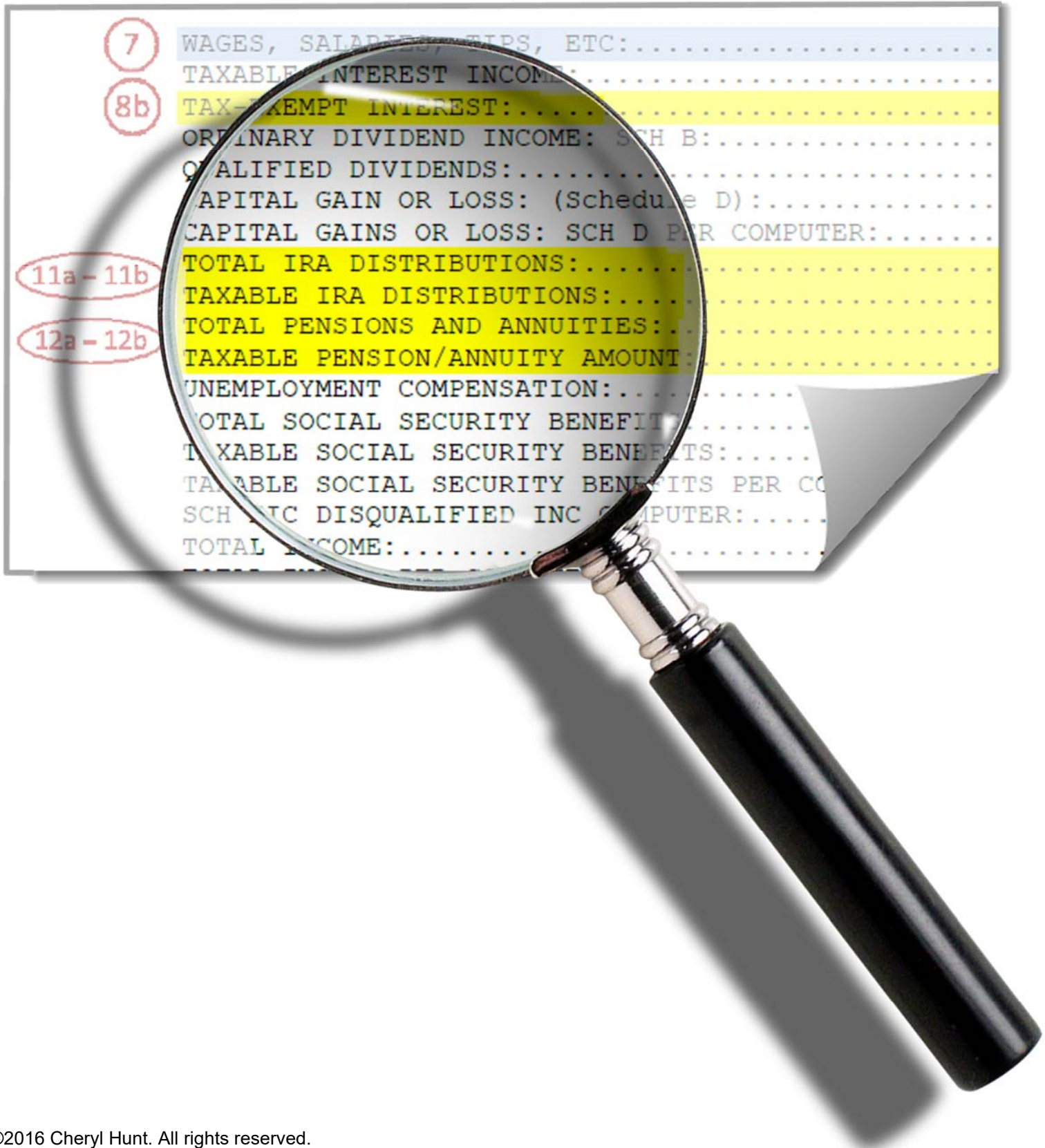


Tax Transcript Decoder®

COMPARISON OF 2015 TAX RETURN AND TAX TRANSCRIPT DATA
2017-2018 Award Year



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Comparison of 2015 Tax Return and Tax Transcript Data

FAFSA instructions direct applicants to obtain information from certain lines on IRS income tax returns, which differ based on whether the tax filer completed a Form 1040, 1040A or 1040EZ. For the most part, the instructions identify the relevant lines on the tax return by line number. These line item numbers do not appear on IRS tax transcripts. Instead, each item is identified by name. When verifying FAFSA data using tax transcripts, it is important to identify the correct answer.

The following pages contain sample tax returns and corresponding tax return transcripts. Relevant line items have been highlighted as follows:

Red: information to help cross-reference tax return line items with corresponding data on the tax return transcript.

Yellow: tax return line items that are required verification data elements for the 2017-2018 award year.

Blue: tax return line items listed in the FAFSA instructions, which should be reviewed for potential conflicting information.

Tax Return Line Items for 2017-2018 Verification

	2015 1040 EZ	2015 1040A	2015 1040
AGI	4	21	37
Income tax paid	10	28 minus 36	56 minus 46
Education credits	N/A	33	50
IRA deductions and payments		17	28 plus 32
Tax-exempt interest income		8b	8b
Untaxed portions of IRA distributions*		11a minus 11b	15a minus 15b
Untaxed portions of pensions*		12a minus 12b	16a minus 16b

Tax Return Transcript Line Items for 2017-2018 Verification

	2015 1040 EZ	2015 1040A	2015 1040
AGI	"ADJUSTED GROSS INCOME PER COMPUTER"		
Income tax paid**	"TOTAL TAX LIABILITY TP FIGURES PER COMPUTER" <i>less</i> "HEALTH CARE: INDIVIDUAL RESPONSIBILITY"	"TENTATIVE TAX PER COMPUTER" <i>less</i> "TOTAL CREDITS PER COMPUTER"	"INCOME TAX AFTER CREDITS PER COMPUTER" <i>less</i> "EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT AMOUNT"
Education credits	N/A	"EDUCATION CREDIT PER COMPUTER"	
IRA deductions and payments		"IRA DEDUCTION PER COMPUTER"	"KEOGH/SEP CONTRIBUTION DEDUCTION" <i>plus</i> "IRA DEDUCTION PER COMPUTER"
Tax-exempt interest income		"TAX-EXEMPT INTEREST"	
Untaxed portions of IRA distributions*		"TOTAL IRA DISTRIBUTIONS" <i>less</i> "TAXABLE IRA DISTRIBUTIONS"	
Untaxed portions of pensions*		"TOTAL PENSIONS AND ANNUITIES" <i>less</i> "TAXABLE PENSION/ANNUITY AMOUNT"	

*Exclude rollovers.

**For all transcripts, if income tax paid is negative, enter '0' (zero).

Sample IRS Form 1040EZ: Jennifer Liddell

Department of the Treasury—Internal Revenue Service			
Form 1040EZ	Income Tax Return for Single and Joint Filers With No Dependents (99)		2015
Your first name and initial		Last name	Your social security number
Jennifer A		Liddell	AAA AA AAAA
If a joint return, spouse's first name and initial		Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions.		Apt. no.	▲ Make sure the SSN(s) above are correct.
14525 Cliffwood Avenue			
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).			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 type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name		Foreign province/state/county	
		Foreign postal code	
Income	1 Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.		1 1,840 00
	2 Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.		2
	3 Unemployment compensation and Alaska Permanent Fund dividends (see instructions).		3
	4 Add lines 1, 2, and 3. This is your adjusted gross income .		4 1,840 00
	5 If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. <input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$10,300 if single ; \$20,600 if married filing jointly . See back for explanation.		5 2,190 00
	6 Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your taxable income .		6 0 00
Payments, Credits, and Tax	7 Federal income tax withheld from Form(s) W-2 and 1099.		7 96 00
	8a Earned income credit (EIC) (see instructions)		8a
	b Nontaxable combat pay election. 8b		
	9 Add lines 7 and 8a. These are your total payments and credits .		9 96 00
	10 Tax . Use the amount on line 6 above to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line.		10 0 00
	11 Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>		11
12 Add lines 10 and 11. This is your total tax .		12 0 00	
Refund	13a If line 9 is larger than line 12, subtract line 12 from line 9. This is your refund . If Form 8888 is attached, check here <input type="checkbox"/>		13a 96 00
	b Routing number X X X X X X X X X X c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number X X X X X X X X X X X X X X X X X X X		
Amount You Owe	14 If line 12 is larger than line 9, subtract line 9 from line 12. This is the amount you owe . For details on how to pay, see instructions.		14
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> 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, to the best of my knowledge and belief, it is true, correct, and accurately lists 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	Date	Your occupation
	Jennifer A. Liddell	2/15/2016	Student
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation
Paid Preparer Use Only	Print/Type preparer's name		Daytime phone number
	Preparer's signature		(555) 529-1614
	Date		If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	Check <input type="checkbox"/> if self-employed		PTIN
Firm's name		Firm's EIN	
Firm's address		Phone no.	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

Cat. No. 11329W

Form **1040EZ** (2015)

Use this form if

- Your filing status is single or married filing jointly. If you are not sure about your filing status, see instructions.
- You (and your spouse if married filing jointly) were under age 65 and not blind at the end of 2015. If you were born on January 1, 1951, you are considered to be age 65 at the end of 2015.
- You do not claim any dependents. For information on dependents, see Pub. 501.
- Your taxable income (line 6) is less than \$100,000.
- You do not claim any adjustments to income. For information on adjustments to income, use the Tax Topics listed under *Adjustments to Income* at www.irs.gov/taxtopics (see instructions).
- The only tax credit you can claim is the earned income credit (EIC). The credit may give you a refund even if you do not owe any tax. You do not need a qualifying child to claim the EIC. For information on credits, use the Tax Topics listed under *Tax Credits* at www.irs.gov/taxtopics (see instructions). If you received a Form 1098-T or paid higher education expenses, you may be eligible for a tax credit or deduction that you must claim on Form 1040A or Form 1040. For more information on tax benefits for education, see Pub. 970. If you can claim the premium tax credit or you received any advance payment of the premium tax credit in 2015, you must use Form 1040A or Form 1040.
- You had only wages, salaries, tips, taxable scholarship or fellowship grants, unemployment compensation, or Alaska Permanent Fund dividends, and your taxable interest was not over \$1,500. But if you earned tips, including allocated tips, that are not included in box 5 and box 7 of your Form W-2, you may not be able to use Form 1040EZ (see instructions). If you are planning to use Form 1040EZ for a child who received Alaska Permanent Fund dividends, see instructions.

Filling in your return

If you received a scholarship or fellowship grant or tax-exempt interest income, such as on municipal bonds, see the instructions before filling in the form. Also, see the instructions if you received a Form 1099-INT showing federal income tax withheld or if federal income tax was withheld from your unemployment compensation or Alaska Permanent Fund dividends.

For tips on how to avoid common mistakes, see instructions.

Remember, you must report all wages, salaries, and tips even if you do not get a Form W-2 from your employer. You must also report all your taxable interest, including interest from banks, savings and loans, credit unions, etc., even if you do not get a Form 1099-INT.

Worksheet for Line 5 — Dependents Who Checked One or Both Boxes

Use this worksheet to figure the amount to enter on line 5 if someone can claim you (or your spouse if married filing jointly) as a dependent, even if that person chooses not to do so. To find out if someone can claim you as a dependent, see Pub. 501.

A. Amount, if any, from line 1 on front	<u>1,840.00</u>		
	<u>+ 350.00</u>	Enter total ►	A. <u>2,190</u>
B. Minimum standard deduction			B. <u>1,050</u>
C. Enter the larger of line A or line B here			C. <u>2,190</u>
D. Maximum standard deduction. If single , enter \$6,300; if married filing jointly , enter \$12,600			D. <u>6,300</u>
E. Enter the smaller of line C or line D here. This is your standard deduction			E. <u>2,190</u>
F. Exemption amount.			
• If single, enter -0-.			
• If married filing jointly and —			
—both you and your spouse can be claimed as dependents, enter -0-.			
—only one of you can be claimed as a dependent, enter \$4,000.			
G. Add lines E and F. Enter the total here and on line 5 on the front			G. <u>2,190</u>

(keep a copy for your records)

If you did not check any boxes on line 5, enter on line 5 the amount shown below that applies to you.

