asks if she can deduct the \$600 she paid to her mother. You respond _____.
 - a. Yes, we need to complete another form
 - b. No, due to the way the credit for child and dependent care expenses is calculated, the \$600 is not deductible
 - c. No, because she is a relative
 - d. No, because she does not have a social security number
 - e. No, because those types of childcare expenses are not deductible
- **5.7** If you want to make sure the direct deposit information is correctly entered on the tax return, what page should you reference in Publication 4012, Volunteer Resource Guide? Page _____.

This page intentionally left blank.

Intermediate Scenario 1: Paul Harvard

Taxpayer	Paul Harvard is a general construction worker in Arizona. He is divorced and has no children.
Taxpayer Documents	 Social security card for Paul Harvard Forms W-2 Forms W-2G Form 1099-INT Form 1098 Form 1098-E Form 1099-R
Interview Notes	 Paul won a poker tournament in 2006. He received a form from the casino, but doesn't think he should report the winnings because he lost \$7,215 that weekend. Paul bought a certificate of deposit in 2005. It has matured and he received a 1099-INT from the bank. He has not withdrawn the interest but he is entitled to it without penalty. Paul paid \$700 in interest on his student loan in 2006. Paul served on a jury and received \$150. He kept the money from jury duty and did not turn it over to his employer. When Paul changed jobs in 2006, he cashed out his 401K. He received Form 1099-R for that distribution, and he had taxes withheld. Pursuant to his divorce, which became final in 2004, Paul pays his ex-wife \$400 a month in alimony. The ex-wife's SSN is 211-XX-XXXX.

Interview Notes (continued)	 Paul has never itemized his deductions but thinks he may have enough this year. Paul gives you a list of the following items he paid.
, ,	 Interest on car loan \$1,845
	 Medical insurance premiums paid \$1,260
	 Unreimbursed medical and dental bills \$745
	 Non-prescription medicine \$275
	 Vehicle registration fees based on the value of his car \$54
	 Donation to National Public Radio \$80 (received a mug worth \$10 for his donation)
	 Cash contributions to church \$560
	 Paid medical bills for mother, but cannot claim her as a dependent \$1,150
	 Gambling losses \$7,215
	 Union dues \$400
	 Safe deposit box \$30 (Paul keeps savings bonds in a safety deposit box. These bonds accrue interest that will be taxable when they are redeemed.)
	210-XX-XXXX
	Paul A. Harvard Paul A. Harvard

Rev. August-2006					ternal Revenue Ser view Sheet		OM	B#1545-1964
You (and Spous	e) will nee	ed:						
 Proof of Identity 					Child care	providers' iden	tification nui	nber
· Copies of ALL W	-2 1098, 1098	9 forms				banking inform		
 Social Security (5) 						ings deposit sl		deposits
Identification Nun individuals to be I	C. S. S. L. S. S. W. S. S.					tax payments i	nade, etc.	
					 Amounts o 	f other income		
Part I: Taxpayer 1. Your First Name	and the second se	M.L	Last N	ame			2. SSN o	TIN
PAUL	2. 	A	HARV				and the set of the	x x - x x x x
3. Date of Birth (mi 08 / 10 /		 Job Tit CONSTR 	-	UNDRED	ý.			
5. Spouse's First N		M.I.	Last N	Contract of Contract of			6. SSN or	TIN
							-	-
7. Date of Birth (mi	m/dd/yyyyy)	8. Job Tit	9					
9. Address			Apt #	1000000000	100410			Zip Code
847 MARTY 10. Phone Numbers	Dautime	E	ening	PHOE	NIX	Cell	AZ	85013
YOUR PHONE NUM			ening			0.01		
11. Are you a U.S. (Citizen?	Yes 🗆	No 12.	ls your S	Spouse a U.S. C	tizen? 🗌 Ye	s 🗌 No	
13. Can your parent	ts or someon	e else clai	n you or y	our spou	ise as a depende	ent on their tay	return?	Yes 🔽 No
TOUR YOUR PRINT						an on their tax		
								168 10 160
14. Did you pay mor	e than half th	e cost of k	eeping up	the hom] No		
14. Did you pay mor 15. Check if Legally	e than half th Blind: 🔲 T	e cost of k laxpayer	eeping up	the hom	e? 🗹 Yes 🗆			
14. Did you pay mor	e than half th Blind: 🔲 T	e cost of k laxpayer	eeping up	the hom	e? 🗹 Yes 🗆			100 10 100
14. Did you pay mor 15. Check if Legally	e than half th Blind: 1 T nently and To 11st 2006: Single 1 Le	e cost of k Faxpayer Itally Disat	eeping up	the hom e Taxpaye eparates	r 🗆 Spouse] No		
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			induct a thorough interview, please use the decision trees, interview tips and informational charts in 17 in addition to this intake sheet. This intake sheet does not constitute a complete interview.
Filing St	atus Det	ermi	nation – Use Publications 4012 and/or 17 to determine filing status.
	d on the w(er)	interv	riew, the filing status of the taxpayer is: 📓 Single 🗌 MFJ 🗌 MFS* 🗌 HH 🔲 Qualifying
*Spouse	Name _		Social Security Number
Depend	ency Det	ermi	nation – Use Publications 4012 and/or 17 to determine dependency exemptions.
T Yes		2.	Did the taxpayer provide more than 50% of the support for the dependents claimed?
Ves	□ No		Is there a signed Form 8332 or a divorce decree that allows someone else to claim the dependent(s)?
Ves	□ No	4.	is the dependent permanently and totally disabled?
			Based on the interview, how many individuals gualify as dependents for this return?
			COMMONLY USED INCOME AND EXPENSES
			se Publication 17, Your Federal Income Tax for Individuals and Publication 4012, Guide while discussing the questions below with the taxpayer.
Part IV.	Incom	e -	In 2006, did you receive:
Yes	□ No	1.	Wages or Salary (Include W-2s for all jobs worked during the year)
Yes.	No No		Disability income
Yes	No No	3.	Interest from: checking or savings account, bonds, dividends, CD, or brokerage account
Yes.	No.	4.	State tax refund (may be taxable if you itemized last year)
Yes	No.	5.	Alimony income
Yes	No No	6.	Tip income
Yes	D No	7.	Pension and/or IRA distribution
Yes	No.	8.	Unemployment
Yes	No No	9.	Social Security or Railroad Retirement
T Yes	No No	10.	Self Employment
Yes	No No	11.	Other Income such as gambling winnings, awards, prizes and Jury duty
Part V.	Adjustr	men	t – Did you have 2006 expenses for:
□ Yes	No No	1.	IRA or other retirement account
V Yes	No No	2.	Alimony payments paid (If yes, you must provide the name and SSN of the recipient)
Yes	🗆 No		Education related expenses
Part VI.	Itemize	ed D	eductions – Did you have 2006 expenses for:
Yes	No No	1.	Un-reimbursed medical expenses
Yes	No No	2.	
V Yes	🗆 No	3,	Charitable contributions
Part VII.	Credit	s -	In 2006, did you have:
	No No	1.	Child/dependent care expenses that allow you (and your spouse-if MFJ) to work
1 Yes	No No	2.	Educational expenses for you or your dependents
□ Yes	No.	3.	Retirement Savings Contribution
			ncome Tax Credit Determination – EITC Eligibility
□ Yes □ Yes		ed Ir	Come Tax credit beternination - Erc Englishity
□ Yes □ Yes			Was EITC previously disallowed (if yes taxpayer may not be eligible for EITC)

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	Wage and Tax Statement al Security Adminis		Soud this with		0(36		Print	a Act and Pep	d Rowman Dev erwent Raslact Laark of Depy Cat. No. 1000



PAVER'S rame DEALERS CHOICE CASINO	1 Gross winnings 5500	 Federal income tax withheid 1375 	CMII No. 1545-023	
Breet address	3 Type of waper	4 0.00 mon	2006	
7261 S VIRGINIA ST	POKER TOURNAMENT		Form W-2G	
City, state, and ZIP code RENO, NV 98566	\$ Transaction	# Race	Certain	
Federal identification number Telephone number 11-3XXXXXXX	7 Winnings from Mertikol wagers	8 Casher 7522	Gambling Winnings	
WIMER'S name PAUL A HARVARD	Wree's tapayer identification int. 210-XX-XXXX	10 Window 5	For Privacy Act and Paperwork Reduction Act Notice, see the 2006	
Street address (including apt. no.) 847 MARTY	11 Frei LD.	12 Second LD.	General Instructions for Forms 1099, 1098, 5498,	
City, state, and ZP code PHOENIX, AZ 85013	13 StatePaper's state identification no. 11-3XXXXXXX	14 State income tax withheld 0	and W-20. File with Form 1096.	
Under paralities of perjury, I declars that, is the best of ray knowledge and correctly identify me as the recipient of this payment and any payments from Signature >	a identical wagers, and that no other person is		Copy A For Internal Revenue Service Center	

FIRST MORTGAGE C 9800 WENGLER WAY YOUR CITY, STATE Z	OMPANY	* Castien: The amount shown may out the haly measurable by jour- lambs beaching on whether and and the cost and value of the secured property may apply. Also, you may only dicket inheme in the antost it was incorrect by you, exhaply parts by multime periors.	2006 rom 1098	Mortgag Intere Stateme		
RECIPIENT'S federal identification ne. 11-4XXXXXXX	PAYER'S social security number 210-XX-XXXX	1 Mortgage interest receive \$ 3045	Copy B For Payer			
PAYER'S/BORROWER'S name PAUL A HARVARD			Points paid on purchase of principal residence S			
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RECIPENT'S lederal identification no. BORROWER'S accuit security number 11-6XXXXXX 210-XX-XXXX		1 Student loan interest re \$ 700	Copy I For Borrowe		
BORROWER'S name PAUL A HARVARD Street address (including apt. no.) 847 MARTY City, state, and ZIP code PHOENIX, AZ 85013				This is important to information and is bein foundated to the Inform Revenue Service. If yo are required to the relative an explored penalty or other another may be imposed on you the RFS observices the on underperment of to	
		2 Box 1 includes loan capitalized Werest (if cl)	results toocause yo overstated a deductio for student loan interes		

PAYER'S name, street address SOUTHWEST FIDELITY 9910 OAK KNOLL YOUR CITY, STATE ZIP		1 Gross distribution § 4550 2a Taxable amount § 3350	s 4550 2a Taxable amount 2006		
PAYER'S federal identification	RECIPIENT'S identification	2b Tasable amount not determined 3 Capital gain (Included in box 2a)	Total distribution	income on you	
11-7XXXXXX	210-XX-XXXX	s _ O	s 385	federal ta return. If thi form show federal incom	
PAUL A HARVARD			6 Not unrealized appreciation in employme's securit	tax withheld i box 4, attac this copy t your return	
Street address (including apt. n 847 MARTY	×31	7 Distribution IRA cookers 1	8 Other S	This information being furnished to the intern	
City, state, and ZIP code PHOENIX, AZ 85013	A	Ra Your percentage of total Rb Total employee control distribution % S			
	Hist year of desig. Roth dontrio,	10 Bate tax withheld § 226 S	11 State/Payer's stab	e no, 12 State distributio \$	
Account number (see instructions	Ord,	5 13 Local tax withheid S	14 Name of locality	3 15 Local distributio \$	

Intermediate Scenario 1 Test Questions

Direction

Using your resource materials and interview notes, complete Form 1040 through line 64, complete Schedule A, and answer the following questions. You are a volunteer at site S21012222.

Note: To complete social security numbers and employer identification numbers, replace Xs with 286560 or with the EFIN provided by your instructor.

- 6.1 Paul's adjusted gross income on Line 37 of Form 1040 is:
 - a. \$38,353
 - b. \$44,003
 - c. \$44,703
 - d. \$45,203
- 6.2 What amount is on line 1 of Schedule A in the Medical and Dental Expenses section? \$_____
- 6.3 What is Paul's tax expense on line 9 of Schedule A?
 - a. \$971
 - b. \$2,273
 - c. \$2,288
 - d. \$2,342
- 6.4 What amount is on line 14 of Schedule A in the Interest You Paid section? \$_____
- 6.5 The sum of Paul's gifts to charity, listed on line 18 of Schedule A, is:
 - a. \$560
 - b. \$630
 - c. \$640
 - d. \$1,780
- 6.6 What amount is on line 23 of Schedule A in the Job Expenses and Certain Miscellaneous Deductions section? \$_____

- 6.7 Paul's other miscellaneous deductions on line 27 of Schedule A, are:
 - a. \$0
 - b. \$5,500
 - c. \$5,930
 - d. \$7,215
- **6.8** You explain to Paul that, even though he had taxes withheld when he cashed out his 401K, he still owes an additional tax. What is the amount of additional tax imposed on the early withdrawal from qualified retirement plans on line 60 on Form 1040? \$_____
- 6.9 How much can Paul deduct as an adjustment to income for alimony paid on line 31a on Form 1040? \$_____
- 6.10 Publication 4012, Volunteer Resource Guide, provides examples of income items and the appropriate line on Form 1040. Provide the page number for that list. Page _____
- **6.11** What is the total federal income tax withholding reported on all of Paul's income reporting documents which would be on line 64 of Form 1040?
 - a. \$5,526
 - b. \$5,911
 - c. \$6,901
 - d. \$7,286

Taxpayer	George and Alberta completed Form 13614, Intake and Interview Sheet, and want to file together.
Taxpayer Documents	 Social security card for George C. Farmer Social security card for Alberta L. Farmer Form W-2 for Alberta Farmer Form 1099-INT Form 1099-DIV Form 1099-MISC Forms 1099-R Form SSA-1099 for George Farmer
Interview Notes	 George retired in 2004 and is receiving a pension and social security. George began doing consulting work on a gardening book in June 2006. This requires him to travel to public and private gardens. He received Form1099-MISC, which included all income from this business. George has written records for all of his business expenses: August 26, 2006, he purchased a truck used primarily for business travel (he has another car for personal use). He logged 5,300 miles on the truck including 5,100 miles for business use. Office expenses (paper, postage, envelopes, etc.) of \$216. Long distance phone calls \$94. Alberta works part-time at a nursing home as a cook. Because she doesn't have a retirement plan, she contributed \$1,000 in 2006 to a traditional IRA. Alberta took \$4,000 out of the IRA in 2006 so George could buy a truck to use for his gardening business.

Interview	•	They received \$244 interest on municipal bonds they own, but did
Notes (continued)		not get a statement from the city that issued the bonds. The city issuing the bonds was Your City.

- They have not itemized their deductions since their home was paid off four years ago and do not want to itemize this year.
- The Farmers remodeled their home this year and installed an energy efficient door. They have the manufacturer's certification that it qualifies for the energy credit. The total cost was \$1,000. (\$700 for the door and \$300 for the installation.)



Rev. August-2006				asury - Internal Revenue Ser I Interview Sheet		OM	3 # 1545-1964
You (and Spous Proof of Identity				35 - 53 - 53	providers' ider		
 Copies of ALL W Social Security (Identification Nur Individuals to be 	SSN) or Indivis mber (ITIN) for	dual Tax rail		andlor sav Estimated	' banking infon ings deposit si tax payments f other income	ip) for refund made, etc.	
Part I: Taxpayer	Informatio	n				15	
1. Your First Name GEORGE	D	M.I. C	Last Na FARME			2. SSN or 2 2 0 -)	ITIN (X-XXXX
3. Date of Birth (m 03 / 17 /		4. Job Title RETIRED					
5. Spouse's First MALBERTA	Name	M.I. L	Last Na FARME			6. SSN or 2 2 1 -)	ITIN (X-XXXX
7. Date of Birth (m 11 / 22 /		8. Job Title COOK					
9. Address 1551 BALTIC		6.4	Apt #	City YOUR CITY			Zip Code YOUR ZIP
10. Phone Number YOUR PHONE NU		Even	ing		Cell		
11. Are you a U.S.	Citizen? V	res 🗆 No	12.1	s your Spouse a U.S. Ci	tizen? 🔽 Ye	s □ No	
				ur spouse as a depende the home? 🗹 Yes 🛛	ent on their tax	return?	Yes 🗹 No
15. Check if Legally							
	31st 2006:		1.1.1.1.2.2.4	anpayer Spouse parated Divorced			
 On December 3 Were you: 3 a. If married, we 			use at a	nyume during the last 6	months of the	year? 🕑 Y	es 🗆 No
Were you: S a. If married, we 18. Was your spour	ere you living v se deceased?	with your spo If yes, provi	de the d	ate of death/	_/ (mm	dd/yyyy}	es □ No
Were you: S a. If married, we 18. Was your spour Part II. Family a	ere you living v se deceased? nd Depende	with your spo If yes, provi ent Inform	de the d ation -	ate of death/	_) (mm. r your spouse	dd/yyyy}	98 🗌 No
Were you: S a. If married, we 18. Was your spour Part II. Family an Print the name of even	ere you living v se deceased? nd Depende	with your spo If yes, provi ent Inform in your home	de the d ation - and outs	ate of death/	_/ (mm. r your spouse parted during th	dd/yyyy) e year.	1
Were you: S a. If married, we 18. Was your spour Part II. Family a	ere you living v se deceased? nd Depende	with your spo If yes, provi ent Inform	de the d ation - and outsi Social Numb	ate of death/	_/ (mm. r your spouse	dd/yyyy}	l la Tra clependari
Were you: S a. If married, we 18. Was your spour Part II. Family an Print the name of even Name	ere you living v se deceased? nd Depende	with your spo If yes, provi ent Inform in your home Date of Birth mm/dd/yoy	de the d ation - and outsi Social Numb	Bo not include you or Co not include you or do your home that you sup Security Relationship ison, daughter, etc.)	J (mm your spouse parted during the Norths person lead with you in 2006	dd/yyyy) dd/yyyy) a e yexar. Chuck if neadon of Canada of Mexico	l la lha dependen a full lime student (yes or no)
Were you: S a. If married, we 18. Was your spour Part II. Family an Print the name of even Name	ere you living v se deceased? nd Depende	with your spo If yes, provi ent Inform in your home Date of Birth mm/dd/yoy	de the d ation - and outsi Social Numb	Bo not include you or Co not include you or do your home that you sup Security Relationship ison, daughter, etc.)	J (mm your spouse parted during the Norths person lead with you in 2006	dd/yyyy) dd/yyyy) a e yexar. Chuck if neadon of Canada of Mexico	l la lha dependen a full lime student (yes or no)
Were you: S a. If married, we 18. Was your spour Part II. Family an Print the name of even Name	ere you living v se deceased? nd Depende	with your spo If yes, provi ent Inform in your home Date of Birth mm/dd/yoy	de the d ation - and outsi Social Numb	Bo not include you or Co not include you or do your home that you sup Security Relationship ison, daughter, etc.)	J (mm your spouse parted during the Norths person lead with you in 2006	dd/yyyy) dd/yyyy) a e yexar. Chuck if neadon of Canada of Mexico	l la lha dependen a full lime student (yes or no)
Were you: S a. If married, we 18. Was your spour Part II. Family an Print the name of even Name	ere you living v se deceased? nd Depende ryone who lived	with your spo If yes, provi ent Inform in your home Date of Birth mm/ddPyyy (b)	de the d and outs Social Numb	Bo not include you or Co not include you or do your home that you sup Security Relationship ison, daughter, etc.)	J (mm r your spouse paried during If Months person level spot 2006 00	dd/yyyy) ie year. Chuck if needer of Canado or Mexico 15 Form 1361 4	I Is the dependent a full time student (yes or no) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g

			anduct a thorough interview, please use the decision trees, interview tips and informational charts in 17 in addition to this intake sheet. This intake sheet does not constitute a complete interview.
Filing St	atus Det	ermi	ination – Use Publications 4012 and/or 17 to determine filing status.
	d on the w(er)	inter	view, the filing status of the taxpayer is: 🗌 Single 📓 MFJ 🗌 MFS* 🗌 HH 🔲 Qualifying
*Spouse	Name _		Social Security Number
Depende	ency Det	ermi	nation – Use Publications 4012 and/or 17 to determine dependency exemptions.
Yes	D No	2.	Did the taxpayer provide more than 50% of the support for the dependents claimed?
Yes	🗌 No	З.	Is there a signed Form 8332 or a divorce decree that allows someone else to claim the dependent(s)?
Yes	□ No	4,	is the dependent permanently and totally disabled?
		5.	Based on the interview, how many individuals qualify as dependents for this return?
			COMMONLY USED INCOME AND EXPENSES
			se Publication 17, Your Federal Income Tax for Individuals and Publication 4012, Guide while discussing the questions below with the taxpayer.
Part IV.	Incom	e -	In 2006, did you receive:
Yes	□ No	1.	Wages or Salary (Include W-2s for all jobs worked during the year)
□ Yes	No No		Disability income
Yes Yes	No No	3.	Interest from: checking or savings account, bonds, dividends, CD, or brokerage account
Yes	No.	4.	
Yes	No No		Alimony income
Yes	No No		Tip income
Yes	No No		Pension and/or IRA distribution
Yes			Unemployment
Yes	No No		Social Security or Railroad Retirement
Yes	No No		Self Employment Other Income such as gambling winnings, awards, prizes and Jury duty
			t - Did you have 2006 expenses for:
V Yes			IRA or other retirement account
	No No		Alimony payments paid (If yes, you must provide the name and SSN of the recipient)
	No No		Education related expenses
			Deductions - Did you have 2006 expenses for:
			Un-reimbursed medical expenses
Ves	No No	2.	
Yes	No No		Charitable contributions
Part VII.	Credit	5 -	In 2006, did you have:
Yes	No No	1.	Child/dependent care expenses that allow you (and your spouse-if MFJ) to work
Yes	No No		Educational expenses for you or your dependents
🗌 Yes	No No	3.	Retirement Savings Contribution
Part VIII	. Earne	ed Ir	ncome Tax Credit Determination – EITC Eligibility
Ves	No No		Was EITC previously disallowed (if yes taxpayer may not be eligible for EITC) Based on the interview, is the taxpayer gualified for EITC?

e Geminumer	55555	Vett 🗖	Per Official L DMR No. 15		2		
b) Employee united function runni 13-1XXXXXXX	56 JUL 8				ejes fas, inter companisation 880	3 Paintini Hopere 192	s San with Nobel
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YOUR CITY, STATE	ZIP			3.5	and bacardy task	a Association	
d Contopers poster security of Z21 XX XXX				. N . Ar	provce EX3 footunery	Ad - Dependent Ce	a besidip.
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15 Jan Engloyers and Ci YS 13-1XXXXXX		9600 9600	17 State of 00	ist ano	18 Later Augen Iger, arc.	19 Lucal-tranté feu	89 Joshy ner
wage a	ent	· Marina and a state of the sta		106		et the Texas ey-Atland In Private Act and Pape Act factors, ser	

PAREND NAME, STREE AND MALE OF A STREET AND AND A STREET AND A STREET A CIRCLE YOUR CITY, STATE ZIP	S	20 06	Interest Income
PAYOTS Foxes destination series 220-XX-XXXX 220-XX-XXXX	3 765	1.2	Copy I For Recipier
GEORGE C FARMER	2 Early sublime a person 15 75	Bandh and Treas, ob	This is breakfurth to
1551 BALTIC	d federal locator for without	s traiteri upeta	required to the a return a reighgence periody of
VOUR CITY, STATE ZIP	"E Persipt tex paid	7 Foreign sourcey or I proheetich	insposed on you if the income is takable and
Accust naturation (1005)	\$		the PS determines the It has not been

PAYER'S name, street address, city, state, 2P code, and telephone no. INTERNATIONAL VALUE FUNDS 623 ARBOR HILL YOUR CITY, STATE ZIP		ta Total erdinary dividende § 330 16 Qualified dividends \$ 200	2006 Form 1099-DIV	Dividends and Distribution
		2a Total sapital gain distr. § 100	29 Umecap. Soc. 1250	For Recipier
PAYER'S federal identification mamber	RECIPIENT'S identification member		200	
13-3XXXXXX	220-XX-XXXX			
RECIPIENT'S name		2e Section 1202 gain	2d Collectibles (28%)	gain This is importan
GEORGE C FARMER		\$	\$	tax informatio
OCONDE OT ANMEN		 Nondividend distributions 	4 Federal insome tas with S	furnished to th
Street address (including spt. no.)		\$	5 Investment expense	Internal Revenu
1551 BALTIC			12	are required t
Oty, state, and ZIP code		6 Foreign tax paid	 Foreign country or U.S. pote 	file a return, neoficienc
YOUR CITY, STATE Z	P	\$		penalty or othe
Account number (see instructions)		8 Cash liquidation distributions	9 Noncash liquidation distributions	imposed on yo if this income
		\$	\$	taxable and th
				IRS determine that it has no been reported

PWYER'S name, sheet address,	ity, state, ZIP code, and telephone no.	1 Pents	OMB No. 1545-0115			
RTK ENTERPRISES		¢.	0000	Miscellaneous		
8009 CENTER YOUR CITY, STATE ZI	P	\$ 2006				
		s	Form 1099-MISC			
		3 Other Income	4 Federal lacame tas withheir	Copy I		
		\$	\$	For Recipier		
PAVER'S federal identification PECIPIENT'S identification mamber		6 Fishing boat proceeds	 Wedical and health care payment 	2		
13-4XXXXXX	220-XX-XXXX	s	S	1		
GEORGE C FARMER		7 Newsployee compensati \$4200		This is important tax information and is being furnished to the Internal Revenue Service. If you are		
Street address (including spt. no 1551 BALTIC		9 Paper mails direct tales o \$6,000 or more of centa products to a bayer (raciptent) for relate		eda required to the return, a negligen panalty or off sanction may		
Oty, state, and ZIP code YOUR CITY, STATE	ZIP	11	12	imposed on you this income taxable and the IR		
Account number (see instructions)		13 Excess goden paracht payments.	Ate 14 Gross proceeds paid to an attorney	determines that has not been reported		
	100.0	5	S	1.		
15a Section 409A defensie	15b Section 409A income	16 State tax withheid S	17 State/Payer's state no.	18 State income \$		
S	s	5		15		

TERS, MORGAN & R WINDY WAY	679 A	1 Gross distribution § 4000	2006	Distributions From Pensions, Annuities Retirement of
R CITY, STATE ZIP		2a Taxable amount § 4000	Profit-Sharin Plans, IRAs Insuranc Contracts, etc	
		2b Taxable amount not determined	C Total distribution	Copy Report th
PAVER'S federal identification number 13-5XXXXXXX 221-XX-XXXX		3 Capital gain (include in box 2a)	d 4 Federal income ta withheld	
		1500	\$ 800	form show
IENT'S name BERTA L FARMER	sk	 Employee contribution or insurance premum designated Roth basin S 	sutante premiums' appreciation in	
address (including apt. no.) i1 BALTIC	1312	7 Distribution FA rodest 1	a ohur S	This information being furnished to the Intern
UR CITY, STATE ZIP		Ga Your percentage of tob distribution 9	si 9b Total employee contaba % \$	
	fet yeer of desig. Flath contribu	10 State tax withheid \$ 250	11 State/Payer's stat 13-5XXXXXXX	
d number (see instructions)	000	\$ 13 Local tax withheld	14 Name of locality	\$ 15 Local distribution
	V	\$		\$

PAYER'S name, street address SIMPSON & SONS MAN 7261 EMERALD DRIVE YOUR CITY, STATE ZIP	UFACTURING	1 Gross distribution § 21960 2a Taxable amount § 21960	- 2006 Form 1099-R	Distributions From Pensions, Annuities Retirement of Profit-Sharin Plans, IRA: Insuranc Contracts, etc
PAYER'S federal identification number 13-6XXXXXX	RECIPIENT'S identification number 220-XX-XXXX	2b Taxable amount not determined 3 Capital gain (includ in box 2a)	withheid	Copy Report th income on you federal ta return. If thi form show
RECIPIENT'S name GEORGE C FARMER	¢k.	S S Employee contribute or insurance premier designated Roth bas S	me/ appreciation in	federal incom tax withheld in box 4, attac
Street address (including apl. no.) 1551 BALTIC City, state, and ZIP code YOUR CITY, STATE ZIP		7 Distribution IR codets 7 Ba Your percentage of to distribution	S S	95 This information i being furmished to the interna Revenue Service
	Hist year of desig. Rath oprime	10 State tax withheld § 876 S	11 State Payer's sta 13-6XXXXXX	
Account number (see instructions	ON.	13 Local tax withheld \$	14 Name of locality	15 Local distributio

Bos 1. Name GEORGE C FARMER			BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. ORMATION. Box 7. Beneficiary's Social Security Number 220-00-XXXX		
Box 3. Benefits Paid in 2008 10800	Bax 4. Denetits Repetd to S	5A in 2006	Box 5. Net Berefits for 2005 (Box 3 minus Box 4) 10800		
Benefits paid by o \$9,138 MEDICARE PRE DEDUCTED \$1,0 Voluntary Federa Withholding \$600	MIUMS 62 I Income Tax	A second at	DESCRIPTION OF AMOUNT IN BOX 4		
TOTAL \$10,800		Box 5. Voluntary Federal Income Tax Withholding 600 Box 7. Address 1551 BALTIC YOUR CITY, STATE ZIP			
		Box 8. C	laim Number stee the number if you need to contact 65%.		

Intermediate Scenario 2 Test Questions

Directions

Use the information provided to answer the following questions. You are a volunteer at site S22052222.

Note: To complete social security numbers and employer identification numbers, replace Xs with 286560 or with the EFIN provided by your instructor.

- 7.1 The taxable interest income on line 8a of Form 1040 is:
 - a. \$0
 - b. \$244
 - c. \$765
 - d. \$934
- **7.2** The taxable portion of social security benefits on line 20b of Form 1040 is \$_____.
- **7.3** How should the early withdrawal penalty on Form 1099 INT be reported on the Farmers' return?
 - a. It is not deductible on this year's return
 - b. Interest income should be reduced by the penalty
 - c. It can only be deducted if they itemize their deductions
 - d. It can be deducted as an adjustment to income
- **7.4** The amount of George's gross receipts as reported on line 1 of Schedule C-EZ, Net Profit from Business, is \$_____.
- **7.5** How much are George's total business expenses on line 2 of Schedule C-EZ?
 - a. \$2,369
 - b. \$2,486
 - c. \$2,580
 - d. \$2,669
- 7.6 If George reported \$1,620 as the net profit on line 3 of part II of Schedule C-EZ, what would the adjustment to gross income on line 27 on Form 1040 be? \$_____

- **7.7** Assume that the taxable amount of George's pension was not shown on his Form 1099-R and that there was an entry of \$25,000 in box 5 of that form. Alberta is the beneficiary of George's pension. In order to determine the taxable portion of his pension, what would be the entry on line 3 of the Simplified Method Worksheet?
 - a. 260
 - b. 310
 - c. 360
 - d. 410
- **7.8** If the taxpayer received a state tax refund in 2006 for the 2005 tax year, and the taxpayers did not itemize deductions for 2005, must they report the state tax refund as taxable refunds on line 10 of their 2006 Form 1040?
 - a. Yes
 - b. No
- **7.9** How much is the residential energy credit that the Farmers report on line 52 of Form 1040? \$_____

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Advanced Scenario 1: Jenna E. Duboise

Taxpayer	Jenna completed Form 13614, Intake and Interview Sheet, and wants to file her tax return. Her husband, Jason, died in 2005. Jenna has not remarried. She has one daughter, Amanda.
Taxpayer Documents	 Social security card for Jenna E. Duboise Social security card for Amanda S. Duboise Form W-2 for Jenna Duboise Form 1099-R from Southeast ISD Form 1099-B from National Equity Form 1099-B from Lincoln Investments
Interview Notes	 In February 2006, Jenna started receiving survivors benefit payments from her husband's retirement plan (see Form 1099-R). Jason had not retired. He died while he was still working. Jenna had to sell some of her stock to cover her bills. She brought the broker's statements with her. Both stocks were held as her separate property and neither stock had reinvested dividends. Stock Information: ABC stock Purchased 300 shares on 01/07/2006 Cost \$2,100 Sold 300 shares on 05/15/2006 Sale price: \$1,820 (see Form 1099-B) Broker's fee on sale was \$25 XYZ stock Purchased 100 shares on 06/01/2003 Cost of 100 shares was \$2,500 Sold 60 shares XYZ stock on 10/12/2006 Sale price: \$8,000 net commission

Interview • Jenna and her husband have never itemized deductions.

Notes

Amanda lived with Jenna all year.

(continued)

• Jenna made four estimated tax payments in the amount of \$475 each for 2006.



Rev. August-2006	Intake and Interview Sheet					OME	3 # 1545-1964
You (and Spous	se) will nee	d:					
 Proof of identity 				 Child care ; 	oroviders' iden	tilication riun	nber
Copies of ALL W	-2 1098, 1099) forms			banking inform		
 Social Security (Identification Nur individuals to be 	mber (ITIN) fo	rañ		Estimated t	ngs deposit sli lax payments i f other income		deposits
Part I: Taxpayer	Informatio	n					
1. Your First Name	Contraction of the Article States and	M.I. E	Last Name DUBOISE			2. SSN or	ITIN (X-XXXX
3. Date of Birth (m	im/dd/yyyy)	4. Job Title				310-7	
12 / 11 /		DAY CARE V	and the second se			6. SSN or	ITIN
5. Spouse's First N JASON	vanie	R.I.	Last Name DUBOISE			- CO - T - T - C - S - S	(X - X X X X
7. Date of Birth (m 03 / 17 /		8. Job Title DECEASED					
9. Address 388 NASH	1900	DECERSED	Apt # City	UR CITY			Zip Code YOUR ZIP
10. Phone Numbers YOUR PHONE NU		Eveni			Cell	1.9	100H2H
11. Are you a U.S.	Citizen?	Yes 🗆 No	12. Is you	r Spouse a U.S. Ci	izen? 🗹 Ye	s 🗆 No	
13. Can your paren					100	return? 🗌	Yes 🗹 No
14. Did you pay mor	re than half th	e cost of keep		ome? 🗹 Yes 🗆	No		
15. Check if Legally	y Blind: 🗌 1	'axpayer 🗌	Spouse				
15. Check if Legally 16. Check if Perma				ayer 🗌 Spouse			
 Check If Perma On December 3 Were you: S 5 	nently and To 31st 2006: Single 🔲 Le	tally Disabled	t 🗆 Texpa	aver Spouse sted Divorced te during the last 6	months of the	year? 🗌 Ye	98 🗌 No
 Check If Perma On December 3 Were you: S S 	nently and To 31st 2006: Single 🔲 Le are you living v	tally Disabled gally Married with your spor	t 🗌 Taxpa 🗌 Separa use at anytin	ted Divorced			es 🗌 No
 Check If Permaintender 16. Check If Permaintender 17. On December 3 Were you: IC Second 18. If married, we 18. Was your spouse 	nently and To 31st 2006: Single Le are you living v se deceased?	tally Disabled egally Married with your spor	t 🗌 Taxpa Separa use at anytim de the date o	nted Divorced are during the last 6 of death. <u>11 / 23</u>	<u>/ 2005</u> (mm)	dd/yyyy}	98 🗌 No
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			induct a thorough interview, please use the decision trees, interview tips and informational charts in 17 in addition to this intake sheet. This intake sheet does not constitute a complete interview.
Filing S	tatus Det	ermi	nation – Use Publications 4012 and/or 17 to determine filing status.
	ed on the ow(er)	interv	view, the filing status of the taxpayer is: Single MFJ MFS* HH Oualifying
*Spouse	Name		Social Security Number
Depend	ency Det	ermi	nation – Use Publications 4012 and/or 17 to determine dependency exemptions.
T Yes	T No	2	Did the taxpayer provide more than 50% of the support for the dependents claimed?
Yes	□ No		Is there a signed Form 8332 or a divorce decree that allows someone else to claim the dependent(s)?
□ Yes	□ No	4	is the dependent permanently and totally disabled?
		5.	Based on the interview, how many individuals gualify as dependents for this return?
			COMMONLY USED INCOME AND EXPENSES
			se Publication 17, Your Federal Income Tax for Individuals and Publication 4012, Guide while discussing the questions below with the taxpayer.
			In 2006, did you receive:
7.11.11		-	
Yes Yes	No No		Wages or Salary (Include W-2s for all jobs worked during the year)
Yes	No No		Disability income
U Yes	No No		Interest from: checking or savings account, bonds, dividends, CD, or brokerage account
Yes Yes	No No	4.	
1 Yes	No No		Alimony income
Yes	No No		Tip income
Yes	No No		Pension and/or IRA distribution
1 Yes	No No		Unemployment
Yes	No No		Social Security or Railroad Retirement
Yes			Self Employment
1 Yes		_	Other Income such as gambling winnings, awards, prizes and Jury duty
Part V.	Adjust	men	t – Did you have 2006 expenses for:
Yes			IRA or other retirement account
Yes	No No		Alimony payments paid (If yes, you must provide the name and SSN of the recipient)
Yes	No No	З.	Education related expenses
Part VI.	Itemize	ed D	eductions – Did you have 2006 expenses for:
Yes			Un-reimbursed medical expenses
□ Yes	No No		Home mortgage payments (interest and taxes – see Form 1098)
□ Yes	No No	3.	Charitable contributions
Part VII	Credit	s -	In 2006, did you have:
Yes	No No	1.	
Per Long	No No	2.	Educational expenses for you or your dependents
Yes	No.	З.	Retirement Savings Contribution
			ncome Tax Credit Determination – EITC Eligibility
□ Yes □ Yes	I. Earne	air	• •
□ Yes □ Yes	I. Earne		Was EITC previously disallowed (if yes taxpayer may not be eligible for EITC)

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		2b Taxable amount not determined	C. Total distribution	Copy
PAYER'S tederal identification number 20-2XXXXXX	RECIPENT'S identification number 310-XX-XXXX	3 Capital gain (includer in box 2a)	The second	Report thi ax income on you federal ta return. If thi form show federal income
JENNA E DUBOISE		5 Employee contribution or insurance premium designated Roth basis 5	s/ appreciation in	tax withheld in box 4, attac
Street address (including apt. n 388 NASH	r31,	7 Distribution FAU code(s) SIR 4	8.0m	This information i being turnished to
City, state, and ZIP code YOUR CITY, STATE ZI		Pa Your percentage of total distribution %		
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Advanced Scenario 1 Test Questions

Directions

Use the information provided to answer the following questions. You are a volunteer at site S31053333.

