



VITA/TCE Training

Example Tax Returns

TaxSlayer Pro Online

TaxSlayer Pro Example Tax Returns

***Exercise Number One
(Daycare and Earned Income Credit)***

Forms Included: Form 1040, Form 2441, Schedule EIC

Client's Social Security Number 400*00*4702

Filing Status Head of Household

Taxpayer's Date of Birth 03/01/1977

Taxpayer is not Blind or Deceased

Client's First Name, Initial, and Last Name Whitney M. Refund

Street Address 4175 Spring Street
Zip Code 30809 (Evans, Georgia)
Daytime Telephone 706-868-0985

Taxpayer's Occupation Librarian

Dependent Information

Dependent Name Jeremy D. Refund
Dependent's Date of Birth 03/01/2010
Dependent's SSN 400*00*5654
Relationship Son
Number of Months Lived in Home 12
Dependent Care Expenses \$ 3100

Health Insurance Information Taxpayer had full-year minimum essential health care coverage.
Health care coverage was NOT purchased through the Exchange.

Daycare Information

Provider's Name Sunshine House
Provider's EIN 58*9632100
Address 521 Furys Ferry Road
Evans, GA 30809
Amount Paid to Daycare Provider \$ 3100

W-2 Information

Employer Identification Number 58*6412038
Employer Name/Address RCS
610 Ronald Reagan Drive
Evans, GA 30809
Wages \$ 26263
Federal Withholding \$ 264
State GA
State ID Number 28594178
State Tax Withheld \$ 564

**** Answer all Due Diligence Questions so that Taxpayer qualifies for Earned Income Credit**

TaxSlayer Pro Example Tax Returns

**Exercise Number Two
(Itemized Deductions)**

Forms Included: Form 1040, Schedule A, Schedule B

Client's Social Security Number 400*00*4703

Filing Status Married Filing Joint

Taxpayer's Date of Birth 03/01/1967

Spouse's Date of Birth 06/15/1968

Neither Taxpayer nor Spouse is Blind or Deceased

Client's First Name, Initial, and Last Name James T. Kirk

Secondary First Name, Initial, and Last Name Sherry S. Kirk

Secondary SSN 400*00*4704

Street Address 389 Davant Street

Zip Code 32920 (Cape Canaveral, Florida)

Daytime Telephone 904-868-0985

Taxpayer's Occupation Astronaut

Secondary's Occupation Nurse

Dependent Information

First Dependent Name Brandon D. Kirk

Dependent's Birthday 05/03/2001

Dependent's SSN 400*00*5557

Relationship Son

Number of Months Lived in Home 12

(Qualifies for Child Tax Credit)

Second Dependent Name Andrea D. Kirk

Dependent's Birthday 08/01/2003

Dependent's SSN 400*00*5588

Relationship Niece

Number of Months Lived in Home 12

Health Care Coverage Information:

Mr. Kirk's entire family is enrolled under employer sponsored health insurance.

Health insurance was NOT purchased through the Exchange.

Exercise Number Two
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W-2 Information

Taxpayer

Employer Identification Number
Employer Name/Address

58*6987451
NASA
101 Cape Canaveral Way
Cape Canaveral, FL 32920

Wages
Federal Withholding
State
State ID Number
State Tax Withheld

94600.00
12000.00
FL
None
None

Spouse

Employer Identification Number
Employer Name/Address

58*6412038
RCS
610 Ronald Reagan Drive
Evans, GA 30809

Wages
Federal Withholding
State
State ID Number
State Tax Withheld

42100.00
5200.00
GA
28*594178
740.00

Schedule B Information:

Regular Interest

Payer's Name
Interest Income from 1099

Bank of America
2420.00

Regular Dividend

Payer's Name
Total Ordinary Dividends

Bank of America
315.00

Exercise Number Two
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Schedule A Information:

<i>Medical and Dental Insurance</i>	12600.00
<i>Amount Paid to Doctors/Dentists</i>	
<i>Supporting Notes</i>	Dr John Gillespie 5100.00 Dr Frank Willingham 2600.00
<i>Prescriptions:</i>	1425.00
<i>Medical Mileage</i>	1200 miles
<i>Real Estate Taxes</i>	2100.00
<i>Personal Property Taxes</i>	515.00
<i>Supporting Notes</i>	Automobile Tags
<i>Interest Paid</i>	
<i>Mortgage Interest from a 1098</i>	6200.00
<i>Gifts to Charity</i>	
<i>Cash Contributions</i>	3600.00
<i>Non-Cash</i>	486.00
<i>Miscellaneous Deductions (2 %)</i>	
<i>Tax Return Prep</i>	350.00
<i>Safe Deposit Box Rental</i>	240.00
<i>Unreimbursed Employee Expenses</i>	
<i>Uniforms</i>	3620.00
Employee Business Expense (2106)	
<i>Spouse's Form 2106:</i>	
<i>Type of Occupation</i>	Nurse
<i>Vehicle Expenses</i>	
<i>Description</i>	Atlanta Nursing Seminars Date Vehicle Placed in Service: 02/01/15 Total Miles Driven: 15625 Business Miles 2175 Avg. Daily Commuting Miles: 20 Commuting Miles in Total: 5230
<i>Travel Expenses</i>	Amount: \$765.00

