

**ALABAMA DEPARTMENT OF REVENUE
TEST SCENARIOS FOR THE 2018
ALABAMA INDIVIDUAL INCOME TAX RETURN
TEST # 6**

FORMS REQUIRED:

FORM 40 ALABAMA INDIVIDUAL INCOME TAX RETURN
ALABAMA SCHEDULE A: ITEMIZED DEDUCTIONS
ALABAMA SCHEDULE B: INTEREST AND DIVIDEND INCOME
ALABAMA SCHEDULE CR: CREDIT FOR TAXES PAID TO OTHER STATES
ALABAMA SCHEDULE OC: OTHER AVAILABLE CREDITS
ALABAMA SCHEDULE HTC: HISTORIC TAX REHABILITATION CREDIT
ALABAAMA SCHEDULE NTC: NET TAX CACULATION
ALABAMA SCHEDULE RC: REFUNDABLE CREDIT
FEDERAL INCOME TAX DEDUCTION WORKSHEET

RETURNS NEEDED:

1 - FEDERAL FORM 2106: EMPLOYEE BUSINESS EXPENSES
1 - FEDERAL FORM W-2

OTHER INFORMATION ABOUT THE TEST:

ALABAMA OVERPAYMENT TO BE APPLIED TO **2018** ESTIMATED TAX:

MAY IRS DISCUSS THE RETURN WITH PREPARER: YES
MAY ALABAMA DISCUSS THE RETURN WITH PREPARER: YES

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

PREPARER FIRM:
PREPARER SSN:
PREPARER EIN:
PREPARER PHONE:
PREPARER SELF-EMPLOY IND: YES

PREPARER ADDRESS:

PAID PREPARER:
ADDRESS: SAME AS FIRM ADDRESS

TAXPAYER:
NAME: Aquila S Pontus
OCCUPATION: Tentmaker
AGE:
Daytime phone #:
SSN: 400-00-7408

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TEST # 6 OTHER INFORMATION

SPOUSE:

NAME: Priscilla Pontus
OCCUPATION: Tentmaker
Daytime phone #:
AGE:
SSN: 400-00-7498

FILING STATUS: Married Filing Jointly

NUMBER OF DEPENDENTS: None

ADDRESS:

RESIDENCY: FULL YEAR
FILED AL RETURN PRIOR YEAR? YES
CURRENT EMPLOYER - Taxpayer:
CURRENT EMPLOYER - Spouse:

No Campaign Contributions

Neighbors Helping Neighbors: NONE

OTHER FED INCOME? NONE

TAXPAYER IRA DEDUCTION: 2000

SPOUSE'S IRA DEDUCTION: 2000

NOTE: NEITHER PRIMARY T/P OR SPOUSE WERE COVERED BY A RETIREMENT PLAN AT WORK.

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**ITEMIZED DEDUCTION INFORMATION FOR
ALABAMA SCHEDULE A - ITEMIZED DEDUCTIONS**

REAL ESTATE TAXES - Line 5:

FICA TAX - Line 6:

OTHER TAXES - Line 8:

Qualified mortgage insurance premiums

CONTRIBUTIONS BY CASH OR CHECK - Line 15:

UNREIMBURSED EMPLOYEE EXPENSES - Line 20:

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DONATION CHECK-OFFS

LINE NO. 1a:	Senior Services Trust Fund	25
LINE NO. 1b:	Alabama Arts Development Fund	10
LINE NO. 1c:	Alabama Non-game Wildlife Fund	100
LINE NO. 1d:	Child Abuse Trust Fund	25
LINE NO. 1e:	Alabama Veterans Program	50
LINE NO. 1f:	Alabama State Historic Preservation Fund	50
LINE NO. 1g:	Archives Services Fund	25
LINE NO. 1h:	Foster Care Trust Fund	15
LINE NO. 1i:	Mental Health	25
LINE NO. 1j:	Alabama Firefighters Annuity and Benefit Fund	100
LINE NO. 1K:	AL Breast & Cervical Cancer Program	50
Line NO. 1L:	Victims of Violence Assistance	25
Line NO. 1M:	Alabama Military Support Foundation	10
Line NO. 1N:	Alabama Veterinary Medical Foundation	30
Line NO. 1O:	Cancer Research Institute	30
Line NO. 1Q:	USS Alabama Battleship Commission	50
Line NO. 1R:	Children First Trust Fund	30

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INTEREST AND DIVIDEND INCOME INFORMATION

Taxable Interest:

COMPANY A
COMPANY B
COMPANY C
COMPANY D

EXEMPT INTEREST:

MUNICIPAL BONDS – MONTGOMERY, AL

MUNICIPAL BONDS – HUNTSVILLE, AL

NOTE: ASSUME MUNICIPAL BONDS ARE ALSO EXEMPT FOR FEDERAL PURPOSES.

Taxable Dividends:

None

ALABAMA SCHEDULE CR: CREDIT FOR TAXES PAID TO OTHER STATES

ALABAMA SCHEDULE CR

Part 1: Georgia

Part 2: New York

Part 3: Mississippi

Part 4: North Carolina

Part 5: South Carolina

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TEST # 6 W-2 Information

W-2 Block

- a. Control Number:
- b. Employer's ID No:
- c. Employer's Name, Address, and Zip Code:

d. Employee SSN: 400-00-7498

e. Employee's Name, Address and Zip Code:

Priscilla Pontus

- 1. Wages, Tips, and Other Compensation:
- 2. Federal Income Tax Withheld:
- 3. Social Security Wages:
- 4. Social Security Tax Withheld:
- 5. Medicare Wages and Tips:
- 6. Medicare Tax Withheld:
- 7. Social Security Tips: 0
- 8. Allocated Tips: 0
- 9. Advance EIC Payment: 0
- 10. Dependent Care Benefits: 0
- 11. Nonqualified Plans: 0
- 12. a,b,c,d N/A
- 13. Stat. Employee/Retirement Plan/SickPay N/A
- 14. Other: N/A
- 15a. State: AL
Employer's State ID No:
- 15b. State: GA
Employer's State ID No:
- 16a. State Wages:
- 16b. State Wages:
- 17a. State Income Tax:
- 17b. State Income Tax:

Blocks 18 through 20: Not Applicable

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TEST # 6 W-2 Information

W-2 Block

- a. Control Number:
- b. Employer's ID No:
- c. Employer's Name, Address, and Zip Code:

d. Employee SSN: 400-00-7408

e. Employee's Name, Address and Zip Code:

Aquila Pontus

- 1. Wages, Tips, and Other Compensation:
- 2. Federal Income Tax Withheld:
- 3. Social Security Wages:
- 4. Social Security Tax Withheld:
- 5. Medicare Wages and Tips:
- 6. Medicare Tax Withheld:
- 7. Social Security Tips: 0
- 8. Allocated Tips: 0
- 9. Advance EIC Payment: 0
- 10. Dependent Care Benefits: 0
- 11. Nonqualified Plans: 0
- 12. a,b,c,d N/A
- 13. Stat. Employee/Retirement Plan/SickPay N/A
- 14. Other: N/A
- 15. State: AL
- Employer's State ID No:
- 16. State Wages:
- 17. State Income Tax:

Blocks 18 through 20: Not Applicable

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