

Tax Year 2010

OKLAHOMA: TEST SCENARIO # 3

	PATS	ATS
Peter A Pan 987 Backyard Road Oklahoma City Ok 73194	400-00-5012	400-00-1060 Linked

Taxpayer paid \$159.00 in taxes to the state of Kansas.

Interest is from an Oklahoma Bank

Taxpayer qualifies for the following credits on Form 511CR (other credits form)

- Credit for Energy Assistance Fund Contribution \$500.00
- Wire Transfer \$50.00
- Volunteer Firefighters credit \$200.00

You will need to attach the supporting documentation for the Volunteer Firefighter credit as a PDF. (ATS only)

Final result refund \$ 3,805.00

Label

(See instructions on page 14.) Use the IRS label. Otherwise, please print or type.

For the year Jan. 1-Dec. 31, 2010, or other tax year beginning 2010, ending 2010. Your first name and initial: PETER PAN. Last name: DECEASED - 20101015. Home address: 987 BACKYARD ROAD, OKLAHOMA CITY, OK 73194.

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.

Presidential Election Campaign

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

Filing Status

Check only one box.

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

Exemptions

6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a. b [] Spouse. c 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). d Total number of exemptions claimed 2.

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 22.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2 62,000. 8a Taxable interest. Attach Schedule B if required 390. 9a Ordinary dividends. Attach Schedule B if required. 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) 3,000. 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 65,390.

Adjusted Gross Income

23 RESERVED (see page 29). 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ. 25 Health savings account deduction. Attach Form 8889. 26 Moving expenses. Attach Form 3903. 27 One-half of self-employment tax. Attach Schedule SE. 28 Self-employed SEP, SIMPLE, and qualified plans. 29 Self-employed health insurance deduction (see page 30). 30 Penalty on early withdrawal of savings. 31a Alimony paid b Recipient's SSN. 32 IRA deduction (see page 31). 33 Student loan interest deduction (see page 34). 34 RESERVED (see page 35). 35 Domestic production activities deduction. Attach Form 8903. 36 Add lines 23 through 31a and 32 through 35. 37 Subtract line 36 from line 22. This is your adjusted gross income 65,390.

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2010

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040.** ▶ **See instructions for Schedule A (Form 1040).**

Name(s) shown on Form 1040

Your social security number

PETER PAN

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30						
Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.																																				
	1 Medical and dental expenses (see page A-1)	1			10,500																																
	2 Enter amount from Form 1040, line 38	2		65,390																																	
	3 Multiply line 2 by 7.5% (.075)	3			4,904																																
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-									4																											
Taxes You Paid (See page A-2.)	5 State and local income taxes	5			4,340																																
	6 Real estate taxes (see page A-3)	6			2,100																																
	7 New motor vehicle taxes from line 11 of the worksheet on page 2 (for certain vehicles purchased in 2009)	7																																			
	8 Other taxes. List type and amount	8																																			
	9 Add lines 5 through 8									9																											
Interest You Paid (See page A-4.) Note. Your mortgage interest deduction may be limited (see page A-4).	10 Home mortgage interest and points reported to you on Form 1098	10			13,500																																
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-4 and show that person's name, identifying no., and address	11																																			
	12 Points not reported to you on Form 1098. See page A-4 for special rules	12																																			
	13 Mortgage insurance premiums (see page A-4)	13																																			
	14 Investment interest. Attach Form 4952 if required. (See page A-5.)	14																																			
	15 Add lines 10 through 14									15																											
Gifts to Charity If you made a gift and got a benefit for it, see page A-6.	16 Gifts by cash or check. If you made any gift of \$250 or more, see page A-6	16			665																																
	17 Other than by cash or check. If any gift of \$250 or more, see page A-6. You must attach Form 8283 if over \$500	17																																			
	18 Carryover from prior year	18																																			
	19 Add lines 16 through 18										19																										
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See page A-7.)																																				
Job Expenses and Certain Miscellaneous Deductions (See page A-7.)	21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-7.)	21																																			
	22 Tax preparation fees	22																																			
	23 Other expenses - investment, safe deposit box, etc. List type and amount	23																																			
	24 Add lines 21 through 23	24																																			
	25 Enter amount from Form 1040, line 38	25																																			
	26 Multiply line 25 by 2% (.02)	26																																			
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-																																				
Other Miscellaneous Deductions	28 Other - from list on page A-8. List type and amount																																				
Total Itemized Deductions	29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40																																				
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>																																				

For Paperwork Reduction Act Notice, see Form 1040 instructions.