- Single, enter \$10,300. This is the total of your standard deduction (\$6,300) and your exemption (\$4,000).
- Married filing jointly, enter \$20,600. This is the total of your standard deduction (\$12,600), your exemption (\$4,000), and your spouse's exemption (\$4,000).

Mailing Return

Mail your return by **April 18, 2016**. Mail it to the address shown on the last page of the instructions.



Internal Revenue Service

United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 03-06-2016

Response Date: 03-06-2016

Tracking Number: XXXXXXXXXXXXX

Tax Return Transcript

SSN Provided: AAA-AA-AAAA

Tax Period Ending: Dec. 31, 2015

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

SSN: AAA-AA-AAAA

NAME(S) SHOWN ON RETURN: JENNIFER A LIDDELL

ADDRESS: 14525 CLIFFWOOD AVE
BREA, CA 99999

FILING STATUS: Single
FORM NUMBER: 1040EZ
CYCLE POSTED: 20160905
RECEIVED DATE: Apr. 15, 2016
REMITTANCE: \$0.00
(5) EXEMPTION NUMBER: 0
PTIN:
PREPARER EIN:

Income

(1) WAGES, SALARIES, TIPS, ETC:.....\$1,840.00
TAXABLE INTEREST INCOME:.....\$0.00
TAX-EXEMPT INTEREST:.....\$0.00
UNEMPLOYMENT COMPENSATION:.....\$0.00

Adjustments to Income

ADJUSTED GROSS INCOME:.....\$1,840.00
(4) ADJUSTED GROSS INCOME PER COMPUTER:.....\$1,840.00
RECOMPUTED ADJUSTED GROSS INCOME PER COMPUTER:.....\$0.00
DEPENDENT ON ANOTHER TP:.....YES
FORM 1040EZ DEDUCTION AND EXEMPTION PER COMPUTER:.....\$2,190.00

Tax and Credits

TAXABLE INCOME:.....\$0.00
TAXABLE INCOME PER COMPUTER:.....\$0.00
RECOMPUTED TAXABLE INCOME PER COMPUTER:.....\$0.00

Other Taxes

TOTAL TAX LIABILITY TP FIGURES:.....\$0.00
* TOTAL TAX LIABILITY TP FIGURES PER COMPUTER:.....\$0.00

Payments

FEDERAL INCOME TAX WITHHELD:.....\$96.00
OTHER PAYMENT CREDIT AMOUNT:.....\$0.00
EARNED INCOME CREDIT:.....\$0.00
EARNED INCOME CREDIT PER COMPUTER:.....\$0.00
EARNED INCOME CREDIT NONTAXABLE COMBAT PAY:.....\$0.00
** HEALTH CARE: INDIVIDUAL RESPONSIBILITY:.....\$0.00
HEALTH CARE FULL-YEAR COVERAGE INDICATOR:.....0

* "Total Tax Liability TP Figures Per Computer"

- ** "Health Care: Individual Responsibility"

= *** Income Tax Paid

(10)

***If Income Tax Paid is negative, enter '0' (zero).

Tracking Number: XXXXXXXXXXXX

SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER:.....	\$0.00
TOTAL PAYMENTS:.....	\$96.00
TOTAL PAYMENTS PER COMPUTER:.....	\$96.00

Refund or Amount Owed

REFUND AMOUNT:.....	\$-96.00
BAL DUE/OVER PYMT USING TP FIG PER COMPUTER:.....	\$-96.00
BAL DUE/OVER PYMT USING COMPUTER FIGURES:.....	\$-96.00
FORM 8888 TOTAL REFUND PER COMPUTER:.....	\$0.00

Third Party Designee

THIRD PARTY DESIGNEE ID NUMBER:.....	
AUTHORIZATION INDICATOR:.....	0
THIRD PARTY DESIGNEE NAME:.....	

This Product Contains Sensitive Taxpayer Data

Sample IRS Form 1040A: Hunter and Lynn Westwood

Form 1040A		Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return (99)		2015		IRS Use Only—Do not write or staple in this space.	
Your first name and initial Hunter R			Last name Westwood			OMB No. 1545-0074	
						Your social security number BBB BB BBBB	
If a joint return, spouse's first name and initial Lynn C			Last name Westwood			Spouse's social security number CCC CC CCCC	
Home address (number and street). If you have a P.O. box, see instructions. 467 Greenworth Drive						Apt. no.	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). La Mirada, CA 99999						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 type="checkbox"/> You <input type="checkbox"/> Spouse	
Foreign country name			Foreign province/state/county		Foreign postal code		
Filing status Check only one box.		1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶ 4 <input 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. ▶ 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)					
Exemptions If more than six dependents, see instructions.		6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a.					
		b <input checked="" type="checkbox"/> 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 child under age 17 qualifying for child tax credit (see instructions)	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 instructions) Dependents on 6c not entered above Add numbers on lines above ▶
		Emma Westwood		DDD-DD-DDDD	Daughter	<input checked="" type="checkbox"/>	
		Danielle Westwood		EEE-EE-EEEE	Daughter	<input checked="" type="checkbox"/>	
		Brooklynn Westwood		FFF-FF-FFFF	Daughter	<input checked="" type="checkbox"/>	
		Chelsea Westwood		GGG-GG-GGGG	Daughter	<input type="checkbox"/>	
		d Total number of exemptions claimed.					
		6					
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 instructions.		7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7					
		8a Taxable interest. Attach Schedule B if required. 8a					
		b Tax-exempt interest. Do not include on line 8a. 8b					
		9a Ordinary dividends. Attach Schedule B if required. 9a					
		b Qualified dividends (see instructions). 9b					
		10 Capital gain distributions (see instructions). 10					
		11a IRA distributions. 11a					
		11b Taxable amount (see instructions). 11b					
		12a Pensions and annuities. 12a					
		12b Taxable amount (see instructions). 12b					
		13 Unemployment compensation and Alaska Permanent Fund dividends. 13					
		14a 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					
Adjusted gross income		16 Educator expenses (see instructions). 16					
		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					

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11327A Form 1040A (2015)

Tax, credits, and payments**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, \$6,300

Married filing jointly or Qualifying widow(er), \$12,600

Head of household, \$9,250

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See instructions and fill in 48b, 48c, and 48d or Form 8888.

Amount you owe**Third party designee****Sign here**

Joint return? See instructions. Keep a copy for your records.

Paid preparer use only

22	Enter the amount from line 21 (adjusted gross income).	22	28,022	00
23a	Check <input type="checkbox"/> You were born before January 2, 1951, <input type="checkbox"/> Blind if: <input type="checkbox"/> Spouse was born before January 2, 1951, <input type="checkbox"/> Blind } Total boxes checked ▶ 23a 0			
b	If you are married filing separately and your spouse itemizes deductions, check here ▶ 23b <input type="checkbox"/>			
24	Enter your standard deduction .	24	12,600	00
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-.	25	15,422	00
26	Exemptions. Multiply \$4,000 by the number on line 6d.	26	24,000	00
27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your taxable income .	27	0	00
28	Tax , including any alternative minimum tax (see instructions).	28	0	00
29	Excess advance premium tax credit repayment. Attach Form 8962.	29		
30	Add lines 28 and 29.	30	0	00
31	Credit for child and dependent care expenses. Attach Form 2441.	31		
32	Credit for the elderly or the disabled. Attach Schedule R.	32		
33	Education credits from Form 8863, line 19.	33	0	00
34	Retirement savings contributions credit. Attach Form 8880.	34		
35	Child tax credit. Attach Schedule 8812, if required.	35		
36	Add lines 31 through 35. These are your total credits .	36	0	00
37	Subtract line 36 from line 30. If line 36 is more than line 30, enter -0-.	37	0	00
38	Health care: individual responsibility (see instructions). Full-year coverage <input type="checkbox"/>	38		
39	Add line 37 and line 38. This is your total tax .	39	0	00
40	Federal income tax withheld from Forms W-2 and 1099.	40	994	
41	2015 estimated tax payments and amount applied from 2014 return.	41		
42a	Earned income credit (EIC).	42a	5,316	00
b	Nontaxable combat pay election. 42b <input type="checkbox"/>			
43	Additional child tax credit. Attach Schedule 8812.	43	3,000	00
44	American opportunity credit from Form 8863, line 8.	44		
45	Net premium tax credit. Attach Form 8962.	45		
46	Add lines 40, 41, 42a, 43, 44, and 45. These are your total payments .	46	9,310	00
47	If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you overpaid .	47	9,310	00
48a	Amount of line 47 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	48a	9,310	00
b	Routing number X X X X X X X X X X ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
d	Account number X X X X X X X X X X X X X X X X X X			
49	Amount of line 47 you want applied to your 2016 estimated tax .	49		
50	Amount you owe. Subtract line 46 from line 39. For details on how to pay, see instructions.	50		
51	Estimated tax penalty (see instructions).	51		
Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes . Complete the following. <input type="checkbox"/> No				
Designee's name ▶		Phone no. ▶	Personal identification number (PIN) ▶ 	
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 <i>Hunter R. Westwood</i>		Date 1/18/2016	Your occupation Student	
Spouse's signature. If a joint return, both must sign. <i>Lynn C. Westwood</i>		Date 1/18/2016	Spouse's occupation Bus Driver	
Print/type preparer's name		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
Firm's name ▶		Firm's EIN ▶		PTIN
Firm's address ▶		Phone no.		

Line 28
- Line 36
= Income Tax Paid



Internal Revenue Service

United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 03-23-2016
 Response Date: 03-23-2016
 Tracking Number: XXXXXXXXXXXX

Tax Return Transcript

SSN Provided: BBB-BB-BBBB

Tax Period Ending: Dec. 31, 2015

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

NAME(S) SHOWN ON RETURN: HUNTER R WESTWOOD
 LYNN C WESTWOOD

SSN: BBB-BB-BBBB

SPOUSE SSN: CCC-CC-CCCC

ADDRESS: 467 GREENWORTH DRIVE
 LA MIRADA, CA 99999

FILING STATUS: MARRIED FILING JOINT
 FORM NUMBER: 1040A
 CYCLE POSTED: 20160605
 RECEIVED DATE: Apr.15, 2016
 REMITTANCE: \$0.00
 EXEMPTION NUMBER: 6
 DEPENDENT 1 NAME CTRL:.....WEST
 DEPENDENT 1 SSN:.....DDD-DD-DDDD
 DEPENDENT 2 NAME CTRL:.....WEST
 DEPENDENT 2 SSN:.....EEE-EE-EEEE
 DEPENDENT 3 NAME CTRL:.....WEST
 DEPENDENT 3 SSN:.....FFF-FF-FFFF
 DEPENDENT 4 NAME CTRL:.....WEST
 DEPENDENT 4 SSN:.....GGG-GG-GGGG
 PTIN:
 PREPARER EIN:

Income

WAGES, SALARIES, TIPS, ETC:.....\$25,416.00
 TAXABLE INTEREST INCOME:.....\$16.00
 TAX-EXEMPT INTEREST:.....\$0.00
 ORDINARY DIVIDEND INCOME: SCH B:.....\$0.00
 QUALIFIED DIVIDENDS:.....\$0.00
 CAPITAL GAIN OR LOSS: (Schedule D):.....\$0.00
 CAPITAL GAINS OR LOSS: SCH D PER COMPUTER:.....\$0.00
 TOTAL IRA DISTRIBUTIONS:.....\$0.00
 TAXABLE IRA DISTRIBUTIONS:.....\$0.00
 TOTAL PENSIONS AND ANNUITIES:.....\$4,947.00
 TAXABLE PENSION/ANNUITY AMOUNT:.....\$0.00
 UNEMPLOYMENT COMPENSATION:.....\$2,590.00
 TOTAL SOCIAL SECURITY BENEFITS:.....\$0.00
 TAXABLE SOCIAL SECURITY BENEFITS:.....\$0.00
 TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER:.....\$0.00
 SCH EIC DISQUALIFIED INC COMPUTER:.....\$16.00
 TOTAL INCOME:.....\$28,022.00
 TOTAL INCOME PER COMPUTER:.....\$28,022.00

Adjustments to Income

EDUCATOR EXPENSES:.....\$0.00
 EDUCATOR EXPENSES PER COMPUTER:.....\$0.00
 EARLY WITHDRAWAL OF SAVINGS PENALTY:.....\$0.00
 IRA DEDUCTION:.....\$0.00
 IRA DEDUCTION PER COMPUTER:.....\$0.00

