

Oregon TY2020 ATS Testing

Transit Self Employment Tax - Individual

LTD Scenario #1

Fiscal year begin: 07/01/20

Fiscal year end: 06/30/21

First Name and initial: Terri L.

Last Name: Taxpayer

SSN: 400-00-6401

Address: 3500 East 17th Ave, Eugene, OR 97401

County: Lane

Phone #: (503) 555-8152

Checkbox – Filed a Form LTD for 2019.

Checkbox: ACH authorization box checked

Form LTD: Line 1 through Line 10 completed (tax due return)

License number of preparer: 123ABC

Signature checkbox

Financial Transaction: Complete with payment and requested payment date

LTD Scenario #2

First Name and initial: Pam Z.

Last Name: Smith

SSN: 400-00-6402

Checkbox - Did not file a Form LTD for 2019; reason – no income

Business activity – Services

Form LTD: Line 1 through Line 7 and Line 11 completed

Schedule AP1: Complete all lines

LTD Scenario #3

First Name and initial: Mark F.

Last Name: Wexler

SSN: 400-00-6403

Checkbox – Utility or telecommunications

Business activity – Other, telecommunications

Form LTD: Line 1 through Line 6 completed

Schedule AP2: Complete all lines

LTD Scenario #4

First Name and initial: Lynda R.

Last Name: Hamilton

SSN: 400-00-6404

Checkbox – Name change

LTD Scenario #5

First Name and initial: Randi U.

Last Name: Rose

SSN: 400-00-6405

Address: 3500 East 17th Ave, Eugene, OR 97401

Checkbox – Address change

LTD Scenario #6

First Name and initial: Eddie T.

Last Name: Jones

SSN: 400-00-6406

Checkbox – Extension has been filed

LTD Scenario #7

First Name and initial: Brian P.

Last Name: Johnson

SSN: 400-00-6407

Checkbox – Amended return

LTD Scenario #8

First Name and initial: Ted P.

Last Name: Topper

SSN: 400-00-6408

Business activity – Sales

TriMet Scenario #1

Fiscal year begin: 07/01/20

Fiscal year end: 06/30/21

First Name and initial: Terri L.

Last Name: Taxpayer

SSN: 400-00-6411

Address: 701 SW 6th Ave, Portland, Oregon **97204**

County: Multnomah

Phone #: (503) 555-8152

Checkbox – Filed a Form TM for 2019.

Checkbox: ACH authorization box checked

Form TM: Line 1 through Line 10 completed

License number of preparer: 123ABC

Signature checkbox

Financial Transaction: Complete with payment and requested payment date

TriMet Scenario #2

First Name and initial: Sarah N.

Last Name: Browning

SSN: 400-00-6412

Checkbox - Did not file a Form TM for 2019; reason – no income

Business activity – Services

Form TM: Line 1 through Line 7 and Line 11 completed

Schedule AP1: Complete all lines

TriMet Scenario #3

First Name and initial: Jason F.

Last Name: Brown

SSN: 400-00-6413

Checkbox – Utility or telecommunications

Business activity – Other, telecommunications

Form TM: Line 1 through Line 6 completed

Schedule AP2: Complete all lines

TriMet Scenario #4

First Name and initial: Stan S.

Last Name: Rice

SSN: 400-00-6414

Checkbox – Name change

TriMet Scenario #5

First Name and initial: Harold N.

Last Name: Curry

SSN: 400-00-6415

Address: 701 SW 6th Ave, Portland, Oregon 97204

Checkbox – Address change

TriMet Scenario #6

First Name and initial: Alex B.

Last Name: Bloom

SSN: 400-00-6416

Checkbox – Extension has been filed

TriMet Scenario #7

First Name and initial: Brian A.

Last Name: Gerber

SSN: 400-00-6417

Checkbox – Amended return

TriMet Scenario #8

First Name and initial: Terrance M.

Last Name: Klein

SSN: 400-00-6418

Business activity – Sales