

Tax Year 2010

OKLAHOMA: TEST SCENARIO # 6 (Non Resident) **ATS Only**

ATS

John J Lamb	400-00-1063	Linked
Mary P Lamb	400-00-1075	Linked
839 White Fleece Road		
Dallas Tx 75203		

Mary will file her own return MFS

Taxpayer was a full year Texas resident.

Taxpayer would like his refund direct deposited in his savings account.

Final Result refund \$ 71.00

**Label** For the year Jan. 1-Dec. 31, 2010, or other tax year beginning \_\_\_\_\_, 2010, ending \_\_\_\_\_, 20

Your first name and initial: **JOHN J** Last name: **LAMB**

If a joint return, spouse's first name and initial: \_\_\_\_\_ Last name: \_\_\_\_\_

Home address (number and street). If you have a P.O. box, see page 14. Apt. no.: **D-901**

**839 WHITE FLEECE ROAD**

City, town or post office, state, and ZIP code. If you have a foreign address, see page 14. **Dallas TX 75203-0450**

OMB No. 1545-0074

Your social security number: \_\_\_\_\_

Spouse's social security number: \_\_\_\_\_

Make sure the SSN(s) above and on line 6c are correct.

Checking a box below will not change your tax or refund.

**Election Campaign** Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14)  You  Spouse

**Filing Status**

1  Single

2  Married filing jointly (even if only one had income)

3  Married filing separately. Enter spouse's SSN above and full name here. **MARY P LAMB**

4  Head of household (with qualifying person). (See page 15.) If the qualifying person is a child but not your dependent, enter this child's name here.

5  Qualifying widow(er) with dependent child (see page 16)

**Exemptions**

6a  Yourself. If someone can claim you as a dependent, do not check box 6a

b  Spouse

**Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Check if qualifying child for child tax credit (see pg 17)	Boxes checked on 6a and 6b	No. of children on 6c who:
Sarah	Lee	900-78-3004	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	lived with you
Annie	Poop	400-00-4004	Parent	<input type="checkbox"/>	<input type="checkbox"/>	did not live with you due to divorce or separation (see page 18)

d Total number of exemptions claimed **3**

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **22,300**

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a **8b**

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends (see page 22) **9b**

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23)

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here

14 Other gains or (losses). Attach Form 4797

15a IRA distributions **15a** **15b Taxable amount (see page 24) 100**

16a Pensions and annuities **16a** **16b Taxable amount (see page 25)**

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation (see page 27)

20a Social security benefits **20a** **20b Taxable amount (see page 27)**

21 Other income

22 Combine the amounts in the far right col for lines 7 through 21. This is your total income **22 22,400**

**Adjusted Gross Income**

23 RESERVED (see page 29) **23**

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24**

25 Health savings account deduction. Attach Form 8889 **25**

26 Moving expenses. Attach Form 3903 **26**

27 One-half of self-employment tax. Attach Schedule SE **27**

28 Self-employed SEP, SIMPLE, and qualified plans **28**

29 Self-employed health insurance deduction (see page 30) **29**

30 Penalty on early withdrawal of savings **30**

31a Alimony paid b Recipient's SSN **31a**

32 IRA deduction (see page 31) **32**

33 Student loan interest deduction (see page 34) **33**

34 RESERVED (see page 35) **34**

35 Domestic production activities deduction. Attach Form 8903 **35**

36 Add lines 23 through 31a and 32 through 35 **36**

37 Subtract line 36 from line 22. This is your adjusted gross income **37 22,400**

Form 1040 (2010)

