

IRSTEST #8
LATEST #6

FORMS REQUIRED: FORM 1040A, SCH EIC, FORM 8863, **FORM 8867**, 8863, **FORM 8812, LA IT540, SCH E, SCH F, LOUISIANA NONREFUNDABLE CHILD CARE CREDIT WORKSHEET**

INFORMATION RETURNS ATTACHED:
FORM W-2 (2)

ENTRIES NOT REQUIRING FORMS:
FORM 1040A, LINE 19: 250
FORM 1040A, LINE 42: 60

STATEMENTS:

OTHER: COMBAT LOCATION - IRAQ
ADVANCE EIC PAYMENT 412

THIRD PARTY DESIGNEE:

NAME: JANE SMITH
PHONE: 123-456-7890
PIN: 34567
PREPARED BY:

TAXPAYER:

NAME: **LATEST U PHROZINTOWES**
DOB: 6/12/1969
DISABLED: NO
DAYTIME PHONE: NOT GIVEN
CHECK DIGITS FROM IRS LABEL: IA

SSN: 400-00-**4308**
OCCUPATION: CLERICAL
PRES ELEC FUND YES
BLIND: NO

ADDRESS: 1832 NORTH POLE LN
BATON ROUGE LA 70808

FILING STATUS: HEAD OF HOUSEHOLD

LINE 6d: 4

DEPENDENT INFORMATION: CHILD TAX

| NAME | DOB | AGE | SSN | RELATIONSHIP | # MO | CREDIT |
|--------------------|---------------|------------|-------------|---------------------|-------------|---------------|
| JESSICA LEE | 011792 | 15 | 400-55-3008 | DAUGHTER | 12 | X |
| TAMMY TY | 031796 | 11 | 400-55-4008 | DAUGHTER | 12 | X |
| SAMMY PHROZINTOWES | 042800 | 7 | 400-55-5008 | SON | 12 | X |

IRSTEST #8 (continued):

LATEST #6

SCHEDULE EIC:

| | (CHILD 1) | (CHILD 2) |
|---------|-------------|--------------------|
| LINE 1: | TAMMY TY | SAMMY PHROZINTOWES |
| LINE 2: | 400-55-4008 | 400-55-5008 |
| LINE 3: | 1995 | 1999 |
| LINE 5: | DAUGHTER | SON |
| LINE 6: | 12 | 12 |

FORM 8863

PART I:

| LINE 3: | (a) | (b) | (c) |
|---------|-----------------------|-------------|-------|
| | LATEST U PHROZINTOWES | 400-00-4308 | 3,500 |

FORM 8863

LINE 1c: 2,200

LA

LOUISIANA NONREFUNDABLE CHILD CARE CREDIT CARRIED FORWARD FROM PREVIOUS YEARS

109

EDUCATION CREDIT

INTEREST INCOME

52

MILITARY PAY

5650

DRIVERS LICENSE NUMBER

LA

23456789

FEE 24

JESSICA LEE 011792

TAMMY TY 031796

ADDITIONAL DONATION TO THE MILITARY ASSISTANCE FUND 8

Bank of America

RTN: 000650090

ACCOUNT NUMBER: 451239680

CHECKING

IRSTEST #8 (continued):

LATEST #6

FORMS INCLUDED: FORM 1040A, FORM W-2 (2)

Form 1040A:

| | |
|---|--------------------------|
| Taxpayer's first name, initial, last name | LATEST U PHROZINTOWES |
| Taxpayer's social security number | 400-00-4308 |
| Home address (number and street) | 1832 NORTH POLE LN |
| City, state, and zip | Baton Rouge, La. 70808 |
| Taxpayer's Presidential Election Campaign Fund Filing status | YES HEAD OF HOUSEHOLD |
| Line 6a: Yourself (exemption) | X |
| Number of boxes checked on 6a and 6b 1 | |
| Line 6c: Dependent #1: | |
| Name | JESSICA LEE |
| Social security number | 400-55-3008 |
| Relationship | DAUGHTER |
| Qualifying child | X |
| Dependent #2: | |
| Name | TAMMY TY |
| Social security number | 400-55-4008 |
| Relationship | Daughter |
| Qualifying child | X |
| Dependent #3: | |
| Name | SAMMY PHROZINTOWES |
| Social security number | 400-55-5008 |
| Relationship | SON |
| Qualifying child | X |
| Number of children who lived with you | 3 |
| Line 6d: Total number of exemptions claimed | 4 |
| Line 7: Wages, salaries, and tips | 28650 |
| LINE 8A: TAXABLE INTEREST | 247 |
| LINE 8B: TAX EXEMPT INTEREST | 84 |
| Line 15: Total income | 28897 |
| Line 21: Adjusted gross income | 28897 |
| Line 22: Enter amount from line 21 | 28897 |
| Line 24: Standard deduction | 7850 |
| Line 25: Subtract line 24 from line 22 | 21047 |
| Line 26: Multiply \$3400 by the total number of exemptions claimed on line 6d | 13600 |
| Line 27: Taxable income | 7447 |
| Line 28: Tax | 743 |
| Line 29: Child Care Credit | 336 |
| Line 31: Education Credits | 407 |
| Line 34: Total Credits | 743 |
| Line 35: Subtract line 34 from line 28 | 0 |
| Line 36: Advance earned income credit payments | 412 |
| Line 37: Total tax | 412 |
| Line 38: Federal income tax withheld | 1500 |
| Line 40a: Earned income credit | 1876 |
| Line 41: Additional child tax credit | 2535 |
| Line 42: Total payments | 5911 |
| Line 43: Overpaid | 5499 |
| Line 44a: Amount refunded | 5499 |
| Third party designee: | YES |
| Taxpayer's occupation: | Military |

IRSTEST #8 (continued):

LATEST #6

Form W-2 #1:

Form W-2 #2:

| | |
|--|--|
| Box b: Employer identification number | 01-1234567 |
| Box c: Employer's name, address, and zip code | US MILITARY 101 SW WASHINGTON ST WASHINGTON DC 20044 |
| Box d: Employee's social security number | 400-00-4308 |
| Box e: Employee's first name, initial, and last name | LATEST U PHROZINTOWES |
| Box f: Employee's address and zip code | 1832 NORTH POLE LN Baton Rouge, La. 70808 |
| Box 1: Wages, tips, other compensation | 5650 |
| Box 2: Federal income tax withheld | 296 |
| Box 3: Social security wages | 5650 |
| Box 4: Social security tax withheld | 350 |
| Box 5: Medicare wages and tips | 5650 |
| Box 6: Medicare tax withheld | 82 |
| Box 15: State | LA |
| Employer's state ID number | 5698710001 |
| Box 16: State wages, tips, etc | 5650 |
| Box 17: State income tax | 0 |

Form W-2 #2:

| | |
|--|---|
| Box b: Employer identification number | 38-9391949 |
| Box c: Employer's name, address, and zip code | PHRIEZ EYECICKLE AND GLACIER 21 APPEAL ST KANATA AK 99566 |
| Box d: Employee's social security number | 400-00-4308 |
| Box e: Employee's first name, initial, and last name | LATEST U PHROZINTOWES |
| Box f: Employee's address and zip code | 1832 NORTH POLE LN Baton Rouge, La. 70808 |
| Box 1: Wages, tips, other compensation | 23000 |
| Box 2: Federal income tax withheld | 1204 |
| Box 3: Social security wages | 23000 |
| Box 4: Social security tax withheld | 1426 |
| Box 6: Medicare tax withheld | 334 |
| Box : Advanced Earned Income Credit | 412 |
| Box 15: State | LA |
| Employer's state ID number | 382461001 |
| Box 16: State wages, tips, etc | 23000 |
| Box 17: State income tax | 124 |