STUDENT LOAN INTEREST DEDUCTION:.....\$0.00
 STUDENT LOAN INTEREST DEDUCTION PER COMPUTER:.....\$0.00
 TUITION AND FEES DEDUCTION:.....\$0.00
 TUITION AND FEES DEDUCTION PER COMPUTER:.....\$0.00
 TOTAL ADJUSTMENTS:.....\$0.00
 TOTAL ADJUSTMENTS PER COMPUTER:.....\$0.00
 ADJUSTED GROSS INCOME:.....\$28,022.00
 (21) ADJUSTED GROSS INCOME PER COMPUTER:.....\$28,022.00
 RECOMPUTED ADJUSTED GROSS INCOME PER COMPUTER:.....\$0.00

Tax and Credits

65-OR-OVER:.....NO
 BLIND:.....NO
 SPOUSE 65-OR-OVER:.....NO
 SPOUSE BLIND:.....NO
 EXEMPTION AMOUNT PER COMPUTER:.....\$24,000.00
 TAXABLE INCOME:.....\$0.00
 TAXABLE INCOME PER COMPUTER:.....\$0.00
 RECOMPUTED TAXABLE INCOME PER COMPUTER:.....\$0.00
 TENTATIVE TAX:.....\$0.00
 * TENTATIVE TAX PER COMPUTER:.....\$0.00
 RECOMPUTED TENTATIVE TAX PER COMPUTER:.....\$0.00
 EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT AMOUNT:.....\$0.00
 EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT VERIFIED AMOUNT:.....\$0.00
 RECOMPUTED EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT VERIFIED AMOUNT PER COMPUTER:.....\$0.00
 CHILD & DEPENDENT CARE CREDIT:.....\$0.00
 CHILD & DEPENDENT CARE CREDIT PER COMPUTER:.....\$0.00
 CREDIT FOR ELDERLY AND DISABLED:.....\$0.00
 CREDIT FOR ELDERLY AND DISABLED PER COMPUTER:.....\$0.00
 EDUCATION CREDIT:.....\$0.00
 (33) EDUCATION CREDIT PER COMPUTER:.....\$0.00
 GROSS EDUCATION CREDIT PER COMPUTER:.....\$0.00
 RETIREMENT SAVINGS CNTRB CREDIT:.....\$0.00
 RETIREMENT SAVINGS CNTRB CREDIT PER COMPUTER:.....\$0.00
 PRIM RET SAV CNTRB: F8880 LN6A:.....\$0.00
 SEC RET SAV CNTRB: F8880 LN6B:.....\$0.00
 CHILD TAX CREDIT:.....\$0.00
 CHILD TAX CREDIT PER COMPUTER:.....\$0.00
 ADOPTION CREDIT: F8839:.....\$0.00
 ADOPTION CREDIT PER COMPUTER:.....\$0.00
 TOTAL CREDITS:.....\$0.00
 ** TOTAL CREDITS PER COMPUTER:.....\$0.00
 RECOMPUTED TOTAL CREDITS PER COMPUTER:.....\$0.00

Other Taxes

OTHER TAXES PER COMPUTER:.....\$0.00
 TOTAL TAX LIABILITY TP FIGURES:.....\$0.00
 TOTAL TAX LIABILITY TP FIGURES PER COMPUTER:.....\$0.00

* "Tentative Tax Per Computer"
 - ** "Total Credits Per Computer"
 = *** Income Tax Paid

(28 - 36)

Payments

FEDERAL INCOME TAX WITHHELD:.....\$994.00
 HEALTH CARE: INDIVIDUAL RESPONSIBILITY:.....\$0.00
 HEALTH CARE FULL-YEAR COVERAGE INDICATOR:.....1
 ESTIMATED TAX PAYMENTS:.....\$0.00
 OTHER PAYMENT CREDIT AMOUNT:.....\$0.00
 REFUNDABLE EDUCATION CREDIT:.....\$0.00
 REFUNDABLE EDUCATION CREDIT PER COMPUTER:.....\$0.00
 REFUNDABLE EDUCATION CREDIT VERIFIED:.....\$0.00
 EARNED INCOME CREDIT:.....\$5,316.00
 EARNED INCOME CREDIT PER COMPUTER:.....\$5,316.00
 EARNED INCOME CREDIT NONTAXABLE COMBAT PAY:.....\$0.00
 SCHEDULE 8812 NONTAXABLE COMBAT PAY:.....\$0.00
 SCHEDULE 8812 TOT SS/MEDICARE WITHHELD:.....\$0.00
 SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT:.....\$3,000.00

***If Income Tax Paid is negative, enter '0' (zero).

SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT PER COMPUTER:.....\$3,000.00
 SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT VERIFIED:.....\$0.00
 PREMIUM TAX CREDIT AMOUNT:.....\$0.00
 PREMIUM TAX CREDIT VERIFIED AMOUNT:.....\$0.00
 SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER:.....\$0.00
 TOTAL PAYMENTS:.....\$9,310.00
 TOTAL PAYMENTS PER COMPUTER:.....\$9,310.00

Refund or Amount Owed

REFUND AMOUNT:.....\$-9,310.00
 APPLIED TO NEXT YEAR'S ESTIMATED TAX:.....\$0.00
 ESTIMATED TAX PENALTY:.....\$0.00
 BAL DUE/OVER PYMT USING TP FIG PER COMPUTER:.....\$-9,310.00
 BAL DUE/OVER PYMT USING COMPUTER FIGURES:.....\$-9,310.00
 FORM 8888 TOTAL REFUND PER COMPUTER:.....\$0.00

Third Party Designee

THIRD PARTY DESIGNEE ID NUMBER:.....XXXXX
 AUTHORIZATION INDICATOR:.....1
 THIRD PARTY DESIGNEE NAME:.....

Schedule EIC--Earned Income Credit

QUALIFIED EIC DEPENDENTS:.....3

CHILD 1

CHILD'S NAME CNTRL:.....WEST
 SSN:.....DDD-DD-DDDD
 YEAR OF BIRTH:.....2015
 STUDENT/DISABLED:.....0
 NUMBER OF MONTHS CHILD LIVED WITH YOU:.....12
 CHILD'S RELATIONSHIP TO YOU:.....son or daughter

CHILD 2

CHILD'S NAME CNTRL:.....WEST
 SSN:.....EEE-EE-EEEE
 YEAR OF BIRTH:.....2006
 STUDENT/DISABLED:.....0
 NUMBER OF MONTHS CHILD LIVED WITH YOU:.....12
 CHILD'S RELATIONSHIP TO YOU:.....son or daughter

CHILD 3

CHILD'S NAME CNTRL:.....WEST
 SSN:.....FFF-FF-FFFF
 YEAR OF BIRTH:.....2008
 STUDENT/DISABLED:.....0
 NUMBER OF MONTHS CHILD LIVED WITH YOU:.....12
 CHILD'S RELATIONSHIP TO YOU:.....son or daughter

Form 8863 - Education Credits (Hope and Lifetime Learning Credits)**PART III - ALLOWABLE EDUCATION CREDITS**

GROSS EDUCATION CR PER COMPUTER:.....\$0.00
 TOTAL EDUCATION CREDIT AMOUNT:.....\$0.00
 TOTAL EDUCATION CREDIT AMOUNT PER COMPUTER:.....\$0.00

Form 8867 Paid Preparer's Earned Income Credit Checklist

TAXPAYER QUALIFYING CHILD OF ANOTHER:.....No box checked
 CHILD 1 RELATIONSHIP TO TAXPAYER:.....Yes box checked
 CHILD 2 RELATIONSHIP TO TAXPAYER:.....Yes box checked
 CHILD 3 RELATIONSHIP TO TAXPAYER:.....Yes box checked
 CHILD 1 LIVE WITH TAXPAYER:.....Yes box checked
 CHILD 2 LIVE WITH TAXPAYER:.....Yes box checked
 CHILD 3 LIVE WITH TAXPAYER:.....Yes box checked
 CHILD 1 CLAIMED BY OTHER PERSON:.....No box checked
 CHILD 2 CLAIMED BY OTHER PERSON:.....No box checked
 CHILD 3 CLAIMED BY OTHER PERSON:.....No box checked

CHILD 1 RELATIONSHIP TO OTHERS:.....No relationship indicated or determination can be made
CHILD 2 RELATIONSHIP TO OTHERS:.....No relationship indicated or determination can be made
CHILD 3 RELATIONSHIP TO OTHERS:.....No relationship indicated or determination can be made
CHILD 1 TIEBREAKER RULES:.....None of the boxes checked
CHILD 2 TIEBREAKER RULES:.....None of the boxes checked
CHILD 3 TIEBREAKER RULES:.....None of the boxes checked
Form 8867 INFORMATION PROVIDED BY TAXPAYER:.....Yes box checked
PARENTS NOT CLAIMING CHILD:.....3
TIEBREAKER RULES EXPLAINED:.....3
ADDITIONAL QUESTIONS TO MEET KNOWLEDGE REQUIREMENT:.....Yes
ADDITIONAL QUESTIONS DOCUMENTED:.....Yes
RESIDENCY OF QUALIFYING CHILD/CHILDREN:.....School Records or Statement
RESIDENCY OF QUALIFYING CHILD/CHILDREN:.....Medical Records
DISABILITY OF QUALIFYING CHILD/CHILDREN:.....No disabled child
DOCUMENTS OR OTHER INFORMATION TO CONFIRM EXISTENCE OF BUSINESS:.....No Schedule C

This Product Contains Sensitive Taxpayer Data

Sample IRS Form 1040: Skip and Brooke Maverick

Form **1040**

Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

2015

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning , 2015, ending , 20

Your first name and initial

Last name

Skip H

Maverick

If a joint return, spouse's first name and initial

Last name

Brooke J

Maverick

Home address (number and street). If you have a P.O. box, see instructions.

1497 F Street

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Eugene, OR 99999

Foreign country name

Foreign province/state/county

Foreign postal code

See separate instructions.
Your social security number
HHH HH HHHH

Spouse's social security number

||||| ||| |||

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

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.
☐ You ☐ Spouse

Filing Status

Check only one box.

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 instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) with dependent child

Exemptions

If more than four dependents, see instructions and check here ☐

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) ☒ If child under age 17 qualifying for child tax credit (see instructions)

Jack Maverick

DDDD DDD

Son

☐

☐

☐

☐

☐

d Total number of exemptions claimed

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 instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶

2

1

3

Income

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

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

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a **Taxable** interest. Attach Schedule B if required

b **Tax-exempt** interest. **Do not** include on line 8a

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends

10 Taxable refunds, credits, or offsets of state and local income taxes

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐

14 Other gains or (losses). Attach Form 4797

15a IRA distributions

16a Pensions and annuities

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits

21 Other income. List type and amount

22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶

7 37,645 00

8a 28 00

8b

9a

9b

10

11

12 5,757 00

13

14

15a

16a

17 14,762 00

18

19

20a

20b

21

22 58,192 00

Adjusted Gross Income

23 Educator expenses

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903

27 Deductible part of self-employment tax. Attach Schedule SE

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction

30 Penalty on early withdrawal of savings

31a Alimony paid b Recipient's SSN ▶

32 IRA deduction

33 Student loan interest deduction

34 Tuition and fees. Attach Form 8917

35 Domestic production activities deduction. Attach Form 8903

36 Add lines 23 through 35

37 Subtract line 36 from line 22. This is your **adjusted gross income** ▶

23

24

25

26

27 407 00

28

29 5,831 00

30

31a

32

33

34

35

36 6,238 00

37 51,954 00

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 11320B

Form **1040** (2015)

www.irs.gov/form1040



Internal Revenue Service

United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 03-11-2016
 Response Date: 03-11-2016
 Tracking Number: XXXXXXXXXXXXX

Tax Return Transcript

SSN Provided: HHH-HH-HHHH

Tax Period Ending: Dec. 31, 2015

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

SSN: HHH-HH-HHHH

SPOUSE SSN: III-II-IIII

NAME(S) SHOWN ON RETURN: SKIP H & BROOKE J MAVERICK

ADDRESS: 1497 F STREET
 EUGENE, OR 99999

FILING STATUS: MARRIED FILING JOINT
 FORM NUMBER: 1040
 CYCLE POSTED: 20161005
 RECEIVED DATE: Apr. 15, 2016
 REMITTANCE: \$0.00