<b>Tax and Credits</b>	<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	22,400																			
	<b>39a</b>	Check <input type="checkbox"/> You were born before January 2, 1946, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1946, <input type="checkbox"/> Blind. Total boxes checked <b>39a</b> <input type="checkbox"/>																					
	<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, see pg 35 and check here <b>39b</b> <input type="checkbox"/>																					
	<b>40</b>	Itemized deductions (from Schedule A) or your standard deduction (see page 35)	<b>40</b>	5,700																			
	<b>41</b>	Subtract line 40 from line 38	<b>41</b>	16,700																			
	<b>42</b>	Exemptions. Multiply \$3,650 by the number on line 6d	<b>42</b>	10,950																			
	<b>43</b>	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	5,750																			
	<b>44</b>	Tax (see page 37). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	<b>44</b>	578																			
	<b>45</b>	Alternative minimum tax (see page 40). Attach Form 6251	<b>45</b>																				
	<b>46</b>	Add lines 44 and 45	<b>46</b>	578																			
	<b>47</b>	Foreign tax credit. Attach Form 1116 if required	<b>47</b>																				
	<b>48</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>48</b>																				
	<b>49</b>	Education credits from Form 8863, line 23	<b>49</b>																				
	<b>50</b>	Retirement savings contributions credit. Attach Form 8880	<b>50</b>																				
	<b>51</b>	Child tax credit (see page 42)	<b>51</b>	578																			
	<b>52</b>	Residential energy credits. Attach Form 5695	<b>52</b>																				
	<b>53</b>	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	<b>53</b>																				
	<b>54</b>	Add lines 47 through 53. These are your total credits	<b>54</b>	578																			
	<b>55</b>	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	<b>55</b>	0																			
	<b>Other Taxes</b>	<b>56</b>	Self-employment tax. Attach Schedule SE	<b>56</b>																			
		<b>57</b>	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	<b>57</b>																			
		<b>58</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>58</b>																			
		<b>59</b>	a <input type="checkbox"/> Form(s) W-2, box 9 b <input type="checkbox"/> Schedule H, line 27 c <input type="checkbox"/> Form 5405, line 16	<b>59</b>																			
		<b>60</b>	Add lines 55 through 59. This is your total tax	<b>60</b>	0																		
	<b>Payments</b>	<b>61</b>	Federal income tax withheld from Forms W-2 and 1099	<b>61</b>	2,380																		
<b>62</b>		2010 estimated tax payments and amount applied from 2009 return	<b>62</b>																				
<b>63</b>		Making work pay credit. Attach Schedule M	<b>63</b>	400																			
<b>64a</b>		Earned income credit (EIC)	<b>64a</b>																				
<b>b</b>		Nontaxable combat pay election <b>64b</b>																					
<b>65</b>		Additional child tax credit. Attach Form 8812	<b>65</b>	422																			
<b>66</b>		American opportunity credit from Form 8863, line 14	<b>66</b>																				
<b>67</b>		First-time homebuyer credit from Form 5405, line 10	<b>67</b>																				
<b>68</b>		Amount paid with request for extension to file (see page 72)	<b>68</b>																				
<b>69</b>		Excess social security and tier 1 RRTA tax withheld (see page 72)	<b>69</b>																				
<b>70</b>		Credit for federal tax on fuels. Attach Form 4136	<b>70</b>																				
<b>71</b>		Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	<b>71</b>																				
<b>72</b>	Add lines 61, 62, 63, 64a, and 65 through 71. These are your total payments	<b>72</b>	3,202																				
<b>Refund</b>	<b>73</b>	If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you overpaid	<b>73</b>	3,202																			
	<b>74a</b>	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	<b>74a</b>	3,202																			
	<b>b</b>	Routing number <table border="1"><tr><td>0</td><td>1</td><td>2</td><td>4</td><td>5</td><td>6</td><td>7</td><td>7</td><td>8</td></tr></table> <b>c</b> Type: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings	0	1	2	4	5	6	7	7	8												
	0	1	2	4	5	6	7	7	8														
<b>d</b>	Account number <table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	1	2	3	4	5	6	7	8	9													
1	2	3	4	5	6	7	8	9															
<b>75</b>	Amount of line 73 you want applied to your 2011 estimated tax	<b>75</b>																					
<b>Amount You Owe</b>	<b>76</b>	Amount you owe. Subtract line 72 from line 60. For details on how to pay, see page 74	<b>76</b>																				
	<b>77</b>	Estimated tax penalty (see page 74)	<b>77</b>																				

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS (see page 75)?  Yes. Complete the following.  No

Designee's name  Phone no.  Personal identification number (PIN)

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See page 15. Keep a copy for your records.

Your signature: 05004 Date: 04-08-2011 Your occupation: CARPENTER Daytime phone number: 201-777-9311

Spouse's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Spouse's occupation: \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check  if self-employed PTIN: \_\_\_\_\_

Firm's name: \_\_\_\_\_ Firm's EIN: \_\_\_\_\_

Firm's address: \_\_\_\_\_ Phone no.: \_\_\_\_\_

Form 8812

Additional Child Tax Credit

2010

Department of the Treasury Internal Revenue Service (99)

Complete and attach to Form 1040, Form 1040A, or Form 1040NR.

Attachment Sequence No. 47

Name(s) shown on return

Your social security number

JOHN J LAMB

Part I All Filers

1	1040 filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 51). 1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33). 1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 48).  If you used Pub. 972, enter the amount from line 8 of the worksheet on page 4 of the publication.			1	1,000
2	Enter the amount from Form 1040, line 51, Form 1040A, line 33, or Form 1040NR, line 48			2	578
3	Subtract line 2 from line 1. If zero, stop; you cannot take this credit			3	422
4a	Earned income (see instructions)	4a	22,300		
b	Nontaxable combat pay (see instructions)	4b			
5	Is the amount on line 4a more than \$3,000? <input type="checkbox"/> No. Leave line 5 blank and enter -0- on line 6. <input checked="" type="checkbox"/> Yes. Subtract \$3,000 from the amount on line 4a. Enter the result			5	19,300
6	Multiply the amount on line 5 by 15% (.15) and enter the result Next, do you have three or more qualifying children? <input checked="" type="checkbox"/> No. If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part II and enter the smaller of line 3 or line 6 on line 13. <input type="checkbox"/> Yes. If line 6 is equal to or more than line 3, skip Part II and enter the amount from line 3 on line 13. Otherwise, go to line 7.			6	2,895

