

LA TEST #1

FORMS REQUIRED: FORM 1040EZ, FORM 8879, LA IT540, STATE ONLY, AMENDED
INFORMATION RETURNS ATTACHED: W-2 (1)

~~ENTRIES NOT REQUIRED FORMS: FORM 1040EZ, LINE 2: 420DELETED~~

OTHER: DIRECT DEPOSIT

THIRD PARTY DESIGNEE:

NAME: SAUVE SHAMPOO

PHONE: 111-555-1111

PIN: 10110

PREPARED BY: TAXPAYER

TAXPAYER:

NAME: LAONE T SCENARIO

SSN: 400-00-4301

DOB: 08/19/1990

OCCUPATION: HAIRDRESSER

DISABLED: NO

PRES ELEC FUND: NO

DAYTIME PHONE: NOT GIVEN

BLIND: NO

CHECK DIGITS FROM IRS LABEL: HS

ADDRESS: 1 TEST SCENARIO STREET APT21

BATON ROUGE LA 70807-1111

FILING STATUS: SINGLE

LA & IRS DIRECT DEPOSIT:

NAME OF INSTITUTION: PERM AND STYLE CREDIT UNION

RTN: 123456780 (PLEASE PLACE A NUMBER THAT WILL WORK FOR YOU)

ACCT#: 1221221222

TYPE OF ACCOUNT: SAVINGS

LATEST #1

LA

NO FEDERAL RETURN REQUIRED

MILITARY FAMILY ASSISTANCE FUND 4

WILDLIFE HABITAT AND NATURAL HERITAGE TRUST FUND 5

LOUISIANA CANCER TRUST FUND 5

LOUISIANA ANIMAL WELFARE COMMISSION 5

COMMUNITY BASED PRIMARY HEALTHCARE FUND 5

NAME CHANGE

ADDRESS CHANGE

LA STATE EXTENSION CONFIRMATION 12345678

LATEST#1

FORMS INCLUDED: FORM 1040EZ, W-2 (1), IT540

FORM 1040EZ:

TAXPAYER'S FIRST NAME, INITIAL, LAST NAME

LAONE T SCENARIO

TAXPAYER'S SOCIAL SECURITY NUMBER

400-00-4301

HOME ADDRESS (NUMBER AND STREET)

1 TEST SCENARIO STREET

CITY, STATE, AND ZIP

BATON ROUGE LA 70807-1111

FILING STATUS

SINGLE

LINE 1: WAGES

2620

LINE 4: AGI

2620

LINE 5: CAN SOMEONE ELSE CLAIM YOU

NO

DEDUCTION/EXEMPTION AMOUNT

8950

LINE 8A

NO

LATEST # 1

FORM W-2

BOX B: EMPLOYERS IDENTIFICATION NUMBER	11-0110011
BOX C: EMPLOYER'S NAME ADDRESS AND ZIP CODE	ONE BEAUTY SALON 1 WASHCURL AVE BATON ROUGE LA 70804
BOX D: EMPLOYEE'S SOCIAL SECURITY NUMBER	400-00-4301
BOX E: EMPLOYEE;S FIRST NAME INITIAL LAST NAME	LAONE T SCENARIO
BOX F: EMPLOYEE'S ADDRESS AND ZIP CODE	1 TEST SCENARIO STREET BATON ROUGE LA 70807-1111
BOX 1: WAGES, TIPS, OTHER COMPENSATION	2620
BOX 2: FEDERAL INCOME TAX WITHHELD	0
BOX 3: SOCIAL SECURITY WAGES	2620
BOX 4: SOCIAL SECURITY TAX WITHHELD	162
BOX 5: MEDICARE WAGES AND TIPS	2620
BOX 6: MEDICARE TAX WITHHELD	38
BOX 12A:	
BOX 15: STATE	LA
EMPLOYER'S STATE ID NUMBER	1121761001
BOX 16: STATE WAGES, TIPS, ETC	2620
BOX 17: STATE INCOME TAX	79

LATEST #1

IT540

YOUR FIRST NAME INITIAL LAST NAME

LAONE T SCENARIO

ADDRESS

1 TEST SCENARIO STREET APT 21

CITY STATE ZIP

BATON ROUGE LA 70807-1111

FILING STATUS

SINGLE

EXEMPTIONS

1

NO FEDERAL RETURN REQUIRED

2620

LINE 25: AMOUNT OF LA TAX WITHHELD FOR 2008

79

LINE 30: TOTAL REF TAX CREDITS & PAYMENTS

79

LINE 31: OVERPAYMENT

79

LINE 33: ADJUSTED OVERPAYMENT

79

LINE 34: THE MILITARY FAMILY ASSISTANCE FUND

4

LINE 36: WILDLIFE & NATURAL HERITAGE TRUST FUND

5

LINE 37: LA PROSTATE CANCER TRUST FUND

5

LINE 38: LA ANIMAL WELFARE COMMISSION

5

LINE 39: COMMUNITY BASED PRIMARY HEALTH CARE

5

LINE 40: TOTAL DONATIONS

24

LINE 41: SUBTOTAL

55

LINE 43: AMOUNT TO BE REFUNDED

55