6d EXEMPTION NUMBER: 3

DEPENDENT 1 NAME CTRL:MAVE
 DEPENDENT 1 SSN:JJJ-JJJ-JJJJ

6c DEPENDENT 2 NAME CTRL:

DEPENDENT 2 SSN:

DEPENDENT 3 NAME CTRL:

DEPENDENT 3 SSN:

DEPENDENT 4 NAME CTRL:

DEPENDENT 4 SSN:

PTIN:

PREPARER EIN:

Income

7 WAGES, SALARIES, TIPS, ETC:\$37,645.00

TAXABLE INTEREST INCOME:\$28.00

8b TAX-EXEMPT INTEREST:\$0.00

ORDINARY DIVIDEND INCOME: SCH B:\$0.00

QUALIFIED DIVIDENDS:\$0.00

REFUNDS OF STATE/LOCAL TAXES:\$0.00

ALIMONY RECEIVED:\$0.00

12 BUSINESS INCOME OR LOSS (Schedule C):\$5,757.00

BUSINESS INCOME OR LOSS: SCH C PER COMPUTER:\$5,757.00

CAPITAL GAIN OR LOSS: (Schedule D):\$0.00

CAPITAL GAINS OR LOSS: SCH D PER COMPUTER:\$0.00

OTHER GAINS OR LOSSES (Form 4797):\$0.00

15a - 15b TOTAL IRA DISTRIBUTIONS:\$0.00

TAXABLE IRA DISTRIBUTIONS:\$0.00

TOTAL PENSIONS AND ANNUITIES:\$0.00

16a - 16b TAXABLE PENSION/ANNUITY AMOUNT:\$0.00

RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E):\$14,762.00

RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E) PER COMPUTER:\$14,762.00

RENT/ROYALTY INCOME/LOSS PER COMPUTER:\$0.00

ESTATE/TRUST INCOME/LOSS PER COMPUTER:\$0.00

PARTNERSHIP/S-CORP INCOME/LOSS PER COMPUTER PER COMPUTER:\$14,762.00

FARM INCOME OR LOSS (Schedule F):\$0.00

18 FARM INCOME OR LOSS (Schedule F) PER COMPUTER:\$0.00

UNEMPLOYMENT COMPENSATION:\$0.00

TOTAL SOCIAL SECURITY BENEFITS:	\$0.00
TAXABLE SOCIAL SECURITY BENEFITS:	\$0.00
TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER:	\$0.00
OTHER INCOME:	\$0.00
SCHEDULE EIC SE INCOME PER COMPUTER:	\$5,350.00
SCHEDULE EIC EARNED INCOME PER COMPUTER:	\$42,995.00
SCH EIC DISQUALIFIED INC COMPUTER:	\$28.00
TOTAL INCOME:	\$58,192.00
TOTAL INCOME PER COMPUTER:	\$58,192.00

Adjustments to Income

EDUCATOR EXPENSES:	\$0.00
EDUCATOR EXPENSES PER COMPUTER:	\$0.00
RESERVIST AND OTHER BUSINESS EXPENSE:	\$0.00
HEALTH SAVINGS ACCT DEDUCTION:	\$0.00
25 HEALTH SAVINGS ACCT DEDUCTION PER COMPTER:	\$0.00
MOVING EXPENSES: F3903:	\$0.00
SELF EMPLOYMENT TAX DEDUCTION:	\$407.00
SELF EMPLOYMENT TAX DEDUCTION PER COMPUTER:	\$407.00
SELF EMPLOYMENT TAX DEDUCTION VERIFIED:	\$0.00
28 KEOGH/SEP CONTRIBUTION DEDUCTION:	\$0.00
SELF-EMP HEALTH INS DEDUCTION:	\$5,831.00
EARLY WITHDRAWAL OF SAVINGS PENALTY:	\$0.00
ALIMONY PAID SSN:	
ALIMONY PAID:	\$0.00
IRA DEDUCTION:	\$0.00
32 IRA DEDUCTION PER COMPUTER:	\$0.00
STUDENT LOAN INTEREST DEDUCTION:	\$0.00
STUDENT LOAN INTEREST DEDUCTION PER COMPUTER:	\$0.00
TUITION AND FEES DEDUCTION:	\$0.00
TUITION AND FEES DEDUCTION PER COMPUTER:	\$0.00
DOMESTIC PRODUCTION ACTIVITIES DEDUCTION:	\$0.00
OTHER ADJUSTMENTS:	\$0.00
ARCHER MSA DEDUCTION:	\$0.00
ARCHER MSA DEDUCTION PER COMPUTER:	\$0.00
TOTAL ADJUSTMENTS:	\$6,238.00
TOTAL ADJUSTMENTS PER COMPUTER:	\$6,238.00
ADJUSTED GROSS INCOME:	\$51,954.00
37 ADJUSTED GROSS INCOME PER COMPUTER:	\$51,954.00
RECOMPUTED ADJUSTED GROSS INCOME PER COMPUTER:	\$0.00

Tax and Credits

65-OR-OVER:	NO
BLIND:	NO
SPOUSE 65-OR-OVER:	NO
SPOUSE BLIND:	NO
STANDARD DEDUCTION PER COMPUTER:	\$12,600.00
ADDITIONAL STANDARD DEDUCTION PER COMPUTER:	\$0.00
TAX TABLE INCOME PER COMPUTER:	\$39,354.00
EXEMPTION AMOUNT PER COMPUTER:	\$12,000.00
TAXABLE INCOME:	\$27,354.00
TAXABLE INCOME PER COMPUTER:	\$27,354.00
RECOMPUTED TAXABLE INCOME PER COMPUTER:	\$0.00
TOTAL POSITIVE INCOME PER COMPUTER:	\$58,192.00
TENTATIVE TAX:	\$3,184.00
TENTATIVE TAX PER COMPUTER:	\$3,184.00
RECOMPUTED TENTATIVE TAX PER COMPUTER:	\$0.00
FORM 8814 ADDITIONAL TAX AMOUNT:	\$0.00
TAX ON INCOME LESS SOC SEC INCOME PER COMPUTER:	\$0.00
FORM 6251 ALTERNATIVE MINIMUM TAX:	\$0.00
FORM 6251 ALTERNATIVE MINIMUM TAX PER COMPUTER:	\$0.00
RECOMPUTED FORM 6251 ALTERNATIVE MINIMUM TAX PER COMPUTER:	\$0.00
FOREIGN TAX CREDIT:	\$0.00
FOREIGN TAX CREDIT PER COMPUTER:	\$0.00
FOREIGN INCOME EXCLUSION PER COMPUTER:	\$0.00
FOREIGN INCOME EXCLUSION TAX PER COMPUTER:	\$0.00
* EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT AMOUNT:	\$0.00
EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT VERIFIED AMOUNT:	\$0.00

RECOMPUTED EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT VERIFIED AMOUNT PER COMPUTER:.....\$0.00
 CHILD & DEPENDENT CARE CREDIT:.....\$0.00
 CHILD & DEPENDENT CARE CREDIT PER COMPUTER:.....\$0.00
 CREDIT FOR ELDERLY AND DISABLED:.....\$0.00
 CREDIT FOR ELDERLY AND DISABLED PER COMPUTER:.....\$0.00
 EDUCATION CREDIT:.....\$1,500.00
 50 EDUCATION CREDIT PER COMPUTER:.....\$1,500.00
 GROSS EDUCATION CREDIT PER COMPUTER:.....\$1,500.00
 RETIREMENT SAVINGS CNTRB CREDIT:.....\$0.00
 RETIREMENT SAVINGS CNTRB CREDIT PER COMPUTER:.....\$0.00
 PRIM RET SAV CNTRB: F8880 LN6A:.....\$0.00
 SEC RET SAV CNTRB: F8880 LN6B:.....\$0.00
 TOTAL RETIREMENT SAVINGS CONTRIBUTION: F8880 CMPTR:.....\$0.00
 RESIDENTIAL ENERGY CREDIT:.....\$0.00
 RESIDENTIAL ENERGY CREDIT PER COMPUTER:.....\$0.00
 CHILD TAX CREDIT:.....\$0.00
 CHILD TAX CREDIT PER COMPUTER:.....\$0.00
 ADOPTION CREDIT: F8839:.....\$0.00
 ADOPTION CREDIT PER COMPUTER:.....\$0.00
 FORM 8396 MORTGAGE CERTIFICATE CREDIT:.....\$0.00
 FORM 8396 MORTGAGE CERTIFICATE CREDIT PER COMPUTER:.....\$0.00
 F3800, F8801 AND OTHER CREDIT AMOUNT:.....\$0.00
 FORM 3800 GENERAL BUSINESS CREDITS:.....\$0.00
 FORM 3800 GENERAL BUSINESS CREDITS PER COMPUTER:.....\$0.00
 PRIOR YR MIN TAX CREDIT: F8801:.....\$0.00
 PRIOR YR MIN TAX CREDIT: F8801 PER COMPUTER:.....\$0.00
 F8936 ELECTRIC MOTOR VEHICLE CREDIT AMOUNT:.....\$0.00
 F8936 ELECTRIC MOTOR VEHICLE CREDIT PER COMPUTER:.....\$0.00
 F8910 ALTERNATIVE MOTOR VEHICLE CREDIT AMOUNT:.....\$0.00
 F8910 ALTERNATIVE MOTOR VEHICLE CREDIT PER COMPUTER:.....\$0.00
 OTHER CREDITS:.....\$0.00
 TOTAL CREDITS:.....\$1,500.00
 TOTAL CREDITS PER COMPUTER:.....\$1,500.00
 RECOMPUTED TOTAL CREDITS PER COMPUTER:.....\$0.00
 ** INCOME TAX AFTER CREDITS PER COMPUTER:.....\$1,684.00

** "Income Tax After Credits Per Computer"
 - * "Excess Advance Premium Tax Credit Repayment Amount"
 = *** Income Tax Paid

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Other Taxes

SE TAX:.....\$814.00
 SE TAX PER COMPUTER:.....\$814.00
 SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS:.....\$0.00
 SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER:.....\$0.00
 TAX ON QUALIFIED PLANS F5329 (PR):.....\$0.00
 TAX ON QUALIFIED PLANS F5329 PER COMPUTER:.....\$0.00
 IRAF TAX PER COMPUTER:.....\$0.00
 TP TAX FIGURES (REDUCED BY IRAF) PER COMPUTER:.....\$2,498.00
 IMF TOTAL TAX (REDUCED BY IRAF) PER COMPUTER:.....\$2,498.00
 OTHER TAXES PER COMPUTER:.....\$0.00
 UNPAID FICA ON REPORTED TIPS:.....\$0.00
 OTHER TAXES:.....\$0.00
 RECAPTURE TAX: F8611:.....\$0.00
 HOUSEHOLD EMPLOYMENT TAXES:.....\$0.00
 HOUSEHOLD EMPLOYMENT TAXES PER COMPUTER:.....\$0.00
 RECAPTURE TAXES:.....\$0.00
 TOTAL ASSESSMENT PER COMPUTER:.....\$2,498.00
 TOTAL TAX LIABILITY TP FIGURES:.....\$2,498.00
 TOTAL TAX LIABILITY TP FIGURES PER COMPUTER:.....\$2,498.00

Payments

FEDERAL INCOME TAX WITHHELD:.....\$2,010.00
 HEALTH CARE: INDIVIDUAL RESPONSIBILITY:.....\$0.00
 HEALTH CARE FULL-YEAR COVERAGE INDICATOR:.....1
 COBRA PREMIUM SUBSIDY:.....\$0.00
 ESTIMATED TAX PAYMENTS:.....\$3,360.00
 OTHER PAYMENT CREDIT:.....\$0.00
 REFUNDABLE EDUCATION CREDIT:.....\$1,000.00