Exercise Number Two
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Estimated Payments for 2015:

Amount Applied from Prior Year Refund:	210.00
First Quarter:	110.00
Second Quarter:	110.00
Third Quarter:	105.00
Fourth Quarter:	105.00

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***Exercise Number Three
(Self-Employment Income)***

Forms Included: Form 1040, Schedule C, Schedule B, Schedule SE

Client's Social Security Number 400*00*4705
Filing Status Married Filing Joint

Taxpayer's Date of Birth 03/01/1964
Spouse's Date of Birth 01/15/1966

Neither Taxpayer nor Spouse is Blind or Deceased

Client's First Name, Initial, and Last Name Richard D. Spock
Secondary First Name, Initial, and Last Name Meredith S. Spock
Secondary SSN 400*00*4706

Street Address 3109 Greenbrier Street
Zip Code 30906 (Augusta, Georgia)
Daytime Telephone 706-868-0985
Taxpayer's Occupation Professor
Secondary's Occupation Business Owner

Dependent Information

Name: Ashley B. Spock
Date of Birth: 05/03/2002
Dependent SSN: 400*00*3287
Relationship: Daughter
Lived in home: 12 Months

Name: Morgan A. Spock
Date of Birth: 06/10/2004
Dependent SSN: 400*00*2144
Relationship: Daughter
Lived in home: 12 Months

Healthcare Information: Taxpayer and family have minimum essential healthcare coverage through taxpayer's employer.

No health insurance was purchased through the marketplace/exchange.

Exercise Number Three
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W-2 Information

Taxpayer	
<i>Employer Identification Number</i>	58*5478124
<i>Employer Name/Address</i>	Augusta State University 2100 Central Avenue Augusta, GA 30906
<i>Wages</i>	88200.00
<i>Federal Withholding</i>	9020.00
<i>State</i>	GA
<i>State ID Number</i>	289741520
<i>State Wages</i>	86100.00
<i>State Tax Withheld</i>	9210.00
State Number Two	SC
<i>State ID Number</i>	216*543210
<i>State Wages</i>	2100.00
<i>State Tax Withheld</i>	200.00

Schedule B Information:

Tax-Exempt Interest	
<i>Payer's Name</i>	State of Georgia
<i>Interest Income</i>	3500.00
Other 1099's	
<i>Payer's Name</i>	Bank of America
<i>Regular Interest</i>	265.00
<i>Payer's Name</i>	CSRA Federal Credit Union
<i>Regular Interest</i>	1020.00

Schedule C Information:

Spouse	
<i>Principal Business Category</i>	Retail Trade
<i>Business Code</i>	443120 – Computer and Software Stores
<i>Business Name</i>	Microstuff
<i>Employer ID Number:</i>	58*9638521
<i>Business Address</i>	529 Heard Avenue Augusta, GA 30906

Leave all Schedule C Questions to the Default Answers

Schedule C Income Figures

<i>Gross Receipts or Sales</i>	46950.00
<i>Returns & Allowances</i>	550.00

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***Exercise Number Four
(Rental Income)***

Forms Included: Form 1040, 1099-R, Schedule A, Form 5329

Client's First Name, Initial, and Last Name Jim D. Cabela
Client's Social Security Number 400*00*4707
Filing Status Married Filing Separate
Spouse did not live with Taxpayer at any time last year.

***** Taxpayer is required to itemize because Spouse itemized.**

Taxpayer's Date of Birth 05/11/1974
Spouse's Date of Birth 01/15/1977

Neither Taxpayer nor Spouse is Blind or Deceased

Secondary First Name, Initial, and Last Name Patricia S. Cabela
Secondary SSN 400*00*4708

Street Address 247 Longhorn Street
Zip Code 30809 (Evans, Georgia)
Daytime Telephone 706-868-0985
Taxpayer's Occupation Property Manager

Dependent Information

Dependent Name Michael D. Cabela
Dependent's Birthday 01/16/1929
Dependent's SSN 400*00*3215
Relationship Parent
Number of Months Lived in Home 01 – Dependent did not live with Taxpayer
for circumstances other than divorce/separation
Dependent was NOT a full-time Student
Dependent is disabled

W-2 Information

No W-2 information to enter

Healthcare Information: Taxpayer and dependent had minimum essential coverage for entire year...health insurance was NOT purchased through the marketplace/exchange.