Part II Certain Filers Who Have Three or More Qualifying Children

7	Withheld social security and Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If you worked for a railroad, see instructions			7	
8	1040 filers: Enter the total of the amounts from Form 1040, lines 27 and 57, plus any taxes that you identified using code "UT" and entered on the dotted line next to line 60. 1040A filers: Enter -0-. 1040NR filers: Enter the total of the amounts from Form 1040NR, lines 27 and 55, plus any taxes that you identified using code "UT" and entered on the dotted line next to line 59.			8	
9	Add lines 7 and 8			9	
10	1040 filers: Enter the total of the amounts from Form 1040, lines 64a and 69. 1040A filers: Enter the total of the amount from Form 1040A, line 41a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 44 (see instructions). 1040NR filers: Enter the amount from Form 1040NR, line 64.			10	
11	Subtract line 10 from line 9. If zero or less, enter -0-			11	
12	Enter the larger of line 6 or line 11 Next, enter the smaller of line 3 or line 12 on line 13.			12	

Part III Additional Child Tax Credit

13	This is your additional child tax credit			13	422
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Enter this amount on Form 1040, line 65, Form 1040A, line 42, or Form 1040NR, line 62.

**Making Work Pay Credit**

D1 (06/30/10)

OMB No. 1545-0074

**2010**  
 Attachment  
 Sequence No. **166**

▶ **Attach to Form 1040A or 1040.**

▶ **See separate instructions.**

Name(s) shown on return  
**JOHN J LAMB**

Your social security number

**CAUTION!** To take the making work pay credit, you must include your social security number (if filing a joint return, the number of either you or your spouse) on your tax return. A social security number does not include an identification number issued by the IRS. Only the Social Security Administration issues social security numbers.

**CAUTION!** You cannot take the making work pay credit if you can be claimed as someone else's dependent or if you are a nonresident alien.

**Important: Check the "No" box on line 1a and see the instructions if:**

- (a) You have a net loss from a business,
- (b) You received a taxable scholarship or fellowship grant not reported on a Form W-2,
- (c) Your wages include pay for work performed while an inmate in a penal institution,
- (d) You received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, or
- (e) You are filing Form 2555 or 2555-EZ.

**1a** Do you (& your spouse if filing jointly) have 2010 wages of more than \$6,451 (\$12,903 if married filing jointly)?

- Yes.** Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5.
- No.** Enter your earned income (see instructions) . . . . . **1a**

**b** Nontaxable combat pay included on line 1a (see instructions) . . . . . **1b**

**2** Multiply line 1a by 6.2% (.062) . . . . . **2**

**3** Enter \$400 (\$800 if married filing jointly) . . . . . **3**

**4** Enter the **smaller** of line 2 or line 3 (unless you checked "Yes" on line 1a) . . . . . **4** 400

**5** Enter the amount from Form 1040, line 38\*, or Form 1040A, line 22 . . . . . **5** 22,400

**6** Enter \$75,000 (\$150,000 if married filing jointly) . . . . . **6** 75,000

- 7** Is the amount on line 5 more than the amount on line 6?
- No.** Skip line 8. Enter the amount from line 4 on line 9 below.
  - Yes.** Subtract line 6 from line 5 . . . . . **7**

**8** Multiply line 7 by 2% (.02) . . . . . **8**

**9** Subtract line 8 from line 4. If zero or less, enter -0- . . . . . **9** 400

**10** Did you (or your spouse, if filing jointly) receive an economic recovery payment in **2010**? You may have received this payment in 2010 if you did not receive an economic recovery payment in 2009 but you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits in November 2008, December 2008, or January 2009 (see instructions).

- No.** Enter -0- on line 10 and go to line 11.
- Yes.** Enter the total of the payments you (and your spouse, if filing jointly) received in **2010**. Do not enter more than \$250 (\$500 if married filing jointly) . . . . . **10** 0

**11** **Making work pay credit.** Subtract line 10 from line 9. If zero or less, enter -0-. Enter the result here and on Form 1040, line 63; or Form 1040A, line 40 . . . . . **11** 400

\*If you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico, see instructions.