***If Income Tax Paid is negative, enter '0' (zero).

REFUNDABLE EDUCATION CREDIT PER COMPUTER:.....\$1,000.00
 REFUNDABLE EDUCATION CREDIT VERIFIED:.....\$0.00
 EARNED INCOME CREDIT:.....\$0.00
 EARNED INCOME CREDIT PER COMPUTER:.....\$0.00
 EARNED INCOME CREDIT NONTAXABLE COMBAT PAY:.....\$0.00
 SCHEDULE 8812 NONTAXABLE COMBAT PAY:.....\$0.00
 EXCESS SOCIAL SECURITY & RRTA TAX WITHHELD:.....\$0.00
 SCHEDULE 8812 TOT SS/MEDICARE WITHHELD:.....\$0.00
 SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT:.....\$0.00
 SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT PER COMPUTER:.....\$0.00
 SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT VERIFIED:.....\$0.00
 AMOUNT PAID WITH FORM 4868:.....\$0.00
 FORM 2439 REGULATED INVESTMENT COMPANY CREDIT:.....\$0.00
 FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS:.....\$0.00
 FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS PER COMPUTER:.....\$0.00
 HEALTH COVERAGE TX CR: F8885:.....\$0.00
 PREMIUM TAX CREDIT AMOUNT:.....\$1,430.00
 PREMIUM TAX CREDIT VERIFIED AMOUNT:.....\$0.00
 PRIMARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT:.....\$0.00
 SECONDARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT:.....\$0.00
 FIRST TIME HOMEBUYER CREDIT REPAYMENT AMOUNT:.....\$0.00
 FORM 5405 TOTAL HOMEBUYERS CREDIT REPAYMENT PER COMPUTER:.....\$0.00
 SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER:.....\$0.00
 SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER (2):.....\$0.00
 FORM 2439 AND OTHER CREDITS:.....\$0.00
 TOTAL PAYMENTS:.....\$7,800.00
 TOTAL PAYMENTS PER COMPUTER:.....\$7,800.00

Refund or Amount Owed

REFUND AMOUNT:.....\$-5,302.00
 APPLIED TO NEXT YEAR'S ESTIMATED TAX:.....\$0.00
 ESTIMATED TAX PENALTY:.....\$0.00
 TAX ON INCOME LESS STATE REFUND PER COMPUTER:.....\$0.00
 BAL DUE/OVER PYMT USING TP FIG PER COMPUTER:.....\$-5,302.00
 BAL DUE/OVER PYMT USING COMPUTER FIGURES:.....\$-5,302.00
 FORM 8888 TOTAL REFUND PER COMPUTER:.....\$0.00

Third Party Designee

THIRD PARTY DESIGNEE ID NUMBER:.....XXXXX
 AUTHORIZATION INDICATOR:.....1
 THIRD PARTY DESIGNEE NAME:.....

Schedule C--Profit or Loss From Business

SOCIAL SECURITY NUMBER:.....III-II-III
 EMPLOYER ID NUMBER:.....
 BUSINESS NAME:.....MUSIC MASTERY INC
 DESCRIPTION OF BUSINESS/PROFESSION:.....PIANO TEACHER TEACHI
 NAICS CODE:.....611610
 ACCT MTHD:.....Other
 FIRST TIME SCHEDULE C FILED:.....N
 STATUTORY EMPLOYEE IND:.....N

INCOME

GROSS RECEIPTS OR SALES:.....\$9,741.00
 RETURNS AND ALLOWANCES:.....\$0.00
 NET GROSS RECEIPTS:.....\$9,741.00
 COST OF GOODS SOLD:.....\$0.00
 SCHEDULE C FORM 1099 REQUIRED:.....NO
 SCHEDULE C FORM 1099 FILED:.....NONE
 OTHER INCOME:.....\$0.00

EXPENSES

CAR AND TRUCK EXPENSES:.....\$46.00
 DEPRECIATION:.....\$82.00
 INSURANCE (OTHER THAN HEALTH):.....\$0.00

MORTGAGE INTEREST:.....\$0.00
 LEGAL AND PROFESSIONAL SERVICES:.....\$0.00
 REPAIRS AND MAINTENANCE:.....\$560.00
 TRAVEL:.....\$0.00
 MEALS AND ENTERTAINMENT:.....\$50.00
 WAGES:.....\$0.00
 OTHER EXPENSES:.....\$1,735.00
 TOTAL EXPENSES:.....\$2,484.00
 EXP FOR BUSINESS USE OF HOME:.....\$1,500.00
 SCH C NET PROFIT OR LOSS PER COMPUTER:.....\$5,757.00
 AT RISK CD:.....
 OFFICE EXPENSE AMOUNT:.....\$11.00
 UTILITIES EXPENSE AMOUNT:.....\$0.00

COST OF GOODS SOLD

INVENTORY AT BEGINNING OF YEAR:.....\$0.00
 INVENTORY AT END OF YEAR:.....\$0.00

Schedule E--Supplemental Income and Loss

INCOME OR LOSS FROM RENTAL REAL ESTATE AND ROYALTIES

SCHEDULE E FORM 1099 REQUIRED:.....Neither box checked
 SCHEDULE E FORM FILED:.....Neither box checked
 TOTAL RENTS RECEIVED:.....\$0.00
 TOTAL ROYALTIES RECEIVED:.....\$0.00
 TOTAL MORTGAGE INTEREST ALL PROPERTIES:.....\$0.00
 TOTAL DEPRECIATION OR DEPLETION FOR ALL PROPERTIES:.....\$0.00
 TOTAL EXPENSES FOR ALL PROPERTIES:.....\$0.00
 TOTAL RENTAL REAL ESTATE AND ROYALTY INCOME OR LOSS:.....\$0.00
 RENT & ROYALTY INCOME:.....\$0.00
 RENT & ROYALTY LOSSES:.....\$0.00
 REPAIRS EXPENSE COLUMN A:.....\$0.00
 REPAIRS EXPENSE COLUMN B:.....\$0.00
 REPAIRS EXPENSE COLUMN C:.....\$0.00

INCOME OR LOSS FROM PARTNERSHIPS AND S CORPS

PRTSHP/CORP PASSIVE INCOME:.....\$0.00
 PRTSHP/CORP NONPASSIVE INCOME:.....\$14,762.00
 PRTSHP/CORP PASSIVE LOSS:.....\$0.00
 PRTSHP/CORP NONPASSIVE LOSS:.....\$0.00
 PARTNERSHIP INCOME:.....\$14,762.00
 PARTNERSHIP LOSS:.....\$0.00

INCOME OR LOSS FROM ESTATES AND TRUSTS

ESTATE/TRUST PASSIVE INCOME:.....\$0.00
 ESTATE/TRUST PASSIVE LOSS:.....\$0.00
 ESTATE AND TRUST INCOME:.....\$0.00
 ESTATE AND TRUST LOSS:.....\$0.00
 PASSIVE LOSS NOT REPORTED ON F8582:.....2
 SCH K1 ES PAYMENT INDICATOR:.....N

INCOME OR LOSS FROM REAL ESTATE MORTGAGE INVESTMENT CONDUITS

REAL ESTATE MORTGAGE INCOME/LOSS:.....\$0.00

SUMMARY

NET FARM RENT INCOME/LOSS:.....\$0.00
 GROSS FARMING & FISHING INCOME:.....\$0.00

Schedule SE--Self-Employment Tax

SSN OF SELF-EMPLOYED TAXPAYER:.....III-II-III
 NET FARM PROFIT/LOSS: SCH F:.....\$0.00
 CONSERVATION RESERVE PROGRAM PAYMENTS:.....\$0.00
 NET NONFARM PROFIT/LOSS:.....\$5,757.00

TOTAL SE INCOME:.....\$5,757.00
 SE QUARTERS COVERED:.....4
 TOTAL SE TAX PER COMPUTER:.....\$813.34
 SE INCOME COMPUTER VERIFIED:.....\$0.00
 SE INCOME PER COMPUTER:.....\$5,316.00
 TOTAL NET EARNINGS PER COMPUTER:.....\$5,316.00

LONG FORM ONLY

TENTATIVE CHURCH EARNINGS:.....\$0.00
 TOTAL SOC SEC & RR WAGES:.....\$0.00
 SE SS TAX COMPUTER:.....\$659.18
 SE MEDICARE INCOME PER COMPUTER:.....\$5,316.16
 SE MEDICARE TAX PER COMPUTER:.....\$154.16
 SE FARM OPTION METHOD USED:.....0
 SE OPTIONAL METHOD INCOME:.....\$0.00

Form 6251--Alternative Minimum Tax-Individuals

MEDICAL AND DENTAL:.....\$0.00
 CERTAIN HOME MORTGAGE INTEREST:.....\$0.00
 INVESTMENT INTEREST EXPENSE:.....\$0.00
 DEPLETION:.....\$0.00
 NET OPERATING LOSS DEDUCTION:.....\$0.00
 TAX EXMT INT FROM PRIV ACT BONDS:.....\$0.00
 QUALIFIED SMALL BUSINESS STOCK:.....\$0.00
 INCENTIVE STOCK OPTIONS:.....\$0.00
 ESTATE/TRUST BENEFICIARIES:.....\$0.00
 ELECTING LARGE PARTNERSHIPS:.....\$0.00
 ADJUSTED GAIN OR LOSS:.....\$0.00
 DEPRECIATION OF PROPERTY:.....\$-1.00
 PASSIVE ACTIVITY LOSS:.....\$0.00
 LOSS LIMITATIONS:.....\$0.00
 CIRCULATION COSTS:.....\$0.00
 LONG TERM CONTRACTS:.....\$0.00
 MINING COSTS:.....\$0.00
 RESEARCH AND EXPERIMENTAL COSTS:.....\$0.00
 INSTALLMENT SALES INCOME:.....\$0.00
 INTANGIBLE DRILLING COSTS:.....\$0.00
 OTHER:.....\$0.00
 ALT TAX NET OPERATING LOSS:.....\$0.00
 ALT MINIMUM TAX FOREIGN TAX CR:.....\$0.00

Form 8863 - Education Credits (Hope and Lifetime Learning Credits)

Part I - EDUCATION CREDITS

STUDENT 1 NAME CNTRL:.....MAVE
 STUDENT 1 SSN:.....JJJ-JJ-JJJJ
 STUDENT 2 NAME CNTRL:.....
 STUDENT 2 SSN:.....
 STUDENT 3 NAME CNTRL:.....
 STUDENT 3 SSN:.....
 TENTATIVE CREDIT AMOUNT:.....\$2,500.00

Part II - LIFETIME LEARNING CREDITS

TOTL LIFETIM LRNING CR QLFD EXP:.....\$0.00
 EDUCATIONAL INSTITUTION FEDERAL ID NUMBER STUDENT 1:.....910824677
 SECOND EDUCATIONAL INSTITUTION FEDERAL ID NUMBER STUDENT 1:.....000000000
 EDUCATIONAL INSTITUTION FEDERAL ID NUMBER STUDENT 2:.....000000000
 SECOND EDUCATIONAL INSTITUTION FEDERAL ID NUMBER STUDENT 2:.....000000000
 EDUCATIONAL INSTITUTION FEDERAL ID NUMBER STUDENT 3:.....000000000
 SECOND EDUCATIONAL INSTITUTION FEDERAL ID NUMBER, STUDENT 3:.....000000000
 PRIOR YEAR HOPE SCHOLARSHIP OR AOT CREDIT CLAIMED STUDENT 1:.....NO
 ACADEMIC ELIGIBILITY STUDENT 1:.....YES
 POST-SECONDARY COMPLETE STUDENT 1:.....NO
 FELONY CONVICTION STUDENT 1:.....NO
 PRIOR YEAR HOPE SCHOLARSHIP OR AOT CREDIT CLAIMED STUDENT 2:.....NONE
 ACADEMIC ELIGIBILITY STUDENT 2:.....NONE

Tracking Number: XXXXXXXXXXXXX

POST-SECONDARY COMPLETE STUDENT 2:.....NONE
FELONY CONVICTION STUDENT 2:.....NONE
PRIOR YEAR HOPE SCHOLARSHIP OR AOT CREDIT CLAIMED STUDENT 3:.....NONE
ACADEMIC ELIGIBILITY STUDENT 3:.....NONE
POST-SECONDARY COMPLETE STUDENT 3:.....NONE
FELONY CONVICTION STUDENT 3:.....NONE
VERIFIED NUMBER OF EDUCATION CREDIT ELIGIBLE STUDENTS.....00
TOTL LIFETIM LRNING CR QLFD EXP PER COMPUTER:.....\$0.00

PART III - ALLOWABLE EDUCATION CREDITS

GROSS EDUCATION CR PER COMPUTER:..... \$1,500.00
TOTAL EDUCATION CREDIT AMOUNT:.....\$1,500.00
TOTAL EDUCATION CREDIT AMOUNT PER COMPUTER:.....\$1,500.00