Exercise Number Four
(Page 2)

1099-R Retirement Information

1099-R Information

<i>Payer's Identification Number</i>	58*5687215
<i>Payer's Name</i>	Fidelity
<i>Payer's Address</i>	178 Central Avenue Augusta GA 30906
<i>Gross Distribution</i>	54,589
<i>Taxable Amount</i>	54,589
<i>Federal Withholdings</i>	5,000
<i>Box 7 Code</i>	1 (No exception to the penalty)

Schedule A Information:

<i>Medical and Dental Insurance</i>	7200.00
<i>Real Estate Taxes</i>	2600.00
<i>Personal Property Taxes</i>	345.00
<i>Supporting Notes</i>	Automobile Tags
<i>Interest Paid</i>	
<i>Mortgage Interest from Form 1098</i>	9600.00
<i>Gifts to Charity</i>	
<i>Cash Contributions</i>	600.00
<i>Non-Cash</i>	325.00

Estimated Payments for 2015:

First Quarter	3100.00
Second Quarter	3100.00
Third Quarter	3100.00
Fourth Quarter	3100.00

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Exercise Number Five

Forms Included: Form 1040, Form 2441, Form 8867

Client's Social Security Number 400*00*XXXX (pick the last 4)

Filing Status Head of Household

Taxpayer's Date of Birth 03/01/1957

Taxpayer is not Blind or Deceased

Client's First Name, Initial, and Last Name Richard D. Rico
Street Address 415 Blue Ridge Drive
Zip Code 30809 (Evans, Georgia)
Daytime Telephone 706-868-0985
Cell Phone 706-799-7325
Taxpayer's Occupation Construction

Dependent Information

Dependent Name Brian D. Rico
Dependent's Birthday 08/04/2013
Dependent's SSN 400*00*3214
Relationship Son
Number of Months Lived in Home 12
Dependent Care Expenses \$2400

Daycare Information

Provider's Name Sunshine House
Provider's EIN 58*9632100
Address 521 Fury's Ferry Road
Evans, GA 30809
Amount Paid to Daycare Provider \$2400

Healthcare Information:

Taxpayer had full year minimum essential coverage purchased through a private insurance company. Taxpayer did not purchase health insurance through the Exchange.

**Exercise Number Five
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W-2 Information

<i>Employer Identification Number</i>	58*9632154
<i>Employer Name/Address</i>	Barclays Construction 216 Industrial Drive Evans, GA 30809
<i>Wages</i>	23651.00
<i>Federal Withholding</i>	3502.00
<i>State</i>	GA
<i>State ID Number</i>	23*2564155
<i>State Tax Withheld</i>	588.00

SECOND W-2 Information

<i>Employer Identification Number</i>	58*4375684
<i>Employer Name/Address</i>	Columbia Construction 900 Augusta Road North Augusta, SC 29841
<i>Wages</i>	19104.00
<i>Federal Withholding</i>	2647.00
<i>State</i>	SC
<i>State ID Number</i>	28*3575789
<i>State Tax Withheld</i>	614.00

Mark for Electronic Filing Using Direct Deposit of Refund Information Below:

<i>Client's Bank RTN</i>	061000052
<i>Client's Account Number</i>	000562781542
<i>Type of Account:</i>	Checking

TaxSlayer Pro Example Tax Returns

Exercise Number Six

Forms Included: Form 1040, Schedule D, Form 5329, 1098-T, 1099-R, Sale of Home Worksheet, Student Loan Interest Worksheet

Client's Social Security Number 400*00*4723

Filing Status Married Filing Joint

Taxpayer's Date of Birth 03/01/1964

Spouse's Date of Birth 01/15/1966

Neither Taxpayer nor Spouse is Blind or Deceased

Client's First Name, Initial, and Last Name Mike E. Satcher

Secondary First Name, Initial, and Last Name Sheila A. Satcher

Secondary SSN 400*00*4714

Street Address 1492 Ellis Street

Zip Code 30906 (Augusta, Georgia)

Daytime Telephone 706-868-1298

Taxpayer's Occupation Investor

Secondary's Occupation Homemaker

Dependent Information

Dependent Name Lauren W. Satcher

Dependent Birthday 03/01/1996

Dependent SSN 400*00*4568

Relationship Daughter

Number of Months in Home 12 (Full time student - away at University of Georgia - Freshman year)

Dependent Not Disabled

Health Insurance Information: Taxpayer, spouse, and dependent all had minimum essential health care coverage for the entire year.
Health coverage was NOT purchased through the marketplace/exchange.