Note: To complete social security numbers and employer identification numbers, replace Xs with 286560 or with the EFIN provided by your instructor.

- 8.1 What filing status will result in the best tax benefits for Jenna?
 - a. Single
 - b. Married Filing Jointly
 - c. Married Filing Separately
 - d. Head of Household
 - e. Qualifying Widow(er) with dependent child
- 8.2 What is the short-term capital gain or loss from line 7 of Schedule D?
 - a. \$280 loss
 - b. \$305 loss
 - c. \$0
 - d. \$6,195 gain
- 8.3 What is the long-term capital gain or loss from line 15 of Schedule D?\$_____
- 8.4 Refer to the Simplified Method worksheet to determine the taxable amount of Jenna's survivor's annuity, reported on line 16b of Form 1040.
 \$_____
- **8.5** Choose the date(s) of birth used to compute the taxable amount of the pension income.
 - a. 03/17/1955
 - b. 12/11/1959
 - c. both 3/17/1955 and 12/11/1959
- 8.6 What are the total payments on line 72 of Jenna's Form 1040? \$_____

Advanced Scenario	2:	Ralph	Drake
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Taxpayer	Ralph Drake completed Form 13614, Intake and Interview Sheet.
Taxpayer Documents	 Social security card for Ralph E. Drake Social security card for Sean K. Drake
	 Social security card for Jackson T. Drake
	 Form W-2 for Ralph Drake
	 Form 1098-T from State University
	 Form 1099-MISC from James Haskins, PA
	Form 1099-INT from Professional Bank
Interview	Ralph Drake is 66 years old, divorced with two sons.
Notes	 Ralph's two sons, Sean and Jackson, lived with him all year. Neither of the boys worked during the year. The boys did not receive any taxable income.
	 Sean, 20 years old, is a sophomore at State University. He did not receive any scholarships. He is an eligible student for the Hope Credit.
	 Ralph took out a \$6,000 education loan and paid \$578 interest on the student loan.
	 Jackson, 16 years old, is in high school. Ralph has sole custody of Jackson.
	 Ralph is supposed to pay his ex-wife, Alyson Drake (323-XX- XXXX), \$350 per month in court-ordered alimony. He only paid it from January through August 2006.
	 On 7/30/2006, Ralph sold an unimproved lot that he inherited from his father.
	 Sale price of lot: \$5,000.
	 Expense of sale: Realtor fee of \$300
	 His father purchased the lot for \$500 on July 1, 1995.
	 Fair market value (FMV) of the lot at date of his father's death on 03/29/2001 was \$1,000
	 Ralph has Form W-2 from Engineering Systems where he worked part of the year.

Interview Notes	 In June 2006, after he quit his job, he started a small business in systems engineering.
	 His 2006 earnings from the new business were \$4,200, which includes the \$3,000 shown on Form 1099-MISC.
	 Expenses for the systems engineering business: \$319 - office supplies and postage \$480 - business phone charges \$200 - printing expenses \$1000 - legal fees \$200 - professional fees Car business expenses starting June 12, 2006: Total miles on the car are 18,500, as this is his only car. Business miles are 3,800. He has written documentation to support the business miles deduction.
	 He decided to delay applying for social security and Medicare B benefits because he is working on a new career.
	 Ralph has not itemized his deductions in previous years and does not have enough expenses to itemize deductions this year.



You (and Spouse) will i	need:						
 Proof of identity 				 Child care ; 	oroviders' iden	tilication nurr	iber
 Copies of ALL W-2 1098, 1 	1099 forma	8			banking infor		
 Social Security (SSN) or In Identification Number (17th Individuals to be listed on t 	V) for all	ax		Estimated t	ngs deposit sl lax payments i f other income	made, etc.	deposits
Part I: Taxpayer Informa	ation	- 23				3	
1. Your First Name RALPH	11 Carter Constant Co						
3. Date of Birth (mm/dd/yyyy 05 / 16 / 1940			NGINEER			1.5.7.5	X - X X X X
5. Spouse's First Name							
7. Date of Birth (mm/dd/yyy)	7. Date of Birth (mm/dd/yyyy) 8. Job Title					·	
9. Address 205 CANYON DRIVE			Apt # City YOUR	CITY			Zip Code YOUR ZIP CO
10. Phone Numbers: Daytime YOUR PHONE NUMBER	8	Evenin	19		Cell		
11. Are you a U.S. Citizen?	Yes	No No	12. Is your S	pouse a U.S. Ci	tizen? 🗌 Ye	s 🗌 No	
14. Did you pay more than ha 15. Check if Legally Blind:] Taxpay	er 🗆	Spouse] No		
16. Check if Permanently and	d Totally D	isabled	П Тахрауел	D Spouse			
 On December 31st 2006: Were you: Single a. If married, were you live 	Legally M				months of the	year? 🗌 Ye	8 🗆 No
18. Was your spouse deceas	ed? If yes	, provid	le the date of de	aath. /) (mm/	dd/yyyy)	
To. Waa your apoulae ueooaa	endent lr	form	ation - Do not	include you or	your spouse		
	nvea in you				Months person	Check if resident	a full time student
Part II. Family and Depe Print the name of everyone who in Name	Date	i of Birth Idathyyyy	Number or ITIN	(son, daughter, etc.)	lived with you in 2006	of Canada or Mexico	(yes or no)
Part II. Family and Depe Print the name of everyone who in Name (a)	Dan mm	(b) (b)	Number or ITIN	(acri, daughter, etc.) (d)	2996 (#)		(12)
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			anduct a thorough interview, please use the decision trees, interview tips and informational charts in 17 In addition to this intake sheet. This intake sheet does not constitute a complete interview.
Filing St	atus Det	ermi	ination – Use Publications 4012 and/or 17 to determine filing status.
	d on the w(er)	inter	view, the filing status of the taxpayer is: Single MFJ MFS* HH Qualifying
*Spouse	Name _		Social Security Number
Depende	ency Det	ermi	ination – Use Publications 4012 and/or 17 to determine dependency exemptions.
T Yes	D No	2.	Did the taxpayer provide more than 50% of the support for the dependents claimed?
Ves Yes	No No		Is there a signed Form 8332 or a divorce decree that allows someone else to claim the dependent(s)?
Yes	No No	4,	is the dependent permanently and totally disabled?
		5.	Based on the interview, how many individuals qualify as dependents for this return?
			COMMONLY USED INCOME AND EXPENSES
			se Publication 17, Your Federal Income Tax for Individuals and Publication 4012, Guide while discussing the questions below with the taxpayer.
Part IV.	Incom	e -	In 2006, did you receive:
Yes	□ No	1.	Wages or Salary (Include W-2s for all jobs worked during the year)
Yes	No No		Disability income
Yes	No No	З.	Interest from: checking or savings account, bonds, dividends, CD, or brokerage account
Yes	No.	4.	State tax refund (may be taxable if you itemized last year)
Yes	No No	5.	Alimony income
Yes	No No	6.	Tip income
Yes	No No		Pension and/or IRA distribution
2 Yes	No.		Unemployment
Yes	No No		Social Security or Railroad Retirement
Yes	No No		Self Employment
1 Yes	No No		Other Income such as gambling winnings, awards, prizes and Jury duty
Part V.	Adjust	men	t – Did you have 2006 expenses for:
Yes	□ No		IRA or other retirement account
Yes Yes	No No		Alimony payments paid (If yes, you must provide the name and SSN of the recipient)
Yes	🗆 No	3.	Education related expenses
	Itemize	ed D	Deductions – Did you have 2006 expenses for:
Yes	No No	1.	Un-reimbursed medical expenses
Yes	No No	2.	그 같은 것이 잘 했다. 사람이 같은 것은 것은 것은 것은 것은 것은 것은 것이 가지 않는 것은 것이 가지 않는 것 같은 것이 같이 가지 않는 것 같은 것이 같이 않는 것 같이 없다.
Ves.	No No	З,	Charitable contributions
Part VII.	Credit	s -	In 2006, did you have:
Yes	No No	1.	Child/dependent care expenses that allow you (and your spouse-if MFJ) to work
Yes	No No	2.	그 날았는 것 같은 것 같
Yes	🗆 No	3.	Retirement Savings Contribution
	. Earne	ed Ir	ncome Tax Credit Determination – EITC Eligibility
Part VIII			Was EITC previously disallowed (if yes taxpayer may not be eligible for EITC)

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Street address (inclusing opt way 205 CANYON DR)`	A Sucharad according Tax with the let	E hosefrard occaria	required to Ne a return a negligence penalty
VOUR CITY, STATE ZIP	EIU	Waterque tax pand	I Foreign caunty on C porticition	impresed on you if it income is basedoe st
Account number (see Histocount	021	-s		The IRS determined the it has not be imposed.

1040	U.S. Individual Income Tax	the second second second second second second	108.000	the second s	20 1		MB No. 1045-0074	_
Label	. Your first name and initial	Last methe	-	·			ocial passelly marel	ber.
See 4	RALPHE	DRAKE		- 0		320	XX XX	XX
ori page 16)	If a joint return, spound's first name and, and	u Bilan		A		Spice	e's social security o	unite
Use the IRS L label.	More address therefor and strong Plycolfs	ave a P.D. box, net page	18/100				ou must enter	
Otherwise, Manager	205 CANYON DRIVE	·	1.	10		Δ,	our SSMsI above	
or type.	Giv, town or post office, shake west 24P and	Se if you have a howing a	the second	a page 18			ng a box below will	
Presidential	VOUR CITY, STATE ZIP	Marriel To Selling and an and		the state in the second		110124	Your tax or refund	
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Check unly	3 D Maniell filing separately. Ertie a	AND COMPANY AND COMPANY	1	the child s cars		0.000	12-112-12	
one box.	and full name hare. >			and the Property		depart	there while the page	# 17)
Exemptions	6a V Yourself. If sometria can chan b Soouse	m you as a chapendent,	do not	check buy lia	1. 10. 1	3.7	on 5s and 5b	-
	a Dependents:	12) Department	Access to the	(2) Dependents relationship in	NEW IT HAN	Reg .	en fis when # lived with you	2
	HEPR Sine unit more	anni (weirty vo	19107	101	CHET 198 OF		· did not live with	
0 more than hour	SEAN K DRAKE JACKSON T DRAKE	321 XX X 322 XX X		BON		_	or separation	
dependents, see page 19.	JACKSON T DRAKE	J22 AA A		SON			(and page 20) Dependents on 6:	_
Diađa 19							Add marritury and	
	d Total number of exemptions claim	ed in a series	2404	1047614		the second	tites above P	
Income	7 Wages, salartes, tips, etc. Attach f	A REPORT OF A R	14.4	E. S. S. S.	+ 6.4	7	21900	
경험감독소등	Be Taxable interest. Attach Schedule	Volte an item	1 86	ana ranan	1.1	-tia	204	
Attach Fermisi W-2 here, Also	b Tax-exempt interest. Do not inclu 9a. Ordinary dividendik. Attach Scheck	State and the state of the state of the		Anternet arts	a di Carr	a.		
attach Forma W-20 and	b Qualified dividends (see page 23)		1.10		1	1333		
1099-R If tax	10 Taxable refunds, creatita, or offsets	a of state and local inc	orne fate	in fame page 2	11 - 12	10		
was withheld.	and a final of the second s	1.0.0.0.0.0	0224	5,2721,21	1.2.1.	11 12	310	-
	12 Business income or ikee), Attach 15 Capital gain or (loss), Attach Sche	I CAN BE AN AN AN AN AN AN AN		d chark have	 n 	13	4000	
It you clid not	14 Other gains or Jossesi. Attach For	COLUMN AND A COUNTRY OF A		EA, UNIVER, INDIA		14		
get & W-2, see cape 22.	16a IRA detributere		6 Teach	te anount dies ;	nigni 25)	tth		
Charles Street	16a Pensions and annuities 18a	Contraction of the local division of the loc		le amount (see)		160		-
Einclose, but de - not attach, any	 Hental real estate, royaltee, partner Farm income or linest. Attach Sch 	and the second	trusta, al	to Attach Sch	ectule E	17		-
payment, Also. please use	19 Unemployment compensation				1.51	19		
Form 1040-V.	259 Social secondly banaffis . 209			is anourt beet;	00093 27)	266		
	21 Other income. List type and amou 22 Add the amounts in the far right con	nt (sau page 29)	The Tries		Annual Annual	21	36494	-
	23 Archer USA deduction Attach For	A CONTRACT OF A	23	S 7000 YOUR AN	COme P	24	30404	
Adjusted	24 Certain business expenses of reserved		1					
Gross	fee-table government officials. Attack		24		_			
Income	25 Health anyings account deduction		25		-	1		
	 Moving expenses. Attach Form 09 One-half of self-employment tax. A 		25					
	THE COMPANY STREET STREET		28					
	28 Self-employed SEP, SIMPLE, and		-29					
	28 Self-employed SEP, SMPLE, and 29 Self-employed health insurance de	eduction (see page 30)				8		
	 Sef-employed health insurance de Penalty on early withdrawal of ser 	ingx	30		900			
	 Sef-employed health imaginore de Penaity on early withdrawal of service Alwony paid Facilitient's SSN 	323 XX XXXX	31#	2	800			
	 Sef-employed health insurance di Penalty on early withdrawal of say 31a Almony paid ib Receiver's SSN - 32 IRA deduction (see page 31) 	323 : XX - XXXX	and the second second	2	800			
	 Sef-employed health imaginore de Penaity on early withdrawal of service Alwony paid Facilitient's SSN 	102	31a 32	21	800			
	 Sef-employed health insurance di Penalty on early withdrawal of say 31a Almony paid & Receiver's SSN + 32 IRA deduction (see page 31) 33 Student loan interest deduction (see 	Vigs 323 : XX XXXX re page 33 reform those Allack Form 5002	31a 32 33 34	2	800	36	2900	

Tax	38	Amount from line 37 (adjusted gross moone	2	- 11				38	33694
and Credits	39e	Check / P You were horn before January 1 D Spouse was born before January	2, 1942, ary 2, 1947,		ret To	ecked 🏲 39a	۱	Ĩ	
Standard Deduction	LUCCI	If your appression therefores are as separates reflects on yous way							
for-	40	Itemized deductions (Yom Schedule A) or					1.44	40	26144
· People who	41	Bubtract line 40 from line 30	tore -	1015	a c 10	and courses	37.1	.41	20194
checked any box on line	42	# into 38 is mor \$112,876, or you provided he see page 37, Otherweet, mattply \$3,300 by P						42	9900
B9a or 39th or who sen be	45	Taxable income, Biblyard ine 42 hum ine	Contraction of the second	20.1100	COLUMN THE REAL OF			43	16244
s as barrielo	44	Tax ties page 37. Deca it any tie a form a					-16	44	1496
one page 36	41	Alternative minimum tax (see page 20). Art						45	
· Al others	46	Additives 44 and 45			ACR			40	
Single or	47	Foreign tax credit, Attach Form 1118 If recou			47		-		
Married filling	48	Quell for child and dependent date expenses.			-40				
§11,100	49	Credit for the iddenty in the disabled. Attach	Schedule R	le: 1	49	1496	-		
Married tiling	50		1.1.4		51	1400			
Qualitying	51	Relevant and survivas conditions could, Attac Residential energy area to Attach Form 508	111 A.M. MINO200		82				
B13,300	52 53	Child fee gradit (see gage 30), Attach Form			53			16	
Head of	54	Ondisi from a C Form 3297 b C Form 3521			64			10	
household. 67,550	56	Other cradits: # C Farm 3806 h C Farm 880	t e 🗔 Form.		.55			38	
STANCE 2	00	Add lines 47 through 56. These are your tot				TOTO TO THE	1177-1	56	1496
	51	Subtract line 56 From line 46. If line 56 is ov	one than line	48, 40	Wr -0- ,			57	0
Other	58	Bolt-employment tax, Attach Schedule SE			4 k	A	-	58	
axes	-	Bocar secarity and Medicare tax set by income					1.4.5	59 00	
	e0 01	60 Additional tax on IRAs, other qualified retrienent plans, etc. Attach Form \$329 if required .							
	62							61 62	
	63	Add lines 57 through 62. This is your total t						63	a
Payments	64	Featural income tax withheld from Forms W-	d and 1000		64	4710	11		
	66	2000 estimated tax payments and amount apple			65		-	24 C	
If you take a clustifying	688	Earned arcome credit (EKC)		y	664				
othis, attauts	b	teorita-ablo combat pay election 🕨 🔤		1	67				
Schedule BC	47 66	Excess social security and fee 1 PPITA tax with Additional aibild tax credit, Attach Farm 881.	Contraction of the set	16-240	60		-		
	00	Amount pskl with request for extension to	CALL-ADDRESS		60				
	70	Payments born: a C Fors 340 b C Fors 415			70				
	71	Dradit for factorial telephone worse fan pold. Attach F			21			1000	0.0830
	72	Add lines 64, 65, 68a, and 67 Writigh 71. 7	heme sere you	at Noted	paymen	de l'anna anna an	•	72	4710
Refund	79	If live 72 is more than live 65, subbact live 6				COLUMN AND DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTIONO		73	4710
Direct deposit? See page 19		Amount of line 75 you want refunded to yo	the state of the s		11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	and the second second second	111	34a	4710
ind 11 in T4b.	-01-10	Routing number	1.1	e ly	e 1.1 Di	ucting 🛄 Denn	49		
T4c, and 74d. or Form 9888.	76	Account number Account applied to your 2007	en line et al.	1	1 75		-		
Amount	76	Amount you owe. Subtract the 72 from time	a beginning the second s		to be and the second	ty, 500 piece 60		76	
You Owe	11	Estimated ter panety (see page 60)			77		1		
Third Party	De	you want to abow amother person to discuss	This return in	ilt the	FIS 904	tingle 0.02	Yes.	Compilate 3	he tobowing. 🗌 No
Designee	Dec		Prune ro • i	- GT		Personal in		ation :	
Sign		n 🕨	of the local division of the local divisiono	According	raing sub-	CONTRACTOR OF THE OWNER OF THE		1 to the best	of my exception and
Here	260	d fuey are lost carried, and carageria December of a	instane juter:	ENIO DEIG	ayer is ba	ector at represe	en of le	not prepara	has any knowedge.
Joint return?	200	rolgistare	Date	1 704	r sooraati	131		Dayline a	Some martitue
Sant page 17.	N							LI	
Keep a copy for your records.	fax.	vakite bignaturiu. If a joint veturn, betth must sign	Date.	500	une'le loció	utidian			
Paid	Pro	odrar e		Orter		Check F	- T	Preparant	10474 set F*T04
Preparer's	fire	Via rearte dor		_		EN EN	, had		
Use Only	1 WM	n il sell-oropioyeth. Ness, and ZP code					190		

	rm 1040) ment of the Treasury i Nevenue Service	Net Profit From Business (Sole Proprietorship) Partnerships, joint ventures, etc., must file Form 1065 or 1065-B Attach to Form 1040 or 1041. See instructions on back.	10	2006 Attachment Sequence No. 0	
	of proprietor PH E DRAKE		Spcial sec 320	urity number (SSN) XX XXXXX	
Par		Information			
			-	6	_
Sche Inste Sche	May Use edule C-EZ ead of edule C iff You:	 less. Use the cash method of accounting. Did not have an inventory at any time during the year. Did not have a het loss from your business. Had only one business as effort at the sector of the business. 	resp. and to 1 attorn and Am iness. See th solule C, line ind out if you deduct expension a use of your have prior ye activity losse	nies for	
A	Principal business of	or profession, including product or solvice	B Enter or	de fram pages C-8, 9	& 10
Syst	ems Engineering		•	5 4 1 5	1 0
С	Business name. If n	o separate business name, leave blank.	D Employ	er ID sumber (EIN)	a ary
Е	Business address ()	ncluding suite or room no.). Address not required if same as on Form 1040, page 1			10.00
	City, town or post of	flice, state, and ZIP code			
_					
Par	t II Figure Yo	our Net Profit			_
1	employee" box or	Caution. If this income was reported to you on Form W-2 and the "Statutory that form was checked, see Statutory Employees in the instructions for 1, on page C-3 and check here	_ ,	4200	
2	Total expenses (see instructions). If more than \$5,000, you must use Schedule C.	2	3890	
3	Form 1040, line 1	act line 2 from line 1. If less than zero, you must use Schedule C. Enter 12, and also on Schedule SE, line 2. (Statutory employees do not report tule SE, line 2. Estates and trusts, enter on Form 1041, line 3.)		310	
			or truck er	xpenses on lin	e 2.
Par	t III Informati	ion on Your Vehicle. Complete this part only if you are claiming car	the transfer of		
Par 4			06 / 12	/ 2006	
Pat 4 5	When did you pla		06 / 12		
4	When did you pla Of the total numb	ce your vehicle in service for business purposes? (month, day, year) ►	06 / 12 you used	your vehicle for	
4	When did you pla Of the total numb Business	ce your vehicle in service for business purposes? (month, day, year) ►	06 j 12 i you used wr	your vehicle for 14,700] No
4 5	When did you pla Of the total numb Business Do you (or your a	ce your vehicle in service for business purposes? (month, day, year) ► er of miles you drove your vehicle during 2006, enter the number of miles 3800 b Commuting (see instructions)	06 / 12 you used wr	your vehicle for 14,700 . 🗆 Yes 🗄	
4 5 6 7	When did you pla Of the total numb Business Do you (or your a Was your vehicle	ce your vehicle in service for business purposes? (month, day, year) ► er of miles you drove your vehicle during 2006, enter the number of miles 3800 b Commuting (see instructions)	06 / 12 : you used : · · · ·	your vehicle for 14,700 . 🗆 Yes E . 🗉 Yes 🗆	No
4 5 6 7 8a	When did you pla Of the total numb Business Do you (or your a Was your vehicle	ce your vehicle in service for business purposes? (month, day, year) ► er of miles you drove your vehicle during 2006, enter the number of miles 3800 b Commuting (see instructions)	06 / 12 ; you used ; · · · · ·	your vehicle for 14,700 . 🗆 Yes E . 🗉 Yes 🗆	No No
4 5 6 7 8a b	When did you pla Of the total numb Business Do you (or your a Was your vehicle Do you have evid If "Yes," is the evi	ce your vehicle in service for business purposes? (month, day, year) ► er of miles you drove your vehicle during 2006, enter the number of miles 3800 b Commuting (see instructions) c Off pouse) have another vehicle available for personal use? available for personal use during off-duty hours?	06 / 12 ; you used ; · · · · ·	your vehicle for 14,700 . I Yes I . I Yes I . I Yes I] No] No] No] No

Departme	EDULE D n 1040) ext of the Treasury	 Attach to F 	Form 1040. 🕨		ns for Schedule D			2006 Attachment	
	toverue Service (99) shown on Form 1040		Schedule D-1 to list	t additional tran	sactions for lines 1	and 0.	You	Sequence No. 12 r social security num	_
	PH E DRAKE	58.				O.	¥	320 XX XXXX	
Part	Short-Ter	m Capital Gain	s and Losses-	Assets Held	One Year or L	ess			
	Ial Description	of pipperty	(b) Date	k0 Datelacid	140 Galas press	(a) Cost or othe		th Gain or Jose	d.
	(Eumple: 100 s		(Mo., day, yr.)	940. 047. 971	(new page 0-6 of the instructions)	the page D	100	Bubbact (a) from	
-			-5	31,	-19	0	9		
		-	Q,	10	81				
_			0	31					
	Enter your short-					į.			
3 T	ine 2 fotal short-term	sales price amou	ints. Add lines 1 i	and 2 in		-			
	column (d) Short-term gain fre				orms 4684, 6781	and 8824	4		
5 N	Net short-term g	ain or (loss) from	n partnershipa, 1	S corporations	, estates, and t	rusts from			
							5		
	Schedule(s) K-1								
6 5	Short-term capital	loss carryover. I	Enter the amount	, if any, from	Ine 8 of your Ca	pital Loss	6	(
6 S C	Short-term capital Carryover Works	loss carryover. I heet on page D-6	Enter the amount 5 of the instruction	, if any, from ns , , , , ,	Ine B of your Ca		6	(
6 S C 7 N	Short-term capital Carryover Works Net short-term c	l losa carryover. E heet on page D-6 apital gain or (los	Enter the amount 5 of the instruction 55). Combine line	L if any, from ns s 1 through 6	ine 8 of your Ca	pital Loss		(
6 S C	Short-term capital Carryover Works Net short-term c	loss carryover. I heet on page D-6	Enter the amount s of the instruction ss). Combine line s and Losses-	L if any, from ns s 1 through 6	Ine 8 of your Ca in column (f).	pital Loss He Year	6 7	(
6 S C 7 N	Short-term capital Carryover Works Net short-term c	losa canyovar, i heet on page D-6 apital gain or (los n Capital Gains of propety	Enter the amount s of the instruction ss). Combine line s and Losses-	L if any, from ns s 1 through 6	Ine 8 of your Ca in column (f) More Than Or (d) Sales price One prog D-ft of	pital Loss • Year • Year	6 7	() Gam or Joss Subtraci (ii) from	
6 S C 7 N Part	Short-term capital Carryover Works Net short-term c Long-Terr	losa canyover, I heet on page D-6 apital gain or (lo m Capital Gains of property th XYZ Co)	Enter the amount 5 of the instruction ss). Combine line 5 and Losses— Bit Date	s 1 through 6 Assets Held	Ine 8 of your Ca in column (f) More Than Or 40 Sales price	pital Loss	6 7	to carrier proce	
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6 S C 7 N Part	Short-term capital Carryover Works Net short-term c Long-Terr Jaj Descripton (Exemple: 100 (losa canyover, I heet on page D-6 apital gain or (lo m Capital Gains of property th XYZ Co)	Enter the amount of the instruction ss), Combine line s and Losses- Pel Date acquired Mo., day, yt)	L if any, from ns Assets Held (Mo., day, pr.)	Ine 8 of your Ca in column (f) More Than Or (40 Sales price (see page D-fl of the instruction)	pital Loss Pe Year Pe Year Pe Cost or other the instructor	6 7	Subtract (e) from	
6 S C 7 N Reft 8 Lot	Short-term capital Carryover Works Net short-term c Long-Term (Barrpla: 100) (Dampla: 100)	loss canyover, t heet on page D-6 apital gain or (los n Capital Gains of property at. XYZ Co.) -b	Enter the amount of the instruction ss). Combine line and Losses- Pel Date acquest Mo. day. yti INHERITED	L if any, from ns s 1 through 6 Assets Held (No., day, yr.) 07/30/2006	Ine 8 of your Ca in column (f) More Than Or (40 Sales price (see page D-fl of the instruction)	pital Loss Pe Year Pe Year Pe Cost or other the instructor	6 7	Subtract (e) from	
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	111	Summary	1. 17	
6		os lines 7 and 15 and enter the result. If line 16 is a joss, skip lines 17 through 20, and ine 21. If a gain, enter the gain on Form 1040, line 13, and then go to line 17 below	16	4000
	🛛 Ye	es 15 and 16 both gains? s. Go to kme 18 . Skip knee 16 through 21, and go to kne 22.	ŝ	Ś
8		the amount, if any, from line 7 of the 28% Bate Gain Worksheet on page D-7 of the sons	18	0
9		the amount, if any, from the T& of the Unreceptured Section 1250 Gain Worksheet on -8 of the instructions	19	٥
	Ve Ca	es 18 and 19 both zero or black? 5. Complete Form 1949 through line 43, and then complete the Qualified Dividends and pital Gain Tax Worksheet on page 38 of the both utilions for Form 1849. Do not complete re 21 and 22 bokw.		
ł		Complete Form 1040 through line 43, and then complete the Schedule D Tax Worksheet page D-9 of the instructions. Do not complete lines 21 and 22 below.		
Ħ	If fine	16 is a loss, enter here and on Form 1040, line 13, the smaller of:		
		loss on line 16 or 000), or if married filing separately, (\$1,500)	21 (- 13
	Note.	When figuring which amount is smaller, treat both amounts as positive numbers.		
1000	Ve Ca	have qualified dividends on Form 1040, line 967 s. Complete Form 1040 through line 43, and then complete the Qualified Dividends and pital Gain Tax Worksheet on page 38 of the instructions for Form 1049.		
3		. Complete the rest of Form 1040.		
			Schedule	D (Form 1040) 200

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	8863	1210-222	Education C and Lifetime Le See instructio Attach to Form 1040 o	arning C	redits)		2006 Attachment Sequence No. 50		
Мати	is) shown on return				0	Your	ocial security number		
RAI	LPH E DRAKE				- V	320	XX XXXX		
-			the illetime learning cre		a boundary of the second se				
Par			of take the Hope cred	t for mone th	an 2 tax years for	ine si	ime student.		
'	(a) Student's name (as shown on page of your tax return) First name Last name	1 social security	instructions). Do not enter more than \$2,900° by	(d) Enter to smaller of amount i column (d) \$1,100**	the (e) Add n column (c) dr column (and	(f) Enter one-ha of the amount is column (e)		
	SEAN K						1000		
	DRAKE	321 XX XX	XX 2200	1100	3300	1	1650		
			101	6 8		h			
			E la	1		-			
	**********	T	AMI	England and and					
	 For each student who attend For each student who attend 	ted an eligible educational in	stitution in the Gall Opportunity statistics in the Gall Opportunity	Zone, do not enter Zone, arter for enter	more than \$4,400.				
	column (c) or \$2,290	and the manages of	\mathbf{v}						
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4			d enter the total			5a			
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c	Subtract line 5b from	ine 5a				5c			
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Form 1040 +++

8	 afore you begin: See the instructions for line 44 figure your tax. If you do not have to file Sche you checked the box on line 1 	siste D	and you rea		upital gain a		
I.	Enter the amount from Form 1040, line 43			. Ú	16244		
	Enter the amount from Firm 1040, fine 9b		0		2000002		
£.	Are you filing Schedule D?						
	[2] Yes, Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or line 16 is a box, unter -0-	(1 ,	4000				
	No. Enter the amount from Form 1040, line 13						
	Add lines 2 and 3	4.	4000	-			
5 .	If you are claiming investment interest expense on Form 4952, enter the amount from line 4g of that form. Otherwise, enter 40-			Ĩ.			
23	Submact line 5 from line 4. If zero at lens, enter -0	080		6.	4000		
	Subtract line 5 from line 4. If zero or less, enter -0-	10000	10000		12244	- 8	
	Enter the smaller of						
-	 The amount on line 1, or \$30,650 if single or married filing separately, \$61,300 if married filing jointly or gaalifying widowite \$41,050 if head of bouschold. 	r), }		8	15244		
9.7	Is the amount on line 7 equal to or more than the amount of	n line 8	¥7				
	Yes, Nkip Jines 9 through 11; go to line 12 and check th No. Fater the amount from line 7			9.	12244	1	
10,	Subtract line 9 from line 8			10.	4000		
н.	Multiply line 10 by 5% (.05)					.11.	200
12.	Are the amounts on lines 6 and 10 the name? Yes, Skip fines 12 through 13; go to line 16. No. Enter the smaller of line 1 or line 6						
	Enter the amount from line 10 (if line 10 is blank, onter -0-			and the second second		-	
	Subtract line 13 from line 12			and the second second		-1	
	Multiply line 14 by (2% (12)					14	
	Figure the tax on the amount on line 7. Use the Tax Table					1.1.1	
	whichever applies					16.	1295
	Add lines 11, 15, and 16						1496
EN.	Figure the tax on the amount on line 1. Use the Tax Table whichever applies					18.	1896
19.	Tax on all taxable income. Enter the smaller of line 17 or Ferm 1040, line 44	line II	Abst inclu	de this i	mount on	3192	1496

- 38 -

Advanced Scenario 2 Test Questions

Directions

Using your resource materials and Ralph's completed tax return, verify the information and calculations on the return to answer the following questions. You are a volunteer at site S32053333.

Note: To complete social security numbers and employer identification numbers, replace Xs with 286560 or with the EFIN provided by your instructor.

- **9.1** Which of the following sections on Ralph's Form 1040, page 1, should be corrected?
 - a. Taxpayer's name, address and SSN
 - b. Filing status
 - c. Personal exemptions
 - d. Information on dependents
- **9.2** Is the amount of net profit shown on line 3, Part II of Schedule C-EZ correct?
 - a. Yes
 - b. No
- **9.3** Which of the following is an increase to basis when figuring the adjusted basis of property?
 - a. Capital improvements
 - b. Insurance premiums
 - c. Utilities
 - d. All of the above
- **9.4** Which of these lines on Ralph's Schedule D has an error that needs to be corrected?
 - a. Line 8b Date acquired
 - b. Line 8d Sales price
 - c. Line 8f Long term gain or loss
 - d. All the above

- **9.5** What is the correct amount for adjustments to income on Line 36 of Form 1040?
 - a. \$0
 - b. \$2,800
 - c. \$3,378
 - d. \$3,400
- **9.6** The correct deduction amount on line 40 of Form 1040 is \$_____.
- 9.7 What is the correct amount on line 1c of Form 8863?
 - a. \$1,100
 - b. \$2,200
 - c. \$3,000
 - d. \$4,500
- 9.8 Does Ralph qualify for Earned Income Tax Credit?
 - a. Yes
 - b. No
- **9.9** The correct Additional Child Tax Credit amount on line 68 of Form 1040 is \$_____.
- **9.10** Is Ralph qualified to make a deductible contribution to an IRA for 2006?
 - a. Yes
 - b. No

2006 6744 Test – Military Course

Military Scenario 1: Diana Stewart

Taxpayer	Diana Stewart completed Form 13614, Intake and Interview Sheet
Taxpayer Documents	 Form 13614 Social security cards for Diana and Lily and an ITIN card for Henri 3 Forms W2 for Diana Stewart Form 1099INT
Interview Notes	 Deployed: In Iraq from 7/12/06 through 2/26/07 Military training: Attended weekend-long military training sessions each month from 01/01/06 through 06/30/06 (the expenses were not reimbursed) Mileage: 1,560 (based on Internet map data not written records) Lodging: \$900 (within federal per diem rate for the area) Meals: \$675 (within federal per diem rate for the area) Meals: \$675 (within federal per diem rate for the area) Married: Married Dr. Henri Dumont in 2006; Henri's tax information: Income: no income in 2006 Citizenship: Swiss; has never been to the United States Individual tax identification number: 940-XX-XXXX Wants to file jointly; does not want to contribute to the Presidential Election Campaign Fund One child: Has full custody of her daughter, Lily Care: Diana's sister, Louise took care of Lily at no cost; Louise lived with Diana, but was not her dependent Cost: Diana allotted some of her military pay to cover all household bills and anything Lily needed

Interview	•	Pr	operties:
Notes (continued)		_	Rental property: - Purchased property: 04/30/03 - Rented: 01/01/06 – 09/30/06
			- Not offered for rent: 10/01/06-10/31/06
			 Rental property became taxpayer's primary residence: 11/01/06
			 Rental income: \$8,500 Annual real estate taxes: \$1,350
			 Management company fees for the time the property w rented: \$750
			- Furnace repair 02/15/06: \$290
			 Depreciation from 01/01/06 – 09/30/06 (based on a schedule provided by the taxpayer): \$2,325
		-	Home sale:
			 Purchased property: 02/03/03 for \$79,800 Sold property (primary residence until it was sold): 10/31/06 for \$105,000
	•	Sto	ock and shares:
		_	 A&B Stock Inherited: 100 shares on 03/15/06 Fair market value on 3/15/06: \$3,500 Sold: all shares on 04/30/06 Selling price: \$3,700 (net of commissions)
		_	 Equity Index Mutual Fund Bought: 06/01/05 through 04/15/06 Sold: 300 shares on 4/30/06 Share cost basis: \$1,500 Selling price: \$1,000 (net of commission)
	•	Ac	ditional information:
		_	Not enough deductions to itemize Diana wants to designate \$3 for the Presidential Election
			Campaign Fund
	1		Individual Taxpayer
a. SROTA	m		411-XX-XXXX Identification Number
10-XX-XXXX Ina P. Stewart	•	1000	Lily M. Stewart Lily M. Stewart Henri C. Dumont
2000			Hanri C. Dumont

Dian P. Stewart

504

Form 13614 Rev. August-2006				Internal Revenue Ser erview Sheet		OMB	# 1545-1964
You (and Spous	e) will nee	ed:					
 Proof of Identity 				 Child care ; 	oroviders' ider	tification nun	tber
Copies of ALL W	-2 1098, 109	9 forms			banking infon		
 Social Security (3 Identification Nun individuals to be I 	nber (ITIN) fo	r að		Estimated :	ings deposit sl lax payments f other income	made, etc.	deposits
Part I: Taxpayer	Informatio	n					
1. Your First Name DIANA	1	M.I. P	Last Name STEWART			2. SSN or 4 1 0 - X	ITIN X-XXXX
3. Date of Birth (m 10 / 02 /		4. Job Title NURSE					
5. Spouse's First N HENRI		10000 C	Last Name DUMONT			6. SSN or 9 4 0 - X	ITIN X - X X X X
7. Date of Birth (mi 09 / 29 /		8. Job Title PHYSICIAN	50 - 52 -				
9. Address 176 CHASE			Apt # City YOU	R CITY			Zip Code YOUR ZIP
10. Phone Numbers YOUR PHONE NUM		Eveni	ng		Cell	1000	
11. Are you a U.S. (Citizen?	Yes 🗌 No	12. Is your	Spouse a U.S. Ci	tizen? 🗌 Ye	s 🗹 No	
13. Can your parent	ts or someon	e else claim y	ou or your spe	ouse as a depende	ent on their tax	return?	Yes 🗹 No
14. Did you pay mor	e than half th	e cost of keep	ing up the ho	me? 🗹 Yes 🗆] No		
15. Check if Legally	Blind: 🗌 1	Taxpayer 🗌	Spouse				
16. Check if Permar	nently and To	tally Disabled	П Тахрау	er 🗌 Spouse			
	ingla 🗹 La		· · · · · · · · · · · · · · · · · · ·	ed 🔲 Divorced during the last 6	months of the	year? 🗹 Ye	es 🗌 No
18. Was your spous	e deceased?	If yes, provid	le the date of	death/	./ (mm	dd/yyyy}	
Part II. Family ar	nd Depend	ent Inform	ation – Do n	ot include you or	your spouse	66 C	
Print the name of every	yone who lived	-					
Natio		Date of Birth mm/dd/yyyy	Social Security Number or ITR	(son, daughter, etc.)	Nonths person lived with you in 2006	Check if resident of Canada or Mexico	a full time student (yes or no)
LILY M STEV	MADT	7/23/1996	04 411-XX-XXX		12	19	WES WES
LILT M STEV	WART .	7723(1995	411-00-000	CA DADGHTER	12		TEO
							1
Catalog Number 388 STOP				TED BY CER			(Rev. 8-2006

			induct a thorough interview, please use the decision trees, interview tips and informational charts in 17 in addition to this intake sheet. This intake sheet does not constitute a complete interview.
Filing S	tatus Det	ermi	nation – Use Publications 4012 and/or 17 to determine filing status.
	ed on the sw(er)	interv	view, the filing status of the taxpayer is: Single MFJ MFS* HH Qualifying
*Spouse	Name		Social Security Number
Depend	ency Det	ermi	nation – Use Publications 4012 and/or 17 to determine dependency exemptions.
□ Yes	T No	2.	Did the taxpayer provide more than 50% of the support for the dependents claimed?
Yes	No No		Is there a signed Form 8332 or a divorce decree that allows someone else to claim the dependent(s)?
Yes	□ No	4.	Is the dependent permanently and totally disabled?
111990			Based on the interview, how many individuals gualify as dependents for this return?
			COMMONLY USED INCOME AND EXPENSES
			se Publication 17, Your Federal Income Tax for Individuals and Publication 4012, Suide while discussing the questions below with the taxpayer.
	15 0 6 7 4 7 2	100	In 2006, did you receive:
V Yes			
V Yes	No No		Wages or Salary (Include W-2s for all jobs worked during the year) Disability income
VYes	No No		Interest from: checking or savings account, bonds, dividends, CD, or brokerage account
T Yes	No No		State tax refund (may be taxable if you itemized last year)
Ves	No No		Alimony income
T Yes	No.		Tip income
T Yes	No.		Pension and/or IRA distribution
Ves.	No.		Unemployment
Ves.	No No		Social Security or Railroad Retirement
T Yes	NO NO		Self Employment
V Yes	No No		Other Income such as gambling winnings, awards, prizes and Jury duty
Part V.	Adjust	-	t – Did you have 2006 expenses for:
T Yes	No.	-	IRA or other retirement account
Ves	No		Alimony payments paid (If yes, you must provide the name and SSN of the recipient)
Ves	No No		Education related expenses
Part VI.	Itemize	ed D	eductions - Did you have 2006 expenses for:
			Un-reimbursed medical expenses
T Yes	No No		Home mortgage payments (interest and taxes - see Form 1098)
Yes	No No		Charitable contributions
Part VII	Credit	is -	In 2006, did you have:
Yes	No No	1.	Child/dependent care expenses that allow you (and your spouse-if MFJ) to work
Yes	No No	2.	가슴을 잘 잘 들었다. 그는 것이 안 집에 있는 것이 같아요. 김 전 것이 같아요. 것이 같아요. 그는 것이 것이 많이 가지 않아요. 것이 같아요. 그는 것이 같아요. 그 그는 것이 같아요. 그는
	No No		Retirement Savings Contribution
Ves	. Earne	ed Ir	ncome Tax Credit Determination – EITC Eligibility
	No No	1.	Was EITC previously disallowed (if yes taxpayer may not be eligible for EITC)

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Military Scenario 1 Test Questions

Directions

Using your resource materials, answer the following questions. You are a volunteer at site S41024444.