Form 8962

Married Filing Separately Premium Tax Credit Exception Checkbox Indicator:.....0
FEDERAL POVERTY LEVEL CHECKBOX:.....C
DEPENDENTS' MODIFIED AGI:.....\$0.00
MONTHLY CONTRIBUTION FOR HEALTH CARE:.....\$366.00
ANNUAL PREIUM:.....\$15,444.00
ANNUAL PREMIUM SLCSP:.....\$15,444.00
ANNUAL ADVANCE PAYMENT OF PTC:.....\$9,624.00
JANUARY MONTHLY PREMIUM:.....\$0.00
JANUARY MONTHLY PREMIUM SLCSP:.....\$0.00
JANUARY MONTHLY ADVANCE PTC:.....\$0.00
FEBRUARY MONTHLY PREMIUM:.....\$0.00
FEBRUARY MONTHLY PREMIUM SLCSP:.....\$0.00
FEBRUARY MONTHLY ADVANCE PTC:.....\$0.00
MARCH MONTHLY PREMIUM:.....\$0.00
MARCH MONTHLY PREMIUM SLCSP:.....\$0.00
MARCH MONTHLY ADVANCE PTC:.....\$0.00
APRIL MONTHLY PREMIUM:.....\$0.00
APRIL MONTHLY PREMIUM SLCSP:.....\$0.00
APRIL MONTHLY ADVANCE PTC:.....\$0.00
MAY MONTHLY PREMIUM:.....\$0.00
MAY MONTHLY PREMIUM SLCSP:.....\$0.00
MAY MONTHLY ADVANCE PTC:.....\$0.00
JUNE MONTHLY PREMIUM:.....\$0.00
JUNE MONTHLY PREMIUM SLCSP:.....\$0.00
JUNE MONTHLY ADVANCE PTC:.....\$0.00
JULY MONTHLY PREMIUM:.....\$0.00
JULY MONTHLY PREMIUM SLCSP:.....\$0.00
JULY MONTHLY ADVANCE PTC:.....\$0.00
AUGUST MONTHLY PREMIUM:.....\$0.00
AUGUST MONTHLY PREMIUM SLCSP:.....\$0.00
AUGUST MONTHLY ADVANCE PTC:.....\$0.00
SEPTEMBER MONTHLY PREMIUM:.....\$0.00
SEPTEMBER MONTHLY PREMIUM SLCSP:.....\$0.00
SEPTEMBER MONTHLY ADVANCE PTC:.....\$0.00
OCTOBER MONTHLY PREMIUM:.....\$0.00
OCTOBER MONTHLY PREMIUM SLCSP:.....\$0.00
OCTOBER MONTHLY ADVANCE PTC:.....\$0.00
NOVEMBER MONTHLY PREMIUM:.....\$0.00
NOVEMBER MONTHLY PREMIUM SLCSP:.....\$0.00
NOVEMBER MONTHLY ADVANCE PTC:.....\$0.00
DECEMBER MONTHLY PREMIUM:.....\$0.00
DECEMBER MONTHLY PREMIUM SLCSP:.....\$0.00
DECEMBER MONTHLY ADVANCE PTC:.....\$0.00
TOTAL PREMIUM TAX CREDIT:.....\$11,054.00
NET PREMIUM TAX CREDIT:.....\$9,624.00

This Product Contains Sensitive Taxpayer Data

Appendices

Appendix A

Sample 2015 W-2 Form, Reference Guide for Box 12 Codes, and Sample Wage and Tax Statement

Appendix B

Criteria for 2017-2018 Simplified Needs Formulas and Automatic Zero EFC Calculation

Appendix C

2015 Federal Tax Year: Eligible to File a 1040A/EZ?

Appendix D

Current Year Transcript Availability

<https://www.irs.gov/individuals/transcript-availability>

Appendix E

How to Register for Get Transcript Online Using New Authentication Process

<https://www.irs.gov/individuals/secure-access-how-to-register-for-certain-online-self-help-tools?>

Appendix A

Sample 2015 W-2 Form

In addition to wages earned, the W-2 form may reveal sources of untaxed income, such as payments to tax-deferred pension and savings plan amounts reported on in boxes 12a through 12d, coded D, E, F, G, H and S.

Schools are not required to review income listed in box 14, however if you are aware that a box 14 item should be reported (i.e. clergy parsonage allowances) then you would count that amount as untaxed income.

22222		a Employee's social security number		OMB No. 1545-0008	
b Employer identification number (EIN)		1 Wages, tips, other compensation 100809.59		2 Federal income tax withheld 20835.91	
c Employer's name, address, and ZIP code		3 Social security wages 106068.23		4 Social security tax withheld 6576.23	
		5 Medicare wages and tips 106068.23		6 Medicare tax withheld 1537.99	
		7 Social security tips		8 Allocated tips	
d Control number		9		10 Dependent care benefits	
e Employee's first name and initial Last name		11 Nonqualified plans		12a C 547.86	
		13 Statutory employee Retirement plan Third-party sick pay		12b D 5258.64	
		14 Other		12c	
				12d	
f Employee's address and ZIP code		15 State Employer's state ID number		16 State wages, tips, etc. 106068.23	
		17 State income tax 7592.45		18 Local wages, tips, etc.	
				19 Local income tax	
				20 Locality name	

Form **W-2** Wage and Tax Statement **2015** Department of the Treasury—Internal Revenue Service

Form W-2 Reference Guide for Box 12 Codes

A	Uncollected social security or RRTA tax on tips	K	20% excise tax on excess golden parachute payments	V	Income from exercise of nonstatutory stock option(s)
B	Uncollected Medicare tax on tips (but not Additional Medicare Tax)	L	Substantiated employee business expense reimbursements	W	Employer contributions (including employee contributions through a cafeteria plan) to an employee's health savings account (HSA)
C	Taxable cost of group-term life insurance over \$50,000	M	Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only)	Y	Deferrals under a section 409A nonqualified deferred compensation plan
D	Elective deferrals to a section 401(k) cash or deferred arrangement plan (including a SIMPLE 401(k) arrangement)	N	Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (but not Additional Medicare Tax) (former employees only)	Z	Income under a nonqualified deferred compensation plan that fails to satisfy section 409A
E	Elective deferrals under a section 403(b) salary reduction agreement	P	Excludable moving expense reimbursements paid directly to employee	AA	Designated Roth contributions under a section 401(k) plan
F	Elective deferrals under a section 408(k)(6) salary reduction SEP	Q	Nontaxable combat pay	BB	Designated Roth contributions under a section 403(b) plan
G	Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan	R	Employer contributions to an Archer MSA	DD	Cost of employer-sponsored health coverage
H	Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan	S	Employee salary reduction contributions under a section 408(p) SIMPLE plan	EE	Designated Roth contributions under a governmental section 457(b) plan
J	Nontaxable sick pay	T	Adoption benefits		

<https://www.irs.gov/pub/irs-prior/iw2w3--2015.pdf>

Sample 2015 W-2 Wage and Tax Statement



Internal Revenue Service

United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 10-05-2016
Response Date: 10-05-2016
Tracking Number:

Wage and Income Transcript

SSN Provided:
Tax Period Requested: December, 2015

Form W-2 Wage and Tax Statement

Employer:
Employer Identification Number (EIN):

Employee:
Employee's Social Security Number:

Submission Type:	Original document	
Wages, Tips and Other Compensation:	\$100,809.00	Box 1
Federal Income Tax Withheld:	\$20,835.00	Box 2
Social Security Wages:	\$106,068.00	Box 3
Social Security Tax Withheld:	\$6,576.00	Box 4
Medicare Wages and Tips:	\$106,068.00	Box 5
Medicare Tax Withheld:	\$1,537.00	Box 6
Social Security Tips:	\$0.00	Box 7
Allocated Tips:	\$0.00	Box 8
Dependent Care Benefits:	\$0.00	Box 10
Deferred Compensation:	\$5,258.00	Box 12a-d (D,E,F,G,H)
Code "Q" Nontaxable Combat Pay:	\$0.00	
Code "W" Employer Contributions to a Health Savings Account:	\$0.00	
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:	\$0.00	
Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:	\$0.00	
Code "R" Employer's Contribution to MSA:	\$0.00	
Code "S" Employer's Contribution to Simple Account:	\$0.00	Box 12a-d (S)
Code "T" Expenses Incurred for Qualified Adoptions:	\$0.00	
Code "V" Income from exercise of non-statutory stock options:	\$0.00	
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:	\$0.00	
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:	\$0.00	
Code "DD" Cost of Employer-Sponsored Health Coverage:	\$0.00	
Code "EE" Designated ROTH Contributions Under a Governmental Section 457(b) Plan:	\$0.00	
Third Party Sick Pay Indicator:	Unanswered	
Retirement Plan Indicator:	Yes	
Statutory Employee:	Not Statutory Employee	
W2 Submission Type:	Original	
W2 WHC SSN Validation Code:	Correct SSN	

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Appendix B

Criteria for 2017-2018 Simplified Needs Formulas and Automatic Zero EFC Calculation

The following criteria is used to determine if students qualify to have their EFCs calculated using a simplified formula.

	Simplified (assets not considered)	Automatic Zero EFC
Formula A Dependent student	<ul style="list-style-type: none"> ■ Parents had a 2015 AGI of \$49,999 or less (for tax filers), or if non-filers, income earned from work in 2015 is \$49,999 or less; and ■ Either <ul style="list-style-type: none"> - Parents filed or are eligible to file 2015 IRS Form 1040A or 1040EZ (or not required to file any income tax return) or - Anyone in the parents' household size (as defined on the FAFSA) received any designated means-tested federal benefits* during 2015 or 2016, or - Parent is a dislocated worker. 	<ul style="list-style-type: none"> ■ Parents had a 2015 AGI of \$25,000 or less (for tax filers), or if non-filers, income earned from work in 2015 is \$25,000 or less; and ■ Either <ul style="list-style-type: none"> - Parents filed or are eligible to file 2015 IRS Form 1040A or 1040EZ (or not required to file any income tax return) or - Anyone in the parents' household size (as defined on the FAFSA) received any designated means-tested federal benefits* during 2015 or 2016, or - Parent is a dislocated worker.
Formula B Independent student without dependents (other than a spouse)	<ul style="list-style-type: none"> ■ Student (and spouse, if any) had a 2015 AGI of \$49,999 or less (for tax filers), or if non-filers, income earned from work in 2015 is \$49,999 or less; and ■ Either <ul style="list-style-type: none"> - Student (and spouse, if any) filed or are eligible to file 2015 IRS Form 1040A or 1040EZ (or not required to file any income tax return) or - Anyone in the student's household size (as defined on the FAFSA) received any designated means-tested federal benefits* during 2015 or 2016, or - Student (or spouse, if any) is a dislocated worker. 	Not applicable.
Formula C Independent student with dependents (other than a spouse)	<ul style="list-style-type: none"> ■ Student (and spouse, if any) had a 2015 AGI of \$49,999 or less (for tax filers), or if non-filers, income earned from work in 2015 is \$49,999 or less; and ■ Either <ul style="list-style-type: none"> - Student (and spouse, if any) filed or are eligible to file 2015 IRS Form 1040A or 1040EZ (or not required to file any income tax return) or - Anyone in the student's household size (as defined on the FAFSA) received any designated means-tested federal benefits* during 2015 or 2016, or - Student (or spouse, if any) is a dislocated worker. 	<ul style="list-style-type: none"> ■ Student (and spouse, if any) had a 2015 AGI of \$25,000 or less (for tax filers), or if non-filers, income earned from work in 2015 is \$25,000 or less; and ■ Either <ul style="list-style-type: none"> - Student (and spouse, if any) filed or are eligible to file 2015 IRS Form 1040A or 1040EZ (or not required to file any income tax return) or - Anyone in the student's household size (as defined on the FAFSA) received any designated means-tested federal benefits* during 2015 or 2016, or - Student (or spouse, if any) is a dislocated worker.

*Benefits include: Medicaid, Supplemental Security Income (SSI), Supplemental Nutrition Assistance (SNAP), Free or Reduced Price School Lunch, Temporary Assistance for Needy Families (TANF), and Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

Appendix C

2015 Federal Tax Year: Eligible to File a 1040A/EZ?

“If you have filed or will file a 1040, were you eligible to file a 1040A or 1040EZ” (2017-2018 FAFSA questions 35 and 83.)