No W-2 information to enter.

Schedule D Information - (There is NO ADJUSTMENT CODE information to enter for any transaction)

1500 Shares ACCO - Box 3 Shows Basis - Acquired 01/12/2002 - Sold 03/01/2015 -
Sale Price \$30,000 - Cost \$25,000

500 Shares BP Oil - Box 3 Shows Basis - Acquired 02/13/2001 - Sold 04/02/2015 -
Sale Price \$32,000 - Cost \$18,000

2100 Shares RCS - Box 3 Shows Basis - Acquired 05/19/2003 - Sold 05/20/2015 -
Sale Price \$56,000 - Cost \$32,000

*Exercise Number Six
(Page 2)*

Schedule D Information (continued)

6000 Shares Google – Box 3 Shows Basis - Acquired 03/06/2004 – Sold 08/02/2015 –
Sale Price \$82,600 – Cost \$23,200

Long Term Loss Carryover from 2014 – \$12,500 (To enter, click the "OTHER" button on the Schedule D
Transaction entry window.)

**Sale of Residence – "SALE OF MAIN HOME WORKSHEET" (To enter, click the "OTHER" button on the Schedule D
Transaction entry window.)**

The Satchers sold their home on May 2, 2015...the home had originally been purchased November 10,
2000...the Sale Price was \$256,000...the Purchase Price was \$180,000...the number of days in the past 5
years that the property was the main home for the Taxpayer and Spouse and the number of days in the
past 5 years that the property was owned is 1825 days in every case (365 times 5).

1099-R Information

1099-R is for the Taxpayer

EIN of Payer: 58*0974325
Payer's Name and Address: Eagle Financial
456 Ronald Reagan Drive
Evans, GA 30809

Gross Distribution: \$35,000
Taxable Amount: \$35,000
Federal Tax Withheld: \$3,500
Distribution Code: 1

Mark the 1099-R as an IRA Distribution

Transfer Option to 5329: Part I Line 1
State: GA
State ID: 28*3689701
No State Tax Withheld

*The TOTAL AMOUNT of the 1099-R Distribution is excluded from the 10% Early Withdrawal Penalty
because the funds were used for HIGHER EDUCATION EXPENSES.*

1098-T Information

*Lauren received a 2015 1098-T in support of \$9,000 paid for college tuition for the year.
She is in her first year of college at the University of Georgia – ID Number 58*3216540 –
Street Address: 210 Jackson Street; Athens, GA 30609*

The Satchers also paid \$3,100 for 2015 in Student Loan Interest to Navient Student Loan Corp.

Schedule A (Itemized Deduction) Information

Home Mortgage Interest Reported on Form 1098: \$17,620
Real Estate Taxes Paid on Home: \$3,250
Personal Property Taxes (Auto Tags): \$615
Cash Contributions: \$6,400

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Exercise Number Seven – Affordable Care Act Forms

Forms Included on Return: Form 1040, W-2, 1099-R, 1099-SSA, Form 1095-A, Form 8962

Client's Social Security Number 259*68*6970*
Filing Status Married Filing Joint
Taxpayer's Date of Birth 03/01/1964
Spouse's Date of Birth 01/15/1967
Neither Taxpayer nor Spouse is Blind or Deceased

Client's First Name, Initial, and Last Name Samuel E. Adams
Secondary First Name, Initial, and Last Name Patricia R. Adams
Secondary SSN 258*12*3456

Street Address 420 Virginia Avenue
Zip Code 30906 (Augusta, Georgia)
Daytime Telephone 706-863-6541
Taxpayer's Occupation Security
Secondary's Occupation Daycare
Home Phone 706-868-1057; *Cell Phone* 706-799-7324; *E-Mail:* samadams@yahoo.com

No Dependent Information to enter on return

Health Insurance Information: Taxpayer and spouse had minimum essential health care coverage for the entire year.
Health coverage was purchased through HEALTHCARE.GOV (marketplace)

