

Tax Year 2009

OKLAHOMA: TEST SCENARIO # 6 (Non Resident)

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

Work for Paper Bothers was done in Oklahoma.
He was paid \$950.00. The company withheld 71.00 in Oklahoma withholding.
Taxpayer would like his refund direct deposited in his savings account.

Final result refund \$71.00

For the year Jan. 1-Dec. 31, 2009, or other tax year beginning _____, 2009, ending _____, 20

OMB No. 1545-0074

Label L
See instructions in page 14.) A
Use the IRS label. B
Otherwise, please print or type. C
E

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

839 WHITE FLEECE ROAD You must enter your SSN(s) above.

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

Dallas TX 75203 Checking a box below will not change your tax or refund.

Presidential 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 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.

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** 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

Boxes checked on 6a and 6b 1

No. of children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see page 18) 1

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)
Sarah	Lee	900-78-3004	Daughter	<input checked="" type="checkbox"/>
Annie	Poop	400-00-4004	Parent	<input type="checkbox"/>

Dependents on 6c not entered above 1

Add numbers on lines above 3

d Total number of exemptions claimed 3

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	22,300
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	100
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 in excess of \$2,400 per recipient (see page 27)	19	
20a	Social security benefits	20a	
b	Taxable amount (see page 27)	20b	
21	Other income	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income	22	22,400

Adjusted Gross Income

23	Educator expenses (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	Tuition and fees deduction. Attach Form 8917	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

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-55 for Tax and Credits.

Standard Deduction for—

● People who check any box on line 39a, 39b, or 40b or who can be claimed as a dependent, see page 35.

● All others: Single or Married filing separately, \$5,700

Married filing jointly or Qualifying widow(er), \$11,400

Head of household, \$8,350

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 56-60 for Other Taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 61-71 for Payments.

Refund

Direct deposit? See page 73 and fill in 73b, 73c, and 73d, or Form 8888.

Table with 3 columns: Line number, Description, and Amount. Includes lines 72-74 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 75-76 for Amount You Owe.

Third Party Designee

Form for Third Party Designee with fields for name, phone number, and 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.

Signature section with fields for signature, date, occupation, and spouse's information.

Paid Preparer's Use Only

Form for Paid Preparer's Use Only with fields for signature, date, EIN, and phone number.

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 47).			
	If you used Pub. 972, enter the amount from line 8 of the worksheet on page 4 of the publication.			
2	Enter the amount from Form 1040, line 51, Form 1040A, line 33, or Form 1040NR, line 47	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, line 53, plus any taxes that you identified using code "UT" and entered on the dotted line next to line 57.	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 63.	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 61.

SCHEDULE M
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

**Making Work Pay and Government
Retiree Credits**

▶ Attach to Form 1040A, 1040, or 1040NR.

▶ See separate instructions.

OMB No. 1545-0074

2009
Attachment
Sequence No. **166**

Name(s) shown on return

Your social security number

JOHN J LAMB

1a Important: See the instructions if you can be claimed as someone else's dependent or are filing Form 1040NR.

Check the "No" box below 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.

Do you (and your spouse if filing jointly) have 2009 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?	7	
<input checked="" type="checkbox"/> No. Skip line 8. Enter the amount from line 4 on line 9 below. <input type="checkbox"/> 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 2009? You may have received this payment if you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits (see instructions). <input checked="" type="checkbox"/> No. Enter -0- on line 10 and go to line 11. <input type="checkbox"/> Yes. Enter the total of the payments received by you (and your spouse, if filing jointly). Do not enter more than \$250 (\$500 if married filing jointly)	10	
11 Did you (or your spouse, if filing jointly) receive a pension or annuity in 2009 for services performed as an employee of the U.S. Government or any U.S. state or local government from work not covered by social security? Do not include any pension or annuity reported on Form W-2. <input checked="" type="checkbox"/> No. Enter -0- on line 11 and go to line 12. <input type="checkbox"/> Yes. <ul style="list-style-type: none"> If you checked "No" on line 10, enter \$250 (\$500 if married filing jointly and the answer on line 11 is "Yes" for both spouses) If you checked "Yes" on line 10, enter -0- (exception: enter \$250 if filing jointly and the spouse who received the pension or annuity did not receive an economic recovery payment described on line 10) 	11	
12 Add lines 10 and 11	12	
13 Subtract line 12 from line 9. If zero or less, enter -0-	13	400
14 Making work pay and government retiree credits. Add lines 11 and 13. Enter the result here and on Form 1040, line 63; Form 1040A, line 40; or Form 1040NR, line 60	14	400

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

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 JOHN J LAMB 839 WHITE FLEECE ROAD Dallas TX 75203 4		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 **2009** Department of the Treasury-Internal Revenue Service
 Copy B - To Be Filed With Employee's FEDERAL Tax Return. For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.
 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 .
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Void <input type="checkbox"/>		a Employee's social security number		For Official Use Only OMB No. 1545-0008	
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 JOHN J LAMB 839 WHITE FLEECE ROAD Dallas TX 75203		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	

Form **W-2 Wage and Tax Statement** EEA **2009** Department of the Treasury-Internal Revenue Service
 Copy B - To Be Filed With Employee's FEDERAL Tax Return. For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.
 This information is being furnished to the Internal Revenue Service.

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 2009 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
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 Street address (including apt. no.) 939 WHITE FLEECE ROAD Dallas Tx 75203		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 2009 General Instructions for Forms 1099, 1098, 5498, and W-2G.	
RECIPIENT'S identification number		5 Employee contributions /Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
1st year of desig. Roth contrib.		7 Distribution code(s) 07	IRA/SEP/SIMPLE <input checked="" type="checkbox"/>	8 Other \$ %	12 State distribution \$ 100
Account number (see instructions)		9a Your percentage of total distribution %	9b Total employee contributions \$	11 State/Payer's state no. TX 132143	
		10 State tax withheld \$	13 Local tax withheld \$		15 Local distribution \$

Form 1099-R EEA Department of the Treasury - Internal Revenue Service

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The information on the Form 1099-R used to prepare taxpayer's 2009 Federal tax return by

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution \$	OMB No. 1545-0119 2009 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 2009 General Instructions for Forms 1099, 1098, 5498, and W-2G.	
RECIPIENT'S identification number		5 Employee contributions /Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
Street address (including apt. no.)		7 Distribution code(s)	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %	12 State distribution \$
City, state, and ZIP code		9a Your percentage of total distribution %	9b Total employee contributions \$	11 State/Payer's state no.	
1st year of desig. Roth contrib.		10 State tax withheld \$	13 Local tax withheld \$		15 Local distribution \$
Account number (see instructions)		13 Local tax withheld \$	14 Name of locality		15 Local distribution \$

Form 1099-R EEA Department of the Treasury - Internal Revenue Service