YES, **IF** taxable income from line 43 is less than \$100,000 **–AND–**

IF amounts (other than zero) do not appear on the following lines, except as noted below for lines 13, 40 and 44:

1040 Section	Line #	Description
Income	10	Taxable refunds, credits or offsets of state/local income taxes.
	11	Alimony received.
	12	Business income or loss.
	13	Capital gain or loss (ignore amount unless Schedule D was required).
	14	Other gains or losses.
	17	Rental real estate, royalties, partnerships, etc.
	18	Farm income or loss.
	21	Other income.
Adjusted Gross Income	24	Certain business expenses of reservists, performing artists and fee-basis government officials.
	25	Health savings account deduction.
	26	Moving expenses.
	27	Deductible part of self-employment tax.
	28	Self-employed SEP, SIMPLE and qualified plans.
	29	Self-employed health insurance deduction.
	30	Penalty on early withdrawal of savings.
	31a	Alimony paid.
	35	Domestic production activities deduction.
Tax and Credits	40	Itemized or standard deduction (ignore amount unless itemized deductions were taken). *
	43	Taxable income must be less than \$100,000.
	44	Tax (ignore amount unless any box is checked on line 44).
	48	Foreign tax credit.
	53	Residential energy credits.
	54	Other credits from Form 3800, 8801 or other.
Other Taxes	57	Self-employment tax.
	58	Unreported social security and Medicare tax from Form 4137 or 8919.
	59	Additional tax on IRAs, other qualified retirement plans, etc.
	60a	Household employment taxes from Schedule H.
	60b	First-time homebuyer credit repayment.
	62	Taxes from Form 8959, 8960 or other.
Payments	70	Amount paid with request for extension to file.
	71	Excess social security and tier 1 RRTA tax withheld.
	72	Credit for federal tax on fuels.
	73	Credits from Form 2439, 8885 or other.

***On an IRS tax return transcript, the ‘Standard Deduction Per Computer’ line amount will show as a zero for someone who itemized.**

If all of the above conditions apply, the tax filer was eligible to file a 1040A or 1040EZ but filed a 1040 for other reasons. Therefore, the tax filer should answer YES to question 35 (student) or 83 (parent) on the 2017-2018 FAFSA.

Sample IRS Form 1040: Eligible to File a 1040A/EZ?

Form	1040	Department of the Treasury—Internal Revenue Service (99)	2015	OMB No. 1545-0074	IRS Use Only—Do not write or staple in this space.																																																																								
For the year Jan. 1–Dec. 31, 2015, or other tax year beginning _____, 2015, ending _____, 20																																																																													
Your first name and initial Skip H		Last name Maverick		See separate instructions.																																																																									
If a joint return, spouse's first name and initial Brooke J		Last name Maverick		Your social security number HHH HH HHHH																																																																									
Home address (number and street). If you have a P.O. box, see instructions. 1497 F Street				Apt. no.																																																																									
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Eugene, OR 99999				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 type="checkbox"/> You <input type="checkbox"/> Spouse																																																																									
Foreign country name		Foreign province/state/county		Foreign postal code																																																																									
Filing Status	1 <input checked="" type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. 4 <input 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. 5 <input type="checkbox"/> Qualifying widow(er) with dependent child																																																																												
Exemptions	6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a. b <input checked="" type="checkbox"/> Spouse <table border="1" style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <th colspan="2" style="text-align: left;">(1) Dependents:</th> <th style="text-align: center;">(2) Dependent's social security number</th> <th style="text-align: center;">(3) Dependent's relationship to you</th> <th style="text-align: center;">(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)</th> </tr> <tr> <td style="width:30%;">First name</td> <td style="width:30%;">Last name</td> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:10%;"></td> </tr> <tr> <td>Jack</td> <td>Maverick</td> <td>DDD DDD DDDD</td> <td>Son</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> d Total number of exemptions claimed					(1) Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)	First name	Last name				Jack	Maverick	DDD DDD DDDD	Son	<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>																																										
(1) Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)																																																																									
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For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 11320B

Form 1040 (2015)

*Ignore amount on line 13 unless Schedule D was required (as indicated by an un-checked box).

Form **1040** (2015)

30

Sample Tax Transcript 1040: Eligible to File a 1040A/EZ?



Internal Revenue Service

United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 03-11-2016
Response Date: 03-11-2016
Tracking Number: XXXXXXXXXXXXX

Tax Return Transcript

SSN Provided: HHH-HH-HHHH
Tax Period Ending: Dec. 31, 2015

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

SSN: HHH-HH-HHHH
SPOUSE SSN: III-II-IIII

NAME(S) SHOWN ON RETURN: SKIP H & BROOKE J MAVERICK

ADDRESS: 1497 F STREET
EUGENE, OR 99999

FILING STATUS: MARRIED FILING JOINT
FORM NUMBER: 1040
CYCLE POSTED: 20161005
RECEIVED DATE: Apr.15, 2016
REMITTANCE: \$0.00
EXEMPTION NUMBER: 3
DEPENDENT 1 NAME CTRL:.....MAVE
DEPENDENT 1 SSN:.....JJJ-JJJ-JJJJ
DEPENDENT 2 NAME CTRL:
DEPENDENT 2 SSN:
DEPENDENT 3 NAME CTRL:
DEPENDENT 3 SSN:
DEPENDENT 4 NAME CTRL:
DEPENDENT 4 SSN:
PTIN:
PREPARER EIN:

Income

	WAGES, SALARIES, TIPS, ETC:.....	\$37,645.00
	TAXABLE INTEREST INCOME:.....	\$28.00
	TAX-EXEMPT INTEREST:.....	\$0.00
	ORDINARY DIVIDEND INCOME: SCH B:.....	\$0.00
	QUALIFIED DIVIDENDS:.....	\$0.00
10	REFUNDS OF STATE/LOCAL TAXES:.....	\$0.00
11	ALIMONY RECEIVED:.....	\$0.00
	BUSINESS INCOME OR LOSS (Schedule C):.....	\$5,757.00
12	BUSINESS INCOME OR LOSS: SCH C PER COMPUTER:.....	\$5,757.00
	CAPITAL GAIN OR LOSS: (Schedule D):.....	\$0.00
13*	CAPITAL GAINS OR LOSS: SCH D PER COMPUTER:.....	\$0.00
14	OTHER GAINS OR LOSSES (Form 4797):.....	\$0.00
	TOTAL IRA DISTRIBUTIONS:.....	\$0.00
	TAXABLE IRA DISTRIBUTIONS:.....	\$0.00
	TOTAL PENSIONS AND ANNUITIES:.....	\$0.00
	TAXABLE PENSION/ANNUITY AMOUNT:.....	\$0.00
	RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E):.....	\$14,762.00
17	RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E) PER COMPUTER:.....	\$14,762.00
	RENT/ROYALTY INCOME/LOSS PER COMPUTER:.....	\$0.00
	ESTATE/TRUST INCOME/LOSS PER COMPUTER:.....	\$0.00
	PARTNERSHIP/S-CORP INCOME/LOSS PER COMPUTER PER COMPUTER:.....	\$14,762.00
	FARM INCOME OR LOSS (Schedule F):.....	\$0.00
18	FARM INCOME OR LOSS (Schedule F) PER COMPUTER:.....	\$0.00
	UNEMPLOYMENT COMPENSATION:.....	\$0.00

*Ignore amount on line 13 unless Schedule D was required.

	TOTAL SOCIAL SECURITY BENEFITS:.....	\$0.00
	TAXABLE SOCIAL SECURITY BENEFITS:.....	\$0.00
	TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER:.....	\$0.00
21	OTHER INCOME:.....	\$0.00
	SCHEDULE EIC SE INCOME PER COMPUTER:.....	\$5,350.00
	SCHEDULE EIC EARNED INCOME PER COMPUTER:.....	\$42,995.00
	SCH EIC DISQUALIFIED INC COMPUTER:.....	\$28.00
	TOTAL INCOME:.....	\$58,192.00
	TOTAL INCOME PER COMPUTER:.....	\$58,192.00

Adjustments to Income

	EDUCATOR EXPENSES:.....	\$0.00
	EDUCATOR EXPENSES PER COMPUTER:.....	\$0.00
24	RESERVIST AND OTHER BUSINESS EXPENSE:.....	\$0.00
	HEALTH SAVINGS ACCT DEDUCTION:.....	\$0.00
25	HEALTH SAVINGS ACCT DEDUCTION PER COMPTR:.....	\$0.00
26	MOVING EXPENSES: F3903:.....	\$0.00
	SELF EMPLOYMENT TAX DEDUCTION:.....	\$407.00
27	SELF EMPLOYMENT TAX DEDUCTION PER COMPUTER:.....	\$407.00
	SELF EMPLOYMENT TAX DEDUCTION VERIFIED:.....	\$0.00
28	KEOGH/SEP CONTRIBUTION DEDUCTION:.....	\$0.00
29	SELF-EMP HEALTH INS DEDUCTION:.....	\$5,831.00
30	EARLY WITHDRAWAL OF SAVINGS PENALTY:.....	\$0.00
	ALIMONY PAID SSN:.....	
31	ALIMONY PAID:.....	\$0.00
	IRA DEDUCTION:.....	\$0.00
	IRA DEDUCTION PER COMPUTER:.....	\$0.00
	STUDENT LOAN INTEREST DEDUCTION:.....	\$0.00
	STUDENT LOAN INTEREST DEDUCTION PER COMPUTER:.....	\$0.00
	TUITION AND FEES DEDUCTION:.....	\$0.00
	TUITION AND FEES DEDUCTION PER COMPUTER:.....	\$0.00
35	DOMESTIC PRODUCTION ACTIVITIES DEDUCTION:.....	\$0.00
	OTHER ADJUSTMENTS:.....	\$0.00
	ARCHER MSA DEDUCTION:.....	\$0.00
	ARCHER MSA DEDUCTION PER COMPUTER:.....	\$0.00
	TOTAL ADJUSTMENTS:.....	\$6,238.00
	TOTAL ADJUSTMENTS PER COMPUTER:.....	\$6,238.00
	ADJUSTED GROSS INCOME:.....	\$51,954.00
	ADJUSTED GROSS INCOME PER COMPUTER:.....	\$51,954.00
	RECOMPUTED ADJUSTED GROSS INCOME PER COMPUTER:.....	\$0.00

Tax and Credits

	65-OR-OVER:.....	NO
	BLIND:.....	NO
	SPOUSE 65-OR-OVER:.....	NO
	SPOUSE BLIND:.....	NO
40**	STANDARD DEDUCTION PER COMPUTER:.....	\$12,600.00
	ADDITIONAL STANDARD DEDUCTION PER COMPUTER:.....	\$0.00
	TAX TABLE INCOME PER COMPUTER:.....	\$39,354.00
	EXEMPTION AMOUNT PER COMPUTER:.....	\$12,000.00
	TAXABLE INCOME:.....	\$27,354.00
43	TAXABLE INCOME PER COMPUTER:.....	\$27,354.00
	RECOMPUTED TAXABLE INCOME PER COMPUTER:.....	\$0.00
	TOTAL POSITIVE INCOME PER COMPUTER:.....	\$58,192.00
	TENTATIVE TAX:.....	\$3,184.00
	TENTATIVE TAX PER COMPUTER:.....	\$3,184.00
	RECOMPUTED TENTATIVE TAX PER COMPUTER:.....	\$0.00
44	FORM 8814 ADDITIONAL TAX AMOUNT:.....	\$0.00
	TAX ON INCOME LESS SOC SEC INCOME PER COMPUTER:.....	\$0.00
	FORM 6251 ALTERNATIVE MINIMUM TAX:.....	\$0.00
	FORM 6251 ALTERNATIVE MINIMUM TAX PER COMPUTER:.....	\$0.00
	RECOMPUTED FORM 6251 ALTERNATIVE MINIMUM TAX PER COMPUTER:.....	\$0.00
	FOREIGN TAX CREDIT:.....	\$0.00
48	FOREIGN TAX CREDIT PER COMPUTER:.....	\$0.00
	FOREIGN INCOME EXCLUSION PER COMPUTER:.....	\$0.00
	FOREIGN INCOME EXCLUSION TAX PER COMPUTER:.....	\$0.00
	EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT AMOUNT:.....	\$0.00
	EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT VERIFIED AMOUNT:.....	\$0.00

