TEST # 9

FORMS REQUIRED:

FORM 40 ALABAMA INDIVIDUAL INCOME TAX RETURN ALABAMA SCHEDULE A - ITEMIZED DEDUCTIONS ALABAMA SCHEDULE B – INTEREST AND ORDINARY INTEREST ALABAMA SCHEDULE D: INCOME FROM SALE OF REAL ESTATE, STOCKS, ETC. ALABAMA SCHEDULE E: INCOME FROM RENTAL REAL ESTATE, ROYALTIES, PARTNERSHIPS, S – CORPS, ESTATES AND TRUSTS ALABAMA FORM NOL 85: COMPUTATION OF NET OPERATING LOSS ALABAMA 4952A: INVESTMENT INTEREST EXPENSE DEDUCTION ALABAMA SCHEDULE NTC: NET TAX CACULATOR FEDERAL INCOME TAX DEDUCTION WORKSHEET

RETURNS NEEDED:

- 1 FEDERAL FORM W-2
- 1 FEDERAL 1099-R
- 1 FEDERAL SCHEDULE A: ITEMIZIED DEDUCTIONS
- 1 FEDERAL SCHEDULE C: PROFIT OR LOSS FROM BUSINESS
- 1 FEDERAL SCHEDULE D: CAPITAL GAINS AND LOSSES
- 1 FEDERAL SCHEDULE E INCOME FROM RENTAL REAL ESTATE, ROYALTIES, ECT..
- 1 FEDERAL FORM: 4952: INVESTMENT INT DED

OTHER INFORMATION ABOUT THE TEST:

No Donation check-offs

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

Add <u>ALL</u> 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: PREPARER ADDRESS:

(YES

PAID PREPARER: ADDRESS:

SAME AS FIRM ADDRESS

TAXPAYER: NAME:

> OCCUPATION: Daytime phone #: <mark>AGE:</mark> SSN:

Lamech Second Hunter

400-00-7410

TEST # 9 OTHER INFORMATION

FILING STATUS: ALIMONY PAID TO EX-SPOUSE: ALIMONY RECIPIENTS NAME, ADDRESS, SSN:	Single Yes Adah Second 431 Easy St Wetumpka, A SSN: 400-00-	L 36092
NUMBER OF DEPENDENTS: TAX PAYERS'S ADDRESS:	None	
RESIDENCY: FILED AL RETURN PRIOR YEAR? CURRENT EMPLOYER PRIMARY TAXPAYER:	FULL YEAR YES	
FEDERAL SCHEDULE C:		-6500
GAIN OR LOSS FROM SALE OF REAL ESTATE, STOCKS - ET	C.	-8000
TAXABLE IRA DISTRIBUTIONS:		2000
TAXABLE PENSIONS AND ANNUITIES:		2000
FEDERAL SCHEDULE E:		-32500

TEST # 9

ITEMIZED DEDUCTION INFORMATION FOR ALABAMA SCHEDULE A - ITEMIZED DEDUCTIONS

MEDICAL AND DENTAL EXPENSES - Line 1:

REAL ESTATE TAXES - Line 5:

FICA TAX - Line 6:

VEHICLE TAX – Line 8:

HOME MORTGAGE INTEREST REPORTED ON FEDERAL FORM 1098 - Line 10a:

INVESTMENT INTEREST EXPENSE (AL FORM 4925A):

UNREIMBURSED EMPLOYEE EXPENSES - Line 20: MISC BUSINESS EXPENSE

OTHER EXPENSES – Line 21:

Safety Deposit Box: Legal Fees: Accounting Fees Tax Prep Fees

OTHER MISCELLANEOUS DEDUCTIONS - Line 25:

None

SCHEDULE B – INTEREST AND ORDINARY DIVIDENDS

BANK A

TEST # 9 - W-2 Information

W-2 Block

- Control Number: a.
- Employer's ID No: 63-6000619 b.
- C. Employer's Name, Address, and Zip Code:
- d. Employee SSN: 400-00-7410
- Employee's Name, Address and Zip Code: e.

Lamech Second

- 1. Wages, Tips, and Other Compensation:
- Federal Income Tax Withheld: 2.
- Social Security Wages: 3.
- Social Security Tax Withheld: 4.
- 5. Medicare Wages and Tips:
- Medicare Tax Withheld: 6.
- 7. Social Security Tips:
- Allocated Tips: 8.
- Advance EIC Payment: 9. Dependent Care Benefits: 10.
- Nonqualified Plans:
- 11.
- 12. a, b, c, d
- Stat. Employee/Retirement Plan/Sick Pay 13.
- 14. Other:
- 15. State 1:
- Employer's State ID No:
- State Wages 1: 16.
- 17. State Income Tax1:

Blocks 18 through 20: Not Applicable

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AL

N/A

None

TEST # 9 1099- R Information

Payers Name, street address, city, state and zip code:

Payer's Federal ID #:

Recipient's Identification number: 400-00-7410

Recipient's Name, address, city, state and zip:

Lamech Second

1099 - R Block

1.	Gross distribution:	
2a.	Taxable amount:	
2b.	Total distribution:	yes
3.	Capital gain:	n/a
4.	Federal income tax withheld:	none
5.	Employee contributions:	none
6.	Net unrealized appreciation:	none
7.	Distribution code/IRA/SEP: 7/ye	s
8.	Other:	none
9a-9b.	Your %/Total contributions:	n/a
12.	State tax withheld:	none
13.	State/Payer's state #:	AL
<mark>14.</mark>	State distribution:	

Lines 15, 16 and 17

N/A