Note: To complete social security numbers and employer identification numbers, replace Xs with 286560 or with the EFIN provided by your instructor.

- **10.1** If Henri did not have an individual tax identification number or did not elect to be treated as a resident alien, what filing status should Diana use to minimize her taxes? (For all other questions, Henri does have an individual tax identification number.)
 - a. Single
 - b. Married Filing Jointly
 - c. Married Filing Separately
 - d. Head of Household
 - e. She could file jointly, but not claim Henri's exemption
- **10.2** What is their total rental real estate and royalty income or loss on line 26 of Schedule E?
 - a. \$3,785
 - b. \$4,122
 - c. \$6,110
 - d. \$8,500
- **10.3** Should Diana's combat zone income exclusion from box 12a of Form W-2 be reported on line 7 of Form 1040?
 - a. Yes
 - b. No
 - c. Not applicable to this return
- **10.4** In general, if taxpayers qualify for earned income tax credit, they may use excluded combat zone income to compute the credit.
 - a. Yes
 - b. No
- **10.5** Their total adjustments to gross income on line 36 Form 1040 are:

10.6 What is their deduction on line 40 of Form 1040?

- a. \$0
- b. \$5,150
- c. \$7,550
- d. \$10,300

10.7 Their total tax on line 63 of Form 1040 is:

- **10.8** What is the amount of short term gain or loss on Schedule D, line 7?
 - a. \$0
 - b. \$300 loss
 - c. \$500 loss
- **10.9** Do they qualify for Earned Income Tax Credit?
 - a. Yes
 - b. No

Military Sce	enario 2: Peter and Beth Anderson
Taxpayer	Peter and Beth Anderson completed Form 13614, Intake and Interview Sheet.
Taxpayer Documents	 Form 13614 Social security cards for Peter, Beth, and three children Form W2 Form 1098 Form 1098T Form 1099INT Voided check Form 1040 Form 1040, Schedule E Form 8863
Interview Notes	 Stationed in Italy for all of tax year 2006 Properties: Sold home in US where they lived for 2½ years Purchased: 10/31/97 for \$215,000 Sold: 11/30/06 for \$365,000 Improvements: \$5,600 Use: House had never been rented or used for business Rental property: condominium Rental income: \$9,000 Taxes: \$970 Maintenance fees: \$420 Interest: \$2,145 Management fees: \$720 Repairs: \$275 Depreciation: \$1,500 (taken from a worksheet Beth's accountant created)

Interview Notes (continued)	 Three children: Raymond: Full time student: Sophomore at Texas State University Lives in dormitory Does not work 2 other children: Live at home No income
	 Beth Anderson's job (with an Italian firm): Paid: \$5,500. Paid in Euros; has appropriate exchange rate record
	 Italian income tax paid: \$500 The income and tax are in U.S. dollars and she has already applied the appropriate exchange rate.
	 Other: Contributions to church \$1,300 (money put in collections weekly)
	 Presidential Election Campaign Fund: Both Peter and Beth want to designate \$3
	 Refund: If they get a refund, they want to have it deposited to their checking account



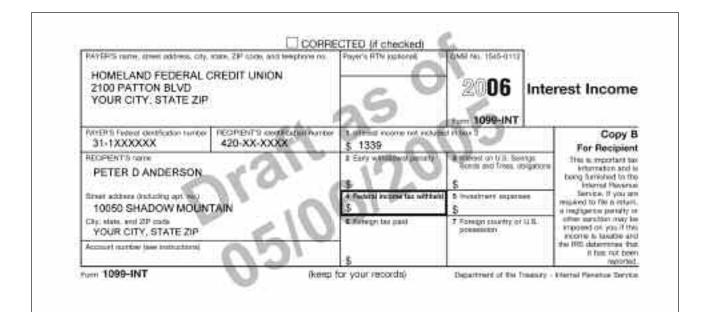
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	ADOW MOUNTAIN Numbers: Daytime	-	Eveni		YOUR	SITY	Cell	YS	YOUR ZIP
	ONE NUMBER						C.C.		
11. Are yo	u a U.S. Citizen? 🗹	Yes	No D	12. 1	s your Sp	pouse a U.S. Cit	izen? 🗹 Ye	s 🗌 No	
13. Can yo	our parents or someo	ne else	claim y	ou or yo	ur spous	e as a depende	nt on their tax	return?	Yes 🗹 No
	pay more than half t						No		
					000000000000000000000000000000000000000	. 100 -	1140		
	if Legally Blind:								
16. Check	If Permanently and 1	otally D	Visabled	: 🗆 1	axpayer	Spouse			
Were y	cember 31st 2006: rou: 🗌 Single 📝 L arried, were you living						nonths of the	/ear? 🗌 Ye	96 🗌 No
18. Was y	our spouse deceased	? If yes	s, provid	le the d	ate of de	ath. /	/ (mm/	dd/yyyy)	
	amily and Depen						vour spouse		
_	ne of everyone who live								
	Name		e of Birth		Security	Relationship (son, daughter, etc.)	Months person lived with you in	Check if resident of Excepts or	Is the dependent a full time student
	(a)		(b)		(d	(d)	2006	Mexico 15	(yes or no) (g)
RAYMO	ND C ANDERSON	3/1	7/1986	-	X-XXXX	SON	12	0.000	YES
JOSHI	JA R ANDERSON	5/2	5/1989		x-xxxx	SON	12		YES
KENNE	TH E ANDERSON	1000	6/1992		x-xxxx	SON	12		YES
			distant and a		-				
Catalog Nur	mber 38836A							Form 13614	(Rev. 8-2006
		- 2 T	OBE	COM		ED BY CER			

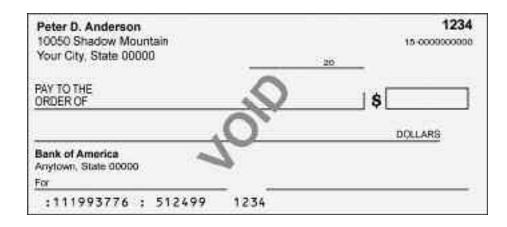
			nduct a thorough interview, please use the decision trees, interview tips and informational charts in 17 in addition to this intake sheet. This intake sheet does not constitute a complete interview.
Filing S	tatus Det	ermi	nation – Use Publications 4012 and/or 17 to determine filing status.
	ed on the ow(er)	interv	view, the filing status of the taxpayer is: Single MFJ MFS* HH Qualifying
*Spouse	Name		Social Security Number
Depend	ency Det	ermi	nation – Use Publications 4012 and/or 17 to determine dependency exemptions.
T Yes	T No	2	Did the taxpayer provide more than 50% of the support for the dependents claimed?
Yes.			Is there a signed Form 8332 or a divorce decree that allows someone else to claim the dependent(s)?
Yes	□ No	- 4	is the dependent permanently and totally disabled?
		5.	Based on the interview, how many individuals qualify as dependents for this return?
			COMMONLY USED INCOME AND EXPENSES
			se Publication 17, Your Federal Income Tax for Individuals and Publication 4012, Guide while discussing the questions below with the taxpayer.
Part IV.	Incom	e -	In 2006, did you receive:
V Yes	□ No	1.	Wages or Salary (Include W-2s for all jobs worked during the year)
Yes.	No No		Disability income
V Yes	No No	3.	Interest from: checking or savings account, bonds, dividends, CD, or brokerage account
T Yes	No.	4.	그 밖사가 잘 안 집 방법에 잘 잘 들었다. 것은 것 같아요. 그는 것은 것 같아요. 나는 것은 것 같아요. 것은 것 같아요. 그는 것이 같아요. 그는 것이 같아요. 같아요. 것이 같아요. ????????????????????????????????????
Yes	No No		Alimony income
T Yes	No.		Tip income
T Yes	No No		Pension and/or IRA distribution
1 Yes	No.		Unemployment
TYes	No No		Social Security or Railroad Retirement
T Yes	No No		Self Employment
Yes	No.		Other Income such as gambling winnings, awards, prizes and Jury duty
Part V.	Adjust	men	t – Did you have 2006 expenses for:
□ Yes	No.	1.	IRA or other retirement account
Ves	No No		Alimony payments paid (If yes, you must provide the name and SSN of the recipient)
Yes	_		Education related expenses
Part VI.	Itemize	ed D	eductions – Did you have 2006 expenses for:
Yes	No No	1,	Un-reimbursed medical expenses
Yes Yes	🗆 No	2.	이 것 같은 이 것 사람은 이 문화를 가지도 못했어? 이 가지도 가지도 못했다. 것 같은 것 같
Yes Yes	🗆 No	3.	Charitable contributions
Part VII	Credit	s -	In 2006, did you have:
Cart VII	No No	1.	Child/dependent care expenses that allow you (and your spouse-if MFJ) to work
Ves	No No	2.	Educational expenses for you or your dependents
-		З.	Retirement Savings Contribution
Ves	No.		
□ Yes ☑ Yes □ Yes		ed Ir	come Tax Credit Determination – EITC Eligibility
□ Yes ☑ Yes □ Yes			Was EITC previously disallowed (if yes taxpayer may not be eligible for EITC)

e Geminister	55555	Veid 🛄	Por Official OMB No. 13				
0 Employee territoriane to 30-2XXXXXX	(834)	-1			spis tila, otte companiation 3550	# ************************************	tia sittiniit.
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PECIFIENT SLENDER'S NAME, and NATIONAL BANK AN 2710 W 15TH YOUR CITY, STATE 2	D TRUST	* Constant: The account above may not be fully deductible by you. Limits above on the laser amount and the cost and initials of the second property may apply. Also, you may any deduct intervent to the uniter it was recurred by you, actually peed by you, and not extrainly peed by you, and not.	2006 2006	Mortgage Interes Statemen
REDPENT'S tederal identification no. 31-3XXXXXX	PWYER'S social security number 420-XX-XXXX	1 Mortgage interest receive \$5800	q you brieds pourse(s),	Copy I For Paye
PAYER'S BORROWER'S name PETER D ANDERSON		2 Pointo paid on purchase	The internation in pares 2, and 2 is important to information and is teen furnished to the inform Revenue Service. If you in required to file a refurn.	
Street address (reducing apt. no.) 10050 SHADOW MOUNTAIN		 Refund of overpaid intere 	at	negligence penalty or othe sanction may be impose on you if the IR otherwates that a
City, state, and ZP code YOUR CITY, STATE ZIP		+ REAL ESTATE T	anderpayment of tax roout because you oversized deductor for this mortgag interest or for these point	
Account number (see Instructions)				or because you did to repart this refund all interes on your return

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See 4	PETER D	ANDERSON	i	1	 	420	XX XX	xx
on page 16)	If a joint retain, spoular's first name and, while	Liki saite		in li		Space	e's social sesurity in	unter
Use the IRS	BETH A	ANDERSON	1.12			421	XX XX	XX
tabel.	Home address (further and times, If you has	vi a P.D. box. see page	1927	AU-1	0		fou must order	
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or type.	Shi town or post office, shale and 24" sole.	if yos have allowing a	and the second	here page 18.			ng a box below will	
Presidential	t > Check here if you at your apoule I.I.	AND ADDRESS OF ADDRESS OF	100	they front income		1.1.0.0 20.0	your tax or refund	
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Exemptions	b 🗹 Spouse				1.19-		No. of children	
	6 Dependents:	12) Department security as		(2) Dependents relationship (b)	141V 7 8.4	110	· lived with you	3
	tti Finst tuine Uast mene	and a state of the	10007	1001	CHILDING CO		· did not live with you may in divate	
of more than hour	RAYMOND C ANDERSON JOSHUA & ANDERSON	7464 1 1 1 1 1 1 1	CXXX CXXX	SON			or separation (see page 20)	
dependents, see	KENNETH E ANDERSON		XXX	50N	2		Dependents on St.	
page 18.		769 00 1	tann .	- and the	- ñ		rad entered above	_
	d Total number of exemptions claimed	1					Add maribers int	: 특
	7 Waters, sullation, tips, wto, Attach For	mial W.I	1002	100	100	7	63590	
Income	Be Taxable ethnist. Attach Schedule B				1.53	lia.	1339	
Attach Fermisi	to Tax-exempt interest. Do not includ	e sani lane ita	et	él.	1			
W-2 here. Also	9a Ordinary dividends. Attach Scheduly	Bitrepared	- Kin	Generation	a	Ra		
attach Forma W-20 and			<u>190</u>		_	(para)		
1099-R If tax	10 Taxable refunds, creatilia, or offsets o			Contraction of the second	B - 1	10		_
was withheld.	11 Almorty received		19295	122/2120	1.2.11	11 12		-
	12 Dueiness income or (law), Attach Sc		16162	10000	216	13		-
ft you did not	 Copital gain or (loss). Attach School. Other gains or Rossesi. Attach Form 	The course and the second				14		_
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swe maps 22	16a Permiting and admittee 16a		111111111	ble arrount (see	0.351.01520	160		
Eincluse, but de	17. Fierdal mail estate: royaltee, partners	hips, S curponitions.			the second s	17	4470	
not attach, any	18 Farm income or lineal. Attach Scher	and the second se		Arc in		10		
payment, Also. please use	19 Unemployment compensation / _		362	5 4 4 M	1.2.1	19		
Form 1040-V.	259 Social accurity banefits . 200		10 Taxa	bis anourt (see ;	10(99.27)	206		_
	21 Other income. List type and amount	(san page 29) \$50	00 (wr	rk overseas)	and the	21	5500	-
	22 Add the amounts in the far right colur	A PROPERTY AND	and the second	_	cone P	22	74899	-
Adjusted	23 Archer MSA deduction. Attach Form	1.185M	23	-			1 I	
	 24 Certain business expenses of reservess, fee-face government officials, Atach I 	NEW STATEMENT AND	1 1 1 1 1 1 1					
Gruss	25 Health asvings account deduction. A	Worn Statedy Instants	1000					
Gross Income	26 Moving expenses. Attach Form 090		28	_				
	27 One-half of self-employment tax. Atta		27			18		
			78		_			
	28 Self-employed SEP, SIMPLE, and to				_			
	CLUMP CONTRACT TO THE CONTRACT IN A PROVIDENCE	loction (see page 30			-			
	28 Sef-employed BEP, SMPLE, and g 29 Sef-employed health imprace ded 30 Penalty on early withchaval of sector	Contraction work of the		1.1				
	28 Sef-employed BEP, SMPLE, and to 29 Sef-employed health improve ded 30 Paratty on early withchavail of sovin 31a Annony pad to Recipient's SSI/ F	0	31		_			
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	28 Self-employed BEP, SMPLE, and to 29 Self-employed health insurance ded 30 Paratty on early withchawal of seven 31a Antony paid to Recipient's SN/ F 32 IRA deduction (see page 31) 33 Student ison interest deduction (see	()*	31/ 32 33	0				
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Fores 1040 57990									Peer		
Tax	38 Amount from line 37 (adjusted gross morme)								38	74899	
and	394	Check You were born before January	2, 1942,			Total treves	207		1		
Credits		1 Spouse was born before January	ary 2, 1947.		na í s	thecked P	- 29a L		-		
Standord	h	If your opening therefore, on a separate refurn or you way	saris aris	ist for	page 1	and shade	han >35	6 C	1		
Deduction for-	40	Itemized deductions (Yom Schoolin A) or	your standar	d dødi	rotion	ibea kitt r	nargirò .	41	40	10300	_
· Propie who	41	Bubbroct line 40 from line 56	torest en	tional	· -6	Antipart -		-	41	64599	
checked any	42	If into DB is mor \$112,876, or you provided her	110 0 0 0 0 0 0 0		1.000				- 22	1000	
bisk on line 39a or 39b or		see page 37. Otherway, multiply \$3,300 by th	and the second se	Sec. 1994	Contraction 1			nd :	42	13200	-
who sen be claimed as a	41	Taxable income, Bildmard ine 42 hum ine	I SHOTTAL CONTRACTOR		COLUMN CO.			10	43	6951	-
chistendent.	44	Tax per page 37. Decisit any tas a from a	REPORT OF THE PARTY OF THE PARTY			om 480	8:12 5	4	44	0401	-
see page 36	48,0	Alternative minimum fax (see page 20). At	10.00		8. S.	1. 1. 11	201.5	3	40	6961	-
 Al others 		Additioned 44 and 45		+1.+1	47	10000	*** F	•	40	. 0001	-
Single or Married filling	47	Foreign tax credit, Attach Form 1110 If requ			40		-	-			
expandsly, 85,190	48	Credit for child and dependent date expension. Credit for the elderly on the despired. Altach			49		-				
Married filing	50				80		1650	-			
jointly or	51	Religional survivas opromutions credit, Artac	t Ehren HERT		51				1		
Qualifying widdwiles	52	Residuated among stream. Attach Form 582	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		52						
B13,300	53	Child fire cradit use cape XXI, Attach Form			-53		1000				
Head of	54	Credits from a C Form 3238 & C Form 5531	COMPANY THE DOTO		64		0.010		£		
household. 67,550	56	Other cradits # C Farm 3800 h C Farm 1807	Contraction of the second second		-55				SE		
2000-20	00	Add lines 47 through 56. These are your tot	COLUMN TO DO TO TO						56	2050	
	57	Subtract line 56 from line 46. If line 56 is on	one than line -	48. sm	-D- 19		14.2	•	57	4301	
Other	58	Bolt-omployment tax, Attach Scheckule SE				12745			58	5.02	
Taxes	55	Bocker excertly which Mediciane text set by income	ind reported to	o nerquia	gm: At	lah Fami	4137 ;	18	59		
10405	60	Additional tax on IRAs, other qualified retrien	unt plans, etc	Attac	h Form	\$329 if n	- besign	1	00		-
	61	Advance earned income credit payments in	CONTRACTOR OF THE OWNER	7-2, tpp	s 8.,	e e ce é	1.	20	-fit		
	62	Household employment taxes. Atlach Scher	and the second se		1.5	6.01.01	* * *	2.3	62	4304	-
	63	Add lines 57 flymagh 62. The is your total t	All shares and shares	811 e 1		110100	5120		63	4301	-
Payments	84	Federal Instance tax withheld from Forms W-		tour-	66		5120	-			
	66	2006 estimated tax payments and amount apple			66a		-	-	2.4		
diversity of the second	68a	Earned income credit (EKG)		1.000	1001		-	-	10		
offett attauts	b	Neontaxable combat pay alaction 🍋 [600]			67						
Schedule BD	67 68	Eacess social semitity and her 1 RETA tax with	CONCINENT OF A DOM	1.200	en l		-		5 I I		
	00	B WAREHING THE STORE, PITTING OF A STORE									
	70	referred point mini to point or constitution to the table suffer and									
	71										
	72	Add lines 64, 65, 68a, and 67 through 71. T			payme	ide land	111.11	•	72	5120	
Refund	78	If live 72 is more than live 65, subbact line 6	B from line 72	This	s the p	mount se	d diverge	d	73	819	
Direct deposit?	748	Amount of line 75 you want refunded to you		1003100		I COMPANY AND A	CHARGE REPORT	Q. 14	74a	819	
See page till	. 6										
ind 111 in T4b. T4c, and 74d.	• •	Account number 6 1 2 4 0 0	1.4	111							
er Faim BBBB	76	Amount of the 70 year want applied to your 2007	estimated tax		75			-			
Amount	70	Amount you owe. Subtract Ine 72 from line	B3. For deta	Ps on t		pity; 600 1	pinge 60	•	78		_
You Owe	n	Estimated tex penalty (see page 80)	and the second second	1.1	77	murra	001-112	-	Store Units		-1.
Third Party	-1.0	you want to ablee another person to discuss	ENDLINESSATIC RED	0.256.3	162 (10)	e traffe 0.1	12 11-2	88. V	complainter 9	en totowing. 3	1.00
Designee			Prone no • i	- GE			Westerwike Luminar (Pd		tion _		1
Sign	Under penaltes of penalty, i decare that more married the relationed accompanying schedules and statements, an								to the best	of my environmentar	rant
Here	.bet	et may are too, surrent, and campions. Decementarisity	Heater States &	NIN DEIG	syec is a	when or an	PARTAIN	of e	top methoday	THIS MAY ACCOMEN	Q4.
Joint return?	369	r olgnature	Date 704		oni occrangasi			Dayline a	Acces matter		
Sam page 17.				AIR FORCE OFFICER					LL		
Keep a copy for your	h	Teores's signature. It a joint veture, both must sign. Data biocase's consulation									
nicorda.	1	WRITER							1		
Paid	Pro	Property Data Check F						-		41024444	
Preparer's	First term for										
Use Only	10	rs il self-orzpioyell, bees, and ZP code					Phone y		1. 1		
								-			000

22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties), if the result is a (loss), see page E-5 to find out if you must file Form 6198 . 22 4470 23 Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See page E-5 to find out if you must file Form 6582. Real estate professionals must complete line 43 on page 2 23 () (() 24 Income. Add positive amounts shown on line 22. Do not include any losses	Depar	rm 1040) that of the Treasury of Pervense Tensor (93) Attach to For	(From S cor	rental real est porations, est	ate, royaltie ates, trusts,	RÉMICs, e	hips,	9471	200 Attachment Sequence No.	13			
Person Income or Loss From Bantal Real Estate and Royallies Note. If you and function of use page 2, the 60 1 List the type and location of each rental real estate property. 2 For each write real estate property. 2 1 1 2 5 1 1 2 1 1 2 5 1 1 1 3 9000 3 3 9000 3 9000 3 9000 3 9000 3 9000 3 9000 3 9000 3 9000 3 9000 3 9000 3 9000 3 9000 3 9000 3							0	100					
1 List the type and location of each rental real estate property: Arrow of the transmission of each rental real estate property: Arrow of the transmission of each rental real estate property: Arrow of the transmission of each rental real estate property: Arrow of the transmission of each rental real estate property: Arrow of the transmission of the transmiss	Pa							of renting p					
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B Population	^	SACREMENTO CA	use it during the tax year for persona										
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C Tail entrify usfue? C Income: A B C Totals 3 Rents received 3 9000 Fail entrify usfue? Totals 4 Royathiss received 4 B C Properties Totals 5 Ave and bravel (see page E-4) 6 - - 4 9900 4 10 11 11 11 <	_				N. W.			s rented a	B				
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Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, N, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17. Otherwise, include this amount in the total on line 41 on page 2 4470	26	If Parts II, III, IV, and line 40 on pa	ge 2 do	not apply to you	u, also enter l				417				

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	Add the amounts on line					4		_
	Enter the smaller of line For students who attend							
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7	Tentative education cred	lits. Add lines 2 and 6	•	anana an	a an an an an an an	7	1650	
8	Enter: \$110,000 if married				******			
2	or qualifying widow(er) .				110000	-		
9	Enter the amount from F Subtract line 9 from line				14625	-		
· ·				10	35101			
11	Enter: \$20,000 if married or qualifying widow(er)	filing jointly; \$10,000 i	f single, head of hour	sehold,	20000			
12	If line 10 is equal to or							
	line 14. If line 10 is less					12	× .	
13	(rounded to at least thre Multiply line 7 by line 12					13	1650	
14	Enter the amount from F					14	6951	
15	Enter the total, if any, of or Form 1040A, lines 29	your credits from Form	n 1040, lines 47 throu	ugh 49,	0			
16	Subtract line 15 from lin education credits							
17		17	1650					
	* If you are filing Form 2555, 258	-		_				

Military Scenario 2 Test Questions

Directions

Using your resource materials, answer the following questions about the tax return prepared for the Andersons. You are at site S41024444.

Note: To complete social security numbers and employer identification numbers, replace Xs with 286560 or with the EFIN provided by your instructor.

- **11.1** The correct wages, salaries, tips, etc. listed on line 7 of Form 1040 is:
- **11.2** Are all the social security numbers listed correctly?
 - a. Yes
 - b. No
- 11.3 The correct deduction for line 40 of Form 1040 is: _____
- 11.4 The correct sum of expenses on line 19 of Schedule E is: _____
- **11.5** Is the total rental real estate and royalty income or loss on line 26 Schedule E correct?
 - a. Yes
 - b. No
 - c. Not applicable for this return
- **11.6** To maximize their tax refund, or minimize their tax liability, the Andersons should take the Foreign Tax Credit instead of the Foreign Earned Income Exclusion.
 - a. Yes
 - b. No
- **11.7** Is the education credit amount on line 17 of Form 8863, Education Credits, correct?
 - a. Yes
 - b. No
 - c. Not applicable for this return
- **11.8** Is the direct deposit information on lines 74b, 74c, and 74d on Form 1040 correct?
 - a. Yes
 - b. No
 - c. Not applicable for this return

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International Scenario 1: Jason and Ella Barnes

Taxpayer	Jason and Ella Barnes completed Form 13614, Intake and Interview Sheet
Taxpayer Documents	 Form 13614 Social security cards for Jason and Ella Barnes Form W-2 for Ella Barnes Form 1099INT
Interview Notes	 Jason and Ella Barnes are both U.S. citizens who have lived and worked in France since June 23, 2003. They did not return to the U.S. at any time during 2006. Income Jason has a teaching position and received his wages in French currency, which total \$37,500 after converting to US dollars. Jason had \$2,366 in French income tax withheld from his wages. They have taken the Foreign Earned Income Exclusion for Jason's wages in 2004 and 2005, and expect to do that again this year. They have never revoked this exclusion. Ella worked at the U.S. consulate and has a W-2 for her salary. They have a checking and savings account at a French bank. The interest from those accounts is \$1,715; they paid \$429 in French income tax that was withheld on that interest income. They also have an account in a U.S. bank (Form 1099INT). Sale of Property, lake lot Purchased August 8, 2000, for \$10,000 Sold March 25, 2006, for \$17,000 Paid sales commission and closing costs of \$1,620

Interview	•	Sale of stock
Notes (continued)		 Ella inherited 550 shares of J & J Imports stock on January 19, 2006
		Eair market value at the time they were inherited was \$16,500

- Fair market value at the time they were inherited was \$16,500
 Sold 250 shares on May 1, 2006, for \$9,250 (net of commis-
- sions)
- Additional Information
 - Neither of them wants to designate \$3 to the Presidential Campaign Election Fund



Form 13614 Rev. August-2006				- Internal Revenue Ser erview Sheet		OME	3 # 1545-1964
You (and Spouse)) will need	:					
 Proof of Identity 				 Child care ; 	oroviders' iden	tification nun	nber
· Copies of ALL W-2	1098, 1099 1	orms			banking inform		
 Social Security (SS 					ngs deposit sl		deposits
Identification Numb individuals to be list					lax payments i f other income		
				- Amounts of	outer alconne		
Part I: Taxpayer In 1. Your First Name	formation	MLL	Last Name			2. SSN or	ITIN
JASON		P	BARNES				(X - X X X)
3. Date of Birth (mm/ 10 / 3 / 19		Job Title EACHER					
5. Spouse's First Nar		M.I.	Last Name			6. SSN or	ITIN
ELLA		M	BARNES			511-)	(X - X X X X
7. Date of Birth (mm/ 12 / 21 / 19		Job Title ECRETAR	Y				
9. Address			Apt # City			State	Zip Code
720 RUE DE LA MAIN 10. Phone Numbers I		Ever		IN, FRANCE	Cell		
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11. Are you a U.S. Cit	lizen? 🗹 Ye	s 🗆 No	12. Is you	r Spouse a U.S. Ci	tizen? 🗹 Ye	s 🗌 No	
13. Can your parents	or someone of	else claim	you or your sp	ouse as a depende	ent on their tax	return?	Yes 🗹 No
14. Did you pay more t					No		
					- 1.00		
15. Check if Legally B	lind: 🗌 Ta	xpayer 🗌	Spouse				
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			induct a thorough interview, please use the decision trees, interview tips and informational charts in 17 in addition to this intake sheet. This intake sheet does not constitute a complete interview.
Filing S	tatus Det	ermi	nation – Use Publications 4012 and/or 17 to determine filing status.
	ed on the sw(er)	interv	view, the filing status of the taxpayer is: 🗌 Single 📓 MFJ 🗌 MFS* 🗌 HH 🗌 Qualifying
*Spouse	Name		Social Security Number
Depend	ency Det	ermi	nation – Use Publications 4012 and/or 17 to determine dependency exemptions.
T Yes	T No	2	Did the taxpayer provide more than 50% of the support for the dependents claimed?
Yes	□ No		Is there a signed Form 8332 or a divorce decree that allows someone else to claim the dependent(s)?
Yes	□ No	4	is the dependent permanently and totally disabled?
		5.	Based on the interview, how many individuals qualify as dependents for this return? 0
			COMMONLY USED INCOME AND EXPENSES
			se Publication 17, Your Federal Income Tax for Individuals and Publication 4012, Guide while discussing the questions below with the taxpayer.
1.1.1.1.1.1.1.1.1			In 2006, did you receive:
V Yes		-	Wages or Salary (Include W-2s for all jobs worked during the year)
Yes	No No	2.	그 날 때 김 것 요 정말한 것 같 것, 것, 것, 것 같아요. 요 한 것, 영양을 것 같 것 같아요. 한 것
V Yes	No No		Interest from: checking or savings account, bonds, dividends, CD, or brokerage account
Yes	No.		State tax refund (may be taxable if you itemized last year)
1 Yes	No No		Alimony income
□ Yes	No No		Tip income
□ Yes	No		Pension and/or IRA distribution
1 Yes	No.		Unemployment
T Yes	No No		Social Security or Railroad Retirement
I Yes	No No		Self Employment
V Yes	D No		Other Income such as gambling winnings, awards, prizes and Jury duty
Part V.	Adjust		t – Did you have 2006 expenses for:
□ Yes		-	IRA or other retirement account
□ Yes	No No		Alimony payments paid (If yes, you must provide the name and SSN of the recipient)
T Yes	No.		Education related expenses
Part VI.	Itemize	ed D	eductions - Did you have 2006 expenses for:
Yes	No.	1.	Un-reimbursed medical expenses
Ves	No No	2.	이 동물 방송 이 것 있었던 이 것 같은 방송 것 같은 것 같
Yes	No No	3.	Charitable contributions
Part VII	Credit	s -	In 2006, did you have:
Ves	No No	1.	Child/dependent care expenses that allow you (and your spouse-if MFJ) to work
Yes	No No	2.	는 같은 것 같은 것 같은 것 같은 것은 것 같은 것은 것 같은 것을 알았다. 것 같은 것은 것 같은 것은 것 같은 것 같은 것 같은 것 같은 것
Yes	No.	З.	Retirement Savings Contribution
	. Earne	ed Ir	ncome Tax Credit Determination – EITC Eligibility
Part VII			
Part VII	No No	1.	Was EITC previously disallowed (if yes taxpayer may not be eligible for EITC)

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International Scenario 1 Test Questions

Directions

Using your resource materials, answer the following questions. You are a volunteer at site number S5101555.

Note: To complete social security numbers and employer identification numbers, replace Xs with 286560 or with the EFIN provided by your instructor.