****The 'Standard Deduction per Computer' line will show as a zero for someone who itemized.**

	RECOMPUTED EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT VERIFIED AMOUNT PER COMPUTER:.....	\$0.00
	CHILD & DEPENDENT CARE CREDIT:.....	\$0.00
	CHILD & DEPENDENT CARE CREDIT PER COMPUTER:.....	\$0.00
	CREDIT FOR ELDERLY AND DISABLED:.....	\$0.00
	CREDIT FOR ELDERLY AND DISABLED PER COMPUTER:.....	\$0.00
	EDUCATION CREDIT:.....	\$1,500.00
	EDUCATION CREDIT PER COMPUTER:.....	\$1,500.00
	GROSS EDUCATION CREDIT PER COMPUTER:.....	\$1,500.00
	RETIREMENT SAVINGS CNTRB CREDIT:.....	\$0.00
	RETIREMENT SAVINGS CNTRB CREDIT PER COMPUTER:.....	\$0.00
	PRIM RET SAV CNTRB: F8880 LN6A:.....	\$0.00
	SEC RET SAV CNTRB: F8880 LN6B:.....	\$0.00
	TOTAL RETIREMENT SAVINGS CONTRIBUTION: F8880 CMPTR:.....	\$0.00
	RESIDENTIAL ENERGY CREDIT:.....	\$0.00
53	RESIDENTIAL ENERGY CREDIT PER COMPUTER:.....	\$0.00
	CHILD TAX CREDIT:.....	\$0.00
	CHILD TAX CREDIT PER COMPUTER:.....	\$0.00
	ADOPTION CREDIT: F8839:.....	\$0.00
54	ADOPTION CREDIT PER COMPUTER:.....	\$0.00
	FORM 8396 MORTGAGE CERTIFICATE CREDIT:.....	\$0.00
54	FORM 8396 MORTGAGE CERTIFICATE CREDIT PER COMPUTER:.....	\$0.00
	F3800, F8801 AND OTHER CREDIT AMOUNT:.....	\$0.00
	FORM 3800 GENERAL BUSINESS CREDITS:.....	\$0.00
54	FORM 3800 GENERAL BUSINESS CREDITS PER COMPUTER:.....	\$0.00
	PRIOR YR MIN TAX CREDIT: F8801:.....	\$0.00
54	PRIOR YR MIN TAX CREDIT: F8801 PER COMPUTER:.....	\$0.00
	F8936 ELECTRIC MOTOR VEHICLE CREDIT AMOUNT:.....	\$0.00
54	F8936 ELECTRIC MOTOR VEHICLE CREDIT PER COMPUTER:.....	\$0.00
	F8910 ALTERNATIVE MOTOR VEHICLE CREDIT AMOUNT:.....	\$0.00
	F8910 ALTERNATIVE MOTOR VEHICLE CREDIT PER COMPUTER:.....	\$0.00
	OTHER CREDITS:.....	\$0.00
	TOTAL CREDITS:.....	\$1,500.00
	TOTAL CREDITS PER COMPUTER:.....	\$1,500.00
	RECOMPUTED TOTAL CREDITS PER COMPUTER:.....	\$0.00
	INCOME TAX AFTER CREDITS PER COMPUTER:.....	\$1,684.00

Other Taxes

	SE TAX:.....	\$814.00
57	SE TAX PER COMPUTER:.....	\$814.00
	SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS:.....	\$0.00
58	SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER:.....	\$0.00
	TAX ON QUALIFIED PLANS F5329 (PR):.....	\$0.00
59	TAX ON QUALIFIED PLANS F5329 PER COMPUTER:.....	\$0.00
	IRAF TAX PER COMPUTER:.....	\$0.00
	TP TAX FIGURES (REDUCED BY IRAF) PER COMPUTER:.....	\$2,498.00
	IMF TOTAL TAX (REDUCED BY IRAF) PER COMPUTER:.....	\$2,498.00
62	OTHER TAXES PER COMPUTER:.....	\$0.00
	UNPAID FICA ON REPORTED TIPS:.....	\$0.00
	OTHER TAXES:.....	\$0.00
62	RECAPTURE TAX: F8611:.....	\$0.00
	HOUSEHOLD EMPLOYMENT TAXES:.....	\$0.00
60	HOUSEHOLD EMPLOYMENT TAXES PER COMPUTER:.....	\$0.00
	RECAPTURE TAXES:.....	\$0.00
	TOTAL ASSESSMENT PER COMPUTER:.....	\$2,498.00
	TOTAL TAX LIABILITY TP FIGURES:.....	\$2,498.00
	TOTAL TAX LIABILITY TP FIGURES PER COMPUTER:.....	\$2,498.00

Payments

	FEDERAL INCOME TAX WITHHELD:.....	\$2,010.00
	HEALTH CARE: INDIVIDUAL RESPONSIBILITY:.....	\$0.00
	HEALTH CARE FULL-YEAR COVERAGE INDICATOR:.....	1
	COBRA PREMIUM SUBSIDY:.....	\$0.00
	ESTIMATED TAX PAYMENTS:.....	\$3,360.00
	OTHER PAYMENT CREDIT:.....	\$0.00
	REFUNDABLE EDUCATION CREDIT:.....	\$1,000.00
	REFUNDABLE EDUCATION CREDIT PER COMPUTER:.....	\$1,000.00
	REFUNDABLE EDUCATION CREDIT VERIFIED:.....	\$0.00
	EARNED INCOME CREDIT:.....	\$0.00

	EARNED INCOME CREDIT PER COMPUTER:.....	\$0.00
	EARNED INCOME CREDIT NONTAXABLE COMBAT PAY:.....	\$0.00
	SCHEDULE 8812 NONTAXABLE COMBAT PAY:.....	\$0.00
71	EXCESS SOCIAL SECURITY & RRTA TAX WITHHELD:.....	\$0.00
	SCHEDULE 8812 TOT SS/MEDICARE WITHHELD:.....	\$0.00
	SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT:.....	\$0.00
	SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT PER COMPUTER:.....	\$0.00
	SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT VERIFIED:.....	\$0.00
70	AMOUNT PAID WITH FORM 4868:.....	\$0.00
	FORM 2439 REGULATED INVESTMENT COMPANY CREDIT:.....	\$0.00
	FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS:.....	\$0.00
72	FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS PER COMPUTER:.....	\$0.00
73	HEALTH COVERAGE TX CR: F8885:.....	\$0.00
	PREMIUM TAX CREDIT AMOUNT:.....	\$1,430.00
	PREMIUM TAX CREDIT VERIFIED AMOUNT:.....	\$0.00
	PRIMARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT:.....	\$0.00
	SECONDARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT:.....	\$0.00
	FIRST TIME HOMEBUYER CREDIT REPAYMENT AMOUNT:.....	\$0.00
60	FORM 5405 TOTAL HOMEBUYERS CREDIT REPAYMENT PER COMPUTER:.....	\$0.00
	SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER:.....	\$0.00
	SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER (2):.....	\$0.00
73	FORM 2439 AND OTHER CREDITS:.....	\$0.00
	TOTAL PAYMENTS:.....	\$7,800.00
	TOTAL PAYMENTS PER COMPUTER:.....	\$7,800.00

Refund or Amount Owed

REFUND AMOUNT:.....	\$-5,302.00
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Appendix D

Current Year Transcript Availability

Use the table below to determine the general timeframe when you can request a transcript for a current year Form 1040, 1040A, or 1040EZ return filed on or before the April due date. Availability varies based on the method you used to file your return and whether you have a refund or balance due.

Note: If you made estimated tax payments and/or applied your overpayment from a prior year tax return to your current year tax return, you can request a [tax account transcript](#) to confirm these payments or credits a few weeks after the beginning of the calendar year prior to filing your current year return.

When your original return shows a ...	and you filed <i>electronically</i> , then	and you filed on <i>paper</i> , then
refund amount or no balance due,	allow 2-3 weeks after return submission before you request a transcript.	allow 6-8 weeks after you mailed your return before you request a transcript.
balance due and you paid in full with your return,	allow 2-3 weeks after return submission before you request a transcript.	we process your return in June and you can request a transcript in mid to late June. Note: we process all payments upon receipt.
balance due and you paid in full after submitting the return,	allow 3-4 weeks after full payment before you request a transcript.	
balance due and you didn't pay in full,	we process your return in mid-May and you can request a transcript by late May.	

<https://www.irs.gov/individuals/transcript-availability>

Appendix E

How to Register for Get Transcript Online Using New Authentication Process



Secure Access: How to Register for Certain Online Self-Help Tools

To better protect taxpayers, the IRS recently upgraded its identity verification process for certain online self-help tools. The purpose is to prevent taxpayer impersonations and account takeovers by identity thieves. Because the Secure Access Authentication platform is more rigorous, it helps if you prepare to register in advance.

Currently, the Secure Access Authentication process applies to the [Get Transcript Online](#) and [Get an IP PIN](#) tools.

Here's what new users need to get started:

- A readily available email address;
- Your Social Security number;
- Your filing status and address from your last-filed tax return;
- Your personal account number from a:
 - credit card, or
 - home mortgage loan, or
 - home equity (second mortgage) loan, or
 - home equity line of credit (HELOC), or
 - car loan(The IRS does not retain this data)
- A readily available mobile phone. Only U.S.-based mobile phones may be used. Your name must be associated with the mobile phone account. Landlines, Skype, Google Voice or similar virtual phones as well as phones associated with pay-as-you-go plans cannot be used;
- If you have a "credit freeze" on your credit records through Equifax, it must be [temporarily lifted](#) before you can successfully complete this process.

Because this process involves verification using financial records, there may be a "soft inquiry" placed on your credit report. This notice does not affect your credit score. The IRS does not retain your financial account information.

Note: If you have a pay-as-you-go mobile phone or a business/family plan mobile phone not associated with your name, you may request that we mail an activation code to the address we have on file for you. You still must have a text-enabled, U.S.-based phone to receive a security code text that completes the validation process and allows returning users to access their accounts.

First-time users of any Secure Access-supported tool must:

- Submit name and email address to receive a confirmation code;
- Enter the emailed confirmation code;
- Provide SSN, date of birth, filing status and address on the last filed tax return;
- Provide some financial account information for verification such as the last eight digits of their credit card number or car loan number or home mortgage account number or home equity (second mortgage) loan number or home equity line of credit;
- Enter a mobile phone number to receive a six-digit activation code via text message OR request an activation code by mail (see below);
- Enter the activation code sent to mobile phone;
- Create username and password, create a site phrase and select a site image.

First-time users who opt for an Activation Code by Mail must:

- Select Activation Code by Mail when prompted;
- Create username and password, create a site phrase and select a site image;
- Allow 5 to 10 days for mail delivery of the activation code;
- Return to the self-help tool and enter your username and password;
- Enter the activation code at the prompt;
- Enter number for any type of text-enabled phone at the prompt; this may include a pay-as-you-go mobile phone or a business/family plan mobile phone not associated with your name;
- Check phone for a security code text;
- Enter the security code text at the prompt to complete the Secure Access validation process.

Returning users with existing credentials but new to Secure Access must:

- Log in with an existing username and password;
- Submit financial account information for verification, for example, the last eight digits of a credit card number or car loan number or home mortgage account number or home equity (second mortgage) loan account number;
- Submit a mobile phone number to receive an activation code via text OR request an activation code by mail (see above);
- Enter the activation code.

Returning users who previously completed the Secure Access process must:

- Log in with an existing username and password;
- Receive a security code text via mobile phone provided during account set up;
- Enter the security code into secure process.

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<https://www.irs.gov/individuals/secure-access-how-to-register-for-certain-online-self-help-tools?>

Cheryl Hunt is a 27-year veteran of the financial aid industry; for the last 11 years providing regulatory and compliance training to higher education professionals across the country. She created this Tax Transcript tool to help financial aid professionals better understand and navigate a somewhat complex IRS document.

Cheryl hails from Eugene, Oregon. She loves hiking and college football – GO DUCKS! As a versatile training professional, she excels at taking complex financial aid concepts and presenting them in an easy-to-understand, interesting, and entertaining way. As a financial aid trainer, Cheryl hits the trifecta – hands-on experience in the financial aid office, strong public speaking skills and the ability to develop and deliver high quality training.

If your organization is looking for someone to deliver interactive and effective web-based or in-person training, email Cheryl at cheryl.hunt.trainer@gmail.com or send her a message through LinkedIn at <https://www.linkedin.com/in/cherylhunt1487>.