W-2 information: **Taxpayer**
Employer ID – 11*3770022
Employer Name – District Court
Employer Address – 22380 Starks Drive
Employer Zip Code – 30809
Box 1 Wages: \$2,201.00
Fed. Tax Withheld: \$58.00
State – Georgia; State ID 113*770201; State Wages \$2201; State Withholding \$94

Employer ID – 27*1124521
Employer Name – Dynamic Industries
Employer Address – 3955 Pinnacle Road
Employer Zip Code – 30907
Box 1 Wages: \$40,000
Fed. Tax Withheld: \$4,968
State – Georgia; State ID 271*124521; State Wages \$40,000; State Withholding \$1,890

Exercise Number Seven

(Page 2)

W-2 information: **Spouse**
Employer ID – 27*1124521
Employer Name – Dynamic Industries
Employer Address – 3955 Pinnacle Road
Employer Zip Code – 30907
Box 1 Wages: \$7,820
Fed. Tax Withheld: \$578
State – Georgia; State ID 271*124521; State Wages \$7,820; State Withholding \$332

1099-R Information

1099-R is for the Taxpayer
EIN of Payer: 38*2365278
Payer's Name and Address: Police Retirement System
500 Woodward Ave
Evans, GA 30809

Gross Distribution: \$26,213
Taxable Amount: 0.00
Federal Tax Withheld: 0.00
Distribution Code: 3
State: GA
State ID: 382*365278
No State Tax Withheld

1099-R is for the Taxpayer
EIN of Payer: 38*2094455
Payer's Name and Address: Public School Retirement System
P O Box 30172
Evans, GA 30809

Gross Distribution: \$3,669
Taxable Amount: \$3,669
Federal Tax Withheld: 0.00
Distribution Code: 7
State: GA; State ID: 382*094455; State Tax Withheld \$156

*** The 1099-R is NOT from an IRA

Social Security Benefits

Spouse's Net SS Benefits from 1099-SSA \$8,870
Federal Tax Withheld from 1099-SSA \$1,331

Form 1095-A Amounts Received from Healthcare.gov (The Marketplace)

Taxpayer and Spouse are on the same policy...the policy began in March...the Monthly Premium Amount was \$1,418 for each month beginning in March...The Monthly Premium Amount of the Second Lowest Cost Silver Plan was \$1,270 for each month beginning in March...The Monthly Advance Payment of the Premium Tax Credit was \$799 for each month...you will enter these amounts for each month to calculate Form 8962.

Practice Return 1

- Click the Attachment to download the return scenario
- This return includes the following:
 - Form 1040
 - Form 2441
 - Schedule EIC
- Answer Checkpoints
 - Total Income: \$26,263
 - EITC: \$2,054
 - Refund: \$3,285

Practice Return 2

- Click the Attachment to download the return scenario
- This return includes the following:
 - Form 1040
 - Schedule A
 - Schedule B
- Answer Checkpoints
 - Total Income: \$139,435
 - Child Tax Credit: \$500
 - Refund: \$2,171

Practice Return 3

- Click the attachment to download the return scenario
- This return includes the following:
 - Form 1040
 - Schedule B
 - Schedule C
 - Schedule SE
- Answer Checkpoints
 - Adjusted Gross Income: \$113,406
 - Deductible part of self-employment tax: \$1,819
 - Child Tax Credit: \$1,800
 - Amount Owed: \$2,481

Practice Return 4

- Click the attachment to download the return scenario
- This return includes the following:
 - Form 1040
 - 1099-R
 - Schedule A
 - Form 5329
- Answer Checkpoints
 - Total Income: \$54,589
 - Estimated Payments: \$12,400
 - Refund: \$7,696

Practice Return 5

- Click the attachment to download the return scenario
- This return includes the following:
 - Form 1040
 - Form 2441
 - Form 8867
- Answer Checkpoints
 - Total Income: \$42,755
 - Total Tax: \$3,171
 - Child and Dependent Care Credit: \$504
 - Refund: \$4,482

Practice Return 6

- Click the attachment to download the return scenario
- This return includes the following:
 - Form 1040
 - Schedule D
 - Form 5329
 - Form 1098-T
 - Form 1099-R
- Answer Checkpoints
 - Total Income: \$124,900
 - Total Tax: \$1,142
 - Education Credit (non-refundable): \$1,142
 - Refund: \$4,500

Practice Return 7

- Click the attachment to download the return scenario
- This return includes the following:
 - Form 1040
 - Form W-2
 - Form 1099-R
 - Form 1099-SSA
 - Form 1095-A
 - Form 8962
- Answer Checkpoints
 - Total Income: \$61,230
 - Excess Premium Tax Credit Repayment: \$270
 - Refund: \$1,494

