

Tax Year 2009

OKLAHOMA: TEST SCENARIO # 4

ATS

One Test Scenario  
1 Test Scenario Street  
Oklahoma City Ok 73194

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, 2009, or other tax year beginning 2009, ending 20
Your first name and initial ONE TEST Last name SCENARIO
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. 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

OMB No. 1545-0074
Your social security number
Spouse's social security number
You must enter your SSN(s) above.
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 X 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. 5 Qualifying widow(er) with dependent child (see page 16)

Exemptions

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

6a 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 0

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 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 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 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 2,620
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 2,620

**Tax and Credits**

<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, 1945, <input type="checkbox"/> Blind. } Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1945, <input type="checkbox"/> Blind. } checked <input checked="" type="checkbox"/> <b>39a</b>		
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, see pg 35 and check here <input type="checkbox"/> <b>39b</b>		
<b>40a</b>	Itemized deductions (from Schedule A) or your standard deduction (see left margin) . . .	<b>40a</b>	2,920
<b>b</b>	If you are increasing your standard deduction by certain real estate taxes, new motor vehicle taxes, or a net disaster loss, attach Schedule L and check here (see page 35). . . . . <input type="checkbox"/> <b>40b</b>		
<b>41</b>	Subtract line 40a from line 38. . . . .	<b>41</b>	(300)
<b>42</b>	Exemptions. If line 38 is \$125,100 or less and you did not provide housing to a Midwestern displaced individual, multiply \$3,650 by the number on line 6d. Otherwise, see page 37 . . .	<b>42</b>	0
<b>43</b>	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- . . .	<b>43</b>	0
<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>	0
<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>	
<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 29. . . . .	<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>	Credits from Form: a <input type="checkbox"/> 8396 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 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>	
<b>55</b>	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- . . . . .	<b>55</b>	0

**Other Taxes**

<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>	Additional taxes: a <input type="checkbox"/> AEIC payments b <input type="checkbox"/> Household employment taxes. Attach Sch. H	<b>59</b>	
<b>60</b>	Add lines 55 through 59. This is your total tax . . . . .	<b>60</b>	0

**Payments**

If you have a qualifying child, attach Schedule EIC.

<b>61</b>	Federal income tax withheld from Forms W-2 and 1099 . . . . .	<b>61</b>	400
<b>62</b>	2009 estimated tax payments and amount applied from 2008 return . . . . .	<b>62</b>	
<b>63</b>	Making work pay and government retiree credits. Attach Schedule M . . . . .	<b>63</b>	0
<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>	
<b>66</b>	Refundable education credit from Form 8863, line 16 . . . . .	<b>66</b>	
<b>67</b>	First-time homebuyer credit. Attach Form 5405 . . . . .	<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>	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 4136 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885 . . . . .	<b>70</b>	
<b>71</b>	Add lines 61, 62, 63, 64a, and 65 through 70. These are your total payments . . . . .	<b>71</b>	400

**Refund**

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

<b>72</b>	If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you overpaid	<b>72</b>	400
<b>73a</b>	Amount of line 72 you want refunded to you. If Form 8888 is attached, check here . . . <input type="checkbox"/>	<b>73a</b>	400
<b>b</b>	Routing number <input type="text" value="123456780"/> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number <input type="text" value="1221221222"/>		
<b>74</b>	Amount of line 72 you want applied to your 2010 estimated tax . . . . .	<b>74</b>	

**Amount You Owe**

<b>75</b>	Amount you owe. Subtract line 71 from line 60. For details on how to pay, see page 74 . .	<b>75</b>	
<b>76</b>	Estimated tax penalty (see page 74) . . . . .	<b>76</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. <input type="checkbox"/>	Your signature <b>11111</b>	Date <b>04-14-2010</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's Use Only**

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.	

Void <input type="checkbox"/>		a Employee's social security number 400-00-5001		For Official Use Only OMB No. 1545-0008			
b Employer identification number (EIN) 11-0110011			1 Wages, tips, other compensation 2,620		2 Federal income tax withheld 400		
c Employer's name, address, and ZIP code ONE BEAUTY SALON  1 WASHCURL AVE OKLAHOMA CITY OK 73194			3 Social security wages 2,620		4 Social security tax withheld 162		
			5 Medicare wages and tips 2,620		6 Medicare tax withheld 38		
			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 ONE T  1 TEST SCENARIO ST OKLAHOMA CITY OK 73194			11 Nonqualified plans		12a See instructions for box 12 Circled		
			13 Statutory employee Retmnt. plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b Circled		
			14 Other		12c Circled		
					12d Circled		
f Employee's address and ZIP code							
15 State Employer's state ID no. OK 122176		16 State wages, tips, etc. 2,620	17 State income tax 320	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 .  
**Do Not Cut, Fold, or Staple Forms on This Page - Do Not Cut, Fold, or Staple on This Page**

Void <input type="checkbox"/>		a Employee's social security number		For Official Use Only OMB No. 1545-0008			
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld		
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld		
			5 Medicare wages and tips		6 Medicare tax withheld		
			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.			11 Nonqualified plans		12a See instructions for box 12 Circled		
			13 Statutory employee Retmnt. plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b Circled		
			14 Other		12c Circled		
					12d Circled		
f Employee's address and ZIP code							
15 State Employer's state ID no.		16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.		19 Local income tax	20 Locality name

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