- **12.1** What are the Barnes' wages, salaries, tips, etc. reported on line 7 of Form 1040?
 - a. 26,600
 - b. 37,500
 - c. 64,100
 - d. 65,000
- 12.2 The Barnes' net short-term capital gain or loss on line 7 of Schedule D is:
 \$_____
- **12.3** What is the Barnes' net long-term capital gain or loss on line 15 of Schedule D?
 - a. 0
 - b. 1,750
 - c. 5,380
 - d. 7,130
- 12.4 The Barnes' total income on line 22 of Form 1040 is: \$_____
- **12.5** What, if anything, should be entered as the start and end dates for the Barnes' bona fide residence as recorded on line 1b of Form 2555EZ?
 - a. 01/01/2006, 12/31/2006
 - b. 06/23/2003, 12/31/2006
 - c. 06/23/2003, Continues
 - d. Nothing

- **12.6** What is the sum of the Barnes' Tax and Alternative minimum tax on line 46 of Form 1040?
 - a. 1,535
 - b. 2,084
 - c. 1,178
 - d. 2,119
- **12.7** The Barnes' foreign tax credit on line 47 of Form 1040 is: \$_____

Internationa	al Scenario 2: Douglas and Claire Richards						
Taxpayer	Douglas and Claire Richards completed Form 13614, Intake and Interview Sheet.						
Taxpayer Documents	 Form 13614 Social security cards for Douglas, Claire and Patrick Form W-2 Form 1099-R Form 1098-T Forms 1099-INT Voided check 						
Interview Notes	 Citizenship: Douglas Richards is a U.S. citizen who is married to Claire, a citizen of Singapore. Both have social security numbers. Residence: Moved to Singapore 01/23/06 Visited U.S. 12/22/06 through 01/04/07 Currently renting home in Singapore Children: They have one child who is a junior in college. Douglas and Claire pay all of his expenses and he does not work. Employment: Douglas: Retired as a professor of architecture on 01/03/06 Receives monthly pension payments starting 02/01/06; Claire will receive beneficiary payments after his death Employed part-time in Singapore for Liam and Sons Architectural Design, 52 Poet's Lane, Singapore Income: \$7,200 Singapore Dollars (SGD); withholding: \$1,800 SGD for income tax; average exchange rate for the period he received the payments: 1.4549 						

 Claire: Self-employed physical therapist Did not work in the U.S. in 2006 Income: \$5,400 United States Dollars (USD) Income tax: \$500 SGD (exchange rate on the day she made the payment was 1.2661) Business code: 621340 Supplies and equipment: \$540 USD Licenses: \$250 USD Professional dues: \$300 USD Advertising: \$475 USD Automobile use: purchased car 02/18/06; started using it for work 04/03/06; total mileage 12,100; mileage for business 1,550 (kept diary of mileage)
 Property: Primary home: Bought U.S. home 04/22/85 for \$125,000 Sold home on 01/18/06 for \$435,000 (net after commissions and closing costs) Made capital improvements of \$35,000 between 1985 and date of sale Lived in house until sale Rental duplex: Rented one side all year; used other side for storage Income: \$7,200 Interest on entire duplex: \$3,200 Real estate taxes on the entire duplex: \$1,500 Painting inside the entire duplex: \$760 Insurance on entire duplex: \$900 Depreciation for just the rental side: \$2,200 (schedule provided by taxpayer)

Interview Notes (continued)	 Other: Foreign Earned Income Exclusion: Have never claimed it; want to know if it is appropriate for them Potential qualifying period identified by taxpayers: 02/01/2006 through 01/31/2007	r
	 Interest income: \$3,275 (bank provided conversion to U.S. dollars) from accounts at Kerry Home Bank; \$819 U.S. dollars withheld for income tax Several open U.S. accounts shown on Forms 1099-INT 	ł
	 Itemizing: They do not think they have enough qualified expenses 	
	 Presidential Election Campaign Fund: Neither wants to designate \$3 	-
	 Refund or payment: Douglas wants to have a direct deposit o direct debit using their savings account #062332 at University Bank, RTN 111900659 	

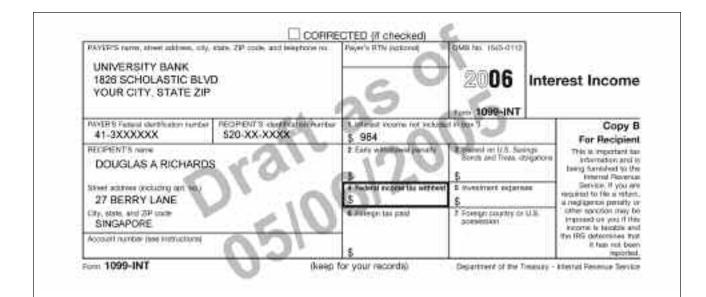


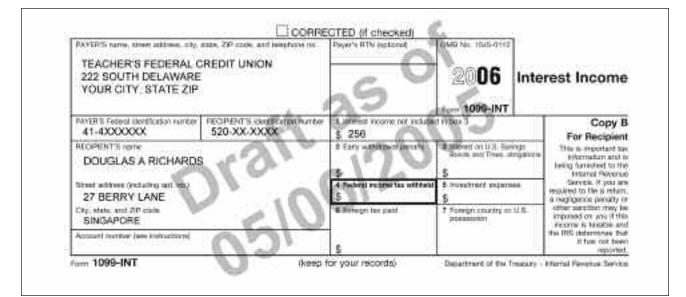
Form 13614 Rev. August-2006						ernal Revenue Ser view Sheet		OME	8 # 1545-1964	
You (and Spouse) will nee	d:								
 Proof of Identity 						Child care ;	oroviders' iden	tification nun	nber	
· Copies of ALL W-2	1098, 1099	forms					banking inform			
 Social Security (SS Identification Numb individuals to be list 	er (ITIN) for	að	x			Estimated t	ngs deposit al ax payments i other income	made, etc.	deposits	
Part I: Taxpayer In	formatio	n				ni 200340000				
1. Your First Name	inormatio		l.l.	Last Na	me			2. SSN or	ITIN	
					RDS			520->	(X-XXX)	
 Date of Birth (mm) 05 / 11 / 19 		4. Job RETIR		CHITE	CT					
5. Spouse's First Nar	me	1.22		Last Na	0			6. SSN or		
CLAIRE S					RDS			521->	(X - X X X X	
 Date of Birth (mm/ 01 / 16 / 19 		B. Job PHYSI		HERAP	IST					
9. Address 27 BERRY LANE				Apt #	City SINGA	PORE		State	Zip Code	
10. Phone Numbers: Daytime Eveni YOUR PHONE NUMBER							Cell			
11. Are you a U.S. Cit	iben? V	(es T	No	12.1	s your St	pouse a U.S. Cit	izen? 🗆 Ye	s 🗹 No		
13. Can your parents	or someone	ake c	laim w				and the second		Yes 🗹 No	
									168 121140	
14. Did you pay more	than half the	e cost o	и кеер	ing up t	he home	Y 🖌 Yes 🗆] No			
15. Check if Legally B	lind: 🗌 T	axpaye	ar 🗆	Spouse	ē					
16. Check if Permane	ntly and Tot	ally Di	sabled		axpayer	Spouse				
 On December 31s Were you: Sin a. If married, were 	gle 🗹 Le						months of the	year? 🗹 Y	es 🗆 No	
18. Was your spouse	deceased?	If yes,	provid	le the d	ate of de	ath. /)(mm/	dd/yyyy)		
Part II. Family and	Depende	ent In	form	ation -	Do not	include you or	your spouse			
						ome that you sup				
Prive and name or everyo			of Brith Schronit		Security or or ITIN	Helaborahip (scn, daughter, elc.)	Months person lived with you in 2006	Check if resident of Canada of Mexico	t is the dependent a full time student (yes or no)	
Print and marine of everyo Name			20		04	(d)	00	16	(10)	
									YES	
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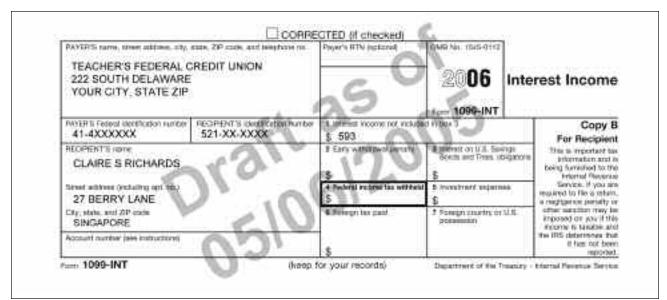
			induct a thorough interview, please use the decision trees, interview tips and informational charts in 17 in addition to this intake sheet. This intake sheet does not constitute a complete interview.
Filing S	tatus Det	ermi	nation – Use Publications 4012 and/or 17 to determine filing status.
	ed on the sw(er)	inter	view, the filing status of the taxpayer is: 🗌 Single 📓 MFJ 🗌 MFS* 🗌 HH 🗌 Qualifying
*Spouse	Name		Social Security Number
Depend	ency Det	ermi	nation – Use Publications 4012 and/or 17 to determine dependency exemptions.
Yes	T No	2.	Did the taxpayer provide more than 50% of the support for the dependents claimed?
Yes	No.		Is there a signed Form 8332 or a divorce decree that allows someone else to claim the dependent(s)?
□ Yes	No No	4	is the dependent permanently and totally disabled?
		5.	Based on the interview, how many individuals qualify as dependents for this return? 1
			COMMONLY USED INCOME AND EXPENSES
			se Publication 17, Your Federal Income Tax for Individuals and Publication 4012, Guide while discussing the questions below with the taxpayer.
Part IV.	Incom	e -	In 2006, did you receive:
V Yes	□ No	-	Wages or Salary (Include W-2s for all jobs worked during the year)
Yes	No No		Disability income
V Yes	No.		Interest from: checking or savings account, bonds, dividends, CD, or brokerage account
T Yes	No.	4.	그 그녀가 들어가 잘 안 했다. 그 것은 것 같아요. 그는 것 같아. 그는 것은 것 같아요. 나는 것 같아요. 나는 것은 것 같아요. 그는 것 싶. 그는 것 같아요. 그는 것 같이. 그는 그는 것 같아요. 그는 것 같아요. 그는 것 같아요. 그는 것 같아요. 그
Yes	No No		Alimony income
T Yes	No.		Tip income
V Yes	I No		Pension and/or IRA distribution
T Yes	No.		Unemployment
T Yes	No No		Social Security or Railroad Retirement
V Yes	I No		Self Employment
T Yes	No.		Other Income such as gambling winnings, awards, prizes and Jury duty
Part V.	Adjust	men	t – Did you have 2006 expenses for:
T Yes	No No	1.	IRA or other retirement account
Yes	No No	2.	Alimony payments paid (If yes, you must provide the name and SSN of the recipient)
Yes	No No		Education related expenses
Part VI.	Itemize	ed D	eductions – Did you have 2006 expenses for:
Yes	No No	1,	Un-reimbursed medical expenses
Yes	No No	2.	Home mortgage payments (interest and taxes – see Form 1098)
□ Yes	No No	3.	Charitable contributions
Part VII	Credit	s -	In 2006, did you have:
Yes	No No	1.	Child/dependent care expenses that allow you (and your spouse-if MFJ) to work
	No No	2.	Educational expenses for you or your dependents
Yes Yes	No.	3.	Retirement Savings Contribution
Yes Yes		d Ir	ncome Tax Credit Determination – EITC Eligibility
Yes	. Earne	-	
Yes	No No		Was EITC previously disallowed (if yes taxpayer may not be eligible for EITC)

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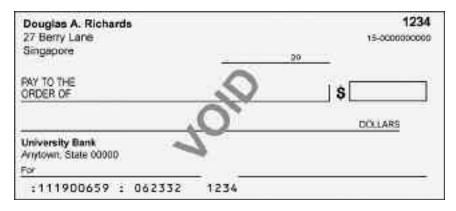
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		2b Taxable amount not determined	Total distribution	Copy I Report thi
PAYER'S federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a)	4 Federal income to withheld	
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RECIPIENT'S name DOUGLAS A RICHARD	s sk	 Employee contributions or insurance premiums designated Roth basis \$ 		tax withheld in box 4, attack
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City, state, and ZIP code SINGAPORE		9a Your percentage of total databation %	9b Tetal employee centrib \$ 245800	
	Tat year of desig. Rath corenes	10 Statu tax withheld S.S.S.	11 State/Payer's sta	te no. 12 State distributio \$ \$
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See 4	DOUGLAS A	RICHARDS	<u>}</u>	- 1		520		XX
on page 1E)	If a joint return, spoular's fest name and all	RICHARDS		A.V		2012	e's social sesurity in	
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dependents, see page 19.							Dependents an 6s rost enlared show	
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W-2 here. Also attach Forms	9a Ordinary dividendi: Attach Sched	CONTRACTOR A		101010101	1 1 1	Ra		-
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payment, Also.	18 Farm income re line), Attach Sch 19. Unemployment compensation			10000	1.5.1	19		
Form 1040-V.	209 Social security parents 209		b Tasa	ablo amount bee	10091 27)	206		
	21 Other income. List type and amou	atter Names Scotting and 1000	CONTRACTOR IN	23)F2555EZ(4	ACC-00448	21	(7872)	
	22 Add the amounts in the far right on	- Long and a	22		come •	22	81362	1
Adjusted	23 Aroter MSA deduction. Attach Fo 24 Certain busines expenses of reserve		100		-		l i	
Gross	fee-tase government officials. Attack				_			
Income	25 Health asvings account deduction	Allach Form 8889 .	25		-			
	26 Moving expenses Attach Form 05		21		222	-		
	27 One-half of self-employment tax. A 28 Self-employed SEP, SMPLE, and		71					
	29 Self-employed health insurance d	A REAL PROPERTY AND A DESCRIPTION OF	10 25	1				
	30 Penalty on early withdrawal of sec				-	-		
	31a Alytony paid to Recipient's SSN ► 32 IRA deduction (see page 31)		31		-			
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	60 Additional tax on IRAs, other qualified retrements 01 Advance samed income credit payments from	A DEAL PROPERTY OF COMPANY				61	
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	63 Add lines 57 through 62. This is your total to					63	6650
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913010 B	73 7 kiw 72 is more than line 65, subbact line 68			COLUMN THE REAL PROPERTY OF TH		73	6200
Refund Direct deposit?	74a Amount of line 75 you want refunded to you.		- COLUMN 110 110 110 110	A REPORT OF A R		74a	6200
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rr Farm 8988.	76 Amount utilize 70 you want applied to your 2007 et	stimuted tax	► 1 75	- International and	1		
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You Owe	77 Estimuted tex penalty (see page 80)	8. 4. 4. 9	77	The second s	1		
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internal sectors.	rm 1040) ment of the Treasur, i Parvenue Bervies	Attach to Form 1040 or 1041. See instructions on back.	E	2000	
	of proprietor		521	xity number (SSN XX XXXXX	1
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A	Brincipal husis	ess or profession, including product or service	Enter rea	de fram pages C-8, 9	5 10
3.5.0	SICAL THER	APIST		6 2 1 3	4 0
С	Business nam	e. If no separate business name, leave blank. D	Employ	er iD number (EIN)), if any
E	Business addr	ess (including suite or room no.). Address not required if same as on Form 1040, page 1.			11.0
	City, town or ;	post office, state, and ZIP code			
_					
Par	tll Figur	e Your Net Profit			_
1	employee" b	ets. Caution. If this income was reported to you on Form W-2 and the "Statutory ox on that form was checked, see Statutory Employees in the instructions for line 1, on page C-3 and check here	1	5400	
2	Total expen	ses (see instructions). If more than \$5,000, you must use Schedule C	2	2255	2
3	Form 1040,	Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on line 12, and also on Schedule SE, line 2. (Statutory employees do not report this ichedule SE, line 2. Estates and trusts, enter on Form 1041, line 3.)	3	3146	5
Par	t III Infor	mation on Your Vehicle. Complete this part only if you are claiming car or to	ruck ex	penses on lin	e 2.
4	When did yo	u place your vehicle in service for business purposes? (month, day, year) >	, 03	/ 2005	
5	Of the total r	number of miles you drove your vehicle during 2006, enter the number of miles you	used y	our vehicle for	8
50	Busness	1550 b Commuting (see instructions) c Other	and i	12100	
		cur apouse) have another vehicle available for personal use?			No
*		hicle available for personal use during off-duty hours?		Yes [No
	Was your ve			. 🗹 Yes 🛛	No
* 6 7		evidence to support your deduction?			
# 6 7 8a	Do you have	evidence to support your deduction?		Yes [No
# 6 7 8a b	Do you have If "Yes," is th	e evidence written?	+ +	Ves 0	

Schedule C-EZ (Form 1040) 2008

Instructions

You can use Schedule C-EZ instead of Schedule C if you operated a business or practiced a profession as a sole proprietorship or you were a statutory employee and you have met all the requirements listed in Schedule C-EZ, Part I.

Line A

Describe the business or professional activity that provided your principal source of income reported on line 1. Give the general field or activity and the type of product or service.

Line B

Enter the six-digit code that identifies your principal business or professional activity. See pages C-8 through C-10 of the Instructions for Schedule C for the list of codes.

Line D

You need an employer identification number (EIN) only if you had a qualified retirement plan or were required to file an employment, excise, estate, trust, or alcohol, tobacco, and frearms tax return. If you need an EIN, see the instructions for Form SS-4. If you do not have an EIN, leave line D blank, Do not enter your SSN.

Line E

Enter your business address. Show a street address instead of a box number. Include the suite or room number, if any.

Line 1

Enter gross receipts from your trade or business. Include amounts you received in your trade or business that were properly shown on Forms 1099-MISC. If the total amounts that were reported in box 7 of Forms 1099-MISC are more than the total you are reporting on line 1, attach a statement explaining the difference. You must show all items of taxable income actually or constructively received during the year (in cash, property, or services). Income is constructively received when it is credited to your account or set aside for you to use. Do not offset this amount by any losses.

Line 2

Enter the total amount of all deductible business expenses you actually paid during the year. Examples of these expenses include advertising, car and truck expenses, commissions and fees, insurance, interest, legal and professional services, office expense, rent or lease expenses, repairs and maintenance, supplies, taxes, travel, the allowable percentage of business meals and entertainment, If you claim car or truck expenses, be sure to complete Schedule C-EZ. Part III.

Line 5b 🌌

Generally, commuting is travel between your home and a work location. If you converted your vehicle during the year from personal to business use (or vice verse), enter your commuting miles only for the period you drove your vehicle for business. For information on certain travel that is considered a business expense rather than commuting, see the Instructions for Form 2108.

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.

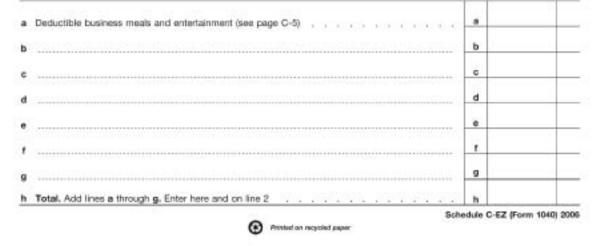
You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration 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 burden for individual taxpayers filing this form is included in the estimates shown in the instructions for their individual income tax return. The estimated burden for all other taxpayers who file this form is approved under OWB control number 1545-1973 and is shown below.

Recordkeeping							, 45 min.
Learning about the law							
or the form		 					. 4 min.
Preparing the form.	 		+	+	4	 4	. 35 min.
Copying, assembling, and sending the form to							
If you have comments time estimates or sugges							

we would be happy to hear from you. See the instructions for ment, the tax return with which this form is filed.

Optional Worksheet for Line 2 (keep a copy for your records)



Form 11116 Department of the Treasury Internal Neuronian Derivation (1999)	► A	(Indivi Itach to Fo	dual, Estat m 1040, 10	x Credit le, or Trust) 40NR, 1041, o nstructions.			ş		2006 Mitacheroort Requestor No. 19
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box on each Form 1116. Re			cept where		60. <i>and</i>		100	G	
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b Check # line 1a is com	pensation for persona			.75					9419
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b Other deductions (atta	ch atatement}								
e Add lines 3a and 3b			103	275				1	
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6 Add lines 2, 3g, 4a, 4 7 Subtract line 6 from li	the second se	t here and			-			6	2910
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3	inter the smaller of line 13 or line 20. If this is the only Form 1116 you a O and enter this amount on line 31. Otherwise, complete the appropri age 18 of the instructions)	iata lin	e in Part IV (see	21	407
Part					
	redit for taxes on passive income	22	407	100	
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	redit for taxes on financial services income	24			
	redit for taxes on shipping income	25			
26 C	redit for taxes on dividends from a DISC or former DISC and certain inditions from a FSC or former FSC	26			
- C - C - C - C - C - C - C - C - C - C	redit for taxes on lump-sum distributions	27			
	redit for taxes on certain income re-sourced by treaty	28		3	
	redit for taxes on general limitation income	29		-	
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				31	407
	eduction of credit for international boycott operations. See instruction			32	
33 S	ubtract line 32 from line 31. This is your foreign tax credit. Enter here	e and	on Form 1040, line 47;		
F	orm 1040NR, line 44; Form 1041, Schedule G, line 2a; or Form 990-T	, line (40a 🛌 🕨	33	407
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6a	If, after 1	1981, you filed	Form 2555 or	Form 2555-EZ, enter	the last year yo	u filed the form		
b	If you die Have you	d not file Form	2555 or 2555-	EZ after 1987 to clair	n ether of the ex	clusions, chec	k here 🕨 🗹 a	and go to line 7.
d	If you an	swered "Yes,"	enter the type	exclusions7	tax year for whi	ch the revocat	ion was effect	ive. >
7	Of what	country are yo	u a citizen/nat	ional? SINGAPOR	E			
Ba	Did you the	maintain a sep	arate foreign n I foreign hour	esidence for your fam sehold on page 3 of 1	ily because of al	dverse living co	onditions at yo	
	If "Yes,"	enter city and	country of the	e separate toreign res	idence. Also, en	ter the numbe	r of days durin	ng your tax year that
	you main	ntained a secon	nd household	at that address	500	WELLEE JAN	UMHY 24, 200	
	ruse your	rex nonnelsé q	uning your tax	And auto create(s) ears	diaried.		************	********************
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Form								-
Par	Taxpayers Qualifying Un	der Physical Prese	nce Test (see p	page 2 of the	e instruct	ion	s)	
16	The physical presence test is based	on the 12-month peri	od from > 02/01/	2006	through		01/31/2006	
17	Enter your principal country of emplo	syment during your ta	x year. F .SINGA	PORE		h		
18	If you traveled abroad during the 12-							
	foreign countries that did not involve more. If you have no travel to report of	a travel on or over inte during the period, ante	rnational waters,	or in ar over	the Unite	dS	tates, for 24 ho	urs an
	12-month period." Do not include th							
_	(a) Name of country	(b) Date arrived	(c) Date with	Id Full days present up	den Namo	er of	n income earned in	in U
_	Including U.S.)			country	de bubiy	0.00	computation	
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Pai	t IV All Taxpayers	V	\• J 🕤					
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Note	e: Enter on lines 19 through 23 all inco	ime, including honeas/	a vaccute, hon eau	ned and actual	ly or com	strua	ctively received,	CUV.
	v 2006 tax year for services you perfor							
6817	ned in a prior tax year, or will be earne	id in a later tax year is	uch as a bonusl, s	see the instruc	lions. Do	not	t include income	9 In
	14, column (d), or line 18, column (f),							
	structively received the income.		2012/02/02/28020	0102020050		-10	199700000000000	201
	anacevery received the nicerity.							
	If you are a cash basis taxpayer,	report on Form 1040	all income you re	ceived in 200	6, no mat	ter	when you perfo	orm
		report on Form 1040	all income you re	ceived in 200	6, no mat	ter	when you perfo	orn
-	If you are a cash basis taxpayer, the service.	-		ceived in 200	6, no mat	ter	Amount	
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20 a b 21 a c d 22	If you are a cash basis taxpayer, the service. 2006 Total wages, salaries, bonuses, dom Check this box if the amount on line method to determine the source of t Allowable share of income for perso in a business (including farming) or p In a partnership. List partnership's n Noncash income (market value of pre showing how it was determined): Home (lodging). Meats Car Cher property or facilities. List type Allowances, reimbursements, or exp	Foreign Earned Incomissions, etc. 19 is \$250,000 or more his compensation income rate services performed profession arme and address and apperty or facilities furni- and amount.	e and you are usione. See instructions type of income. I shed by employer shalf for services y	ng an alternati ons s): attach state	ve	19 20a 20b 21a 21b 21c	Amount (in U.S. doltars) 0	
20 a 21 a c d 22 a	If you are a cash basis taxpayer, the service. 2006 Total wages, salaries, bonuses, com Check this box if the amount on line method to determine the source of t Allowable share of income for perso in a business (including farming) or p in a partnership. List partnership's in Noncash income (market value of pro- showing how it was determined): Home (lodging). Meals Car Other property or facilities. List type Allowances, reimbursements, or exp Cost of living and oversees different	Foreign Earned Incomissions, etc. 19 is \$250,000 or more his compensation income rate services performed profession arme and address and apperty or facilities furni- and amount.	e and you are usione. See instruction type of income. I shed by employer shalf for services y	ng an alternati ons s): 	ve	19 20a 20b 21a 21b 21c	Amount (in U.S. doltars) 0	
20 a b 21 a c d 22 a b	If you are a cash basis taxpayer, the service. 2006 Total wages, salaries, bonuses, com Check this box if the amount on line method to determine the source of t Allowable share of income for perso in a business (including farming) or p in a partnership. List partnership's of Noncash income (market value of pro- showing how it was determined): Home (lodging). Meats Car Other property or facilities. List type Allowances, reimbursements, or exp Cost of living and overseas different Family	Foreign Earned Inc missions, etc. 19 is \$250,000 or mor his compensation inco nal services performed profession arme and address and operty or facilities furni and amount. enses paid on your be isi	e and you are usione. See instructions type of income. I shed by employer shalf for services y	ng an alternati ons si —attach state	ve	19 20a 20b 21a 21b 21c	Amount (in U.S. doltars) 0	
20 a b 21 c d 22 a b c	If you are a cash basis taxpayer, the service. 2006 Total wages, salaries, bonuses, com Check this box if the amount on line method to determine the source of t Allowable share of income for perso in a business (including farming) or p In a partnership. List partnership's of Noncash income (market value of pro- showing how it was determined): Home (lodging). Meats Car Other property or facilities. List type Allowances, reimbursements, or exp Coet of living and oversees different Family Education	Foreign Earned Incomissions, etc. 19 is \$250,000 or more his compensation income rate and address and arre and address and sperty or facilities furni- and amount.	e and you are usione. See instructions type of income. I shed by employer shalf for services y 22a 22b 22c	ng an alternati ons si: 	ve	19 20a 20b 21a 21b 21c	Amount (in U.S. doltars) 0	
20 a b 21 a c d 22 a b c d	If you are a cash basis taxpayer, the service. 2006 Total wages, salaries, bonuses, dom Check this box if the amount on line method to determine the source of t Allowable share of income for perso in a business (including farming) or p In a partnership. List partnership's of Noncash income (market value of pro- showing how it was determined): Home (lodging). Meats Car Other property or facilities. List type Allowances, reimbursements, or exp Cost of living and oversees different Family Education Home leave	Foreign Earned Incomissions, etc. 19 is \$250,000 or more this compensation income rate services performed profession arme and address and apperty or facilities furni- and amount. Income enses paid on your be- tal	e and you are usione. See instructions type of income. I shed by employer shalf for services y 22a 22b 22c	ng an alternati ions s): r—attach state	ve	19 20a 20b 21a 21b 21c	Amount (in U.S. doltars) 0	
20 a b 21 a c d c d c d c d e	If you are a cash basis taxpayer, the service. 2006 Total wages, salaries, bonuses, com Check this box if the amount on line method to determine the source of t Allowable share of income for perso in a business (including farming) or p In a partnership. List partnership's of Noncash income (market value of pro- showing how it was determined): Home (lodging). Meats Car Other property or facilities. List type Allowances, reimbursements, or exp Coet of living and oversees different Family Education	Foreign Earned Incomissions, etc. 19 is \$250,000 or more this compensation income rate services performed profession arre and address and apperty or facilities furning and amount.	e and you are usione. See instructions type of income. I shed by employer half for services y 22b 22c 22d 22c	ng an alternati ions s): r—attach state	ve	19 20a 20b 21a 21b 21c	Amount (in U.S. doltars) 0	

23 Other foreign earned income. List type and amount. >

24 Add lines 19 through 21d, line 22g, and line 23

25 Total amount of meals and lodging included on line 24 that is excludable. (see instructions) .
26 Subtract line 25 from line 24. Enter the result here and on line 27 on page 3. This is your 2006 foreign earned income.

23

25

12

24 3145

26 3145

Form 2555 (2000)

5-23

Part	V	All Taxpayers	1		
		~		3145	
		the amount from line 26	27	1	
	_	u claiming the housing exclusion or housing deduction?			
		Go to Part VII.	11	P	
Part	VI	Taxpayers Claiming the Housing Exclusion and/or Deduction	1	0	
			1		
28 (Qualifi	ed housing expenses for the tax year. (see instructions)	28		
		mit an housing expenses (see instructions)	29		-
		the smaller of line 28 or line 29	30	-	-
	year. (er of days in your qualifying period that fall within your 2005 tax see instructions)			
		y \$36.12 by the number of days on line 31. If 365 is entered on line 31, enter \$13,184.00 here	32	-	
		ct line 32 from line 30. If the result is zero or less, do not complete the rest of this part or	33		
		Part IX			
		line 34 by line 27. Enter the result as a decimal (rounded to at least three places), but do			
	not en	ter more than "1.000"	35		_
		ng exclusion. Multiply line 33 by line 35. Enter the result but do not enter more than the	36		
		It on line 34. Also, complete Part VIII	30		-
- 18		e exclusion, complete Parts VII and VIII before Part IX.			
Part	VII	Taxpayers Claiming the Foreign Earned Income Exclusion			
37 1	Maxim	um foreign earned income exclusion	37	182,400	00
		u somelated Bart M, aster the sumber from the 54	00.855		
		thera, enter the number of days in your gualifying period that			
an it	fall wit	hin your 2006 tax year (see the instructions for line 31).			
		e 38 and the number of days in your 2006 tax year (usually 365) are the same, enter "1.000."	39	, 9	07
		arwise, divide line 38 by the number of days in your 2006 tax year and enter the result ecimal (rounded to at least three places).		Letters and	
		ly line 37 by line 39	40	74737	
		ct line 36 from line 27	41	3145	-
42 1	Foreig	n earned income exclusion. Enter the smaller of line 40 or line 41. Also, complete Part VII	42	3145	
Part	VIII	Taxpayers Claiming the Housing Exclusion, Foreign Earned Income Exclus	ion, e	or Both	_
43	Add lir	ves 36 and 42	43	3145	
		tions allowed in figuring your adjusted gross income (Form 1040, line 37) that are allocable		200	
1	to the	excluded income. See instructions and attach computation	44	222	
1	Next to	ct line 44 from line 43. Enter the result here and in parentheses on Form 1040, line 21. o the amount enter "Form 2555." On Form 1040, subtract this amount from your income		2022	
		Taxpayers Claiming the Housing Deduction—Complete this part only if (a) lin	45	2923	0.0
Part	IX.	36 and (b) line 27 is more than line 43.	16.33	is more than I	i nej
46 5	C datas	ct line 36 from line 33	46		
		ct line 43 from line 27	47		
		he smaller of line 46 or line 47	48		
	becau	If line 47 is more than line 48 and you could not deduct all of your 2005 housing deduction ise of the 2005 limit, use the worksheet on page 4 of the instructions to figure the amount ar on line 49. Otherwise, go to line 50.			
		g deduction carryover from 2005 (from worksheet on page 4 of the instructions)	49		
		ng deduction. Add lines 48 and 49. Enter the total here and on Form 1040 to the left of			
S. 1	ine 36	Next to the amount on Form 1040, enter "Form 2555." Add it to the total adjustments ad on that line	50		
			- 1010		-

Department of the Treasury	Foreign Earned Income E		2006
Intentil Revenue Service (RB) Name shown on Form 1040 DOUGLAS A RICHARDS	See separate instructions. Attach : Attach :	to Form 1040.	Sequence No. 34A Your social security number 520 XX XXXX
You May Use This Form If You: • Are fi	U.S. citizen or a resident alien. ed wages/salaries in a foreign country. total foreign earned income of 600 or less. ling a calendar year return that is a 12-month period.	• Do not have	self-employment income. business/moving expenses the foreign housing deduction.
Part I Tests To S	See If You Can Take the Foreig	an Earned Inc	come Exclusion
(see page 2 of the instruc ● If you answered "Yes," ● If you answered "No,"	ident of a foreign country or countries for a period ctions)?, you meet this test. Fill in line 1b and then go to 1 you do not meet this test. Go to line 2 to see if yo fide residence began > , and	ine 3. ou meet the Physical	Presence Test.
2 Physical Presence Test a Ware you physically pres	ent in a foreign country or countries for at least 33	10 full clavs during-	
[2006 or	1		Ves 🗆 No
[and other below of 12	months in a row starting or ending in 2006?]		
 If you answered "Yes," If you answered "No," Bona Fide Residence 1 	you meet this test. Fill in line 2b and then go to il you do not meet this test. You cannot take the Test above.		01010007
 If you answered "Yes," If you answered "No," Bona Fide Residence 7 b The physical presence te 3 Tax Home Test, Was you residence or physical pre- e If you answered "Yes," 	you meet this test. Fill in line 2b and then go to il you do not meet this test. You cannot take the fest above.	exclusion unless you 2/01/2006 throu ughout your period of ow and then go to pa	gh ▶01/31/2007 bona fide
 If you answered "Yes," If you answered "No," Bona Fide Residence 7 b The physical presence te 3 Tax Home Test, Was you residence or physical pre- e If you answered "Yes," 	you meet this test. Fill in line 2b and then go to il you do not meet this test. You cannot take the fast above. st is based on the 12-month period from 0 ur tax home in a foreign country or countries throu- sence, whichever applies? you can take the exclusion. Complete Part II belo you cannot take the exclusion. Do not file this for	exclusion unless you 2/01/2006 throu ughout your period of ow and then go to pa	gh ▶01/31/2007 bona fide
 If you answered "Yes," If you answered "No," Bona Fide Residence 1 b The physical presence te 3 Tax Home Test. Was you residence or physical pre If you answered "Yes," If you answered "No," 	you meet this test. Fill in line 2b and then go to il you do not meet this test. You cannot take the Test above. st is based on the 12-month period from ▶0 ur tax home in a foreign country or countries throu- sence, whichever applies? you can take the exclusion. Complete Part II belo you cannot take the exclusion. Do not file this for iformation	exclusion unless you 2/01/2006 throu ughout your period of ow and then go to pa	gh ▶01/31/2007 bona fide
fi you answered "Yes," if you answered "No," Bona Fide Residence T b The physical presence te Tax Home Test, Was you residence or physical pre if you answered "No," if you answered "No," Part II General In Your foreign address (include)	you meet this test. Fill in line 2b and then go to il you do not meet this test. You cannot take the Test above. st is based on the 12-month period from ▶0 ur tax home in a foreign country or countries throu- sence, whichever applies? you can take the exclusion. Complete Part II belo you cannot take the exclusion. Do not file this for iformation	exclusion unless you 2/01/2006 throu ughout your period of ow and then go to pa	gh ►01/31/2007 bona fide ge 2. Yes □ No 5 Your occupation ARCHITECT
 If you answered "Yes," If you answered "No," Bona Fide Residence 7 b The physical presence te Tax Home Test. Was you residence or physical presence te If you answered "No," Part II General In Your foreign address includ Bernployer's name LIAM AND SONS 9 Employer is (check any to a AUS, business ,	you meet this test. Fill in line 2b and then go to ill you do not meet this test. You cannot take the fast above. st is based on the 12-month period from > 0 ur tax home in a foreign country or countries throu- sence, whichever applies?	exclusion unless you 2/01/2006 throu ighout your period of w and then go to pa m. 8 Employer's foreig 52 POETS LAWE, SING	gh ►01/31/2007 bona fide ge 2. Yes □ No 5 Your occupation ARCHITECT
 If you answered "Yes," If you answered "No," Bona Fide Residence T The physical presence te Tax Home Test, Was you residence or physical pre- e If you answered "Yes," If you answered "No," Part II General In 4 Your foreign address (includ 27 BERRY LANE, SINGAPORE 6 Employer's name LIAM AND SOMS 9 Employer is (check any th a A U.S. business b A foreign business c Other (specify) >	you meet this test. Fill in line 2b and then go to il you do not meet this test. You cannot take the feat above. st is based on the 12-month period from >0 ur tax home in a foreign country or countries throu- sence, whichever applies?	exclusion unless you 2/01/2006 throu ughout your period of two and than go to pa the some s2 POETS LANE, SING the form.	gh ▶01/31/2007 bona fide 1 0 ves □ No ge 2. 5 Your occupation ARCHITECT n address APORE

In U.S. on busines on busines 12/22/2006 01/04/2007 0 0 0 12/22/2006 01/04/2007 0 0 0 12/22/2006 01/04/2007 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 13 Maximum foreign earned income exclusion 13 14 0 0 0 15 13 462.400 00 14 0 0 0 0 </th <th>Part III</th> <th></th> <th>nt in the United Sta or its possessions duri</th> <th></th> <th>part if y</th> <th>ou we</th> <th>ere in the</th>	Part III		nt in the United Sta or its possessions duri		part if y	ou we	ere in the
Part IV Figure Your Foreign Earned Income Exclusion 13 Maximum foreign earned income exclusion 13 Maximum foreign earned income exclusion 14 15 16 Multiply ine 13 by line 15 17 Enter, in U.S. dollars, the total foreign earned income you earned and received in 2006 [see instructions]. Be sure to include this amount on Form 1040, line 7 18 Poreign earned income exclusion, Enter the smaller of line 16 or line 17 here and in goarsentheses or Form 1040, line 21. Next to the emount enter "2555-E2". On Form 1040, exclusion this amount form 1040, line 22	12 (a) D	ate arrived in U.S.	(b) Date left U.S.	(c) Number of days in U.S. on business			
13 Maximum foreign earned income exclusion 13 ±62,400 00 14 Enter the number of days in your qualifying period that fail within 2006 14 331 days 15 Did you enter 365 on line 14? 15 × ,907 16 Did you enter 365 on line 14? 15 × ,907 17 No. Divide line 14 by 365 and enter the result as a decimal (rounded to at least three places). 15 × ,907 16 Multiply line 13 by line 15. 16 74737 17 Enter, in U.S. doltars, the total foreign earned income you earned and received in 2006 (see instructions). Be sure to include this amount on Form 1040, line 7 17 4949 18 Foreign earned income exclusion. Enter the smaller of line 16 or line 17 here and in parentheses on Form 1040, line 21. Next to the amount enter "2555-E2." On Form 1040, subtract this amount from your income to arrive at total income on Form 1040, line 22 18 4949		12/22/2006	01/04/2007	S 01			0
13 Maximum foreign earned income exclusion 13 #62,400 00 14 Enter the number of days in your qualifying period that fail within 2006 14 331 days 15 Did you enter 365 on line 14? 14 331 days 15 × , 907 16 No. Divide line 14 by 365 and enter the result as a decimal (rounded to at least three places). 15 × , 907 15 × , 907 16 Multiply line 13 by line 15 16 74737 16 74737 17 Enter, in U.S. dollars, the total foreign earned income you earned and received in 2006 (see instructions). Be sure to include this amount on Form 1040, line 7 17 4949 18 Foreign earned income exclusion. Enter the smaller of line 16 or line 17 here and in parentheses on Form 1040, line 21. Next to the amount enter "2555-EZ." On Form 1040, subtract this amount from your income to arrive at total income on Form 1040, line 22 ▶ 18 4949		Ç	12: 1012:	,200	0		
16 Multiply line 13 by line 15 16 74737 17 Enter, in U.S. dollars, the total foreign earned income you earned and received in 2006 (see instructions). Be sure to include this amount on Form 1040, line 7 17 4849 18 Foreign earned income exclusion. Enter the smaller of line 16 or line 17 here and in parentheses on Form 1040, line 21. Next to the amount enter "2555-EZ." On Form 1040, subtract this amount from your income to arrive at total income on Form 1040, line 22 18 4949	13 Maxi	mum foreign earned in	come exclusion			13	\$62,400 00
instructions). Be sure to include this amount on Form 1040, line 7	Q 4	es. Enter "1.000." o. Divide line 14 by 3	55 and enter the result as		1.112	15	× ,.907
on Form 1040, line 21. Next to the amount enter "2555-EZ." On Form 1040, subtract this amount from your income to arrive at total income on Form 1040, line 22 18 4949		 es. Enter "1.000." b. Divide line 14 by 3/ a decimal (rounded) 	55 and enter the result as		• • •		
Fam 2555-EZ (20)	16 Multi	 es. Enter "1.000." Divide line 14 by 3/ a decimal (rounded ply line 13 by line 15 . r, in U.S. dollars, the t 	55 and enter the result as I to at least three places).		, , , , , , , , , , , , , , , , , , , ,	16	74737
	16 Multi 17 Enter 18 Fore on Fo	 es. Enter "1.000." Divide line 14 by 3/ a decimal (rounded ply line 13 by line 15 . r, in U.S. dollars, the 5 uctions). Be sure to incl ign earmed income ex orm 1040, line 21. Next 	55 and enter the result as 1 to at least three places). otal foreign earned income yo ude this amount on Form 1040 clusion. Enter the smaller of lin- to the amount enter "2555-EZ."), line 7	theses	16 17 18	74737 4949 4949

