

Test # 1

Johnny Quest

PATS 400-00-5008

ATS 400-00-5058

1832 Adventure Drive

Oklahoma City Ok 73194

Taxpayer received military housing (BAQ) and Food (BAS) in the amount of \$50.00. This is listed on the taxpayer's leave and earnings statement.

Jackson Pane grossed \$300.00 over the summer mowing lawns.

Taxpayer would like to donate \$7.00 to Support Oklahoma Honor Flights

Final result refund \$1,044.00

Your first name and initial JOHNNY	Last name QUEST	OMB No. 1545-0074
If a joint return, spouse's first name and initial	Last name	Your social security number 400-00-5008
		Spouse's social security number

Home address (number and street). If you have a P.O. box, see Instructions. 1832 ADVENTURE DRIVE		Apt. no.	Make sure the SSN(s) above and on line 6c are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, see Instructions. OKLAHOMA CITY OK 73194			
Foreign country name	Foreign province/county	Foreign postal code	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse

Filing status

1	<input type="checkbox"/>	Single					
2	<input type="checkbox"/>	Married filing jointly (even if only one had income)	4	<input checked="" type="checkbox"/>	Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.		
3	<input type="checkbox"/>	Married filing separately. Enter spouse's SSN above and full name here.	5	<input type="checkbox"/>	Qualifying widow(er) with dependent child (see instructions)		

Check only one box.

Exemptions
If more than six dependents, see instructions.

6 a 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) Chk if child under age 17 qualifying for child tax credit (see instructions)
JACKSON	PANE	400-55-3008	Son	<input checked="" type="checkbox"/>
THORN	PANE	400-55-4008	Son	<input checked="" type="checkbox"/>
BILLY	QUEST	400-55-5008	Son	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Boxes checked on 6a and 6b **1**

No. of children on 6c who:
 • lived with you **3**
 • did not live with you due to divorce or separation (see instr)

Dependents on 6c not entered above

d Total number of exemptions claimed. 4

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2.		7	32,109
8 a	Taxable interest. Attach Schedule B if required.		8a	
b	Tax-exempt interest. Do not include on line 8a.	8b		
9 a	Ordinary dividends. Attach Schedule B if required.		9a	
b	Qualified dividends (see instructions).	9b		
10	Capital gain distributions (see instructions).		10	
11 a	IRA distributions.	11a	11b	Taxable amount (see instructions). 11b
12 a	Pensions and annuities.	12a	12b	Taxable amount (see instructions). 12b
13	Unemployment compensation and Alaska Permanent Fund dividends.		13	
14 a	Social security benefits.	14a	14b	Taxable amount (see instructions). 14b
15	Add lines 7 through 14b (far right column). This is your total income.		15	32,109

Adjusted gross income

16	Educator expenses (see instructions).			
17	IRA deduction (see instructions).		17	
18	Student loan interest deduction (see instructions).		18	
19	Tuition and fees. Attach Form 8917.		19	
20	Add lines 16 through 19. These are your total adjustments.		20	
21	Subtract line 20 from line 15. This is your adjusted gross income.		21	32,109

Tax, credits, and payments 22 Enter the amount from line 21 (adjusted gross income). 22 32,109

23a Check if: You were born before January 2, 1947, Blind } Total boxes checked } 23a []
Spouse was born before January 2, 1947, Blind }
b If you are married filing separately and your spouse itemizes deductions, check here 23b []

Standard Deduction for -
• People who check any box on line 23a or 23b or who can be claimed as a dependent, see instructions.
• All others:
Single or Married filing separately, \$5,800
Married filing jointly or Qualifying widow(er) \$11,600
Head of household, \$8,500

24 Enter the standard deduction. 24 8,500
25 Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-. 25 23,609
26 Exemptions. Multiply \$3,700 by the number on line 6d. 26 14,800
27 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-.
This is your taxable income. 27 8,809
28 Tax, including any alternative minimum tax (see instructions). 28 883
29 Credit for child and dependent care expenses. Attach Form 2441. 29
30 Credit for the elderly or the disabled. Attach Schedule R. 30
31 Education credits from Form 8863, line 23. 31
32 Retirement savings contributions credit. Attach Form 8880. 32
33 Child tax credit (see instructions). 33 883
34 Add lines 29 through 33. These are your total credits. 34 883
35 Subtract line 34 from line 28. If line 34 is more than line 28, enter -0-. This is your total tax. 35 0
36 Federal income tax withheld from Forms W-2 and 1099. 36 2,022
37 2011 estimated tax payments and amount applied from 2010 return. 37
38a Earned income credit (EIC). 38a 2,500
b Nontaxable combat pay election. 38b
39 Additional child tax credit. Attach Form 8812. 39 2,117
40 American opportunity credit from Form 8863, line 14. 40
41 Add lines 36, 37, 38a, 39, and 40. These are your total payments. 41 6,639

