

**LATEST #2**

**FORMS REQUIRED: 1040A, FORM 8888, SCHEDULE B, SCHEDULE M, FORM 8879, LA IT540, SCH E**

**INFORMATION RETURNS ATTACHED: W-2(1)**

**OTHER: DIRECT DEPOSIT**

**PREPARED BY TAXPAYER**

**TAXPAYER:**

**NAME: LATWO T TEST**

**SSN: 400-00-4302**

**DOB: 08/19/1985**

**OCCUPATION: DISHWASHER**

**DISABLED: NO**

**PRES ELEC FUND: YES**

**DAYTIME PHONE: NOT GIVEN**

**BLIND: NO**

**CHECK DIGITS FROM IRS LABEL: HS**

**ADDRESS: 2 SECOND ST**

**BATON ROUGE LA 70807**

**FILING STATUS: MFS**

**SPOUSE NAME: MARY ANGEL 400-00-4322**

**INTEREST INCOME**

**BLUE HOLLY CREDIT UNION 2500**

**SECOND SAVINGS AND LOAN 3400**

**US SAVINGS BONDS 1000**

**TEXAS MUNICIPAL BONDS 450**

**FORM 8888**

**NAME OF INSTITUTION: SECOND SAVINGS & LOAN**

**RTN: 121000001 (INPUT A NUMBER THAT WILL WORK) 545**

**ACCT#: 12345678 (INPUT A NUMBER THAT WILL WORK)**

**TYPE OF ACCOUNT: CHECKING**

**LATEST #2**

**NAME OF INSTITUTION: BLUE HOLLY CREDIT UNION**

**RTN: 121000001 (INPUT A NUMBER THAT WILL WORK) 100**

**ACCT#: 12345678 (INPUT A NUMBER THAT WILL WORK)**

**TYPE OF ACCOUNT: SAVINGS**

**LA**

**OTHER STATE INTEREST INCOME 450**

**US GOVERNMENT OBLIGATIONS 1000**

**DONATION**

**MILITARY FAMILY ASSISTANCE FUND 25**

**FORMS INCLUDED: FORM 1040, W-2**

**FORM 1040A**

**TAXPAYER'S FIRST NAME, INITIAL, LAST NAME LATWO T TEST**

**TAXPAYER'S SOCIAL SECURITY NUMBER 400-00-4302**

**SPOUSE SOCIAL SECURITY NUMBER 400-00-4322**

**HOME ADDRESS ( NUMBER AND STREET) 2 SECOND ST**

**CITY STATE AND ZIP BATON ROUGE LA 70806**

**TAXPAYER'S PRESIDENTIAL ELECTION CAMPAIGN FUND YES**

**FILING STATUS MFS**

**SPOUSE NAME MARY ANGEL**

**EXEMPTIONS 1**

**LINE 7: WAGES SALARIES TIPS ETC 8025**

**LINE 8A: TAXABLE INTEREST 6900**

**LINE 8B: TAX EXEMPT 450**

**LINE 15: TOTAL INCOME 14925**

**LINE 21: AGI 14925**

**LINE 22: AGI 14925**

**LATEST 2**

<b>LINE 24: STANDARD DEDUCTION</b>	<b>5700</b>
<b>LINE 25:</b>	<b>9225</b>
<b>LINE 26:</b>	<b>3650</b>
<b>LINE 27:</b>	<b>5575</b>
<b>LINE 28: TAX</b>	<b>558</b>
<b>LINE 35:</b>	<b>558</b>
<b>LINE 37: TOTAL TAX</b>	<b>558</b>
<b>LINE 38: FEDERAL INCOME TAX WITHHELD</b>	<b>803</b>
<b>LINE 40: MAKING WORK PAY</b>	<b>400</b>
<b>LINE 44: TOTAL PAYMENTS</b>	<b>1203</b>
<b>LINE45: OVERPAID</b>	<b>645</b>
<b>LINE 46A:</b>	<b>645</b>

**SCHEDULE B**

**PART 1**

<b>LINE 1:</b>	
<b>BLUE HOLLY CREDIT UNION</b>	<b>2500</b>
<b>SECOND SAVINGS AND LOAN</b>	<b>3400</b>
<b>US SAVINGS BONDS</b>	<b>1000</b>
<b>LINE 2:</b>	<b>6900</b>
<b>LINE 3: EXCLUDABLE INTEREST</b>	<b>0</b>
<b>LINE 4: SUBTRACT LINE 3 FROM LINE 2</b>	<b>6900</b>