	8863	1.	Education C d Lifetime Le > See instruction ttach to Form 1040 or	arning C	redits)	8	2006 Attachment Sequence No. 50
_	es) shown on return	And the state of the state			_	1	You	social security numb
DO	UGLAS A AND CLAIRE	S RICHARDS					520	XX XXX
Cau	tion: You cannot take th	e Hope credit and the	Metime learning cre	dit for the sal	me.stud	ant in	the same	year.
Par	t I Hope Credit. C	aution: You cannot t	ake the Hope credi	t for more th	en 2 tax	years	for the s	same student.
'	(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) Ouslified expenses [see instructions) Do not enter more than \$2,200° for each student.	(d) Enter t smaller of amount i column (d) \$1,100*	the n ar	columi	Add I'(c) and min (d)	(f) Enter one-h of the amount column (e)
				- A - V		ş		
			P	1 1 2 1	1			-
		- E - E	10	6 1				
			61	9				
	- For each student who attended	an ellable echerational metho	to the Description	Zone do not orte	(more Fair)	\$4.400		
	"For each student who attended	an eligible eclusional metha	Man in the Galf Opportunity	Zone, unter the arr	aller of the	arrouti	n	
•	column (c) or \$2,290. Tentative Hope credit.	Add the amounts on Is	a 1 column # Hum	i are taking th	o Motime	land		
1	credit for another stude						▶ 2	
Par	t II Lifetime Learn	ing Credit	Sheet and a	12.2.2			1.2	Street and the
3	(a) Student's	name (as shown on pa	age 1 of your tax ret	umi	IN Stud	ent's so	sial security	(c) Qualified
	-			C. 194			vn on page	
	First name	Last n			-	your tax		instructions)
	PATRICK D	RICHA	RDS		522	XX	XXXX	16500
						-		
						-		
4	Add the amounts on line							
	Enter the smaller of line							10000
b	For students who attend the smaller of \$10,000 of							0
c	Subtract line 5b from in						50	10000
6a	Multiply line 5b by 40%	(.40)					68	0
	Multiply line 5c by 20%			+ + + +		+ +	60	
	Tentative lifetime learn	ing credit. Add lines	6a and 6b and go to	Part III	+ + +	4. 1	. 6c	2000
Par	Allowable Edu	cation Credits					1	1
7	Tentative education cree				1.11	41.6	7	2000
8	Enter: \$110,000 if marrie				1	0000		
2	or qualifying widow(er)					82286		
9	Enter the amount from I			5		95799	_	
10	Subtract line 9 from lin education credits	e 8. If zero or less, t		10		17714		
11	Enter: \$20,000 if married or gualifying widowler)		f single, head of hou	sehold,		20000		
12	If line 10 is equal to or	more than line 11, er	nter the amount from	n line 7 on li				
	line 14. If line 10 is les (rounded to at least three							× . 8857
13	Multiply line 7 by line 12				1.1	1	13	a start of the second sec
14	Enter the amount from I				111	1.3	14	
15	Enter the total, if any, of or Form 1040A, lines 29	your credits from Form	n 1040, lines 47 thro	ugh 49,		407		
16	Subtract line 15 from li	ne 14. If zero or less,	stop; you cannot ta	ke any	1 1	7977		
	education credits			- + hearing	line 50		m	
17	second of the second se							1771
17	1040A, line 31			+ + + +			10.00	

(Form 1040) Department of the Tr	1000	(Schedule B is on back)	S		2006 Attachment
Namelsi shown or	Not		chedules A&B (Form 1040		Sequence No. 07 social security number
Contraction of the second second		CLAIRE S RICHARDS	0	100	20 XX XXXX
Medical and Dental Expenses	1 2 3 4	Caution. Do not include expenses reimbursed or paid by others. Medical and dental expenses (see page A-2) Enter amount from Tom 1040, line 38 2 1 Multiply line 2 by 7.556 (.075). Subtract line 3 from line 1. If line 3 is more than line, 1, en	3 10	4	Ô
Taxes You Paid (See page A-2.)	5 6 7 8	State and local income taxes Real estate taxes (see page A-6) Personal property taxes Other taxes. List type and amount >	5 6 7 8		
	9	Add lines 5 through 8		9	
Interest You Paid (See page A-5.)	10 11	Home montgage interest and points reported to you on Form 1096 Home montgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-6 and show that person's name, identifying not, and address >	10		
Note. Personal Interest is not	12	Points not reported to you on Form 1098. See page A-6 for special rules	11		
deductible.	13	Investment interest. Attach Form 4952 if required. (See page A-6.) Add lines 10 through 13	13	14	
Gifts to Charity	15	Gifts by cash or check. If you made any gift of \$250 or more, see page A-7	15		
If you made a gift and got a benefit for it, see page A-7.	16 17 18	Other than by cash or check. If any gift of \$250 or more, see page A-7. You must attach Form 8283 if over \$500 Carryover from prior year Add lines 15 through 17	16 17	18	
Casuality and Theft Losses		Casuality or theft loss(es). Attach Form 4684. (See page A	-8.)	19	
Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-8.) ►	20 21	10100	
(Баё раде А-8.)	22	Other expenses—investment, safe deposit box, etc. List type and amount ►	22		
	23 24 25	Add lines 20 through 22	23 25	00	
Other Miscellaneous Deductions	26	Subtract line 25 from line 23. If line 25 is more than line 2 Other—from list on page A-9. List type and amount	a, enter -0	26	
Total Itemized Deductions	28 29	Is Form 1040, line 38, over \$150,500 (over \$75,250 if mar No. Your deduction is not limited. Add the amounts in the for lines 4 through 27. Also, enter this amount on F Yes. Your deduction may be limited. See page A-9 for the Fyou elect to itemize deductors even though they are less than your standard	he far right column orm 1040, line 40, amount to enter.	28	
For Papersork				iched	ule A (Form 1040) 200

	oni 1040. Do not enter name and social security number if shows an other eds. ND CLAIRE'S RICHARDS		al security m XX XXX	
	Schedule B-Interest and Ordinary Dividends		Attachment Decayrae N	06
Part I Interest See page 8-1 and the instructions for Form 1040, the Ball Note, IT you necessed a Form 1099-CRD, or substitute subsu	List name of payer. If any interest is from a seler-financed matgage and the buyer used the property as a personal residence, see page B-b and list this interest test. Also, show that buyer's social security number and address > UNIVERSITY BANK. TEACHER'S FCE		Amount 964 255 593	
shown on that form.	 Add the amounts on line 1 Excludable interest on series EE and I U.S. savings bonds issued after 1989 Attach Form 8815 Subtract line 3 from line 2. Enter the result here and on Form 1040, the Ba ► Note, if line 4 is over \$1,500, you must complete Part III. 	2 2 4	1833 1833 Ampunt	
Part II Ordinary Dividends Ges page B-1 and the instructions for Form 1040, Inte 9n.1	B List name of payer ►			
Note, If you received a Form 1009-DIV or substitute statement from a brokenage firm, ist the firm's name as the payer and error bis ordinary dividends shown on that form.		5		
- 	6 Add the amounts on line 5. Enter the total here and on Form 1040, line 3a Note, if line 6 is over \$1,500, you must complete Part III. You must complete Part II. You must complete Part and over \$1,600 of taxable interest or ordinary dividence.	6 (b)	und Laco	
	 a toreign account; or (a) received a distribution from, or were a granter of, or a transferen to, a 7a At any time during 2006, did you have an interest in or a signature or other authority or account in a foreign country, such as a bank account, securities account, or other fina See page 8-2 for exceptions and filing requirements for Form TD F 90-22.1, b if "Yes," enter the name of the foreign country ► SINGAPORE B During 2006, did you movies a distribution from, or were you the granter of, or a foreign trust? If "Yes," you may have to file Form 3520. See page 8-2 	tonsign tr iver a fina notal acci	ust. Tes notal sunt?	
For Paperwork R	and the second se	hedule B	(Form 1040)	and the

here	rm 1040) (From S cor	plemental inc rental real estate, r porations, estates, HONT or Form 1041.	oyaltie trusts,	, partn REMIC	erships, s, etc.)	Formi 1042		2006 Attachment Sequence No.	13
DO	elsi shown on return					-		Your so 52	cial security ma 0 XX XXX	mber X
Pa	Income or Loss From Rent Schedule C or C-EZ [see page								ersonal propert	y, use
1	List the type and location of each n		and the second se		2 For	wath rental rea	ai estate p	ropedy		No
A	DUPLEA, 1100 CAMPUS DRIVE			·	Lise	ed on line 1, di it during the to poses for more	an year to	person		~
в			22			14 days or 10% of the tot		ented at	в	
С			11-		10 million -	air rental value re page E-3.)	17		c	
		1	1 .	Pro	parties	a popular og		-	Totals	
Inc	ome:	. 10	A	- 144	в	0	2	Add	columns A, II, a	nd C.)
	Rents received	3	7200	- 44	/	_		3	7200	
	Royalties received	4	01		_	-	-	4		
	penses:									
	Advertising	5				-				
	Auto and travel (see page E-4),	7								
7		8						1		
	Commissions , , , , , , ,	9	450		-	-	-			
	Insurance	10			-	-	-			
	Management fees	11						1		
	Mortgage interest paid to banks,							1		
	etc. (see page E-4)	12	1600					12	1600	
13		13						1002		
14	Repairs	14								
15	Supplies	15					_			
16	Taxes	16	750				_			
17	Utilities . Durativio	17			-					
18	Other (ist) PAINTING		380			-				
		18						-		
		-0			-	-				
19	Add lines 5 through 18	19	3160			-		19	3180	
20	a she assessed as heating at mahaarat.		2200					-		
	(see page E-4)	20	5380			-		20	2200	
21	Total expenses. Add lines 19 and 20 Income or (loss) from rental real	21	0.000			-				
"	estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is									
	a (loss), see page E-5 to find out if you must file Form 6198	22	1820							
23	Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See page E-5 to find out if you must file Form 8582. Real estate professionals must complete line									
	43 on page 2	23	()) t				
24	Income. Add positive amounts show	wn on	line 22. Do not inclu	de any	losses			24	1820	
	Losses. Add royalty losses from line 22							25)
	Total rental real estate and royalty in If Parts II, III, IV, and line 40 on page line 17. Otherwise, include this amount	2 do	or (loss). Combine in not apply to you, also	nes 24 a o enter 1	nd 25. E	inter the result	here.	26	1820	

	EDULE SE	6 V F		1.000	OWB No. 1545-0	
	m 1040)	Self-Employn	nent lax	5	Attachment)
Internet	Revenue Service (199)	Attach to Form 1040. See instruction	ons for Schedule SE #	orm 1040).	Sequence No.	17
	IRE S RICHARDS	ment income (as shown on Form 1040)	Social security m with self-employ	mber of person	521 XX XX	хх
	Must File Sched	lule SE	09		C	
	must file Schedule SE if:	self-employment from other than the	th ampine income	Ins 4 of Short Re	ham da RE or Ina	de
La	ng Schedule SE) of \$400	or more, or		OU	-	
10	gious order is not churc	income of \$108.28 or more. Income (h employee income (see page 5E-1).				
		or a small amount of income from self- in Part II of Long Schedule SE (see pa		e to your benefit t	o file Schedule 5	SE a
		n Part in or Long schedule Sc (see pa nployment income was from earnings a	200a, NO. 100a, N. P.	of a relation or the	et or Christian St	
pract		4361 and received IPS approval not h				
		rt Schedule SE or Must I U				
	Note. Use this flows	thart only if you must life Schedule SE	. If unsure, see Who	Must File Schedu	le SE, above.	
	100	Did you receive wages o	or ups in 20067			
	No			Yes		
_	+	+		+		
Sole	you a minicial, member of a re noe practitioner who received IR amings from these sources, but on other earnings?	Sapproval not to be taxed Yes	Vias the total of your wag or railroad rotiroment tax, self-employment more the	plus your net comings		•
	No					
_	¥***					
	you using one of the optional in ings (see page SE-3)?	hethods to figure your net		No		
_	No	- No	Did you receive tips subjet that you did not report to		Medicare tax	•
	you receive church employee	ncome reported on Form				
W-4	of \$108.28 or mote?					
<u> </u>	¥	10.07 h du		and and the second second		
_	You may use Short Sche	dule at below	You must u	se Long Schedule SE	on page 2	
Sect	ion A—Short Schedul	e SE. Caution. Read above to see it	f you can use Short	Schedule SE.		
1		from Schedule F, line 36, and farm pr		K-1 (Form 1		
2		Schedule C, line 31; Schedule C-EZ, II		orm 1065).		
		in farming); and Schedule K-1 (Form 10				
		is orders, see page SE-1 for amounts				
2		preport		2	3145	_
		Lamelerment Midleh Inc. 2 hu 02		1 1 1 1 1	3145	-
*		f-employment. Multiply line 3 by 92. ; you do not owe self-employment tax	Contraction of the second second		2904	
5		the amount on line 4 is:	a concernance a second			
		oly line 4 by 15.3% (.153). Enter the re	sult here and on	5	444	
	CONCEPT 0 CONSTRUCTION OF CON-	ultiply line 4 by 2.9% (.029). Then, as	id \$11,680.80 to the		()	
	result. Enter the total he	re and on Form 1040, line 58.		1		
	Deduction for one-half	of self-employment tax. Multiply line	15 by	1000 C		
6		t here and on Form 1040, line 27 .	6	222		

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International Scenario 2 Test Questions

Directions

You are reviewing a return prepared by a volunteer at site S5201555. Based on that return, answer the following questions. You are a volunteer at site S52015555. *Note: To complete social security numbers and employer identification numbers, replace Xs with 286560 or with the EFIN provided by your instructor.*

- **13.1** What is the correct amount of wages, salaries, tips, etc. on line 7 of Form 1040?
 - a. \$10,000
 - b. \$14,949
 - c. \$17,200
 - d. \$20,475
- **13.2** The correct taxable interest on line 8a of Form 1040 is \$_____.
- 13.3 Is the business income or loss on line 12 of Form 1040 filled in correctly?
 - a. Yes
 - b. No
 - c. Not applicable
- **13.4** The correct taxable amount of the Richards' pensions and annuities on line 16b of Form 1040 is \$_____.
- 13.5 What is the correct amount of other income on line 21 of Form 1040?
 - a. (\$8,094)
 - b. (\$7,872)
 - c. (\$2,923)
 - d. \$0
- **13.6** The correct total rental real estate and royalty income or loss on line 26 of Schedule E is \$____.
- **13.7** The correct tax on line 46 of Form 1040 is \$_____.

- **13.8** Is the foreign tax credit on line 47 of Form 1040 filled in correctly?
 - a. Yes
 - b. No
 - c. Not applicable
- **13.9** Did the volunteer correctly transfer the direct deposit information onto the Refund section on Form 1040?
 - a. Yes
 - b. No
 - c. Not applicable

2006 6744 Test

Blank Forms

The following blank forms can be used to complete the problems for your chosen training course. If additional forms are needed the forms can be photocopied.

The Tax Tables and EIC Tables are available in Publication 678-W, the Comprehensive Problems and Exercises Workbook.

Please record your answers to the test questions on the Answer Sheet in the front of this Test booklet.

Form 1040, U.S. Individual Income Tax Return, pages 1 & 2	3
Schedule A&B, Itemized Deductions/Interest and Ordinary Dividends	7
Form 2441, Child and Dependent Care Expenses, pages 1 & 2	11
Schedule EIC, Earned Income Credit, pages 1 & 2	15
Schedule EIC Worksheet, worksheets A & B	19
Child Tax Credit Worksheet	22
Schedule C-EZ, Net Profit From Business, pages 1 & 2	26
Schedule D, Capital Gains and Losses, pages 1 & 2	28
Schedule E, Supplemental Income and Loss, pages 1 & 2	30
Schedule SE, Self-Employment Tax, pages 1 & 2	32
Qualified Dividends and Capital Gain Tax Worksheet	34
Simplified Method Worksheet	35
Social Security Benefits Worksheet	36
Form 1116, Foreign Tax Credit, pages 1 & 2	37
Form 2555, Foreign Earned Income, pages 1, 2 & 3	39
Form 2555-EZ, Foreign Earned Income Exclusion, pages 1 & 2	42
Foreign Earned Income Tax Worksheet	44
Form 5695, Residential Energy Credits, pages 1 & 2	45
Form 8812, Additional Child Tax Credit, pages 1 & 2	47
Form 8863, Education Credits	49
MAGI for the Hope Credit	50
Form 8880, Credit for Qualified Retirement Savings Contributions	51
Form 2106, Employee Business Expenses, pages 1 & 2	52
Form 8888, Direct Deposit of Refund	54
Form 1040-V, Payment Voucher	55

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	51	Subtract line 56 from line 46. If line 56 is more than line					57		
Other	58	Bolf-amployment tax, Attach Schedule SE			12225		86		
Taxes	39	Boolar security and Medicare tax or by income not reported \$	o empio	ym. At	lati Fatti	4137	60		-
I DADO	60	Additional tax on IRAs, other guained retrement plans, etc.	: Attacl	Form	\$329 if ri	quind	-00		-
	Q1	Advance earned income credit payments from Formio) V	V-2, ten	i 8.,	eos cad	En leste	đt		-
	62	Household employment taxes. Attach Schedule H		6.9	6.0.01	1.1.1.2.	62		-
	63	Add lines 57 flymagh 62. This is your total too	1111	_	a la tat		63		-
Payments	64	Faibral instance tax withheld from Forms W-2 and 1009		64			12		
	66	2006 estimated tax payments and amount applied from 2005 in		65			1		
If you have a	688	Karned accome credit (EKG)	q-sec	66a					
chid attach	-p	Nontzeable combat pay election 🕨 [66b]	-	and the second					
Schedule BC	67	Excess social security and her 1 PETA tax withheld See pop	6.50)	67			1		
	66	Additional shild tax credit. Attach Farm 8812	100	68					
	00	Arrount paid with request for extension to file (see page	1	70			1		
	70	Pagements from: a Fors 3408 b Fors 4100 c Form 0 Credit for tailed telephone occus tas paid. Attach Form 8813 if reg		71			11		
	72	Add lines 54, 55, 55a, and 67 through 71. These are you					72		
000000	1000	sales of the second state of the	1120101	10.000	U.I.C.		73		+
Refund Direct deposit?	79 74a	If live 72 is more than live 65, subbact line 68 from live 75 Amount of line 75 you want refunded to you, if Form 88	1		1. COLUMN 1. COLUMN 1.	CONTRACTOR OF A DATA	740		
See page UH	- 6	[11] J. K. M. S. K. M.			and the second second	Derrich			<u> </u>
ind 11 in T4b.	200.00	Account number	1	11		T T			
TAC, and 74d. or Form 8888	76	Amount of time 70 you want applied to your 2007 estimated tax		75			Arres 1		
Amount	70	Amount you owe. Subtract line 72 from line 63. For deta			Dity, 500 1	piage 60 🕨	76		
You Owe	11	Estimated tex penety (see page 80)		77		1			
Third Party	De	you want to abow emotion person to checks this return wi	th the R	15 (10	e junge 01	17 🗌 Yen.	Compilai	a the tobowing	□ Nk
Designee		sprens Prote	671			waarwideetill	ution:		
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6	Per	the year Jan 1-Dec. ()	1, \$008, or other to	ax Return 200	108.000	1. N	10 1	0	WB No. 1949-0074	
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Filing Status		and the second se	1	prip pres field income)		the cashing p		child bu	t not your depender	rt, enne
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	68	Voorsett.//	unite can	tham you as a dependent,	da not	chiefs buy lia	1.4.4	1	Bases checked on 5s and 5b	
Exemptions	. b	Spouse .	\$. (10 a h		1.9	di Suanhera	i dit	-	No. of children	
	. 6	Dependents:	iat mre	12) Dependent kennel wegenty van		reisfanging to	UNDER AN A	ene :	 lived with you did not live with 	-
30 171		CIT		1.1	_				you the is desite or separation	
I more than four dependents, see									(poo page 20) Dependents on 6p	_
Dage 18.									rat entered above	_
	d	Total number of	exemptions c	umed				-	Add numbers on trios above >	
	Ŧ	Wages, aufartes,			100	1.102		7	20110-0218-00	
ncome	Ba	Taxable ethroni	Attacts Schul	tile Bill required	des.	1000000	1 9 1	đia.		-
Attach Fermisi V-2 here, Also				nclude pri late ita	180	1	1	Qu.		
ittach Forma	9a h	Qualified divides		sectative IB if required 235	1.00	*******	- 1-	-		-
V-2G and 099-R If tax	10	010 J. J. M.		fants of state and local inco	ette fan	in too togo 2	EN L	10		
was withheld.	41	Alimonty receives			22.2	22/2120	1.2.1	11		-
	12	PLANCIE OFFICE		ich Schechale C tor C-EZ	atata	222.020	i 0	位		-
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pet a W-2, we cape 22	15a	IRA detributions	150			to anount data ;		156		
and the second	160	Pensions and an		The second s		le arrourt (see)	the second s	168		-
tinclose, but de littleten, but de littleten arry	17.	Flembal real estats Form income rar		rtnerships, S curpositions, 1 Sobert Ja E	trusta, a	to: Attach Sch	ectule E	10		
ayment, Also.	19		a contract of the second s	occurrent r	225		1 5 1	19		
form 1040-V	259	Social enoughy be				to anourt (see)	10(93.27)	206		-
	21 22	Other Income, L. Add the amounts	at type and a to the far done	nount (sax page 29) column für lines 7 through 3	the state	in total in	0000 -	21		-
and a state of the	23	Archer MSA dec	and a second	Jun Lorenza a	23			1		
Adjusted	24			evisite, performing artists, and	15					
Gross				tuch Form 2189 or 2106 EZ		-				
ncome	25 26			ton: Allach Form 8889	25	-		- 12		
	27	4111112-01-01/PM		x. Attach Schedule SIL	27					
	28	Self-employed 5	EP, SIMPLE	and qualified plane	28		-			
	29	CALCENCE CONTRACTOR		e deduction (see page 30)	29	-				
	30 31a	Alytony paid at	NUMBER OF STREET	savigi	31#			-11		
	32		and the second second	a a la carta carta de acta	32			16		
	33	Statient loon into	enst deductio	n liteo page 331	33			-0		
	34		- 24 TO CONTRACTOR AND C	r errokover	34					
	35 36	D. 17021 (2010) 2010		aduction. Which Form 5002 32 through 35	1.49	550255		36		
	37		Contraction and a second second	This is your adjusted grown	2000	1.0.01.0.0	9 R 🖗	37		-

fores 101403 02/08/00			1.0					1	Pepi 2
Tax	38	Amount from line 37 (adjusted gross moornel					38		
and Credits	394	Check You were born before January 2, 1942, 1 Spouse was born before January 2, 1942, 1 Spouse was born before January 2, 1942,	C 10		lotal troops thecked P				
Btandord	1 B	If your sprease thereines are a separate return or you wrome, but other ap-					1		
Deduction for-	40	Itemized deductions (Yom Schedule A) or your standar	d dødu	otion	lake kitt n	nargiri)	40		-
· Propie who	41	Bubblect time 40 from line 36	TIPTOR		farma - c		41		-
checked any	45	If hite 38 is over \$112,875, or you provided housing to a per			and the second second		1.1		1
Billia or 395 or		see page 37. Otherway, multiply \$3,300 by the total numb	GRA - 1654	CO. 1988			42		-
whic sen be claimed as a	45	Taxable income, Boltmart ine 42 hum ine 41, il vie 42		Statistics (43		-
chistendent.	44	Tax per page 17. Deck it any tas a form a D Formol BB	1. * 200 * 1.		0m 480	Rife (Fried	45		-
see page 36	45,6	Alternative minimum fast (see page 20). Attach Form ID	ar.,	12	* * *C	20 S.S.	45		-
 Al others 	48	Addition 44 mill 45	*1.*1	47	110100	11.1			-
Single or Marned filling	48	Foreign tak credit, Attach Form 1118 if required		40		_			
expandsly, 85,150	48	Credit for the elderly in the delabled. Attach Schedule #	28.11.E	49					
Merried filing	50		A	80		_			
aintly ar	51	Education important Allianty Formy 8000 Referenced automatic activity and the State		51					
Qualifying widowiers	52	Residential every production of the basis		82					
B13,300	53	Child file gradit (use gaps XX), Attach Form R001 # regu		53					
Head of	54	Ondis from a Port 224 b Port 5528 c Frant		64					
household. 67.550	56	Other estable # - Farm 3800 h - Farm 18801 e - Form.		.55			12		
74UV	00	Add lines 47 through 56. These are your total credits					56		
	57	Subtract line 56 from line 46. If line 56 is more than line					57		
Other	58	Bolf-amployment tax, Attach Schedule SE			12225		86		
Taxes	39	Boolar security and Medicare tax or by income not reported \$	o empio	ym. At	inti Fami	4137	60		-
I DADO	60	Additional tax on IRAs, other guained retrement plans, etc.	: Attacl	Form	\$329 if ri	quind	-00		-
	Q1	Advance earned income credit payments from Formio) V	V-2, ten	i 8.,	eos cad	En leste	đt		-
	62	Household employment taxes. Attach Schedule H		6.9	6.0.01	1.1.1.2.	62		-
	63	Add lines 57 flymagh 62. This is your total too	1111	_	a la tat		63		-
Payments	64	Faibral instance tax withheld from Forms W-2 and 1009		64			12		
	66	2006 estimated tax payments and amount applied from 2005 in		65			1		
If you have a	688	Karned accome credit (EKG)	q-sec	66a					
chid attach	-p	Nontzeable combat pay election 🕨 [66b]	-	and the second					
Schedule BC	67	Excess social security and her 1 PETA tax withheld See pop	6.50)	67			1		
	66	Additional shild tax credit. Attach Farm 8812	100	68					
	00	Arrount paid with request for extension to file (see page	1	70			1		
	70	Pagements from: a Fors 3408 b Fors 4100 c Form 0 Credit for tailed telephone occus tas paid. Attach Form 8813 if reg		71			11		
	72	Add lines 54, 55, 55a, and 67 through 71. These are you					72		
000000	1000	sales of the second state of the	1120101	10.000	U.I.C.		73		+
Refund Direct deposit?	79 74a	If live 72 is more than live 65, subbact line 68 from live 75 Amount of line 75 you want refunded to you, if Form 88	1		1. COLUMN 1. COLUMN 1.	CONTRACTOR OF A DATA	740		
See page UH	- 6	[11] J. K. M. S. K. M.			and the second second	Derrich			<u> </u>
ind 11 in T4b.	10000	Account number	1	11		T T			
TAC, and 74d. or Form 8888	76	Amount of time 70 you want applied to your 2007 estimated tax		75			Arres 1		
Amount	70	Amount you owe. Subtract line 72 from line 63. For deta			Dity, 500 1	piage 60 🕨	76		
You Owe	17	Estimated tex penety (see page 80)		77		1			
Third Party	De	you want to abow emotion person to checks this return wi	th the R	15 (10	e junge 01	17 🗌 Yen.	Compilai	a the tobowing	□ Nk
Designee		sprens Prote	671			waarwideetill	ation:		
inter	Linder penalties of penalty, i declare that i nove examined the reliant and accomparising schedules and etablicrents, son							and all part in the second	-
Sign	Det	for periodises of periods, a decisive truly rouve constrained the reliant and a eff. they are kine, turned, and complete Decimation of periods within a	not pep	oner has any known	10 # 91				
Here	You	at olgenstare T Date	1 Your	-	all and the second		(Davin	ne phone matting	1
Joint return?"	1.00	0.45420.0	53545 (J.Z.				0.00	- inconstants	
Keiep a copy for your	Topose's signature if a joint vetant, bette must sign. Date						1	1	
niconta.	120		1		-				-
Paid	Pro	porer e	Ovtor		Cher est	k F	Contra la	ne's 0494 to P104	
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(Form 1040) Department of the Te		(Schedule B is on back	4	6	2000
Internal Playman Barr	Not		Schedules A&B (Form 104	the state of the s	Sequence No. 07
hlameisi shown or	Farm	1040	0	Aon	r social security number
Medical	- 22	Caution. Do not include expenses reimbursed or paid by others.			-
and Dental	1	Medical and dental expenses (see page A-2)		100	
Expenses	3	Multiply line 2 by 7.5% (.075).	G7	-	
0.0000000	4	Subtract line 3 from line 1. If line 3 is more than line 1, e	enter -0	4	
Taxes You	5	State and local income taxes	5		
Paid	6	Real estate taxes (see page A-5)	6	1	
(See page A-2.)	7	Personal property taxes			
halls in a 1	D	Coner saxes. Easi type and amount P	8		
	9	Add lines 5 through 8		9	
Interest	10	Home mongage interest and points reported to you on Form 1096	10	1	
You Paid	11	Home mortgage interest not reported to you on Form 1095. If paid			
(See page A-5.)		to the person from whom you bought the name, see page A-6 and show that person's name, identifying no., and address >			
		and street that person a realist recting in the and ass			
Note.			11		
Personal Interest is not	12	Points not reported to you on Form 1098. See page A-6 for special rules	12		
deductible.	13	Investment interest. Attach Form 4952 if required. (See page A-6.)	13	-	
	14	Add lines 10 through 13		14	
Gifts to Charity	15	Gifts by cash or check. If you made any gift of \$250 or more, see page A-7	15		
If you made a gift and got a	16	Other than by cash or check. If any gift of \$250 or more,	16		
benefit for it,	17	see page A-7. You must attach Form 8283 if over \$500 Carryover from prior year	17	1	
see page A-7.	18	Add lines 15 through 17		18	·
Casuality and		Consider as the fillential Attack From 4004 Was and	4.01		
Theft Losses		Casualty or theft loss(es). Attach Form 4684. (See page	A-6.]	19	
Job Expenses and Certain	20	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ			
ano certain Miscellaneous		if required. (See page A-8.) >	20		
Deductions	21	Tax preparation fees,	21		
(See	22	Other expenses-investment, safe deposit box, etc. List			
page A-8.)		type and amount .	22		
	23	Add lines 20 through 22	23	1	
	24	Enter amount from To40, line 38 24			
	25	Multiply line 24 by 2% (.02)	25	1	
	26	Subtract line 25 from line 23. If line 25 is more than line	23, enter -0-	26	
Other Miscellaneous	27	Other-from list on page A-9. List type and amount 🕨			
Deductions				27	
Total Itemized	28	Is Form 1040, line 38, over \$150,500 (over \$75,250 if m No. Your deduction is not limited. Add the amounts in	the far right column]		
Deductions		for lines 4 through 27. Also, enter this amount on Yes. Your deduction may be limited. See page A-9 for the		28	
	29	If you elect to itemize deduction may be immed, see page A-9 for the If you elect to itemize deductions even though they are less than your stand			
					ule A (Form 1040) 2006

Féameini silhiveni pro	Form 1040. Bo not enter name and oocial security number if shows an other ads.	Your sec	ial deciarity m	mb=
	Schedule B-Interest and Ordinary Dividends		Attacture to Conserve N	. 08
Part I	1 List name of payer. If any interest is from a seller-financed martgage and the buyer used the property as a personal residence, see page 8-1 and list this	E	Amount	_
Interest See page 8-1 and the instructions for Form 1040, line Bal	Interest first. Also, show that buyer's social security number and address >	, }6		
Note, IT you more well a fram 1996-INT, Form 1999-CRD, or substitute statement from a brokenage from, that the form's name as the payer and enter	OANO			
the total interest shown on that long.	 Add the amounts on line 1 Excludable interest on series EE and I U.S. savings bonds issued after 1989 Attach Form 8815 	2		
_	4 Subtract line 3 from line 2, Enter the result here and on Form 1040, line Ba Note, If line 4 is over \$1,500, you must complete Part III.	4	Amount	
Part II Ordinary Dividends Ges page B-1 and the methodary for Form 1040, inte Sa.)	Cut name of payer P			
Note: If you received a Form 1059-DIV or substitute statement from a brokenoge firm, as the form's name as the payer and entor the ordinary discounds shown on that form.		5		
Roomes	6 Add the amounts on line 5. Enter the total here and on Form 1040, line 3a . Note. If line 6 is over \$1,500, you must complete Part III. You must complete Stis part if you (a) had over \$1,500 of taxable interest or ordinary divider	6	not Tash	11/10
Part III Foreign Accounts and Trusts (Stee page B 21)	 a foreign account; or (d) received a distribution from, or were a granter of, or a humafeetr to, 7a At any time during 2006, 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 	a tunsign tr over is fina ancial acci	ust. Incial punt?	1,477.04

(Form 1040) Department of the Te		(Schedule B is on back	4	6	Attachment			
Internel Playman Barr	Ape .		Schedules A&B (Form 1040	-	Sequence No. 07			
Namelsi shown or	Farm	1040	0	You	r social security number			
Medical	- 25	Caution. Do not include expenses reimbursed or paid by others.		1	-			
and Dental	1	Medical and dental expenses (see page A-2)		100	0			
Expenses	3	Multiply line 2 by 7.5% (.075).	G7	1				
0.0000000	4	Subtract line 3 from line 1. If line 3 is more than line 1, o	enter -0	4				
Taxes You	5	State and local income taxes	5					
Paid	6	Real estate taxes (see page A-5)	6	-				
(See page A-2.)	7	Personal property taxes						
nelle to e it	D	Coner saxes. Elsi typerand amount P	8					
	9	Add lines 5 through 8		9	<u> </u>			
Interest	10	Home mortgage interest and points reported to you on Form 1096	10	1				
You Paid	11	Home morigage interest not reported to you on Form 1098. If paid						
(See page A-5.)		to the person from whom you bought the name, see page A-6 and show that person's name, identifying no., and address >						
		Bio arow mai person a mane, rockwang in, and avoidse P	1000					
Note.			11					
Personal interest is not	12	Points not reported to you on Form 1098. See page A-6 for special rules	12					
deductible.	13	Investment interest. Attach Form 4952 if required. (See page A-6.)	13					
3	14	Add lines 10 through 13		14				
Gifts to Charity	15	Gifts by cash or check. If you made any gift of \$250 or more, see page A-7	15					
If you made a gift and got a	16	Other than by cash or check. If any gift of \$250 or more, see page A-7. You must attach Form 8283 if over \$500	16	0				
benefit for it,	17	Carryover from prior year	17	1				
see page A-7.	18	Add lines 15 through 17		18				
Casuality and Theft Losses	10	Casuality or theft lossies). Attach Form 4684. (See page	A.R.I	19				
		and the provide the structure of the balance of the descent of the second structure of the structure of the structure. The s	mul + + + + + + +	19				
Job Expenses and Certain	20	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ						
Miscellaneous		if required. (See page A-8.) >	20					
Deductions	21	Tax preparation fees, ,	21					
(See page A-8.)	22	Other expenses—investment, safe deposit box, etc. List tures and amount b						
CHRONE AND		type and amount ►	22					
	23	Add lines 20 through 22	23					
	24	Enter amount from 1040, line 38 24		1				
	25	Multiply line 24 by 2% (.02)	25 antor -0	0.0				
Other	25	Other-from list on page A-9. List type and amount >	20, enter -0.	26				
Miscellaneous		sense and has an page of a. Las type and arrount P						
Deductions				27				
Total Itemized Deductions	28	No. Your deduction is not limited. Add the amounts in	 No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 40. 					
	1220	Yes. Your deduction may be limited. See page A-9 for t						
	29	If you elect to itemize deductions even though they are less than your stand	ard deduction, sheck here 🕨 🔲		the second s			