Refund 42 If line 41 is more than line 35, subtract line 35 from line 41. This is the amount you overpaid. 42 6,639
43a Amount of line 42 you want refunded to you. If Form 8888 is attached, check here 43a 6,639
b Routing number [X][X][X][X][X][X][X][X][X] c Type: [] Checking [] Savings
d Account number [X]
44 Amount of line 42 you want applied to your 2012 estimated tax. 44

Amount you owe 45 Amount you owe. Subtract line 41 from line 35. For details on how to pay, see instructions. 45
46 Estimated tax penalty (see instructions). 46

Third party designee Do you want to allow another person to discuss this return with the IRS (see instructions)? [] Yes. Complete the following. [X] 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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.
Your signature 05008 Date 04-15-2012 Your occupation MILITARY Daytime phone number
Spouse's signature. If a joint return both must sign. Date Spouse's occupation

Preparer's signature Date Check [] if self-employed PTIN
Print/Type preparer's name
Firm's name Firm's EIN
Firm's address Phone no.

SCHEDULE EIC
(Form 1040A or 1040)

Earned Income Credit

OMB No. 1545-0074

Qualifying Child Information

2011

Department of the Treasury
Internal Revenue Service (99)

Complete and attach to Form 1040A or 1040
only if you have a qualifying child.

Attachment
Sequence No. **43**

Name(s) shown on return

Your social security number

JOHNNY QUEST

400-00-5008

- Before you begin:**
- See the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
 - Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

- CAUTION!**
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See page 2 of schedule for details.
 - It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information

Child 1

Child 2

Child 3

	First name	Last name	First name	Last name	First name	Last name
1 Child's name If you have more than three qualifying children, you only have to list three to get the maximum credit.	BILLY	QUEST	THORN	PANE	JACKSON	PANE
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, unless the child was born and died in 2011. If your child was born and died in 2011 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.	400-55-5008		400-55-4008		400-55-3008	
3 Child's year of birth	Year <u>2001</u> <small>If born after 1992 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</small>		Year <u>1997</u> <small>If born after 1992 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</small>		Year <u>1996</u> <small>If born after 1992 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</small>	
4a Was the child under age 24 at the end of 2011, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.
	Go to line 5.	Go to line 4b.	Go to line 5.	Go to line 4b.	Go to line 5.	Go to line 4b.
b Was the child permanently and totally disabled during any part of 2011?	<input type="checkbox"/> Yes. <input type="checkbox"/> No.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.
	Go to line 5.	The child is not a qualifying child.	Go to line 5.	The child is not a qualifying child.	Go to line 5.	The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	SON		SON		SON	
6 Number of months child lived with you in the United States during 2011 • If the child lived with you for more than half of 2011 but less than 7 months, enter "7." • If the child was born or died in 2011 and your home was the child's home for the entire time he or she was alive during 2011, enter "12."	<u>12</u> months Do not enter more than 12 months.		<u>12</u> months Do not enter more than 12 months.		<u>12</u> months Do not enter more than 12 months.	

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

JOHNNY QUEST

400-00-5008

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 Child Tax Credit Worksheet in the publication.		
2	Enter the amount from Form 1040, line 51, Form 1040A, line 33, or Form 1040NR, line 48	2	883
3	Subtract line 2 from line 1. If zero, stop; you cannot take this credit	3	2,117
4 a	Earned income (see instructions)	4a	32,109
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	29,109
6	Multiply the amount on line 5 by 15% (.15) and enter the result Next, do you have three or more qualifying children? <input 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 checked="" 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	4,366

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 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 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 38a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 41 (see instructions). 1040NR filers: Enter the amount from Form 1040NR, line 65.	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	2,117
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Enter this amount on
Form 1040, line 65,
Form 1040A, line 39, or
Form 1040NR, line 63.

		a Employee's social security number 400-00-5008		Safe, accurate, FASTI Use		IRS e-file		Visit the IRS website at www.irs.gov/efile.		
b Employer identification number (EIN) 12-3456789				1 Wages, tips, other compensation 32,109		2 Federal income tax withheld 2,022				
c Employer's name, address, and ZIP code UNITED STATES AIR FORCE 3001 STAFF DRIVE SUITE 1AG85A Tinker AFB OK 73145-3009				3 Social security wages 32,109		4 Social security tax withheld 1,991				
				5 Medicare wages and tips 32,109		6 Medicare tax withheld 466				
				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 JOHNNY		Last name QUEST		Suff.		11 Nonqualified plans		12a See instructions for box 12		
1832 ADVENTURE DRIVE OKLAHOMA CITY OK 73194				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. OK 12-3456789		16 State wages, tips, etc. 32,109		17 State income tax 766		18 Local wages, tips, etc.		19 Local income tax		20 Locality name

Form **W-2 Wage and Tax Statement** EEA **2011** 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 2011 Federal tax return by