

## TaxSlayer Pro Example Tax Returns

### **Exercise Number One (Daycare and Earned Income Credit)**

**Forms Included:** Form 1040, Form 2441, Schedule EIC

*Client's Social Security Number* 400-00-4702

*Filing Status* Head of Household

*Taxpayer's Date of Birth* 03/01/1977

*Taxpayer is not Blind or Deceased*

*Client's First Name, Initial, and Last Name* Whitney M. Refund

*Street Address* 4175 Spring Street

*Zip Code* 30809 (Evans, Georgia)

*Daytime Telephone* 706-868-0985

*Taxpayer's Occupation* Librarian

#### **Dependent Information**

*Dependent Name* Jeremy D. Refund

*Dependent's Date of Birth* 03/01/2010

*Dependent's SSN* 400-00-5654

*Relationship* Son

*Number of Months Lived in Home* 12

*Dependent Care Expenses* \$ 3100

#### **Health Insurance Information**

Taxpayer had full-year minimum essential health care coverage.  
Health care coverage was NOT purchased through the Exchange.

#### **Daycare Information**

*Provider's Name* Sunshine House

*Provider's EIN* 589632100

*Address* 521 Furys Ferry Road  
Evans, GA 30809

*Amount Paid to Daycare Provider* \$ 3100

#### **W-2 Information**

*Employer Identification Number* 58-6412038

*Employer Name/Address* RCS  
610 Ronald Reagan Drive  
Evans, GA 30809

*Wages* \$ 26263

*Federal Withholding* \$ 264

*State* GA

*State ID Number* 28594178

*State Tax Withheld* \$ 564

**\*\* Answer all Due Diligence Questions so that Taxpayer qualifies for Earned Income Credit**

## TaxSlayer Pro Example Tax Returns

### **Exercise Number Two (Itemized Deductions)**

**Forms Included:** Form 1040, Schedule A, Schedule B

*Client's Social Security Number* 400-00-4703

*Filing Status* Married Filing Joint

*Taxpayer's Date of Birth* 03/01/1967

*Spouse's Date of Birth* 06/15/1968

*Neither Taxpayer nor Spouse is Blind or Deceased*

*Client's First Name, Initial, and Last Name* James T. Kirk

*Secondary First Name, Initial, and Last Name* Sherry S. Kirk

*Secondary SSN* 400-00-4704

*Street Address* 389 Davant Street

*Zip Code* 32920 (Cape Canaveral, Florida)

*Daytime Telephone* 904-868-0985

*Taxpayer's Occupation* Astronaut

*Secondary's Occupation* Nurse

#### **Dependent Information**

*First Dependent Name* Brandon D. Kirk

*Dependent's Birthday* 05/03/2001

*Dependent's SSN* 400-00-5557

*Relationship* Son

*Number of Months Lived in Home* 12

(Qualifies for Child Tax Credit)

*Second Dependent Name* Andrea D. Kirk

*Dependent's Birthday* 08/01/2003

*Dependent's SSN* 400-00-5588

*Relationship* Niece

*Number of Months Lived in Home* 12

#### **Health Care Coverage Information:**

Mr. Kirk's entire family is enrolled under employer sponsored health insurance.

Health insurance was NOT purchased through the Exchange.

**Exercise Number Two**  
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**W-2 Information**

**Taxpayer**

<i>Employer Identification Number</i>	58-6987451
<i>Employer Name/Address</i>	NASA 101 Cape Canaveral Way Cape Canaveral, FL 32920
<i>Wages</i>	94600.00
<i>Federal Withholding</i>	12000.00
<i>State</i>	FL
<i>State ID Number</i>	None
<i>State Tax Withheld</i>	None

**Spouse**

<i>Employer Identification Number</i>	58-6412038
<i>Employer Name/Address</i>	RCS 610 Ronald Reagan Drive Evans, GA 30809
<i>Wages</i>	42100.00
<i>Federal Withholding</i>	5200.00
<i>State</i>	GA
<i>State ID Number</i>	28-594178
<i>State Tax Withheld</i>	740.00