Tocharcholesi AAIT (Por Faarneija) sitrijveni pro	form 1040. Bo not enter matter and applied security number if shows an offer eide.	Your secial de	ra Page 2 cartly non-ber
	Schedule B-Interest and Ordinary Dividends	An	actorised merce No. 08
Part I Interest	1 List name of payer. If any interest is from a selier-financed manpage and the buyer used the property as a personal residence, see page 8-5 and list this interest first. Also, show that buyer's social security number and address >		nount
(See page 8-1 and the instructions for Form 1040, line Bal)	01251 0120	, 20	
Note, If you more set a form 1096-INT, Form 1099-CRD, or substitute statement from a broketage firm, fait the form's name as the potym and enter	OAN		
the total interest shown on that form	Add the amounts on line 1 Excludable interest on series EE and I U.S. savings bonds issued after 1989 Attach Form 8815	2	
_	4 Subtract line 3 from line 2, Enter the result here and on Form 1040, line Ba > Note, if line 4 is over \$1,500, you must complete Part III.	4 Ar	nount
Part II Ordinary Dividends Ges page B-1 and the matrixclars for Form 1040, inte Sa.)		1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 - 11 - 12 - 13 - 14 - 15 - 16 - 17 - 18 - 19 - 10 - 10 - 11 - 12 - 13 - 14 - 15 - 16 - 17 - 18 - 19 - 10 - 10 - 11 - 12 - 13 - 14	
Note: If you received a Form 1099-DIV or substitute statement from a brokenope firm, for the form's name as the pager and embe the ordinary disclends.strown on that form.		5	
-	 Add the amounts on line 5. Enter the total here and on Form 1040, line 3a. 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 divider 	6	Tracheros
Part III Foreign Accounts and Trusts (See page B 2)	 a toreign account; or (a) received a distribution from, or were a granter of, or a transferer to, 7a At any time during 2006, 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 fits See page 8-2 for exceptions and filing requirements for Form TD F 90-22 1, b if "Yes," enter the name of the foreign country B Ourino 2006, did you moving a distribution from, or were you the prantor of, or 	a torsign trust. over a financia ancial account	
	foreign trust? If "Yes," you may have to file Form 3520. See page 8-2	ichedule II (For	fred land

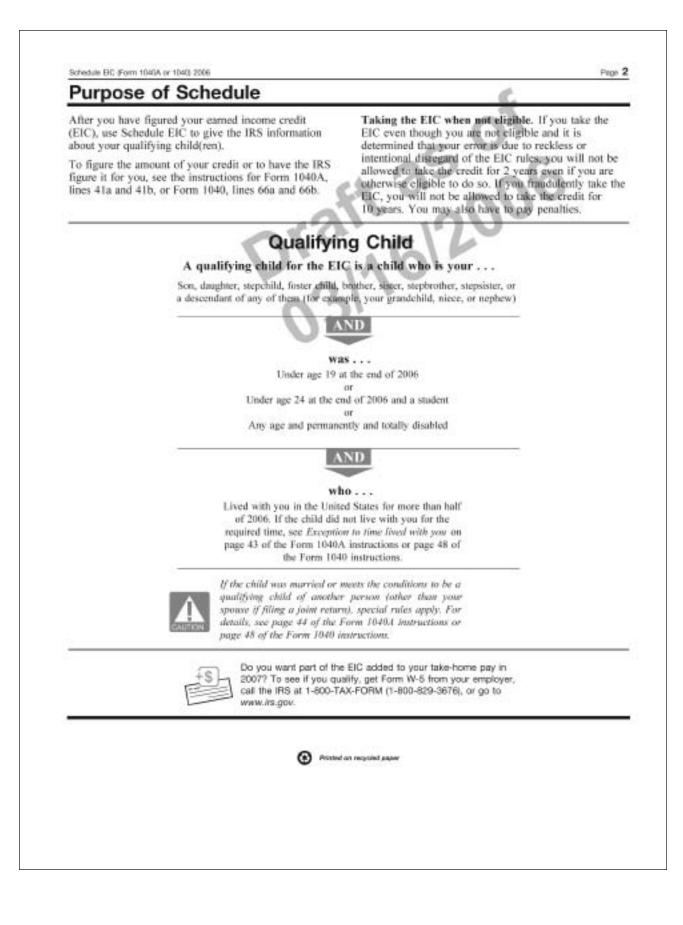
Dependent Care Benefits Oualifying Person(s) Oualifying Pe		2441		d Dependent	Form 1040N8		1	200 Attachment	6
Effet Persons or Organizations Who Provided the Care—You must complete this pert. If you need more space, use the bottom of page 2.1. It short provement is provided the bottom of page 2.1. It short provement is provided the bottom of page 2.1. It short provement is provided the bottom of page 2.1. It short provement is provided the bottom of page 2.1. It short provement is provided the bottom of page 2.1. It short provement is provided the bottom of page 2.1. It short provement is provided the bottom of page 2.1. It short provement is provided the bottom of page 2.1. It short provement is provided the bottom of page 2.1. It short provement is provided the bottom of page 2.1. It short provement is provided the bottom of page 2.1. It short provement is provided the bottom of page 2.1. It short provement is provided the bottom of page 2.1. It short provement is provided the bottom of page 2.1. It short provement is provided the bottom of page 2.1. Did you receive dependent care benefits? No Complete Part II on the back next. Complete Part II on the back next. Caution. If the care was provided in your home, you may owe employment taxes. See the instructions for Form 1040. Inc 8.1. If care the instructions is the short provement from form is an equilibring page part of \$6,000 for two or more parsons. If you completed Part III, erfort the amount from is 4. If care the short provement is the form is a short provement from is 4. If care the amount from form 1040, inc 8.1, or form 1040, inc 4.1, or form 10400, inc 8.1, or form 10400, inc 4.1, or form 10400, inc 4.1, or fore the amount from form 10		Contraction of the local division of the loc		See separate mat	ructions.	(1	The second	
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	III Dependent Care Benefits	-	<u>6</u>	
	Enter the total amount of dependent care benefits you received in 2006. 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 your sole.		1	
	proprietorship or partnership	12	1.25	
3 1	Enter the amount, if any, you carried over from 2005 and used in 2006 during the grace period. See instructions	13	-6	
	Enter the amount, if any, you forfeited or carried forward to 2007. See instructions	14		1
	Combine lines 12 through 14. See instructions	15		-
-	Enter the total amount of qualified expenses incurred in 2006 for the care of the qualifying person(s) 16			
7 1	Enter the smaller of line 15 or 16			
8 1	Enter your earned income. See instructions . 18			
	Enter the amount shown below that applies to you.			
	If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5).			
	If married filing separately, see the instructions for the amount to enter, All others, enter the amount from line 18,			
28.2	Enter the smallest of line 17, 18, or 19			
	Enter the amount from line 12 that you received from your sole proprietorship or partnership. If you did not receive any such amounts, enter -0-	21		
2 1	Subtract line 21 from line 15			
	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19)	23		
	Deductible benefits, Enter the smallest of line 20, 21, or 23. Also, include this amount on the appropriate line(s) of your return. See instructions	24		-
	Enter the smaller of line 20 or 23			
	Enter the amount from line 24			
	Excluded benefits. Subtract line 26 from line 25. If zero or less, enter -0-	27		-
	Taxable benefits. Subtract line 27 from line 22. If zero or less, enter -0 Also, include this amount on Form 1040, line 7, or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7, or Form 1040NR, line 8, enter "DCB".	28		
_				-
	To claim the child and dependent care credit, complete lines 29-33 below.			
9	Enter \$3,000 (\$6,000 if two or more qualifying persons)	29		
	Add lines 24 and 27	30		
1	Subtract line 30 from line 29. If zero or less, stop. You cannot take the oredit. Exception. If you paid 2006 expenses in 2006, see the instructions for line 9	31		
	Complete line 2 on the front of this form. Do not include in column (c) any benefits shown	32		
	on line 30 above. Then, add the amounts in column (c) and enter the total here Enter the smaller of line 31 or 32. Also, enter this amount on line 3 on the front of this			

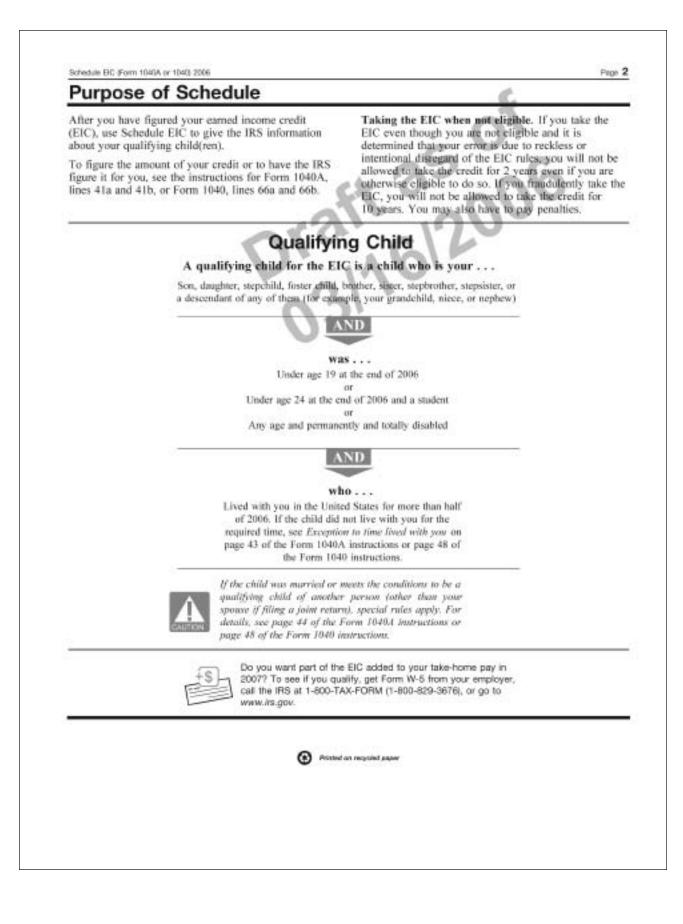
	there is the Treasury		ttach to Form 1040 or			2006 Attachment Sequence No. 2
	ets) shown on Form 1040				O	Year social security number
Bel	fore you begin: You r	need to understand t	he following terms.	See Definitions o	n page	1 of the instructions.
• 0	Dependent Care Ben	ofits	 Qualifying F 	erson(s)		Qualified Expens
Pa		ganizations Who Pro		You must complet	e this pe	n. V
1	(a) Care provider's name	(tumber, street, a	(b) Address pt. nd., c.tp. state, and 204		nthra nur SN ac SM	nter (d) Arreart paid
			10	ANG	ø	
-			1.4			
_				1.101.00.1		
			No -	Complete	only Part	Il below.
		dent care benefits?	Yes -			n the back next.
~	tion if the care was pro-	ided in user borns unu	0			or Form 1040, line 62, or Fo
104	ONR, line 57.	vided in your nome, you	may owe employme	it taxes. See the instr	uctions it	y Form Toyo, ine 62, or Fi
Pa	rt II Credit for Chil	d and Dependent C	are Expenses			
2	the second statement when the second statement with the second statement of the se	qualifying person(s).	If you have more the	1		the instructions. It Quelfied expenses you
_	First	Qualifying person's name	Last	(b) Qualitying person security number		incurred and paid in 2006 for th person listed in column (a)
				1 1		
-					1.1	
3	Add the amounts in co person or \$6,000 for ty	vo ar more persons. If y				
		· · · · · · · · · ·			, 3	
4	Enter your earned inc				. 4	
5		enter your spouse's es he instructions); all oth			5	
6	Enter the smallest of			CROBER TOTOTON	6	
7		n Form 1040, line 38,	or Form			
8	1040NR, line 36 Enter on line 8 the dec			he amount on line 7	-	
	If line 7 is:		If line 7 is:			
	Over over	Decimal amount is	Over over	not Decimal amount is		
	\$0-15,000	.35	\$29,000-31,0			
	15,000-17,000	.34	31,000-33,0	00 .26	6. 17	
	17.000-19,000	.33	33,000-35,0		8	X.
	18.000-21.000	.32	35.000-37.0			
	21,000-23,000 23,000-25,000	.31 .30	37,000-39,0 39,000-41,0			
	25,00027,000	.30	41,000-43,0	7.5.J		
	27,000-29,000	.28	43,000—No i			
9		decimal amount on line				
10	Enter the amount from	Form 1040, line 46, m	ninus any amount on	Form 1040, line 47,	or	
11	Credit for child and	minus any amount on dependent care expenses	nses. Enter the sma			
	here and on Form 104	0, line 48, or Form 104	ONR, line 45	and the state of the	. 11	

	att (200)	_		Page 2
	III Dependent Care Benefits	-	<u>6</u>	
	Enter the total amount of dependent care benefits you received in 2006. 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 your sole.		1	
	proprietorship or partnership	12	1.25	
3 1	Enter the amount, if any, you carried over from 2005 and used in 2006 during the grace period. See instructions	13	-6	
	Enter the amount, if any, you forfeited or carried forward to 2007. See instructions	14		1
	Combine lines 12 through 14. See instructions	15		-
-	Enter the total amount of qualified expenses incurred in 2006 for the care of the qualifying person(s) 16			
7 1	Enter the smaller of line 15 or 16			
8 1	Enter your earned income. See instructions . 18			
	Enter the amount shown below that applies to you.			
	If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5).			
	If married filing separately, see the instructions for the amount to enter, All others, enter the amount from line 18,			
28.2	Enter the smallest of line 17, 18, or 19			
	Enter the amount from line 12 that you received from your sole proprietorship or partnership. If you did not receive any such amounts, enter -0-	21		
2 1	Subtract line 21 from line 15			
	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19)	23		
	Deductible benefits, Enter the smallest of line 20, 21, or 23. Also, include this amount on the appropriate line(s) of your return. See instructions	24		-
	Enter the smaller of line 20 or 23			
	Enter the amount from line 24			
	Excluded benefits. Subtract line 26 from line 25. If zero or less, enter -0-	27		-
	Taxable benefits. Subtract line 27 from line 22. If zero or less, enter -0 Also, include this amount on Form 1040, line 7, or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7, or Form 1040NR, line 8, enter "DCB".	28		
_				-
	To claim the child and dependent care credit, complete lines 29-33 below.			
9	Enter \$3,000 (\$6,000 if two or more qualifying persons)	29		
	Add lines 24 and 27	30		
1	Subtract line 30 from line 29. If zero or less, stop. You cannot take the oredit. Exception. If you paid 2006 expenses in 2006, see the instructions for line 9	31		
	Complete line 2 on the front of this form. Do not include in column (c) any benefits shown	32		
	on line 30 above. Then, add the amounts in column (c) and enter the total here Enter the smaller of line 31 or 32. Also, enter this amount on line 3 on the front of this			

SCHEDULE EIC (Form 1040A or 1040)	Earned In Qualifying Chi		10408	50	୦MB No. 1545-0074 ଡିଲିମିନ
Department of the Treasury		e and attach to F	orm 10404 or 1040	EIC	Attachment 42
Internal Revenue Service (55) Nametal) shown on return	0.0000000	anly if you hav	e a qualifying child.		Sequence No. 43 or eocial security number
	Con the instructions f		lines 41a and 41b, or	Free 1010 Free 6	
			the EfC, and (b) yo		
 If you take the El to 10 years. See 	IC even though yo back of schedule		ble, you may not b	e allowed to tak	e the credit for up
It will take us lon for each gualifying	ger to process yo	200	ssue your retund it	you do not fill	n all lines that app
Be sure the child social security of EIC. If the name	l's name on line 1 ard. Otherwise, at	the time we p ild's social set	curity number ISSN rocess your return, curity card is not co	we may reduce	or disallow your
Qualifying Child Infor	mation	121	hild 1		Child 2
 Child's name If you have more than two qualify only have to list two to get the ma 		Entrans	Last name	First name	Last nome
2 Child's SSN The child must have an SSN as de of the Form 1040A instructions or Form 1040 instructions unless the died in 2006. If your child was bo and did not have an SSN, enter "I and attach a copy of the child's bi	r page 48 of the child was born and im and died in 2006. Died" on this line				
3 Child's year of birth		Year If horn after and 4b, go b	1987, skip linex 4a	Year If horn after and 4h; go t	1987, skip lines 4a
4 If the child was born be a Was the child under age 24 at the student?		Go to line 5.	No.	Go to flag 5.	No.
b Was the child permanently and to any part of 2006?	tally disabled during	Ves.	No. The child is not a qualifying child.	Continue,	No. The child is not a qualifying child.
5 Child's relationship to y (for example, son, daughter, grand niece, nephew, foster child, etc.)					
6 Number of months chil you in the United States					
 If the child lived with you for r 2006 but less than 7 months, er 					
 If the child was born or died in borne was the child's home for or she was alive during 2006, e 	the entire time he	Do not enter v	nore than 12 months	Do not enter i	months
			f your child (a) was u he instructions for line		
For Paperwork Reduction Act Noti	ice, see Form 1040A	Cat.	No. 13339M	Schedule EIC (Fo	orm 1040A or 1040j 20



SCHEDULE EIC (Form 1040A or 1040)	Earned In Qualifying Chi		10408	50	୦MB No. 1545-0074 ଡିଲିମିନ
Department of the Treasury		e and attach to F	orm 10404 or 1040	EIC	Attachment 42
Internal Revenue Service (55) Nametal) shown on return	0.0000000	anly if you hav	e a qualifying child.		Sequence No. 43 or eocial security number
	Con the instructions f		lines 41a and 41b, or	Free 1010 Free 6	
			the EfC, and (b) yo		
 If you take the El to 10 years. See 	IC even though yo back of schedule		ble, you may not b	e allowed to tak	e the credit for up
It will take us lon for each gualifying	ger to process yo	200	ssue your retund it	you do not fill	n all lines that app
Be sure the child social security of EIC. If the name	I's name on line 1 ard. Otherwise, at	the time we p ild's social set	curity number ISSN rocess your return, curity card is not co	we may reduce	or disallow your
Qualifying Child Infor	mation	121	hild 1		Child 2
 Child's name If you have more than two qualify only have to list two to get the ma 		Entrans	Last name	First name	Last nome
2 Child's SSN The child must have an SSN as de of the Form 1040A instructions or Form 1040 instructions unless the died in 2006. If your child was bo and did not have an SSN, enter "I and attach a copy of the child's bi	r page 48 of the child was born and im and died in 2006. Died" on this line				
3 Child's year of birth		Year If horn after and 4b, go b	1987, skip linex 4a	Year If horn after and 4h; go t	1987, skip lines 4a
4 If the child was born be a Was the child under age 24 at the student?		Go to line 5.	No.	Go to flag 5.	No.
b Was the child permanently and to any part of 2006?	tally disabled during	Ves.	No. The child is not a qualifying child.	Continue,	No. The child is not a qualifying child.
5 Child's relationship to y (for example, son, daughter, grand niece, nephew, foster child, etc.)					
6 Number of months chil you in the United States					
 If the child lived with you for r 2006 but less than 7 months, er 					
 If the child was born or died in borne was the child's home for or she was alive during 2006, e 	the entire time he	Do not enter v	nore than 12 months	Do not enter i	months
			f your child (a) was u he instructions for line		
For Paperwork Reduction Act Noti	ice, see Form 1040A	Cat.	No. 13339M	Schedule EIC (Fo	orm 1040A or 1040j 20



F-18 Blank Forms

Before you begi	n:
Part 1	1. Enter your samed income from Step 5 on page 47.
All Filers Using Worksheet A	Look up the amount on line 1 above in the EIC Table on pages 52–58 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 uset to line file.
	3. Enter the amount from Form 1040, line 38.
	 Are the amounts on lines 3 and 1 the same? Yes. Skip line 5; enter the amount from line 2 on line 6. No. Go to line 5.
Filers Who Answered "No" on Line 4	 5. If you have No qualifying children, is the amount on line 3 less than 56,750 (\$8,750 if married filing jointly)? 1 or more qualifying children, is the amount on line 3 less than \$14,850 (\$16,850 if married filing jointly)? Yes. Leave line 5 blank; enter the amount from line 2 on line 6. No. Look up the amount on line 3 in the EIC Table on pages 52–58 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 amount on fines 5 and 2. Then, enter the smaller amount on line 6.
Part 3 Your Earned	6. This is your earned income credit.
Income Credit	Reminder— If you have a qualifying child, complete and attach Schedule EIC.
	// your EIC for a year after 1995 was reduced or disallowed, see page 48 to find out if you must file Form 8862 to take the credit for 2006.

Form 1040-Lines 66a and 66b

Keep for Your

Worksheet B—Earned Income Credit (EIC)—Lines 66a and 66b

	in the second se
	1007
D	BP44
Records	8-46
	1.00

Use this worksheet if you answered "Yes" to Step 5, question 3, on page 47.

✓ Complete the parts below (Parts 1 through 3) that apply to you. Then, continue to Part 4.

If you are married filing a joint return, include your spouse's amounts, if any, with yours to figure the amounts to enter in Parts 1 through 3.

Part 1	Ia. Enter the amount from Schedule SE, Section A, line 3, or Section B, line 3, whichever applies.		1a	
Self-Employed, Members of the	h. Enter any amount from Schedule SE, Section B, line 4b, and line 5a.	+	1Ь	
Clergy, and	e. Combine lines Ia and Ib.	-	te	
People With Church Employee	d. Enter the amount from Schedule SE, Section A, line 6, or Section B, line 13, whichever applies.	-	14	
Income Filing Schedule SE	e. Subtract line 1d from 1c.	3	le	
Part 2 Self-Employed	 Do not include on these lines any statutory employee income, any net prof as a notary public, or any amount exempt from self-employment tax as the approval of Form 4029 or Form 4361. 	St fix	om services ilt of the fi	performed ling and
NOT Required To File	a. Enter any net farm profit or (loss) from Schedule F, line 36, and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A*.		2.a	
Schedule SE For example, year not samings from self-employment were less than \$400.	b. Enter my net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1055-B), box 9, code K1*.	+	210	
	e. Combine lines 2a and 2b.	1	20	
The set and prove	*Reduce any Schedule K-1 amounts by any partnership section 179 expens			
Part 3 Statutory Employees	 unreimbursed partnership expenses claimed, and depletion claimed on oil a have any Schedule K-1 amounts, complete the appropriate line(s) of Sched name and social security number on Schedule SE and attach it to your retuined. Enter the amount from Schedule C, line 1, or Schedule C-EZ, line 1, that 	ind g hale 5	as properti SE, Section	ies. If you
Part 3 Statutory Employees Filing Schedule	unreimbursed partnership expenses claimed, and depletion claimed on oil a have any Schedule K-1 amounts, complete the appropriate line(s) of Sched name and social security number on Schedule SE and attach it to your retu-	ind g hale 5	as propriti	ies. If you
Part 3 Statutory Employees Filing Schedule C or C-EZ	 unreimbursed partnership expenses claimed, and depletion claimed on oil a have any Schedule K-1 amounts, complete the appropriate line(s) of Sched name and social security number on Schedule SE and attach it to your retuined. Enter the amount from Schedule C, line 1, or Schedule C-EZ, line 1, that 	ind g hale 5	as properti SE, Section	ies. If you
Pert 3 Statutory Employees Filing Schedule C or C-EZ Part 4 All Filers Using Worksheet B	 Unreimbursid partnership expenses claimed, and depletion claimed on oil a bave any Schedule K-1 amounts, complete the appropriate line(s) of Sched name and social security number on Schedule SE and attach it to your retuined. Enter the amount from Schedule C, line 1, or Schedule C-EZ, line 1, that you are filing as a statutory employee. 	ind g hale 5	as properti SE, Section	ies. If you
Part 3 Statutory Employees Filing Schedule C or C-EZ Part 4 All Filers Using	 unreimbursed partnership expenses claimed, and depletion claimed on oil a have any Schedule K-1 amounts, complete the appropriate line(s) of Schedule rame and social security number on Schedule SE and attach it to your retuined. Enter the amount from Schedule C, line 1, or Schedule C-EZ, line 1, that you are filing as a statutory employee. Enter your earned income from Step 5 on page 47. 	und g hale 5 en.	as properti SE, Section 3 4a 4b	es, lf you 1 A. Pat you

Part 5 All Filers Using Worksheet B	6. Enter your notal earned income from Part 4, line 4b, on page 50. 7. Look up the amount on line 6 above in the EIC Table on pages 52–58 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 7 is zero, You cannot take the credit. Put "No" on the dotted line stept to line fete.
	Enter the amount from Form 1040, line 38. Are the amounts on lines 8 and 6 the same? Yes. Skip line 10; enter the amount from line 7 on line 11. No. Get to line 10.
Part 6 Filers Who Answered "No" on Line 9	 10. If you have: No qualifying children, is the amount on line 8 less than \$6,750 (\$8,759 if married filing jointly)? I or more qualifying children, is the amount on line 8 less than \$14,850 (\$16,850 if married filing jointly)? Yes. Leave line 10 blank; enter the amount from line 7 on line 11. No. Look up the amount on line 8 in the EIC Table on pages 52–58 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 of the amounts on lines 10 and 7. Then, enter the smaller amount an line 11.
Part 7 Your Earned Income Credit	 11. This is your earned income credit. Reminder— ✓ If you have a qualifying child, complete and attach Schedale EDC.
	If your EIC for a year after 1996 was reduced or disallowed, see page 48 to find out if you must file Form 8862 to take the credit for 2006.

Form 1040-Line 53

 Line 53—Child Tax Credit Three Steps To Take the Child Tax Credit! Step 1. Make sure you have a qualifying child for the child tax credit (see the instructions for line 5c). Step 2. Make sure that for each qualifying child you either checked the box on Form 1040, line 5c, column (4), or completed Form 8901 (if the child is not your dependent). Step 3. Answer the questions on this page to see if you can use the worksheet on page 43 to figure your credit or if you must use Pab. 972. If you need Pub. 972, see page 7. 	 Are you claiming any of the following credits? Residential energy efficient property credit, Form 5695, Part II. Adoption credit, Form 8809. Morigage interest credit, Form 8396. District af Calambia first-time homebuyer credit, Form 8859. Yes: or you must use Pub. 972 to figure your child tax credit. You will also need the form you will also need the form form(s) listed above for any credit(s) you are channing. Are you excluding income from Poeno Rico or are you filing my of the following forms?
Questions Who Must Use Pub. 972	 Form 2555 or 2555-EZ (relating to foreign earned income) Form 4563 (exclusion of income for residents of American Samou).
 1. In the amount on Form 1040, line 38, more than the amount shown below for your filing stams? Married filing jointly - \$110,000 Single, head of boosehold, or qualifying widew(or) - \$75,000 Married filing separately - \$55,000 Yes more than the Pub. 972 to figure your credit. 	□ Yee You must use Pub. 272 to figure your craft.
Need more information or forms? See page 7 4	2 -

	redit Worksheet-Line 53	Keep for Your Records
A of	be a qualifying child for the child tux credit, the child must be under age 17 at th 2006 and meet the other requirements listed on page 19.	
enuico • De	not use this worksheet if you answered "Yes" to question 1, 2, or 3 on page 41. In	
	 Number of qualifying children: = \$1,000. Enter the result. 	1
	2. Enter the amount from Form 1040, line 46.	
	3. Add the amounts from Form 1040:	
	Line 47	
	Line 48 +	
	Line 49 +	
	Line 50 +	
	Line 51 + Line 52 + Enter the total.	2
	 Are the amounts on lines 2 and 3 the same? Yee. 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?	
	Also, you may be able to take the	
	additional child tax credit. See the Tilb below.	5
	No. Enter the amount from line 1.	Timer this amount on Firem 1940, ling 53.
	You may be able to take the additional child tax or on Form 1040, tine 68, if you answered "Yes" on line	
	Ine 5 above.	
	 First, complete your Form 1040 through line 67. 	
	 Then, use Form 8812 to figure any additional chill 	d tax

Form 1040-Line 53

Line 53—Child Tax Credit Three Steps To Take the Child Tax Credit! Step 1. Make sure you have a qualifying child for the child tax credit (see the instructions for line 5c). Step 2. Make sure that for each qualifying child you ether checked the box on Form 1040, line 5c, column (4), or completed Form 8001 (if the child is not your dependent). Step 3. Answer the questions on this page to see if you can use the worksheet on page 43 to figure your credit or if you must use Pab. 972. If you need Pub. 972, see page 7.	 Are you claiming any of the following credit? Residential energy officient property credit, Form 5695, Part II. Adoption credit, Form 8819. Mortgage interest credit, Form 8396. District of Columbia first-time homebuyer credit, Form 8559. Yes rep INO. Continue Yes must use Pub. 972 to figure your shift fax credit, You will also need the form(s) listed above for any credit(s) you are claiming. Are you excluding income from Poeno Rico or are you filling my of the following form? Form 2555 or 2555-EZ (pating to foreign earned)
Questions Who Must Use Pub. 972	income). • Form 4563 (exclusion of income for residents of American Samou).
 In the amount on Form (040, line 38, more than the amount shown below for your filing stams? Married filing jointly - \$110,000 Single, head of boosehold, or qualifying widew(ar) - \$75,000 Married filing separately - \$55,000 Yes m line separately - \$55,000 You must use Pub. 972 to figure your credit. 	Yes You must use Pub. 372 to figure your crofit.
Need more information or forms? See page 7 4	2 -

	redit Worksheet-Line 53	Keep for Your Records
A of	be a qualifying child for the child tux credit, the child must be under age 17 at th 2006 and meet the other requirements listed on page 19.	
enuico • De	not use this worksheet if you answered "Yes" to question 1, 2, or 3 on page 41. In	
	 Number of qualifying children: = \$1,000. Enter the result. 	1
	2. Enter the amount from Form 1040, line 46.	
	3. Add the amounts from Form 1040:	
	Line 47	
	Line 48 +	
	Line 49 +	
	Line 50 +	
	Line 51 + Line 52 + Enter the total.	2
	 Are the amounts on lines 2 and 3 the same? Yee. 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?	
	Also, you may be able to take the	
	additional child tax credit. See the Tilb below.	5
	No. Enter the amount from line 1.	Timer this amount on Firem 1940, ling 53.
	You may be able to take the additional child tax or on Form 1040, tine 68, if you answered "Yes" on line	
	Ine 5 above.	
	 First, complete your Form 1040 through line 67. 	
	 Then, use Form 8812 to figure any additional chill 	d tax

	rm 1040)	(Sole Partnerships, joint ventur	t From Business Proprietorship) vis, etc., must file Form 1065 r 1041, See instructions o		Attac	200	5
	a of proprietor	 Attach to Farm 1040 at 	Filen, Filee instructions o	and the second se	al security nur		
Pa	General l	nformation	09)	C		
Sch Inst Sch	May Use edule C-EZ ead of edule C y If You:	 Had business expenses of \$5,000 or less. Use the cash method of accounting Did not have an inventory at any time during the year. Did not have a net loss from your business. Had only one business as either a sole proprietor or statutory employee. 	And You:	Had no emplo- Ani not niques Deprectation a this bisiness. for Schedule C Or4 for find out Do not deduct business use of passive activity business.	Id to file Form not Amortizati See the instru- 3, line 13, on t if you must appendes for al your home. nor year unail	n 4562, on. for colons page file.	
A	Principal business o	r profession, including product or service		в	Enter code fram	pages C-8, 1	9. 6 10
c	Business name. If n	o separate business name, leave blank.		D	Employer ID as	mber (EIN), if any
E	Business address (in	icluding suite or room no.). Address not n	equired if same as on Form 10	40, page 1.			
	City, town or post of	flice, state, and ZIP code					
1	employee" box on Schedule C, line 1 Total expenses (s	aution. If this income was reported to that form was checked, see Statuto , on page C-3 and check here , ee instructions). If more than \$5,000	y Employees in the instruct	tions for · · · ► □	1		
3	Form 1040, line 1	ct line 2 from line 1. If less than zer 2, and also on Schedule SE, line 2. ule SE, line 2. Estates and trusts, ent	(Statutory employees do no		3		
Pa	rt III Informatio	on on Your Vehicle. Complete this	s part only if you are clain	ning car or tru	ick expense	es on lir	ne 2.
	When did you play	ce your vehicle in service for busines	is purposes? (month, day, y	ear) ►!.	t		
4	Of the total number	er of milles you drove your vehicle du	ring 2006, enter the numbe	r of miles you i	used your vi	shicle for	R
4 5		b Commuting [see inst	(nuclines)	c Other			
4 5 #	Business					Mag 1	No 1
4 5 8		oouse) have another vehicle available			🗆	Tes	
	Do you (or your ap		for personal use?] No
* 6 7	Do you (or your sp Was your vehicle :	pouse) have another vehicle available	tor personal use?	+ + + + +	🗆	Yes	
# 6 7 8a	Do you (or your sp Was your vehicle :	pouse) have another vehicle available available for personal use during off- ence to support your deduction?	tor personal use?	 		Yes [- No - No - No

Schedule C-EZ (Form 1040) 2008

Instructions

You can use Schedule C-EZ instead of Schedule C if you operated a business or practiced a profession as a sole proprietorship or you were a statutory employee and you have met all the requirements listed in Schedule C-EZ, Part I.

Line A

Describe the business or professional activity that provided your principal source of income reported on line 1. Give the general field or activity and the type of product or service.

Line B

Enter the six-digit code that identifies your principal business or professional activity. See pages C-8 through C-10 of the Instructions for Schedule C for the list of codes.

Line D

You need an employer identification number (EIN) only if you had a qualified retirement plan or were required to file an employment, excise, estate, trust, or alcohol, tobacco, and firsams tax return. If you need an EIN, see the instructions for Form SS-4. If you do not have an EIN, leave line D blank, Do not enter your SSN.

Line E

Enter your business address. Show a street address instead of a box number. Include the suite or room number, if any.

Line 1

Enter gross receipts from your trade or business. Include amounts you received in your trade or business that were properly shown on Forms 1099-MISC. If the total amounts that were reported in box 7 of Forms 1099-MISC are more than the total you are reporting on line 1, attach a statement explaining the difference. You must show all items of taxable income actually or constructively received during the year (in cash, property, or services). Income is constructively received when it is credited to your account or set aside for you to use. Do not offset this amount by any losses.

Line 2

Enter the total amount of all deductible business expenses you actually paid during the year. Examples of these expenses include advertising, car and truck expenses, commissions and fees, insurance, interest, legal and professional services, office expense, rent or lease expenses, repairs and maintanance, supplies, taxes, travel, the allowable percentage of business meals and entertainment, and utilities (including telephone). For details, see the instructions for Schedule C, Parts II and V, on pages C-3 through C-7. If you wish, you can use the optional worksheet below to record your expenses. Enter on lines b through g the type and amount of expenses not included on line a.

If you claim car or truck expenses, be sure to complete Schedule C-EZ. Part III.

Line 5b 🌌

Generally, commuting is travel between your home and a work location. If you converted your vehicle during the year from personal to business use (or vice verse), enter your commuting miles only for the period you drove your vehicle for business. For information on certain travel that is considered a business expense rather than commuting, see the Instructions for Form 2106.

Paperwork Reduction Act Notice. We ask for the

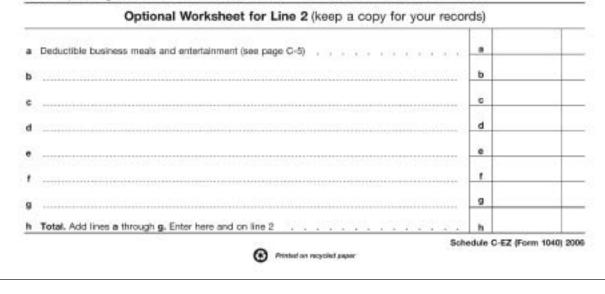
Information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

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 burden for individual taxpayers filing this form is included in the estimates shown in the instructions for their individual income tax return. The estimated burden for all other taxpayers who file this form is approved under OWB control number 1545-1973 and is shown below.

Recordkeeping						, 45 min.
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Preparing the form.			4	 4	 42	. 35 min.
Copying, assembling, and sending the form to						
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we would be happy to hear from you. See the instructions for ent, the tax return with which this form is filed.



