

Test 3

Please Complete the Following Forms for This Test:

Also, please complete as many fields as possible.

FORM 40NR ALABAMA INDIVIDUAL INCOME TAX RETURN
ALABAMA SCHEDULE A: ITEMIZED DEDUCTIONS
ALABAMA SCHEDULE B: INTEREST AND DIVIDEND INCOME
ALABAMA SCHEDULE DS: DEPENDENT SCHEDULE
ALABAMA SCHEDULE HOF: HEAD OF FAMILY
ALABAMA SCHEDULE D: PROFIT FROM SALE OF REAL ESTATE, ETC
ALABAMA SCHEDULE E: RENT AND ROYALTY INCOME OR LOSS
ALABAMA SCHEDULE OC: OTHER AVAILABLE CREDITS
ALABAMA SCHEDULE AJA: ALABAMA JOBS ACT – INVESTMENT CREDIT
ALABAMA SCHEDULE IRC – IRRIGATION/RESERVOIR SYSTEM CREDIT
ALABAMA SCHEDULE SBA – SMALL BUSINESS AND AGRIBUSINESS JOBS
ALABAMA SCHEDULE NTC: NET TAX CALCULATOR
FEDERAL INCOME TAX DEDUCTION WORKSHEET

ALABAMA FORM 4952A ALABAMA INVESTMENT INTEREST EXPENSE DEDUCT

1- FEDERAL W-2
1- FEDERAL W-2G
1- FEDERAL SCHEDULE F: PROFIT OR LOSS FROM FARMING

DATE OF BIRTH: September, 12, 1955

Legal Resident: GA

TAXPAYER:

NAME:	Jacob Trickster
OCCUPATION:	Banker
Daytime phone #:	(404) 242-1281
AGE:	40
SSN:	400-00-7401

FILING STATUS:	Head of Family
NUMBER OF DEPENDENTS:	1

Add ALL the applicable Authentication Header elements (including below)

DRIVER'S LICENSE INFORMATION

State Issued Number, State Issued State Code, Expiration Date and Issued Date

Cell phone number

DEPENDENT INFORMATION

DEPENDENT NO. 1

DEPENDENT NAME:

RUEBEN TRICKSTER

DEPENDENT SSN:

400-00-7422

DEPENDENT RELATIONSHIP:

DAUGHTER

MORE THAN ONE-HALF OF SUPPORT?

YES

BORN: 2016

Alabama Income:

a: Employee's SSN: 400-00-7403

b: Employer's EIN: 63-3620968

c: Employer's Name, Address, and Zip Code:

Morgan Company

288 New Money Blvd

New York, NY 10001

e: Employee's First Name, Initial, Last Name

Jacob Trickster

4587 Ladder Drive

Atlanta, GA 30300

Box 1:

Box 2:

Box 3:

Box 4:

Box 5:

Box 6:

Box 15: State 1: AL

Employer's State ID No.: 448164

Box 16: State Wages:

Box 17: State Income Tax:

Box 18: Local Wages:

Box 19: Local Income:

Box 20: Locality Name: BHM

Alabama Income:

a: Employee's SSN: 400-00-7403
b: Employer's EIN: 63-3620968
c: Employer's Name, Address, and Zip Code:

Chase Company
288 Old Money Drive
New York, NY 10001

e: Employee's First Name, Initial, Last Name
Jacob Trickster
4587 Ladder Drive
Atlanta, GA 30300

Box 1:
Box 2: 0.00
Box 3:
Box 4:
Box 5:
Box 6:

Box 15: State 1: AL
Employer's State ID No.: 945477
Box 16: State Wages:
Box 17: State Income Tax:

PREPARER FIRM:
PREPARER SSN:
PREPARER EIN:
PREPARER PHONE:
PREPARER SELF-EMPLOY IND: Yes
PREPARER ADDRESS:

PAID PREPARER:
ADDRESS: SAME AS FIRM ADDRESS

ALABAMA SCHEUDLE OC: OTHER AVAILABLE CREDIT

Please complete the entire form – **Part A, Part B, Part C, Part D, Part E, Part F, Part G, Part H, Part I, AND Part J.**