a Employee's social security number		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile.	
b Employer identification number (EIN) 38-3838196		1 Wages, tips, other compensation 11,500		2 Federal income tax withheld 1,300			
c Employer's name, address, and ZIP code RUGS AND MORE  7777 NAILS DRIVE Dallas TX 75203		3 Social security wages 11,500		4 Social security tax withheld 713			
		5 Medicare wages and tips 11,500		6 Medicare tax withheld 167			
		7 Social security tips		8 Allocated tips			
d Control number		9 Advance EIC payment		10 Dependent care benefits			
e Employee's first name and initial. Last name Suff.  JOHN J LAMB  839 WHITE FLEECE ROAD OKLAHOMA CITY OK 73194		11 Nonqualified plans		12a See instructions for box 12			
		13 Statutory employee Retmnt. plan Third-party sick pay		12b			
		14 Other		12c			
				12d			
f Employee's address and ZIP code							
15 State Employer's state ID no. TX 384759	16 State wages, tips, etc. 11,500	17 State income tax 500	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Form **W-2 Wage and Tax Statement** EEA **2010** Department of the Treasury-Internal Revenue Service  
 Copy B - To Be Filed With Employee's FEDERAL Tax Return.  
 This information is being furnished to the Internal Revenue Service.

The information on the Form W-2 was used to prepare the taxpayer's 2009 Federal tax return by

a Employee's social security number		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile.	
b Employer identification number (EIN) 38-1425336		1 Wages, tips, other compensation 10,800		2 Federal income tax withheld 1,080			
c Employer's name, address, and ZIP code PAPER BROS  4321 PEN DRIVE OKLAHOMA CITY OK 73194		3 Social security wages 10,800		4 Social security tax withheld 670			
		5 Medicare wages and tips 10,800		6 Medicare tax withheld 157			
		7 Social security tips		8 Allocated tips			
d Control number		9 Advance EIC payment		10 Dependent care benefits			
e Employee's first name and initial Last name Suff.  JOHN J LAMB  839 WHITE FLEECE ROAD OKLAHOMA CITY OK 73194		11 Nonqualified plans		12a See instructions for box 12			
		13 Statutory employee Retmnt. plan Third-party sick pay		12b			
		14 Other		12c			
				12d			
f Employee's address and ZIP code							
15 State Employer's state ID no. OK 382176	16 State wages, tips, etc. 950	17 State income tax 71	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
TX	9,850						

Form **W-2 Wage and Tax Statement** EEA **2010** Department of the Treasury-Internal Revenue Service  
 Copy B - To Be Filed With Employee's FEDERAL Tax Return.  
 This information is being furnished to the Internal Revenue Service.

VOID  CORRECTED

PAYER'S name, street address, city, state, and ZIP code  SERENITY INSURANCE CO 123 BEACH ST Dallas TX 75203		1 Gross distribution \$ 100	OMB No. 1545-0119  <b>2010</b>  Form 1099-R		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>  <b>Copy A</b> For Internal Revenue Service Center  File with Form 1096.  For Privacy Act and Paperwork Reduction Act Notice, see the 2010 General Instructions for Certain Information Returns.	
PAYER'S federal identification number 69-9687321		2a Taxable amount \$ 100	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>			
RECIPIENT'S name JOHN J LAMB	RECIPIENT'S identification number	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$			
Street address (including apt. no.) 839 WHITE FLEECE ROAD	City, state, and ZIP code OKLAHOMA CITY OK 73194	5 Employee contributions /Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	7 Distribution code(s) 7		8 Other \$ %
Account number (see instructions)	1st year of desig. Roth contrib.	9a Your percentage of total distribution %	9b Total employee contributions \$	10 State tax withheld \$		11 State/Payer's state no. TX 132143
				12 State distribution \$ 100		
				13 Local tax withheld \$	14 Name of locality	
				15 Local distribution \$		

Form 1099-R

EEA

Department of the Treasury - Internal Revenue Service

**Do Not Cut or Separate Forms on This Page - Do Not Cut or Separate Forms on This Page**

The information on the Form 1099-R was used to prepare the taxpayer's 2010 Federal tax return by

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution \$	OMB No. 1545-0119  <b>2011</b>  Form 1099-R		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>  <b>Copy A</b> For Internal Revenue Service Center  File with Form 1096.  For Privacy Act and Paperwork Reduction Act Notice, see the 2011 General Instructions for Certain Information Returns.	
PAYER'S federal identification number		2a Taxable amount \$	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>			
RECIPIENT'S name	RECIPIENT'S identification number	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$			
Street address (including apt. no.)	City, state, and ZIP code	5 Employee contributions /Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	7 Distribution code(s) IRA/SEP/SIMPLE <input type="checkbox"/>		8 Other \$ %
Account number (see instructions)	1st year of desig. Roth contrib.	9a Your percentage of total distribution %	9b Total employee contributions \$	10 State tax withheld \$		11 State/Payer's state no.
				12 State distribution \$		
				13 Local tax withheld \$	14 Name of locality	
				15 Local distribution \$		

Form 1099-R

EEA

Department of the Treasury - Internal Revenue Service