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16		ion lines 7 and 15 and enter the result. If this 16 is a loss, skip lines 17 through 20, and line 21. If a gain, enter the gain on Form 1040, line 13, and then go to line 17 below	16		_
17	T Ye	es 15 and 16 both gains? S. Go to kne 18. Skip knes 18 through 21, and go to kne 22.		Ô	
18		the amount, if any, from line 7 of the 28% Rate Gain Worksheet on page 0-7 of the store	18	-	
19		the amount, if any, from the Till of the University Section 1259 Gain Worksheet on D-8 of the instructions	19		_
20	Ve Ca	es 18 and 19 both zero or blank? is, Complete Form 1040 through line 45, and then complete the Qualified Dividends and ipital Gain Tax Worksheet on page 38 of the instructions for Form 1040. Do not complete es 21 and 22 below.			
		a. Complete Form 1040 through line 43, and then complete the Schedule D Tax Worksheet page D-9 of the instructions. Do not complete lines 21 and 22 below.			
21	If fine	16 is a loss, enter here and on Form 1040, line 13, the smaller of:	_		
		loss on line 16 or 000), or if married filing separately, (\$1,500)	21	(
	Note.	When figuring which amount is smaller, treat both amounts as positive numbers.			
22	U Ye	o have qualified dividends on Form 1040, line 967 s. Complete Form 1040 through line 43, and then complete the Qualified Dividends and pital Gain Tax Worksheet on page 38 of the instructions for Form 1049.			
	D No	. Complete the rest of Form 1040.			
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(Form 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) Attach to Form 1040, 1040MR or Form 1041. In See Instructions for Schedule E (Form 11							5 S. A.			2006 Attachment Sequence No. 13		
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Pa	rt I Income or Loss From Ren	tal Re	al Estate and R	lova	Ities No	te. If you at	a lathe busitess of	renting p	l Isnoarie	roper	tv. usi	
	Schedule C or C-EZ (see page	E-3).	Report farm rental	inco	me or los	a hom Furn	4835 on page 2,	ine 40.			-	
1	List the type and location of each	rental	real estate pro	pert	y:		ch rental real estat on line 1, did you p			Yes	No	
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	Auto and travel (see page E-4).	6					-					
7		7										
	Commissions	8										
	Insurance	9										
	Legal and other professional fees	10	-	-								
11	Management fees	11		-				_				
12	Mortgage interest paid to banks,											
	etc. (see page E-4)	12		-				12			-	
	Other interest	13	-	-	_			_				
14	Repairs	15				-		_				
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18	Other (list) ►		9	-								
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	Add lines 5 through 18 , , ,	10		-				10		-	-	
00	Depreciation expense or depletion (see page E-4)	20		1				20				
21	Total expenses. Add lines 19 and 20	21										
22	Income or (loss) from rental real											
	estate or royalty properties. Subtract line 21 from line 3 (rents)											
	or line 4 (royalties). If the result is											
	a (loss), see page E-5 to find out	22										
23	if you must file Form 6198 Deductible rental real estate loss.											
-	Caution. Your rental real estate											
	loss on line 22 may be limited. See											
	page E-5 to find out if you must file Form 8582. Real estate											
	professionals must complete line	-		-								
30	43 on page 2	23	1	1	1			1				
	Income. Add positive amounts she							24		-	10	
25								25		-		
10	Total rental real estate and royalty If Parts II, III, IV, and line 40 on page											
	line 17. Otherwise, include this amou					and an installed it.	and the state of the state	26				

and shares		m 1040) 2000					Attach	ment Sequence	· · · · · · · · · · · · · · · · · · ·		Page 2
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37 951 38 99 951 40 41 42 43	Combin to Combine to Net fam Total inco Reconcil and fishi 1065), bu Scheduk Reconcil professio professio anywhere	Name a columns (d) an Summary n rental income o ome or (loss). Com Nation of farming ng income report ox 14, code B; So a K-1 (Form 1041 iation for real e	(0) Erry identification of (0) anly. Er or (0) anly. Er or (0) anly from bine lines 26. (or and fishing led on Form thedule K-1 (f)), line 14, cool state profess 1), enter the Form 1040NF	Form 483 Form 483 12, 37, 38, an income. En 4835, line 1 form 1120S le F (see pa sionals. If a net income 1 from al re	It Exercise Schedule (iter) uit here and i 5. Also, com d 40. Enter the ther your gross 7: Schedule H (), box 17, cos ge E-7) , cou were a re or (oss) you mtal real estate	age 640 Include in the plete line 42 result here an s farming (-1 (Form de N; and estate reported activities	e total en line below d on Form 104	41 below	39 40	Scheckzlen Q, Im	+

	HEDULE SE	C-1/ F				0MB No. 1545-0074
	rm 1040)	Self-Emp	ployme	G	Attachment	
den	ol Revenue Service (99)	► Attach to Form 1040. ► See is		for Schedule SE Form 10	40).	Sequence No. 17
Nat	te of person with self-er	nployment income (as shown on Form	1040	Social security number of with self-employment in		1 1
w	no Must File Sc	hedule SE		S		-
0.77	must file Schedule S	Charles and the second s		20		A
	ou had net earnings f ang Schedule SE) of !	rom self-employment from other the \$400 or more, or	in church e	implayee income (line 4 c	of Short Sch	equie SE or line 4c of
		yee income of \$108.28 or more. In hurch employee income (see page)		i services you performed	as a minist	er or a member of a
Not	e. Even if you had a l	oss or a small amount of income fro od" in Part II of Long Schedule SE	m self-emp		ur benefit to	file Schedule SE and
Exc	eption. If your only se	f-employment income was from ear	mings as a	minister, member of a re-	igious order.	or Christian Science
		Form 4361 and received IPS approve	al not to be	baxed on those earnings.	do not file S	ichedule SE. Instead,
writ	e "Exempt-Form 435	1" on Form 1040, line 58.	- 1 -	2		
	May I Use	Short Schedule SE or Mu	st I Use	Long Schedule S	E?	
	Note. Use this	flowchart only if you must life Sche	dule SE. If	unsure, see Who Must F	ile Schedule	SE, above.
		Did you receive	wates or th	s in 20067		
		No	1	Ye	15	
2.4		* *		*	1	
8	serve practitioner who receip	f a religious order, or Ottatian ed IRS approval not to be toxed a, but you owe self-employment	ar	as the total of your wages and to nailroad rotirement tax plus your R-employment more than \$24,20	net earnings fro	
				T		
	33	No				
	e you using one of the opti mings (see page SE-3)?	onal methods to figure your net		N	i	
-		No	Na Di ta	d you receive tips subject to soc at you did not report to your en	ial security or M sployer?	fectioare tax
	d you receive church empl -0 of \$106.28 or mole?	ayee income reported on Form				
		No				1
	You may use Shor	Schedule SE below	→	You must use Long	Schedule SE o	n page 2
C.o.	tion A_Chort Colu	dule SE. Caution. Read above to	o ene il vo	u can use Chart Sched	ula CE	
1		css) from Schedule F, line 36, and				
	1065), box 14, code	A	1.1.1.1		1	
2		om Schedule C, line 31; Schedule (er than farming); and Schedule K-1 (
		er than tarming); and Scheoule K-1 (Igious orders, see page SE-1 for a				
	SE-2 for other incor	ne to report			2	
3		12			. 3	
4		self-employment. Multiply line 3 dule; you do not owe self-employm				
5		ax. If the amount on line 4 is:	not in 1985			
		nultiply line 4 by 15.3% (153). Enter	r the result	here and on	5	
0	1. TO DO PERSONAL PROPERTY OF THE PERSON OF			44 COD 00 to the		
0		0, multiply line 4 by 2.9% (.029). T al here and on Form 1040, line 58.	hen, add \$	11,660,60 ID UW		

		Social ascurity number of perastr	of person with self-employment income (as shown on Form 1040)	aule SE e of pe	Nam
		with self-employment income			_
			on B—Long Schedule SE	tion E	Sec
		GV	Self-Employment Tax	rt I	Par
			If your only income subject to self-employment tax is church er d go to line 5a, Income from services you performed as a ministr e. See page SE-1.	nd go	4c ar
			f you are a minister, member of a religious order, or Chostian S ad \$400 or more of other net earnings from self-employment, o		A
	1	erships. Schedule K-1 (Form ional method (see page SE-4)	Net farm profit or (loss) from Schedule F, line 36, and farm parts 1065), box 14, code A. Note. Skip this line if you use the farm opt	Net f 1065	1
	2	bax 9, code K1. Ministers and on this line. See page SE-2 for	Vet profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3- 14, code A (other than farming); and Schedule K-1 (Form 1065-B), nembers of religious orders, see page SE-1 for amounts to report	14, o memi	2
	3	nional method (see page 3E-4)	other income to report. Note, Skip this line if you use the nonform of Combine lines 1 and 2	Comi	
	4a	vise, enter amount from line 3	f line 3 is more than zero, multiply line 3 by 92,85% (.9235). Other	H Ine	40
	4b		f you elect one or both of the optional methods, enter the total of		
	40	H-employment tax. Exception.	Combine lines 4a and 4b. If less than \$400, stop; you do not owe s f less than \$400 and you had church employee income, enter -0-a	Comb	
			Enter your church employee income from Form W-2. See page S or definition of church employee income		5a
	5b 6		Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-	1.1.1.1.1.1.1.1	
	0				
00 00	7	ax for 2005 ,	Maximum amount of combined wages and self-employment earn ax or the 6.2% portion of the 7.65% railroad retirement (tier 1) to	tax o	
	3	xre,	Total social security wages and tips (total of boxes 3 and 7 on Forr N-2) and railroad retirement (tier 1) compensation. If \$94,200 or mo kip lines 8b through 10, and go to line 11	W-2}	8a
	8c		Unreported tips subject to social security tax (from Form 4137, line Add lines 8a and 8b		
12	9	line 10 and go to line 11 . >	Subtract line 8c from line 7. If zero or less, enter -0- here and on	Subt	9
_	10		Multiply the smaller of line 6 or line 9 by 12.4% (.124) ,	Multi	10
_	11		Multiply line 6 by 2.9% (,029)		11
10	12	by ,	Self-employment tax. Add lines 10 and 11. Enter here and on F- Deduction for one-half of self-employment tax. Multiply line 12 50% (.5). Enter the result here and on Form 1040, line 27	Dedu	12 13
			Optional Methods To Figure Net Earnings (see page		Par
		ss farm income' was not more	Optional Method. You may use this method only if (a) your gro 2,400, or (b) your net farm profits? were less than \$1,733.		
00 00	14		Maximum income for optional methods	Maxi	14
	15	ss than zero) or \$1,600. Also	Enter the smaller of: two-thirds (%) of gross farm income (not le nolude this amount on line 4b above		15
			rm Optional Method. You may use this method only if (a) you i1,733 and also less than 72.189% of your gross nonfarm income self-employment of at least \$400 in 2 of the prior 3 years.	\$1,73	then
	10	CONTRACTOR AND A DESCRIPTION OF A DESCRIPTION	on. You may use this method no more than five times.		
	16		Subtract line 15 from line 14 . Enter the smaller of: two-thirds (%) of gross nonfarm income (not on line 16. Also include this amount on line 4b above .	Enter	
A; and		Sch. C-EZ, line 3; Sch. K-1 (Form 10		m Sch.	
; and Sch	5), box 14, c	ch. C-EZ, line 1; Sch. K-1 (Form 106 x 9, code K2.	Sch. F, line 36, and Soh. K-1 (Form 1056), 4 From Sch. C, line 7; S 4, code A. K-1 (Form 1055-B), bo		
1040 2000	hedule SE (Sc			

B	Initial Dividends and Capital Gain Tax Worksheet—Line 44 Keep for Your Records fore your begin: See the instructions for line 44 that begin on page 36 to see if you can use this worksheet figure your tax. If you do not have to file Schedule D and you received capital gain distributions, be same you checked the box on line 13 of Form 1040.
	Enter the amount from Form 1040, June 43
	Enter the amount from Form 1040, fire 9b
	Are you filing Schedule D?
	Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or line 16 is a box, write -0- No. Enter the amuum from Form 1040, line 13
10	Add lines 2 and 3
「売	If you are claiming lovestment interest expense on Form 1952, enter the amount from line 4g of that from Otherwise, enter 40- 5.
60	Subtract line 5 from line 4. If zero or less, enter (0)
7.	Sobtract line 6 from line 1. If zero or less, enter -0
	The amount on line 1, or S30,650 if single or married filing separately, S61,500 if matried filing jointly or qualifying widewriter), S41,050 if hend of beauchold
9.	A the amount on line 7 equal to or more than the amount on line 87 Yes, Skip lines 9 through 11: go to line 12 and check the "No" box. No. Enter the amount from line 7 9,
10,	Subtract line 9 from line 8
ù,	Multiply line 10 by 5% (.05)
	Any the amounts on lines 6 and 10 the name? Ves. Skip fines 12 through 15; go to line 16. No. Enter the smaller of line 1 or line 6
	Enter the amount from line 10 (if line 10 is blank, onter -0-) 13.
	Sobtract line 13 from line 12
15.	Multiply line 14 by (5% (15)
	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
	Figure the tax on the amount on line 1. Use the Tax Table or Tax Computation Worksheet, whichever applies
10	Fax on all taxable income. Enter the smaller of line 17 or line 18. Also include this amount on

- 38 -

Need more information or forms? See page 7.

Before you begin: If source the bet	all list of a data and data have to be the second	our who died before August 21, 1996, include any
shiah bipalk east	action that you are original to cap to \$5,000 in the emission or associty. Figure the taxafile part of each	e succept covered on New 2 holoss. Apparently, Econy the initial of the monthly parts on Four-
 Fand the total pension of armoty phyrocen on their the 	errof is 2006. Also, only this amount on Toro-	
. Later sear cost in the play is the autainy starth		11.1.4
Note. If you completed this workshort but you	, skip line 3 and enter the account from line 4 of the annount of your persists or oready has oblarg	
from Table 2 Julies	ar of your bourfulary, unor the appropriate team	
6. Dividu line 2 by the number on line 3		
 Multiply line 4 by the member of results for w sensity starting data was before 1987, step line Otherwise, go to Date 6 		
6. Earlier this betweent, if any, environment has free by	years after 2400	
L. Frier the smaller of line 5 or line 7	and a state of the	11111111111111111111111111111111111111
	anterer, may the anaroust on this line realized of the	r His storent to Firm 1940,
We your simily surfleg data below (987)	ormere, use the annuar on this line assisted of the	e arrestet from Form 1990-R N.
Was your scratty surface taken taking 1987) Ves. (70) Lowy line 10.06ast. No. Add lines 4 and 8. This is for amount	of ron have encourred has free through 2006. Y	on will read this matcher when
Was your annuly surflag data below 1987? Yee, or Lowe has 10.06ast. No. Add lines 4 and 8. This is for annual	of you have recovered ton free through 2006. V Table 1 for Line 3 Alone	on will read this matcher when
Wer your arrestly starting data before 1987? Vec. (corr Loove line 10.04ark. No. Add lines 4 and 8. The is for announ you fill out this worksheet send your fill out this worksheet send your lines page 20 was St or ender	et you have encovered tan free through 2006. V Table 1 for Line 3 Alore AND your Isolary November 19, 1046. Inter in Dig 7	c arreaut from Form 1090.8 %
Was your arrestly starting data below 1987? Was. and Lawy line 10.04ash. Na. Add lines 4 and 8. The is for announgoun fill eacilities worksheet over your Uf the age at anoundly starting data (see page 20) was St or ender No97	et you have recovered tan free through 2000. V Table 1 for Line 3 Alone AND your holine 2005miles 19, 1998. arter in the 7	c arreaut from Form 1090.8 %
Was your accuracy starting data before 1987? Was, or barrow has 10.04ash. Na. Add lines a seal 8. This is for amoun you fill ext this worksheet seed your Uf the age at assessity storting data test page 26) was No or	of you have recovered ton free through 2006. V Table 1 for Line 3 Alone AND your bolies November 10, 10966. arter on the 3	c arreaut from Form 1090-R %
Was your arrestly starting data below 1987? Vas. (and Lawy line 10.04ash.) Na. Add lines 4 and 8. The is for announgous fill east like worksheet over your Uf the age at assessing starting data tee page 20 was St or ender No -99	et you have recovered tan free through 2000. V Table 1 for Line 3 Alone AND your holine 2005miles 19, 1998. arter in the 7	c arreaut from Form 1090.8 %
We your scratty matting data before 1987? Ves. (and Lawy line 10.04ml.) No. Add lines a and 8. The is the amount you fill out this worksheet send your goal of the fill out this worksheet send your fill out this worksheet send your goal of the fill out this worksheet send your goal of the fill out this worksheet send your goal of the fill out this worksheet send your goal of the fill out this worksheet send your goal of the fill out this worksheet send your goal of the fill out this worksheet send your goal of the fill out this worksheet send your goal of the fill out this worksheet send your goal of the fill out th	of you have recovered ion free through 2006. Y Table 1 for Line 3 Above AND your holory November 19, 1096, arter on Son 7	c arreaut from Form 1090-R %
We your scratty sarting this below (987) Ve. (1) Lowe lise 10.04mh. No. Add lises 4 and 8. This is the amount you fill out this worksheet sent year. (1) the age at annually storting data test page 200 was St or order 30 -00 NI -00 N	of you have recovered ion free through 2006. V Table 1 for Line 3 Alone AND your boliers November 10, 1006. arter on the 3	c arreaut from Form 1090-R %
Weak your screatly marting claim before 1987? Weak your screatly marting claim before 1987? Weak your failer to mark 10 blank. No. Add lines to end 8. This is the amount your fill out this worksheet need your Stars at anomaly starting data (see page 26) was Stars and market to blank to blank. Stars at anomaly starting data (see page 26) was The the conditional ages at anomaly starting data (see page 26) water The or other Stars and the top page 26) water	of you have recovered ion free through 2006. V Table 1 for Line 3 Alone AND your boliers November 10, 1006. arter on the 3	c arrest from Form 1090.8 %
We your scratty starting this before 1987 Ves. () Lowe line 10.00mb. No. Add lines a set 8. The is the amount you fill out this worksheet seed year. Of the age at animally storting data (see page 20) was St or ender Store) St or ender Store) The set obtain The set obtain The set obtain	of you have recovered ion free through 2006. V Table 1 for Line 3 Alone AND your boliers November 10, 1006. arter on the 3	c arrest from Form 1090.8 %
Weak your screatly marting claim before 1987? Weak your screatly marting claim before 1987? Weak your failer to mark 10 blank. No. Add lines to end 8. This is the amount your fill out this worksheet need your Stars at anomaly starting data (see page 26) was Stars and market to blank to blank. Stars at anomaly starting data (see page 26) was The the conditional ages at anomaly starting data (see page 26) water The or other Stars and the top page 26) water	of you have recovered ion free through 2006. V Table 1 for Line 3 Alone AND your boliers November 10, 1006. arter on the 3	c arrest from Form 1090.8 %

-		efits Worksheet-Lines 20a and 20b	Keep for Your Records
B	fore you begin:	 Complete Form 1040, lines 21, 23 through 32, Figure any write-in adjustments to be entered o instructions for line 36 on page 34). If you are married filing separately and you live enter "D" to the right of the word "benefits" or effective and the transformation of the graphical of a publication to find out if any of you 	in the dotted line next to line 36 (see the ed apart from your spouse for all of 2006, a line 20a. 27 to see if you can use this worksheet
4.	Enter the total amou	n from box 5 of all your Forms SSA-1099 and don, enter this amount on Form 1040, line 20a	3
2		r 1	
3.	Either the total of the	amounts from Form 1040, lines 7, 8a, 9a, 10 through	14, 15h, 16b, 17
40		any, Dom Form 1040, finz 8b	
5.			
6.	adjustments you ente	amounts from Form 1940, lines 23 through 32, line 3- real on the dated line next to line 36	
72	Is the amount on line	r 6 less that the amount on line 5?	
	No. mo Non	e of your social security benefits are taxable. Enter -0-	on Form 1946, line
		: 6 from line 3	····· 7.
8.	the second	sintly, enter \$32,000	1
	 Single, head of separately and y anter \$25,000 	household, qualifying widow(er), or married filing on lived apart from year sponse for all of 2006,	8.
	 Married filing s in 2000, skip fil 	eparately and you lived with your spouse at any time ies it through 15; multiply line 7 by 85% (.85) and on line 16. Then go to line 17	
U,	Is the around on lim	8 less than the amount on line 77	
	If yo of 20	of your social security benefits are tasable. Emer -0- u are married filing separately and you loved apart fro 06, be sure you entered "D" to the right of the word "	m your spease for all benefits" on line 20a
	A REAL PROPERTY AND A REAL	e 8 from line 7	and the second se
0,	wideo) er), er murtie	rried filing jointly; \$9,000 if single, head of household d filing separately and you lived apart from your spor	are for all of 2006 10.
Ŀ		line 9. If zero or less, enter -0	
		line 9 oc line 10	
12.00		r 12	
4.		line 2 or line 13 (5% (.85). If line 11 in zero, anter 40-	
5,	Add lines 14 and 15		
0, 7,	the second s	Ps (.85)	
8.		ity bourfits. Enter the smaller of line 16 or line 17, /	
1	TIP If any of your be	neffits are taxable for 2000 and they include a hamp-so able to reduce the taxable amount. See Pub. 915 for a	in herefu payment that was for an earlier bridle

Need more information or forms? See page 7. - 28 -

Form	1116					x Credit				0	MB No. 1545-0121
Depar	triand of the Trianuty of Revenue Dervice (1995)		F A	ttach to Fo	rm 1040, 10	HONR, 1041, of Instructions.			Se .	3	Kiacheneri Requence No. 19
Name				- 30	e separate i	all of the second se	Identify	ing number	as show	_	age 1 of your tax return
Une	a separate Form 111	5 for each c	abecarse of low	ome leted	helow See	Categories of	lacome	0.0000 3.0	t the le	ato este	ons Check only on
box	on each Form 1116.	Report all a	mounts in U.S	S. dollars e		specified in l	Part II below	k.		C	ons. Oneck only on
_	Passive income High withholding t		Shippin Divident		ISC of the			sum distrib 901/jii inc	ALC: 100	19.1	
	interest		Certain		1000	100		income re	188	ed by	treaty
¢ []	Financial services				FSC) or fam			Imitation	1 100 million		
-	esident of (name of		6	11	~	- 0	11	6			
	e: If you paid taxes e than one foreign										lf you paid taxes h
_	rt I Taxable Ind					1000 TOTAL 100	and the second second		_		i Above)
						oreign Count	-		h	1000	Total
1	Enter the name or possession		n country or		A	-	В	c	_	(4:)	d cols. A, B, and C.
1a	Gross income fr										
	shown above and a	100 C 100 C 1									
	page 13 of the ins	tructions):									
										1a	1
b	Check # line 1a is a	compensatio	o for personi	ai i							
	services as an compensation from										
	or more, and you u	ised an alter	native metho	d							
_	to determine its so	urce (see ins	tructions)	• LI						-	
	e instructions):	Caution: Se	e pages 13 ar	14							
2	Expenses definite line 1a (attach stat	ement), ,							_		
3	Pro rata share of o related:	ther deducti	ons not defin	nitely			_			1	
а	Certain Itemized deduction (see ins										
	Other deductions	attach state	mint) , ,			_					
	Add lines 3a and 3					-			_	-	
	Gross foreign sou					-	-			-	
	Gross income from Divide line 3d by I		100.00 Control 100						-		
	Multiply line 3c by										
4	Pro rata share of int										
a	Home mortgage			- C - C -							
	page 13 of the ins	tructions) .				-			_	-	
	Other interest exp			- · · ·		-				-	
5	Losses from foreig Add lines 2, 3g, 4a		1 1 1 1			-				6	1
7	Subtract line 6 fro	the second s	ther the result	t here and	on line 14.	page 2	con a d			7	
Pa	t II Foreign Ta						ons)				
	Credit is claimed for taxes				Fere	rign taxes poid	or accrued				
£	you must check one!		In tareign	CINADUCA				In U.S. (10 200 000000
Country	(m) Paid (n) Accrued	Tables	withheid at sou	100 011	(x) Other Ibreign takes	Taxes wit	theid at sou	00.00		Other In taske	(a) Total foreign taxes paid or
õ	(c) Date paid or accrued	(p) Dviderute	(c) Rents and royalise	01 Interest	paid or accrued	(0 Dividencia	(a) Fierts and stryaition	N Interesti	pel	id or nied	accrued jadd cols. It through held
A	to accurate	-	and requires	1.1.1			The stand				H
B											
¢	G										
8	Add lines A throug	h C dolumi	Jul Entor He	in total have	and on In-	P. seen. B. s				8	

Par	t III Figuring the Credit			6	
9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part $I_{\rm cont}$,	9			
0	Carryback or carryover (attach detailed computation)	10	- 0		
1	Add lines 9 and 10,	11	25		6
23	Reduction in foreign taxes (see page 15 of the instructions), Subtract line 12 from line 11. This is the total amount of foreign taxes	12	tie for credit	13	U
4	Enter the amount from line 7. This is your taxable income or doss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see page 15 of the instructions) .	10	120		
5	Adjustments to line 14 (see page 16 of the instructions)	15			
6	Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21. However, if you are filing more than one Form 1116, you must complete line 193.	16		2	
7	Individuals: Enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 2). If you are a nonresident alien, enter the amount from Form 1040NR, line 38 (minus any amount on Form 8914, line 2). Estates and trusts: Enter your taxable income without the deduction for your exemption	17			
	Caution: If you figured your tax using the lower rates on qualified divic page 17 of the instructions.	senala a	or cepital gains, see		
8	Divide line 16 by line 17, if line 16 is more than line 17, enter "1" .	++.		18	
9	Individuals: Enter the amount from Form 1040, line 44. If you are a nonre from Form 1040NR, line 41,				
	Estates and trasts: Enter the amount from Form 1041, Schedule G, line lines 36 and 37			19	
0	Caution: If you are completing line 13 for separate category g (ump-sum distribution Multiply line 19 by line 18 (maximum amount of credit)			20	
1	Enter the smaller of line 13 or line 20. If this is the only Form 1116 you a 30 and enter this amount on line 31. Otherwise, complete the appropriate the appropriste the appropriate the appr	are filin iate lin	g, skip lines 22 through a in Part IV (see		
Pa	page 18 of the instructions) TV Summary of Credits From Separate Parts III (see p			21	
2	Credit for taxes on passive income	22		5 %	
3	Credit for taxes on high withholding tax interest	23		8	
4	Credit for taxes on financial services income	24	1		
5	Credit for taxes on shipping income	25		3	
6	Credit for taxes on dividends from a DISC or former DISC and certain distributions from a FSC or former FSC	26			
7	Credit for taxes on lump-sum distributions , , , , , , , , , ,	27		2	
8	Credit for taxes on certain income re-sourced by treaty	28			
9	Credit for taxes on general limitation income	29			
0	Add lines 22 through 29	10.0	 a. Strategic and 	30	
1	Enter the smaller of line 19 or line 30			31	
2	Reduction of credit for international boycott operations. See instruction Subtract line 32 from line 31. This is your foreign tax credit, Enter her				
•	Form 1040NR, line 44; Form 1041, Schedule G, line 2a; or Form 990-1			33	
					Fem 1116 (200)

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	teant of the Te Prevense Service			e separate instruction		Form 1040.	1	Attactment Sequence No. 34
	shown on F		For Us	se by U.S. Citizens	and Residen	t Aliens Only		
Norne	server on P	onn 1040				C	Tour see	al security number
Par	ti G	eneral Infor	mation		1. 9	3	~	à
1	Your fore	ign address §	ncluding count	tryi	CK 6	P (2 Your	occupation
3	Employe	r's name 🕨			10	.01	10	
4a	Employe	's U.S. addre	ss ►	an 4 6			<u></u>	
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5		apply:	a A for	eion entity eion attliate of a U.S.	A V	b AU.S. c	company pecifió P	a 🗆 Solf
6a				Form 2555-EZ, ente				
b	If you did	I not file Form	2555 or 2555-	-EZ after 1981 to clai	mether of the e	xclusions, chec	k here Þ 🗋 i	and go to line 7.
¢	Have you	i ever revoked	s either of the e	exclusions7	2			Yes No
				e of exclusion and the				
7				tional? ►				
63				esidence for your fan sehold on page 3 of				
ь	If "Yes,"	enter city and	oountry of the	e separate foreign rei	sidence. Also, er	ter the number	r of days duri	ng your tax year that
	you main	tained a seco	nd household	at that address. > .				
9	List your	tax home(s) o	turing your tax	year and date(s) est	ablished. ►			
Pat 10	the T: Date bor	informatio expayers Qu	on asked fo ualifying Und	r Part III. If an ite r, any exclusion er Bona Fide Resi	or deduction	e page 2 of t and anded ►	may be dis	allowed.
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Pa	Taxpayers Qualifying Un	der Physical Presen	ce Test (see p	age 2 of the	instruction	s)
16	The physical presence test is based	on the 12-month period	t from ►		through >	
17	Enter your principal country of emplo	ryment during your tax	year. ►	11 11. A	19 19	
18						
	foreign countries that did not involve	traval on or more inter-	instance waters	or in or owner	the United S	tated for 3.4 believe
	more. If you have no travel to report of	luring the period, enter	Physically probe	nt in a loreign	country or g	cuntries for the en
_	more. If you have no travel to report of 12-month period." Do not include the	luring the period, enter	Physically probe	nt in a lareigr M, but report	it on Form 1	contries for the en
		luring the period, enter	Physically probe	nt in a lareigr M, but report	it on Form 1	cuntries for the en
	12-month period." Do not include the bit time of payting	luring the period, enter e income from column	Physically prose (f) below in Part	Million a foreign Million report Hill Fuil days present in	it on Form	cultrise for the en 040
	12-month period." Do not include the bit time of payting	luring the period, enter e income from column	Physically prose (f) below in Part	Million a foreign Million report Hill Fuil days present in	it on Form	cultrise for the en 040
	12-month period." Do not include the bit time of payting	luring the period, enter e income from column	Physically prose (f) below in Part	Million a foreign Million report Hill Fuil days present in	it on Form	cultrise for the en 040

Note: Enter on lines 19 through 23 all moome, including nanoarch ocome, you earned and actually or constructively received during your 2006 tax year for services you performed in a foreign country. If any of the foreign earned income received thin tax year was earned in a prior tax year, or will be earned in a latter bit year (soch as a bonus), see the instructions. Do not include income from the first 4, column (6), Feparat amounts in U.S. dolars, using the exchange rates in effect when you actually or constructively received the income.

If you are a cash basis taxpeyer, report on Form 1040 all income you received in 2006, no matter when you performed the service.

	2006 Foreign Earned Income		(in U.S. dottars)
19	Total wages, salaries, bonuses, commissions, etc. Check this box if the amount on line 19 is \$250,000 or more and you are using an alternative method to detarmine the source of this compensation income, see instructions	19	
	Allowable aftere of income for personal services performed, see instructions: In a business (including farming) or profession	20a	
b	In a partnership. List partnership's name and address and type of income. >	206	
21	Noncesh income (market value of property or facilities furnished by employer-strach statement, showing how it was determined):		
à	Home (ladging).	21a	
	Mean	21b	
c	Cw	21c	
d	Other property or facilities. List type and amount. >	250	
22	Allowances, reimbursements, or expenses paid on your behalf for services you performed.		
	Cost of living and oversess differential		
	Education 22c 22d	8	
	Gunters 220		
	For any other purpose. List type and amount	8	
112	221		
	Add lines 22a through 22t	229	
50	Other foreign earned illicoms. List type and amount. ►	23	
24	Add lines 19 through 21d, line 22g, and line 25	24	
25	Total amount of meals and lodging included on line 24 that is excludable, see instructions	26	
20	Subtract line 25 from line 24. Enter the result here and on line 27 on page 3. This is your 2006. foreign earned income.	26	

Pa	rt V	All Taxpayers	4		
27	Are you Ves.	e amount from line 26	27) :	
Da	I No.	Go to Part VII. Taxpayers Claiming the Housing Exclusion and/or Deduction	-6	<u> </u>	
Pa	nt vi	taxpayers claiming the housing Exclusion and/or beduction		<u> </u>	
28	Qualifie	d housing expenses for the tax year, see instructions	28		
29	Number	of days in your qualifying period that fall within your 2006 tax and the second s			
30		\$33.40 by the number of days op line 29. If 365 is entered on line 29, enter \$12,191.00 here	30		
31		It line 30 from line 28. If the result is zero or less, do not complete the rest of this part of Part IX	31		
32	Enter er	mployer-provided amounts, see instructions			
33	not ente	ine 32 by line 27. Enter the result as a docimal (rounded to at least three places), but do ar more than *1.000*	33	х.	
34	amount	g exclusion. Multiply line 31 by line 33. Enter the result but do not enter more than the on line 32. Also, complete Part VIII	34		
_		The housing deduction is figured in Part IX. If you choose to claim the foreign earned exclusion, complete Parts VV and VIV before Part IX.			
Pa	rt VII	Taxpayers Claiming the Foreign Earned Income Exclusion			
35	Maximu	m foreign earned income exclusion	35	\$80,000	00
36	 If you 	completed Part VI, enter the number from line 29. 36 days			
	fall with	hers, enter the number of days in your qualifying period that in your 2006 tax year (see the instructions for line 29).			
37	· Other	36 and the number of days in your 2006 tax year (usually 365) are the same, enter "1.000." wise, divide line 36 by the number of days in your 2006 tax year and enter the result	37	×	
38		cimal (rounded to at least three places).	38		
39	Subtrac	t line 34 from line 27	39		
40	Foreign	earned income exclusion. Enter the smaller of line 38 or line 39. Also, complete Part VIII >	40	00000870	
Pa	rt VIII	Taxpayers Claiming the Housing Exclusion, Foreign Earned Income Exclusion	ion, or	Both	_
41	Add line	ss 34 and 40	41	Ĩ	
	1.000.000	one allowed in figuring your adjusted gross income (Form 1040, line 37) that are allocable			
		xcluded income. See instructions and attach computation	42		
43	Next to	It line 42 from line 41. Enter the result here and in parentheses on Form 1040, line 21. the amount enter "Form 2555," On Form 1040, subtract this amount from your income			
Pa	it IX	at total income on Form 1040, line 22. Taxpayers Claiming the Housing Deduction—Complete this part only if (a) line	43 e 31 is	more than li	ne
		34 and (b) line 27 is more than line 41.			
44	Subtrac	t line 34 from line 31	44		_
45	Subtrac	t line 41 from ine 27	45		
46	Enter th	e smaller of line 44 or line 45	46		
	becaus	If line 45 is more than line 46 and you could not deduct all of your 2005 housing deduction is of the 2005 limit, use the worksheet on page 4 of the instructions to figure the amount ir on line 47. Otherwise, go to line 48.			
47		g deduction carryover from 2005 (from worksheet on page 4 of the instructions)	47		
48	line 36.	g deduction. Add lines 46 and 47. Enter the total here and on Form 1040 to the left of Next to the amount on Form 1040, enter "Form 2555." Add it to the total adjustments			
	reporter	d on that line	48	12200	

Apartment of the Treasury	130	oreign Earned Inc See separate instructions.	Attach to Fo		2006
atental Revenue Service Name shown on Form	1040	 See separate insolucions. 	P HILION IN P	1040.	Sequence No. 34A Your social security number
You May Use This Form If You:	 Earned w Had total \$80,000 Are filing 	citizen or a resident alien, ages/salaries in a foreign country, foreign earned income of or less, a calendar year return that 12-month period.	And You:	 Do not have 	self-employment income. business/moving expenses. the foreign housing deduction.
Part Test	s To See	If You Can Take the	Foreign E	arned Inco	ome Exclusion
 If you answe If you answe If you answe Enter the date Physical Prese Were you phys 2006 or any other per If you answe If you answe Bona Fide R 	red "Yes," you red "No," you your bons lide mce Test ically present red af 12 man red "Yes," you red "No," you esidence Test	meet this test. Fill in line 1b and do not meet this test. Go to line 3 residence began a foreign country or countries for the in a row starting or ending in meet this test. Fill in line 2b and do not meet this test. You cann	2 to see if you n , and end w at least 330 ft 2006?) then go to line 3 of take the exc	neet the Physical ted uses instructio all days during—	ms) ► □ Yes □ No meet the
residence or pl	rysical preserv red "Yes," you red "No," you	x home in a foreign country or co ce, whichever applies? can take the exclusion. Complete cannot take the exclusion. Do no	Part II below a		🗆 Yes 🗆 No
residence or pl • If you answe • If you answe Part II Gen	rysical presen red "Yes," you red "No," you eral Info	e whichever applies? can take the exclusion. Complete cannot take the exclusion. Do no rmation	Part II below a		Yes 🗆 No 30 2.
Part II Gen 4 Your foreign add	nysical presen red "Yes," you red "No," you reral Info	ce whichever applies? cen take the exclusion. Complete cannot take the exclusion. Do no rmation country!	Part II below a t lile this form.	nd then go to pa	s Your occupation
residence or pl • If you answe • If you answe Part II Gen	nysical presen red "Yes," you red "No," you reral Info	e whichever applies? can take the exclusion. Complete cannot take the exclusion. Do no rmation	Part II below a t lile this form.		s Your occupation
residence or pl if you answe if you answe if you answe if you answe Part II Gen Your foreign add Consign busin Cother (specify) Set of the specify) Set of the specify if you filed For b if you did not fi c Have you ever d if you answere	eral Info red "Yes," you eral Info ress including o ress	re whichever applies?	a Part II below a t file this form, 2 ZIP code) 8 ar you filed the file a ▶ □ and a tion was effective	Employer's foreig	Yes No ge 2. 5 Your occupation b address

		or its possessions during		part if y	you were	in the
12 (a) D	ate arrived in U.S.	(b) Date left U.S.	(c) Number of days in U.S. on business		Income een ainess (attac	hed in U.S. h computation
			0			
			6			
		ah 8	A A	0		
		17		-		
	-	103	170			
			5100			
	1	ALL		_		
		OPr'		_		
		V				
Part IV	Figure Your	Foreign Earned In	come Exclusion			
		1411 (1411) AND 1513				
13 Max	imum foreign earned in	come exclusion		• • •	13 1	80,000 100
14 Ente	r the number of days in	n your qualitying period that fall	within 2006 . 14	days	2	
	you enter 365 on line 1	4?				
		65 and enter the result as	ananana ana ara		15 ×	
		d to at least three places).			22	
16 Mult	iply line 13 by line 15.			* * *	16	
		total foreign earned income yo sude this amount on Form 1040		06 (see	17	
18 Fore	ign earned income ex	clusion. Enter the smaller of lin	e 16 or line 17 here and in paren	theses		
		to the amount enter "2555-EZ." at total income on Form 1040, I		Inuomi	18	
					Faim 2	2555-EZ (0)

Forms 1040 -- 44

19, is more than zero, use the Schedule D Tax Worksbeet on page D-9 of the Instruc-tions for Schedule D to figure your tax.

Qualified Dividends and Capital Gain Tax. Worksheet, If you do not have to use the Schedule D. Tax Worksheet (see above), use the worksheet on page 38 to figure your tax if any of the following applies.

You reported qualified dividends on Fum 1640, line 95.

· You do not have to file Schedule D and you reported capital gain distributions on Form 1040, line 13.

 You are filing Schedule D and Sched-ide D, lines 15 and 16, are both more than 2010.

Scholtale J. If you had income from farm-ing or fishing, your tax may be less if you

If you claimed the foreign earned income exclusion or the housing exclusion on Form 2555 or Form 2555-EZ, you must ligure your tax using the worksheet helow.

choose to figure it using income averaging on Schodule 1.

Foreign Earned Income Tax Worksheet.