**LATEST #2**

**FORM W-2**

<b>BOX A: EMPLOYEE'S SOCIAL SECURITY NUMBER</b>	<b>400-00-4302</b>
<b>BOX B: EMPLOYERS IDENTIFICATION NUMBER</b>	<b>22-0220222</b>
<b>BOX C: EMPLOYER'S NAME ADDRESS AND ZIP CODE</b>	<b>TWO EATERY CAFE 2 SOAP AVE BATON ROUGE LA 70806</b>
<b>BOX D: EMPLOYEE'S SOCIAL SECURITY NUMBER</b>	<b>400-00-4302</b>
<b>BOX E: EMPLOYEE;S FIRST NAME INITIAL LAST NAME</b>	<b>LATWO T SCENARIO</b>
<b>BOX F: EMPLOYEE'S ADDRESS AND ZIP CODE</b>	<b>2 SECOND STREET BATON ROUGE LA 70807-1111</b>
<b>BOX 1: WAGES, TIPS, OTHER COMPENSATION</b>	<b>8025</b>
<b>BOX 2: FEDERAL INCOME TAX WITHHELD</b>	<b>803</b>
<b>BOX 3: SOCIAL SECURITY WAGES</b>	<b>8025</b>
<b>BOX 4: SOCIAL SECURITY TAX WITHHELD</b>	<b>498</b>
<b>BOX 5: MEDICARE WAGES AND TIPS</b>	<b>8025</b>
<b>BOX 6: MEDICARE TAX WITHHELD</b>	<b>116</b>
<b>BOX 12A:</b>	
<b>BOX 15: STATE</b>	<b>LA</b>
<b>EMPLOYER'S STATE ID NUMBER</b>	<b>2578914001</b>
<b>BOX 16: STATE WAGES, TIPS, ETC</b>	<b>8025</b>
<b>BOX 17: STATE INCOME TAX</b>	<b>240</b>

22222		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	
f Employee's address and ZIP code			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b		
			14 Other		12c		
					12d		
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form **W-2** Wage and Tax Statement

2010

Department of the Treasury—Internal Revenue Service  
For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.

Copy A For Social Security Administration — Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.

Cat. No. 10134D

**Do Not Cut, Fold, or Staple Forms on This Page — Do Not Cut, Fold, or Staple Forms on This Page**

**Label**  
(See page 17.)

**Use the IRS label.**

Otherwise, please print or type.

**Presidential Election Campaign**

▶ Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 17) ▶

**Filing status**  
Check only one box.

L A B E L  H E R E	Your first name and initial	Last name
	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 17.	
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 17.	

OMB No. 1545-0074

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

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

▲ Make sure the SSN(s) above and on line 6c are correct.

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

You  Spouse

- 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 18.) 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 19)

**Exemptions**

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) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see page 20)
				<input type="checkbox"/>

Boxes checked on 6a and 6b

No. of children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see page 21)

Dependents on 6c not entered above

Add numbers on lines above ▶

If more than six dependents, see page 20.

d Total number of exemptions claimed.

**Income**

**Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.**

If you did not get a W-2, see page 24.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

<b>7</b>	Wages, salaries, tips, etc. Attach Form(s) W-2.	7
<b>8a</b>	Taxable interest. Attach Schedule B if required.	8a
<b>b</b>	Tax-exempt interest. Do not include on line 8a.	8b
<b>9a</b>	Ordinary dividends. Attach Schedule B if required.	9a
<b>b</b>	Qualified dividends (see page 25).	9b
<b>10</b>	Capital gain distributions (see page 25).	10
<b>11a</b>	IRA distributions.	11a
<b>11b</b>	Taxable amount (see page 25).	11b
<b>12a</b>	Pensions and annuities.	12a
<b>12b</b>	Taxable amount (see page 26).	12b
<b>13</b>	Unemployment compensation and Alaska Permanent Fund dividends (see page 28).	13
<b>14a</b>	Social security benefits.	14a
<b>14b</b>	Taxable amount (see page 28).	14b
<b>15</b>	Add lines 7 through 14b (far right column). This is your <b>total income</b> .	15

**Adjusted gross income**

<b>16</b>	RESERVED	16
<b>17</b>	IRA deduction (see page 30).	17
<b>18</b>	Student loan interest deduction (see page 32).	18
<b>19</b>	RESERVED	19
<b>20</b>	Add lines 16 through 19. These are your <b>total adjustments</b> .	20
<b>21</b>	Subtract line 20 from line 15. This is your <b>adjusted gross income</b> .	21





**SCHEDULE M**  
**(Form 1040A or 1040)**

**Making Work Pay Credit**

OMB No. 1545-0074

**2010**  
Attachment  
Sequence No. **166**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040A or 1040.**

▶ **See separate instructions.**

Name(s) shown on return

Your social security number

 **To take the making work pay credit, you must include your social security number (if filing a joint return, the number of either you or your spouse) on your tax return. A social security number does not include an identification number issued by the IRS. Only the Social Security Administration issues social security numbers.**

 **You cannot take the making work pay credit if you can be claimed as someone else's dependent or if you are a nonresident alien.**

**Important:** Check the "No" box on line 1a 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.

**1a** Do you (and your spouse if filing jointly) have 2010 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**

**5** Enter the amount from Form 1040, line 38\*, or Form 1040A, line 22 . . . . . **5**

**6** Enter \$75,000 (\$150,000 if married filing jointly) . . . . . **6**

**7** Is the amount on line 5 more than the amount on line 6?  
 **No.** Skip line 8. Enter the amount from line 4 on line 9 below.  
 **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**

**10** Did you (or your spouse, if filing jointly) receive an economic recovery payment in **2010**? You may have received this payment in 2010 if you did not receive an economic recovery payment in 2009 but you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits in November 2008, December 2008, or January 2009 (see instructions).  
 **No.** Enter -0- on line 10 and go to line 11.  
 **Yes.** Enter the total of the payments you (and your spouse, if filing jointly) received in **2010**. Do not enter more than \$250 (\$500 if married filing jointly) . . . . . **10**

**11 Making work pay credit.** Subtract line 10 from line 9. If zero or less, enter -0-. Enter the result here and on Form 1040, line 63; or Form 1040A, line 40 . . . . . **11**

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