EEA

Schedule A (Form 1040) 2010

SCHEDULE M
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

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

PETER PAN

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)

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

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

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

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

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

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

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

8 Multiply line 7 by 2% (.02)

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

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)

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

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

	1a				
	1b				
	2				
	3				
				4	400
	5		65,390		
	6		75,000		
	7				
				8	
				9	400
				10	0
				11	400

		a Employee's social security number		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile.		
OMB No. 1545-0008										
b Employer identification number (EIN) 64-2131415				1 Wages, tips, other compensation 52,000		2 Federal income tax withheld 2,500				
c Employer's name, address, and ZIP code MFG 89 SESAME PLACE SHYTOWN AZ 86503				3 Social security wages 53,000		4 Social security tax withheld 3,286				
				5 Medicare wages and tips 53,000		6 Medicare tax withheld 769				
				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 PETER PAN 987 BACKYARD RD OKLAHOMA CITY OK 73194				11 Nonqualified plans		12a See instructions for box 12 D 1,000				
				13 Statutory employee <input type="checkbox"/> Retmnt. plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b				
				14 Other		12c				
						12d				
f Employee's address and ZIP code										
15 State Employer's state ID no. OK 641213		16 State wages, tips, etc. 52,000		17 State income tax 4,340		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.		
OMB No. 1545-0008										
b Employer identification number (EIN) 64-2131415				1 Wages, tips, other compensation 10,000		2 Federal income tax withheld 1,000				
c Employer's name, address, and ZIP code MFG 89 SESAME PLACE SHYTOWN AZ 86503				3 Social security wages 10,000		4 Social security tax withheld 620				
				5 Medicare wages and tips 10,000		6 Medicare tax withheld 145				
				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 PETER PAN 987 BACKYARD RD OKLAHOMA CITY OK 73194				11 Nonqualified plans		12a See instructions for box 12				
				13 Statutory employee <input type="checkbox"/> Retmnt. plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b				
				14 Other		12c				
						12d				
f Employee's address and ZIP code										
15 State Employer's state ID no. KS 641213		16 State wages, tips, etc. 10,000		17 State income tax		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.

VOID CORRECTED

PAYER'S name, street address, city, state, and ZIP code MY BANK AND TRUST CO 456 PECAN STREET CHARLOTTE MD 20706		1 Gross distribution \$ 3,000	OMB No. 1545-0119 2010 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S federal identification number 52-1756572		2a Taxable amount \$ 3,000	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>		
RECIPIENT'S name PETER A PAN		3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$		Copy A 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.
Street address (including apt. no.) 987 BACKYARD RD		5 Employee contributions /Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
City, state, and ZIP code Oklahoma City OK 73194		7 Distribution code(s) 7	IRA/SEP/SIMPLE <input checked="" type="checkbox"/>	8 Other \$ %	12 State distribution \$
1st year of desig. Roth contrib.		9a Your percentage of total distribution %	9b Total employee contributions \$		
Account number (see instructions)		10 State tax withheld \$	11 State/Payer's state no. OK		13 Local tax withheld \$
		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 2011 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S federal identification number		2a Taxable amount \$	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>		
RECIPIENT'S name		3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$		Copy A 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.
Street address (including apt. no.)		5 Employee contributions /Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
City, state, and ZIP code		7 Distribution code(s)	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %	12 State distribution \$
1st year of desig. Roth contrib.		9a Your percentage of total distribution %	9b Total employee contributions \$		
Account number (see instructions)		10 State tax withheld \$	11 State/Payer's state no.		13 Local tax withheld \$
		13 Local tax withheld \$	14 Name of locality		15 Local distribution \$

Form 1099-R

EEA

Department of the Treasury - Internal Revenue Service