	ø.	n	
	Ľ.	0	
ж	л		

Bei		ne Tax Worksheet—Line		Nevp 1	for Your Records
	fore you begin:	See the instructions above to See the instructions for line computation methods apply	44 that begin on page 3		
L	Enter the amount from	Form 1940, fine 41			
100		Form 1040, fine 42		505	
		to 1. If less than zero, enter the an			
	tilling jointly) Form 25.	your (and your aponie's, if 55, line 45, or Form 2535-EZ,	4	~~~~~	
5.	Enter the total amount could not claim because	of any litenized deductions you e they are related to excluded	5.		
ó	Subtract line 5 from lin	ie 4. If zero or less, enter -0-	1	\$25	
- M	Worksheet*, Qualified	7. Use the Tax Table, Tax Comp Dividends and Capital Gain Tax 9	Worksheet*, or Form 8	615**, whichever	8.
		4. Use the Tas Table or Tas Con			9.
		te 8. Enter the result. If zero or le			10.
1075	duces according to the we row use Form 8015 to fig- 17 the child's parent files	flowe worksheets to figure the law or riksheet's functions. They complete re the tax on line 8 of this worksheet John 2555 or 2555-62, oner the an obse the root of Funit 8017 according 1	the rost of this worksheet, order the amount from h out, from hise 7 of the pe	t. ine 7 of this worksho mont's Foreigo Eanu	et on line 4 of Form 4 locome Tax Wookshi

Need more information or lucus? See page 7.

Attach or form 1040 or Form 1040 or Form 1040 Rt Advance: Advance:		Residential Energy Cre > See instructions.			- 31	6	2006
Part I Nonbusiness Energy Property Credit (See instructions before completing this part.) 1 Were the energy efficiency improvements or energy property costs made to your main home located in the United States? (see instructions) Caution: // you checked the 'No' box, you cannot claim the concusivess energy property credit. Do not complete Part I. 2 Energy efficiency improvements (see instructions). a insulation material or system primarily designed to reduce heat loss or gain in your home. b Exterior windows (including skylights). Bo not enter more than \$2000. c Exterior doors d Metal root with appropriate pigmented coatings that meter the Energy Star program requirements primarily designed to reduce not call in your home. 3 Add lines 2a through 2d. 4 Multipy line 3 by 10% (.10) 5 Residential energy property costs (see instructions). a Energy-efficient building property. Do not enter more than \$300 to not enter more than \$100 to not enter more than \$50 to colliser. Do to the set through 55 to colliser. Do not enter more than \$50 to colliser. Do to the more than	epartment of the Treasury tensal Revenue Service	 Attach to Form 1040 or Form 1 	1040N8	R.		15	Attachment Sequence No. 158
1 Were the energy efficiency improvements or energy property costs made to your main home located in the United States? (see instructions) 1 Yes No Caution: // you checked the "Wo" box, you cannot claim the concusivess energy property credit 1 Yes No 2 Energy efficiency improvements (see instructions). a insulation material or system primarily designed to reduce heat loss or gain in your home 2 2 2 b Exterior windows (including skylights). Do not enter more than \$2000 2 2 2 2 d Metal roof with appropriate pigmented coatings that meet the Energy Star program requirements primarily designed to reduce heat calls in your home. 3 3 4 3 Add lines 2 a through 2d 3 4 4 5 4 Multiply line 3 by 10% (10) 4 5	kamelsi shown on return				0	Aber	eccial security number
1 Were the energy efficiency improvements or energy property costs made to your main home located in the United States? (see instructions) 1 Yes No Caution: <i>If you checked the "No" box, you cannot claim the concusivess energy property coed!</i> 1 Yes No 2 Energy efficiency improvements (see instructions). a insulation material or system primarily designed to reduce heat loss or gain in your home 2a 2a b Exterior windows (including skylights): Do not enter more than \$2000 2a 2a 2a d Metal roof with appropriate pigmented coatings that meet the Energy Star program requirements primarily designed to reduce heat call in your home. 3 3 3 Add lines 2a through 2d 3 4 5a 5a 4 Multiply line 3 by 10% (.10) 4 5a 5a 5a 5 B called natural gas, propane, or oil furnace or hot water boiler. Do not enter more than \$150 5a 5a 5a 6 Add lines 6a through 5b 7 8 7 8 7 7 Add lines 6a through 5b 7 8 7 8 7 8 Energy-efficient building property. Do not enter more than \$200 8 7	Nonhusiness Fr	nerroy Property Credit (See instructions b	atore	operation	ing this r	part)	
located in the United States? (see instructions) 1 Yes No Caution: If you checked the "No" box, you cannot claim the concusivess energy property corect. Do not complete Part I. 1 Yes No 2 Energy efficiency improvements (see instructions). a insulation material or system primarily designed to reduce heat loss or gain in your home 2a 2a 2a b Exterior windows (including skylights): Do not enter more than \$2000 2a 2a 2a a Matterior doors 4 2a 2a 2a 3 Add lines 2a through 2d 3 4 4 4 Multiply line 3 by 10% (10) 4 5a 5 Residential energy property costs (see instructions). a fail on the system provement than \$500 5a 6 Add lines 2a through 2d 3 4 4 Multiply line 3 by 10% (10) 4 5 Residential energy property costs (see instructions). 5a a Energy-efficient building property. Do not enter more than \$300 5a b Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than \$50 5c 6 Add lines 5a through 5c 7 7 Add lines 4 and 6 7 8 Enter the smaller of line 7 or \$500 8 9 Enter the total, if any, of your credits from Form 1040, lines 47 through 51, or Form 1040NR, lines 40 through 46 10 <td></td> <td></td> <td></td> <td>Salar and</td> <td></td> <td>Jarcy</td> <td>10</td>				Salar and		Jarcy	10
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gain in your home 2a b Exterior windows (inclucing skylights): Do not enter more than \$2,000 2a c Metal roof with appropriate pigmented coatings that meet the Energy Star program requirements primarily designed to reduce not train in your home 2a 3 Add lines 2a through 2d 3 4 Multiply line 3 by 10% (.10) 4 5 Residential energy property costs (see instructions). 4 a Energy-efficient building property. Do not enter more than \$300 5a b Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than \$150 5a c Advanced main circulating fan used in a natural gas, propane, or oil furnace. Do not enter more than \$50 5a 6 Add lines 5a through 5c 7 7 Add lines 4 and 6 7 8 Enter the smaller of line 7 or \$500 8 9 Enter the amount from Form 1040, line 48, or Form 1040NR, line 43 9 10 10 11 12	2 Energy efficiency impro	wements (see instructions).		.0	11		
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	property credit					11	
or Paperwork Reduction Act Notice, see Instructions. Cat. No. 13540P Port 5695 (2005	2 Nonbusiness energy c	redit. Enter the smaller of line 8 or line 11	+ +			12	

Residential Energy Efficient Property Credit (See instructions before completing this part.) ualified photovoltaic property costs uitiply line 13 by 30% (.30) admum credit amount inter the smaller of line 14 or line 15 ualified solar water heating property costs uitiply line 17 by 30% (.30)
utiply line 13 by 30% (.30)
aximum credit amount
Iter the smaller of line 14 or line 15
ualified solar water heating property costs
aximum credit amount
ther the smaller of line 18 or line 19
ualified fuel cell property costs
uttiply line 21 by 30% (.30)
kwatt cspacity of property on line 21 above X \$1,000 23
tter the smaller of line 22 or line 23
dd lines 16, 20, and 24
ter the amount from Form 1040, line 46, or Form 1040NR, line 43 26
040 filers: Enter the total, if any, of your credits from Form 040, lines 47 through 51, 53, and 54, plus the amount, if any, orn line 12 of this form.
A4ONR filers: Enter the total, if any, of your credits from Form A4ONR, lines 44 through 46, 48, and 49, plus the amount, if any, om line 12 of this form,
btract line 27 from line 26. If zero or less, enter -0- here and on line 29
esidential energy efficient property credit. Enter the smaller of line 25 or line 28
redit carryforward to 2007. If line 29 is less than line 25, subtract line 0 from line 25
Current Year Residential Energy Credits
dd lines 12 and 29. Enter here and on Form 1040, line 52, or Form 1040NR, line 47 , 31

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Depart	tment of the Treasury of Pervenue Service (199	Additional Child Tax C		1040NR D	2	ZUUD Attachment Sequence No. 47
_	en neturn (a) shown on neturn	V			four see	al security number
Pa	rt I All File	rs	-	5	1	
1	page 39 of the F	from line 1 of your Child Tax Credit Worksheet on page 4 form 1040A instructions, or page 20 of the Form 1040NI nount from line 8 of the worksheet on page 4 of the pub	instructions		2	0
2	Enter the amount	t from Form 1040, line 53, Form (040A, line 33; or For	n 1040NR, I	ne 48	2	
3	Subtract line 2 f	rom line 1. If zero, stop; you cannot take this credit	5.1		3	
4a b		earned income (see instructions on back)	4.			
	back)		4			
5	No. Leave	a line 4a more than \$11,300? line 5 blank and enter -0- on line 6.				
		ct \$11,340 from the amount on line 4. Enter the result	. 5		4	
*		ount on line 5 by 15% (.15) and enter the result we three or more qualifying children?				
	🗌 No. If line	6 is zero, stop; you cannot take this credit. Otherwis	e, skip Part	I and enter the		
	-	r of line 3 or line 6 on line 13. 6 is equal to or more than line 3, skip Part II and ente	the smount	from line 3 on		
	line 1)	. Otherwise, go to line 7.		and the state	-	
-		n Filers Who Have Three or More Qualifying		13.3	1	
7	6. If married filli	security and Medicare taxes from Form(s) W-2, boxes 4 at ng jointly, include your spouse's amounts with yours. If y				
2	1040 filers:	Iroad, see instructions on back	1			
20	1010 10111	27 and 39, plus any uncollected social security and Medicare or tier 1 RRTA taxes included on line 63.	8			
	1040A filers:	Enter -0-,	1 1		1	
	1040NR filers:	Enter the total of the amounts from Form 1040NR, line 54, plus any uncollected social security and Medicare or tier 1 RRTA taxes included on line 58.				
9	Add lines 7 and		. 9			
10	1040 filers:	Enter the total of the amounts from Form 1040, lines 66a and 67.				
	1040A filers:	Enter the total of the amount from Form 1040A, line 40a, plus any excess social security and tier 1 RRTA	10			
		taxes withheld that you entered to the left of line 42 (see instructions on back).				
	1040NR filers:	Enter the amount from Form 1040NR, line 61.]			
11	Subtract line 10	from line 9. If zero or less, enter -0			п	
12	Enter the larger	of line 6 or line 11			12	2
<u>_</u>	Next, enter the	smaller of line 3 or line 12 on line 13.			4	
Par	rt III Additio	onal Child Tax Credit				
13	This is your a	dditional child tax credit			13	
1.5	1115 5 9001 2		stot t	Traval Traval	Entre Form Form Form	this anount on 1640, line 68, 16404, line 41, or 1640NR, line 62

Form MILE GLOOD

Instructions

Purpose of Form

Use Form KHD to figure your additional child tan credit. The additional child tan credit may give you a refund even if you do not owe any to

Who Should Use Form 8812

Fini, complete the Child Tax Cruzit Worksheet that applies to you. See the instructions for Form 1040, 200 55, Form 1040A, fase TJ, or Form 1040NR, Tax 47, 17 year must the condition given in the 70° at the end of your Child Tax Credit Worksheet, see Form 1812 to see if you can take the additional child tax credit.

Effect of Credit on Welfare Benefits

Any rotherst your rescaling as a result of toking the additional child tax credit will not be taxed to determine if you are eligible the the Tollowing programs, or how much you can musive from them. But if the refund you resolve because of the sublitional child tax credit is not spent within a certain period of time, it may const as an exact for resource) and office your digibility,

 Temponey Assistance for Needy Families (TANE).

Earned Income Chart-Line 4a

- Moliciel and supplemental security income (SSI).
- · Food samps and Inv-income nowing.

Nontaxable Combat Pay

Enter on line 4b the total amount of constandile courbox pay that you, and your springe of Elling wirely, received in 2008. This arriver weight to shrow in Form W-2, has 1.2, with cade Q.

-

Railroad Employees

If you worked in a rainful, include for following mass in the tradium favor for 2.400 T.

The 1 transmittable from more poss. This test denial for drawn in how 14 of year from at We and Marchaet as "Mer 1 tas."

If you want an employee numericative, 30% of the and the 1 nor and nor 1 Medium too you und the 2008.

1040A Filers

1040A Filers If you, driving upon a tyling jolioth, had mere but and certifie in the 2006 that notal wrants of over \$94200, years not cuess social security and the University security (RUA) takes withheld, SuePer, 505, include any datase on Fuen \$812, line 10.

Paperwork Reflection Act Notice. We ark for the information on block form to carry out the the internation metrics form to carry our the hereing September have of the United States. You are required in given in the information. We used it to contact their you have covery joing with these haves and the unifere as to figure and anticet the regim process of there.

You are not respond to provide the information. You are not required to give the the internation-inspected on a frient their is adjusted to the Popersonic Reduction According to the Popersonic Reduction According to the restance of the according to the theory of the restance of the according to the theory of the restance of the according to the theory of the restance of the according to the theory of the restance of the according to the theory of the restance of the according to the theory of the restance of the theory of the theory of the restance of the theory of the theory of the restance of the theory of the theory of the restance of the theory of the theory of the restance of the theory of the theory of the restance of the theory of the theory of the theory of the restance of the theory of the theory of the theory of the restance of the theory of the theory of the theory of the restance of the theory of the theory of the theory of the restance of the theory of the theory of the theory of the restance of the theory of the theory of the theory of the restance of the theory of the theory of the theory of the restance of the theory of the theory of the theory of the restance of the theory of the theory of the theory of the restance of the theory of the theory of the theory of the restance of the theory of the theory of the theory of the restance of the theory of the theory of the theory of the theory of the restance of the theory of the theory of the theory of the theory of the restance of the theory of the theory of the theory of the theory of the restance of the theory of the theory of the theory of the theory of the restance of the theory of the the theory of the theory of the theory of the theor soluntal Revenue Code metion 6103.

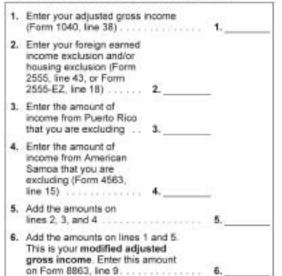
The average time and experies required to stamplete and file this form will vary depending on individual creatmentances. For the estimated morages, and the motivations for your income tax. CONTRACT

If you have suggestion for making this form slength, we would be happy to hear from you. See the instructions for your income tox return.

tonal mothed in Figure 1977 1977 - 1978 - 1978 - 1978 1978 - 1978 - 1978 - 1978 - 1978 - 1978 1978 - 1978 - 1978 - 1978 - 1978 - 1978 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 1978 -	the annual lighted using Pail, 972 your method streams from Weidydmet D, Hen HJ, phen ell of your memorative conther pay. If you did not whet to include it is marked internet for the DC. If you were a market of the chergy, softmat (a) by both (a) of a band or the temporative perform of an alforshame for a home from the total of your (methods) for your entering with a temporative perform of an alforshame for a home from the total of your (methods) for your entering to the performance of your permutative present from Step 9 ary page 47 of your (HM) temperatures at page 42 of your (DADA temperatures, plus at d your permutative present from Step 9 ary page 47 of your (HM) temperatures at page 42 of your (DADA temperatures, plus at d your permutative endow pay at your did not date to backate it is served because for the DDC. The mesonic figured using Pails 972.
the Wondrach B or Hild because you are Wing because you write a schergy or you bld ord freezes, or you all de U or COCY and	because it is control increment for the DC. If your serve a consider of the chergy, softward (as the restancial or the instrumentic pretary of an allowance for a traver from the threshold to you control and you for softward, and (b) the value of results and heighing, growided to your, your present, and your dependent the your enterproper's contentioned procements approach from thing 2 we page 47-of your 1000 interactions or page 42-of your 10000 interactions, plus of of your transmatch combine page 47-of your 1000 interactions or page 42-of your 10000 interactions, plus of of your transmatch combine page 47-or page 47-of your 1000 interactions or page 42-of your 10000 interactions, plus of of your transmatch combine page 47-or page 47-of your 1000 interactions.
olian, plocad, or tool are Wing because you were a complex or you had you have a you had not have a you had but to to CALL are a	of your nonseath combar pay if you did nor ideat to backets it in surreal income for the FIC.
because you wate a so charge of your blat over income, of you all as 1' of C-627 or a	the marcel figured using Pub. 972.
ophynd or Hing C, ry C EZ far Be	year seried learner fighted as lidened Lass 1 of learn 1900 as lown 19000 history, 1 of lasked in the 7, any history, 1 of lasked in the 9, and 1 of lasked history, 1 of lasked history, 1 of lasked in the 1 of lasked history, 1 of lasked h
	Earned income =
	C, or C EZ for the

Depart	8863		Education Cr d Lifetime Le > See instruction ttach to Form 1040 or	arning Ci	redits)	6	200	50
Мати	es) shown on return	1100			0	Your	locial security a	umber
0	Prov. 17	Lines and the second share	Multiser to set to a set		and the second second			
-	tion: You cannot take the Hope Credit, Ca	ution: You cannot !		and the second se	the second se			
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 \$2,200° for each student.	(d) Enter ti smaller of 1 amount in column (d) \$1,100**	the (c) Av colorm (ar colum	dd dj and	(f) Enter on of the amo column	e-half unt in
			10	A	10			
		$-\nu$	19	1.1	1	+		1
		11.	61	9	-	+		1
	For each student who attended a	an eligible educational institu	on in the Que Opportunity	Zone, do not enter	more than \$4,400.	-		+
	For each student who attended a column (c) or \$2,290.	. S						
2	Tentative Hope credit. A credit for another student							
Par	t II Lifetime Learnin	the second se	moe, go to rake me .				S	÷
3	(a) Student's n	ame (as shown on p	age 1 of your tax ret	um)	(b) Student's socia		(c) Quait	ied
	First name	Last n			number (as shown 1 of your tax re		expenses instructio	
	Frigt regive	Labs 1	di i i c				in an eeu e	1
								+
	Add the amounts on line					4	-	-
	Enter the smaller of line					5a		-
D	For students who attende the smaller of \$10,000 or							
	Subtract line 5b from line	5a				5c		
6a	Multiply line 5b by 40% (.40)		1.1.1.1		68		-
D	Multiply line 5c by 20% (Tentative lifetime learning	.20)	Ra and 6h and an tr	Part III		6b 6c		-
_	Allowable Educa	the Real Property of the State	ou une ou ane go re	C MALLIN		00		-
7	Tentative education credit		e anarara ara	asara to		7		
8	Enter: \$110,000 if married		if single, head of hou	sehold,	1			
1	or qualifying widow(er) .					_		
9	Enter the amount from Fo Subtract line 9 from line			- · ·		_		
		o zero or iesa, i		10				
11	Enter: \$20,000 if married t or qualifying widow(er)	fling jointly; \$10,000	f single, head of hou	sehold,				
12	If line 10 is equal to or r line 14. If line 10 is less	then line 11, en then line 11, en	iter the amount from line 10 by line 11.	n line 7 on lin Enter the res	ult as a decima	1 200	8	
	(rounded to at least three					12	х.	1
13 14	Multiply line 7 by line 12 Enter the amount from Fo					13		
15	Enter the total, if any, of y or Form 1040A, lines 29 i	our credits from Form	n 1040, lines 47 thro	ugh 49,				
16	Subtract line 15 from line education credits	e 14. If zero or less,	stop; you cannot ta	ke any				
			or line 16 here and	- +		1	1	
17	1040A, line 31					17		

Worksheet 2-1. MAGI for the Hope Credit



Claiming the Credit

You claim the Hope credit by completing Parts I and III of Form 8863 and submitting it with your Form 1040 or 1040A. Enter the credit on Form 1040, line 50, or on Form 1040A, line 31. A filled-in Form 8863 is shown at the end of this chapter.

When Must the Credit Be Repaid (Recaptured)

If, after you file your 2005 tax return, you or someone else receives tax-free educational assistance for, or a refund of, an expense you used to figure a Hope credit on that return, you may have to repay all or part of the credit. You must refigure your Hope credit for 2005 as if the assistance or refund was received in 2005. Subtract the amount of the refigured credit from the amount of the credit you claimed. The result is the amount you must repay. You add the repayment (recapture) to your tax liability for the year in which you receive the assistance or refund (see the instructions for your tax return for that year). Your original 2005 tax return does not change.

Illustrated Example

Jim Grant, a single taxpayer, enrolled full-time at a local college to earn a degree in computer science. This is the first year of his postsecondary education. During 2005, he paid \$2,600 for his qualified 2005 tuition. He received Form 1098-T (shown later) from the college. He and the college meet all of the requirements for the Hope credit. Jim's MAGI is \$34,000. His income tax liability, before credits, is \$3,404. He figures his credit of \$1,500 as shown on the Form 8863 on page 17.

Note. In Appendix A at the end of this publication there is an example illustrating the use of Form 8863 when both the Hope credit and the lifetime learning credit are claimed on the same tax return.

RLER'S rame, sheet address, oly, State University Metropolis, CH 72727	stata, ZP code, and telephone number	 Payments received for qualified tuition and related expenses 2,600. 	2005	Tuition
		Arrounts billed for qualified fulfion and related expenses \$ 2,600	Form 1098-T	Statement
HLEH'S Federal Identification no. 98-1234567	51UDENT'S social security number 000-00-434	3 Adjustments made for a \$ price year	4 Schularships or grants S	Copy A
STUDENT'S name Jim Grant		5 Adjustments to scholarships or grants for a prior year 5		Internal Revenue Service Center File with Form 1006
Street address including apt. no.) 1010: Anywhere, St.		Check this box if the amount in box 1 or 2 includes amounts for	 Reimburgements or relund of qualified tubion and related expenses from an 	Reduction Act
City, state, and ZIP code HomeCoun, OH 77777		an academic period beginning January- March 2008 ►	insurance contract	Notice, see the 2005 General Instructions for
Service Provider/Acct. No. (See ins	tructions)	Check if at least half-time student	Check If a graduate shudert	Forms 1099, 1098, 5498, and W-2G.

Page 16 Chapter 2 Hope Credit

	8880	orear	 Attach to 	d Retirement Form 1040, Form 1040 See instructions or	A, or Form 1		0115	2006 Attactment Sequence No. 12
Narre	muter to reads (E)					0	Your socia	al security number
1	The am if head of The per	ount on Form household; \$ son(s) who m	1040, line 38, Form 50,000 if married fil ade the gualified co	of the following app 1040A, ine 22, or Fo ing jointly!, ontribution or elective s 2006 tax return, or	rm 1040NR defemat (a) v	vas born after Jar	Lary 1.	
1			and the second s	Do not include rollove		(a) You		(b) Your spouse
2		ributions, and	or other qualified en	nployer plan, voluntar contributions for 200				
3	Add lines 1 and			Call	3			
	(including exter married filing jo See instruction	ertain distributions received after 2003 and before the due date cluding extensions) of your 2006 tax return (see instructions). If arried tiling jointly, include both spouses' amounts in both columns. a instructions for an exception						
					+		1	
21		2 · · · · · · · · · · · · · · · · · · ·			1 International		7	
7	Add the amounts on line 6. If zero, stop; you cannot take this credit							
9	Form 1040NR,	line 36	amount shown be		8	1		
	If line 8 is— And your filing status is—							
	in title o	13-	Married	Head of		Aanted filing		
	Over-	But not over-	filing jointly	household on line 9	sepa	rately, or ng widow(er)		
	100000000	\$15,000	.5	.5				
	\$15,000	\$16,250	.5	.5	.2		9	х.
	\$16,250 \$22,500	\$22,500 \$24,375	.5 .5	.5	1		-	
	\$24,375	\$25,000	.5	.1				
	\$25,000	\$30,000	5	.1	.0			
	\$30,000	\$32,500	2	.1	.0			
	\$32,500	\$37,500	,t	,1	.0			
	\$37,500	\$50,000	.1	.0	-0			
	\$50,000		.0	.0		\$6		
			line 9 is zero, stop;	you cannot take this	credit.			
10	Multiply line 71				1 1 1	+ + + +	10	
11	Enter the amou Form 1040NR,	line 43		orm 1040A, line 28, 4	or 11		-	
12	1040 filers:		al of your credits fro credit amount, if an 869.					
	1040A filers:	Enter the total	l of your credits from	lines 29 through 32.	12			
	1040NR filers:		al of your credits fro credit amount, if an asa	CONTRACTOR OF A DATE OF A				
13	Subtract line 12			cannot take this cre	dt		13	
	Credit for qua	lified retiren	nent savings contr	ributions. Enter the s A, line 33, or Form 1	smaller of li		14	
					1016	u are excluding inc		210211

Depar	treat of the Teacord Co.	See separate instructions.	Attachment
	name amine (99)	Attach to Form 1040. Occupation is which you incurred expense	Sequence No. 54 Social security number
_			
Pa	Employee Business Expenses and	d Reimbursements	C
Ste	p 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1	Vehicle expense from line 22 or line 29, Pluri instructions.)	a mai corners: See	
2	Parking fees, tolls, and transportation, including		
3	did not involve overnight travel or commuting to Travel expense while away from home overnigh	it, including lodging,	
4	airplane, car rental, etc. Do not include meals Business expenses not included on lines f		
	include meals and entertainment	S	
5	Meals and entertainment expenses (see instru	ictions) 5	
6	Total expenses. In Column A, add lines 1 thro result. In Column B, enter the amount from line		
	Note: If you were not reimbursed for any ex	wenses in Step 1, skip line 7 and enter the am	ount from line 6 on line 8.
_	reported to you in box 1 of Form W-2. Include a reported under code "L" in box 12 of yo instructions)		
Ste	p 3 Figure Expenses To Deduct on Sch	nedule A (Form 1040)	
8	Subtract line 7 from line 6. If zero or less, en line 7 is greater than line 6 in Column A, re income on Form 1040, line 7		
	Note: If both columns of line 8 are zero, y employee business expenses. Stop here and a your return.		
	In Column A, enter the amount from line 8. In	Column B, multiply	
9	line 8 by 50% (.50). (Employees subject Transportation (DOT) hours of service lin expenses incurred while away from home on bu	nits: Multiply meal usiness by 75% (.75)	
9	line 8 by 50% (.50). (Employees subject Transportation (DOT) hours of service lim expenses incurred while away from home on by instead of 50%. For details, see instructions.) Add the amounts on line 9 of both columns an Schedule A (Form 1040), line 20. (Reservists local government officials, and individuals with	nits: Multiply meal usiness by 75% (.75)	10

	ction A-General Information claiming vehicle expenses.)	(You mus	t complete	this section I	l you	(a) Vehicle 1	(b) Vehicle 2
11	Enter the date the vehicle was p	laced in se	nice	0	11	1 1	1 1
12	Total miles the vehicle was drive			1110	12	miles	mile
13	Business miles included on line				13	miles	mile
14	Percent of business use. Divide			2000	14	%	9
15	Average daily roundtrip commuti				15	miles	mile
16	Commuting miles included on lin	e 12			16	miles	mile
17	Other miles. Add lines 13 and 18	and subtr	act the total	from line 12	17	miles	mile
18	Do you (or your spouse) have an				e?		. 🗌 Yes 🗌 No
19	Was your vehicle available for p			uty hours?		+ + + + + + +	Yes No
20 21	Do you have evidence to suppor If "Yes," is the evidence written?		LIGERNIZ, 1	1. 1. 1. 1. 1.	1.1.1.1		Yes No
the local data	tion B-Standard Mileage Rate	designed in some of particular or	to choos for	Dart I to find	nut utathar	to complete this eac	Yes No
1000		Sec the me	SPOLIDITE ID	Part e to tela	out when er	22	tion or section c.)
1000	Multiply line 13 by 44.5¢ (.445) ction C—Actual Expenses	100		Vehicle 1		(b) Vet	ida 2
	divide the	1.1	Į.	Venicie I	1.1	(b) set	aute z
23	Gasoline, oil, repairs, vehicle	23			_	15. 1	
24.0	Vehicle rentals	24a		1	1		1
	Inclusion amount (see instructions) .	24b					
	Subtract line 24b from line 24a	24c	-		1 1	20.0	
25	Value of employer-provided	1000		1.0			
20	vehicle (applies only if 100% of						
	annual lease value was included						
	on Form W-2-see instructions)	25					
26	Add lines 23, 24c, and 25	26					
27	Multiply line 26 by the	1.5					
	percentage on line 14	27					
28	Depreciation (see instructions) .	28			_		
29	Add lines 27 and 28. Enter total here and on line 1.	22					
Car	tion D-Depreciation of Vehicles	29 Ulsa this ea	action only if	upu owned the	unbide and	ain completing Section	o C for the unhight i
Get	and bepreciation of vencies	1036 1113 34	And which in the second second second second	Vehicle 1	PRINCIPLIE AND	(b) Veh	and the second
30	Enter cost or other basis inco						
30	Enter cost or other basis (see instructions)	30					
31	Enter section 179 deduction						3
٠.	(see instructions)	31		10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		100 C	
32	Multiply line 30 by line 14 (see	1000		1.00	11 A.		
	instructions if you claimed the						
	section 179 deduction or						
	special allowance)	32			22		
33	Enter depreciation method and						
	percentage (see instructions) ,	33		10	60.00		
34	Multiply line 32 by the percentage	34					
	on line 33 (see instructions)	34					
-	Add lines 31 and 34			- 0-	200		
	Enter the applicable limit explained	36					
			-			10 m	
36	in the line 30 instructions Multiply line 38 by the				-		
36	Multiply line 38 by the	37					
36 37		37					
36 37	Multiply line 38 by the percentage on line 14 Enter the smaller of line 35 or line 37. If you skipped lines	37					
35 36 37 38	Multiply line 38 by the percentage on line 14 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount	37					
36 37	Multiply line 38 by the percentage on line 14 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this						
36 37	Multiply line 38 by the percentage on line 14 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount	37					
36 37	Multiply line 38 by the percentage on line 14 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this						Fem 2106 (200
36 37	Multiply line 38 by the percentage on line 14 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this						Fam 2106 (20)
36 37	Multiply line 38 by the percentage on line 14 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this		0	ind an Recycled Pap			Fem 2106 (200

	a 8888	Direct Deposit of Refund See Instructions below and on back. Attach to Form 1040, Form 1040A, Form 1040EZ, Form 1040NR, Form 1040PR.	R-62.	0MB No. 1545-0074 2006 Attachment Sequence No. 56	
Nar	e(s) shown on return	shown on return		al security number	
1a	Amount to be dep	sited in first account	1a		
ь	Routing number	►c Checking Savings		-	
d	Account number				
28	Amount to be dep	osited in second account	2a	~	
b	Routing number	Checking Savings			
d	Account number				
3a	Amount to be dep	sited in third account	38		
b	Routing number	Checking Savings			
d	Account number				
4	shown on Form 1	e directly deposited. Add lines 1a, 2a, and 3a. The total must equal the amou M0, line 74a; Form 1040A, line 45a; Form 1040EZ, line 12a; Form 1040NF 0NR-EZ, line 24a; Form 1040-SS, line 12a; or Form 1040-PR, line 12a;			

Purpose of Form

Use Form 8888 if you want us to directly deposit your tax refund into either two or three of your accounts at a bank or other financial institution (such as a mutual fund, brokerage firm, or credit union) instead of sending you a check. An account can be a checking, savings, or other account such as an individual retirement arrangement (IRA) (see page 2 for more information on IRAs), health savings account (HSA), Archer MSA, or Coverdell education savings account (ESA). You cannot have your refund deposited into more than one account if you file Form 8379.

Note. If you want your refund deposited into only one account, do not complete this form. Instead, you can request a direct deposit of your refund on the tax return you are filing.

- You get your refund faster by direct deposit than you do by check.
- · Payment is more secure. There is no check that can get lost or stolen.
- . It is more convenient. You do not have to make a trip to the bank to deposit your check.

It saves tax dollars, it costs the government less to refund by direct deposit.



The IRS is not responsible for a lost refund if you enter the wrong account information. You can check with your

financial institution to get the correct routing and account numbers and make sure your deposit will be accepted.

Specific Instructions

If you file a joint return and you complete and attach Form 8888, you are appointing your spouse as an agent to receive the refund. This appointment cannot be changed later.

deposited into an individual account, if the direct deposit is rejected, a check will be sent instead. The IRS is not responsible if a financial institution rejects a direct deposit.

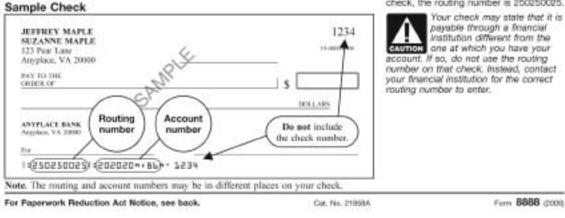
Lines 1a, 2a, and 3a

Enter the partien of your refund you want directly deposited into each account. Each deposit must be at least \$1. The amount of your refund can be found on Form 1040, line 74a; Form 1040A, line 45a; Form 1040EZ, line 12a; Form 1040NR, line 72a; Form 1040NR-EZ, line 24a; Form 1040-SS. line 12a; or Form 1040-PR, line 12a. The total of lines 1a, 2a, and 3a must equal the total amount of your refund.

Lines 1b, 2b, and 3b

The routing number must be nine digits. The first two digits must be 01 through 12 or 21 through 32. Otherwise, the direct deposit will be rejected and a check sent instead. On the sample check, the routing number is 250250025.

Your check may state that it is payable through a financial Institution different from the one at which you have your HON account. If so, do not use the routing number on that check, instead, contact your financial institution for the correct routing number to enter.



2006 Form 1040-V

What Is Form 1040-V and Do You Have To How To Send

It is a statement you send with your check or money order for any balance due on the "Amount you owe" line of your 2006 Form 1040. Using Form 1040-V allows us to process your payment more accurately and efficiently. We strongly encourage you to use Form 1040-V, but there is no penalty if you do not.

How To Fill In Form 1040-V

Use It?

Cut. No. 209750

Line 1. Enter your social security number (SSN). If you are filing a joint return, enter the SSN shown first on your return.

Line 2. If you are filing a joint return, enter the SSN shown second on your return.

Line 3. Enter the amount you are paying by check or money order.

Line 4. Enter your name(s) and address exactly as shown on your return. Please print clearly.

How To Prepare Your Payment

 Make your check or money order payable to the "United States Treasury." Do not send cash.

 Make sure your name and address appear on your check or money order.

 Enter "2006 Form 1040," your daytime phone number, and your SSN on your check or money order. If you are filing a joint return, enter the SSN shown first on your return.

 To help process your payment, enter the amount on the right side of your check like this: \$ XXX.XX. Do not use dashes or lines (for example, do not enter "\$ XXX—" or "\$ XXX imes "].

How To Send In Your 2006 Tax Return, Payment, and Form 1040-V

Department of the Treasury Internal Revenue Service

- Detach Form 1040-V along the datted line.
- Do not staple or otherwise attach your payment or Form 1040-V to your return or to each other, instead, just put them loose in the envelope.
- Mail your 2006 tax neturn, payment, and Form 1040-V in the envelope that came with your 2006 Form 1040 instruction booklet.

Note. If you do not have that envelope or you moved or used a paid preparer, mail your return, payment, and Form 1040-V to the Internal Revenue Service at the address shown on the back that applies to you.

Paperwork Reduction Act Notice. We ask for the information on Form 1040-V to help us carry out the Internal Revenue laws of the United States. If you use Form 1040-V, you must provide the requested information. Your cooperation will help us ensure that we are collecting the right amount of tax.

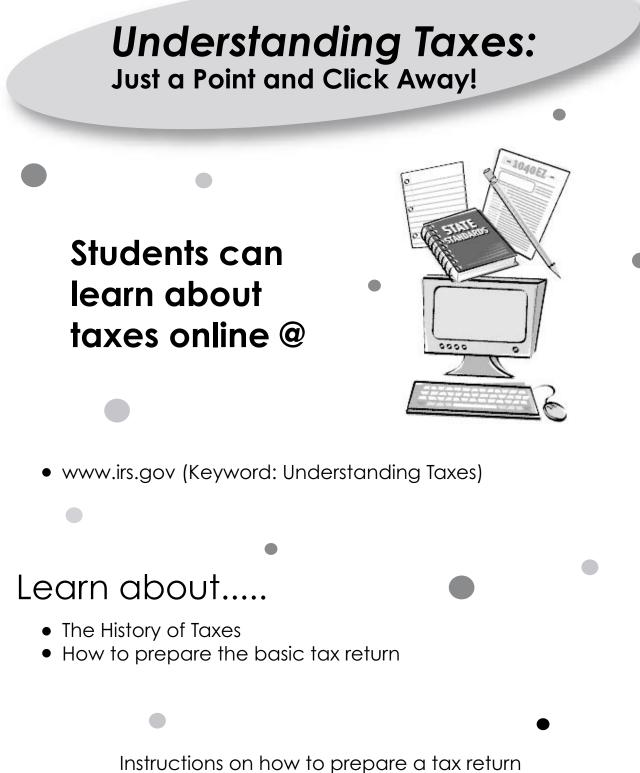
You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration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

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For the estimated averages, see the instructions for your income tax return. If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

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1040-V	Payment Vouc	her	10	MB No. 1545-007
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Your social security number (55%)	2 If a joint return, SSN shown second on your return	D Amount you are paying by check or maney order	Odiar	s Ger
4 Your first name and initial		Lost name		
If a joint return, spouse's first name	lated initial	Last name		
Home address (number and sheet)				Apt. ma.
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