

Tax Year 2010

OKLAHOMA: TEST SCENARIO # 4

PATS

ATS

One Test Scenario  
1 Test Scenario Street  
Oklahoma City Ok 73194

400-00-5001 400-00-1061 Linked

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

Final result refund \$ 320.00.

**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 \_\_\_\_\_, 20

OMB No. 1545-0074

Your first name and initial: **ONE TEST** Last name: **SCENARIO**

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

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

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

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

**1 TEST SCENARIO ST**

City, town or post office, state, and ZIP code. If you have a foreign address, see page 14.

**OKLAHOMA CITY OK 73194**

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** 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: \_\_\_\_\_

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

6b  Spouse

6c **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)
				<input type="checkbox"/>

If more than four dependents, see page 17 and check here

Boxes checked on 6a and 6b: 0

No. of children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see page 18)

Dependents on 6c not entered above: \_\_\_\_\_

Add numbers on lines above: 0

**Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	2,620
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends (see page 22)	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 23)	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount (see page 24)	15b	
16a	Pensions and annuities	16a	
b	Taxable amount (see page 25)	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation (see page 27)	19	
20a	Social security benefits	20a	
b	Taxable amount (see page 27)	20b	
21	Other income	21	
22	Combine the amounts in the far right col for lines 7 through 21. This is your total income	22	2,620

**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	2,620

Form 1040 (2010)

<b>Tax and Credits</b>	<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	2,620																	
	<b>39a</b>	Check <input type="checkbox"/> You were born before January 2, 1946, <input type="checkbox"/> Blind. <b>Total boxes</b> <input type="checkbox"/> if: <input type="checkbox"/> Spouse was born before January 2, 1946, <input type="checkbox"/> Blind. <b>checked</b> <input checked="" type="checkbox"/> <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>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see page 35)	<b>40</b>	2,920																	
	<b>41</b>	Subtract line 40 from line 38	<b>41</b>	(300)																	
	<b>42</b>	<b>Exemptions.</b> Multiply \$3,650 by the number on line 6d	<b>42</b>	0																	
	<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	0																	
	<b>44</b>	<b>Tax</b> (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>	0																	
	<b>45</b>	<b>Alternative minimum tax</b> (see page 40). Attach Form 6251	<b>45</b>																		
	<b>46</b>	Add lines 44 and 45	<b>46</b>																		
	<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>	0																	
<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 <b>total credits</b>	<b>54</b>																			
<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 <b>total tax</b>	<b>60</b>	0																	
<b>Payments</b>	<b>61</b>	Federal income tax withheld from Forms W-2 and 1099	<b>61</b>	400																	
	<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>	0																	
	<b>64a</b>	<b>Earned income credit (EIC)</b>	<b>64a</b>																		
	<b>b</b>	Nontaxable combat pay election <b>64b</b> <input type="checkbox"/>																			
	<b>65</b>	Additional child tax credit. Attach Form 8812	<b>65</b>																		
	<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 <b>total payments</b>	<b>72</b>	400																		
<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 <b>overpaid</b>	<b>73</b>	400																	
	<b>74a</b>	Amount of line 73 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>74a</b>	400																	
	<b>b</b>	Routing 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>0</td></tr></table> <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	1	2	3	4	5	6	7	8	0										
	1	2	3	4	5	6	7	8	0												
<b>d</b>	Account number <table border="1"><tr><td>1</td><td>2</td><td>2</td><td>1</td><td>2</td><td>2</td><td>1</td><td>2</td><td>2</td><td>2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	1	2	2	1	2	2	1	2	2	2										
1	2	2	1	2	2	1	2	2	2												
<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>	<b>Amount you owe.</b> 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 **SUAVE SHAMPOO** Phone no. **212-555-1111** Personal identification number (PIN) **10110**

**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 <b>11111</b>	Date <b>04-14-2011</b>	Your occupation <b>HAIR DRESSER</b>	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name				Firm's EIN
Firm's address				Phone no.

<b>a</b> Employee's social security number		Safe, accurate, FAST! Use		<b>IRS e-file</b>		Visit the IRS website at www.irs.gov/efile.	
OMB No. 1545-0008							
<b>b</b> Employer identification number (EIN) 11-0110011			<b>1</b> Wages, tips, other compensation 2,620		<b>2</b> Federal income tax withheld 400		
<b>c</b> Employer's name, address, and ZIP code ONE BEAUTY SALON  1 WASHCURL AVE OKLAHOMA CITY OK 73194			<b>3</b> Social security wages 2,620		<b>4</b> Social security tax withheld 162		
			<b>5</b> Medicare wages and tips 2,620		<b>6</b> Medicare tax withheld 38		
			<b>7</b> Social security tips		<b>8</b> Allocated tips		
<b>d</b> Control number			<b>9</b> Advance EIC payment		<b>10</b> Dependent care benefits		
<b>e</b> Employee's first name and initial ONE T  Last name SCENARIO  1 TEST SCENARIO ST OKLAHOMA CITY OK 73194			<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12		
			<b>13</b> Statutory employee Retmnt. plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>12b</b>		
			<b>14</b> Other		<b>12c</b>		
					<b>12d</b>		
<b>f</b> Employee's address and ZIP code							
<b>15</b> State Employer's state ID no. OK 122176		<b>16</b> State wages, tips, etc. 2,620	<b>17</b> State income tax 320	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> 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

<b>a</b> Employee's social security number		Safe, accurate, FAST! Use		<b>IRS e-file</b>		Visit the IRS website at www.irs.gov/efile.	
OMB No. 1545-0008							
<b>b</b> Employer identification number (EIN)			<b>1</b> Wages, tips, other compensation		<b>2</b> Federal income tax withheld		
<b>c</b> Employer's name, address, and ZIP code			<b>3</b> Social security wages		<b>4</b> Social security tax withheld		
			<b>5</b> Medicare wages and tips		<b>6</b> Medicare tax withheld		
			<b>7</b> Social security tips		<b>8</b> Allocated tips		
<b>d</b> Control number			<b>9</b> Advance EIC payment		<b>10</b> Dependent care benefits		
<b>e</b> Employee's first name and initial   Last name   Suff.   <b>f</b> Employee's address and ZIP code			<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12		
			<b>13</b> Statutory employee Retmnt. plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>12b</b>		
			<b>14</b> Other		<b>12c</b>		
					<b>12d</b>		
<b>15</b> State Employer's state ID no.		<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name	

Form **W-2 Wage and Tax Statement** EEA **2010** Department of the Treasury-Internal Revenue Service  
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