**Schedule B Information:**

**Regular Interest**

<i>Payer's Name</i>	Bank of America
<i>Interest Income from 1099</i>	2420.00

**Regular Dividend**

<i>Payer's Name</i>	Bank of America
<i>Total Ordinary Dividends</i>	315.00

**Exercise Number Two**  
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**Schedule A Information:**

<i>Medical and Dental Insurance</i>	12600.00	
<i>Amount Paid to Doctors/Dentists</i>		
<i>Supporting Notes</i>	Dr John Gillespie	5100.00
	Dr Frank Willingham	2600.00
<i>Prescriptions:</i>	1425.00	
<i>Medical Mileage</i>	1200 miles	
<i>Real Estate Taxes</i>	2100.00	
<i>Personal Property Taxes</i>	515.00	
<i>Supporting Notes</i>	Automobile Tags	
<i>Interest Paid</i>		
<i>Mortgage Interest from a 1098</i>	6200.00	
<i>Gifts to Charity</i>		
<i>Cash Contributions</i>	3600.00	
<i>Non-Cash</i>	486.00	
<i>Miscellaneous Deductions ( 2 %)</i>		
<i>Tax Return Prep</i>	350.00	
<i>Safe Deposit Box Rental</i>	240.00	
<i>Unreimbursed Employee Expenses</i>		
<i>Uniforms</i>	3620.00	
<b><i>Employee Business Expense (2106)</i></b>		
<i>Spouse's Form 2106:</i>		
<i>Type of Occupation</i>	Nurse	
 <i>Vehicle Expenses</i>		
<i>Description</i>	Atlanta Nursing Seminars	
	Date Vehicle Placed in Service: 02/01/15	
	Total Miles Driven: 15625	
	Business Miles 2175	
	Avg. Daily Commuting Miles: 20	
	Commuting Miles in Total: 5230	
 <i>Travel Expenses</i>	Amount: \$765.00	

**Exercise Number Two**  
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**Estimated Payments for 2015:**

Amount Applied from Prior Year Refund:	210.00
First Quarter:	110.00
Second Quarter:	110.00
Third Quarter:	105.00
Fourth Quarter:	105.00

## TaxSlayer Pro Example Tax Returns

### **Exercise Number Three (Self-Employment Income)**

**Forms Included:** Form 1040, Schedule C, Schedule B, Schedule SE

*Client's Social Security Number* 400-00-4705  
*Filing Status* Married Filing Joint

*Taxpayer's Date of Birth* 03/01/1964  
*Spouse's Date of Birth* 01/15/1966

*Neither Taxpayer nor Spouse is Blind or Deceased*

*Client's First Name, Initial, and Last Name* Richard D. Spock  
*Secondary First Name, Initial, and Last Name* Meredith S. Spock  
*Secondary SSN* 400-00-4706

*Street Address* 3109 Greenbrier Street  
*Zip Code* 30906 (Augusta, Georgia)  
*Daytime Telephone* 706-868-0985  
*Taxpayer's Occupation* Professor  
*Secondary's Occupation* Business Owner

#### **Dependent Information**

Name: Ashley B. Spock  
Date of Birth: 05/03/2002  
Dependent SSN: 400-00-3287  
Relationship: Daughter  
Lived in home: 12 Months

Name: Morgan A. Spock  
Date of Birth: 06/10/2004  
Dependent SSN: 400-00-2144  
Relationship: Daughter  
Lived in home: 12 Months

Healthcare Information: Taxpayer and family have minimum essential healthcare coverage through taxpayer's employer.

No health insurance was purchased through the marketplace/exchange.

**Exercise Number Three**  
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**W-2 Information**

**Taxpayer**

<i>Employer Identification Number</i>	58-5478124
<i>Employer Name/Address</i>	Augusta State University 2100 Central Avenue Augusta, GA 30906
<i>Wages</i>	88200.00
<i>Federal Withholding</i>	9020.00
<i>State</i>	GA
<i>State ID Number</i>	289741520
<i>State Wages</i>	86100.00
<i>State Tax Withheld</i>	9210.00

**State Number Two**

**SC**

<i>State ID Number</i>	216543210
<i>State Wages</i>	2100.00
<i>State Tax Withheld</i>	200.00

**Schedule B Information:**

**Tax-Exempt Interest**

<i>Payer's Name</i>	State of Georgia
<i>Interest Income</i>	3500.00

**Other 1099's**

<i>Payer's Name</i>	Bank of America
<i>Regular Interest</i>	265.00
<i>Payer's Name</i>	CSRA Federal Credit Union
<i>Regular Interest</i>	1020.00

**Schedule C Information:**

**Spouse**

<i>Principal Business Category</i>	Retail Trade
<i>Business Code</i>	443120 – Computer and Software Stores
<i>Business Name</i>	Microstuff
<i>Employer ID Number:</i>	58-9638521
<i>Business Address</i>	529 Heard Avenue Augusta, GA 30906

**Leave all Schedule C Questions to the Default Answers**

**Schedule C Income Figures**

<i>Gross Receipts or Sales</i>	46950.00
<i>Returns &amp; Allowances</i>	550.00

**Exercise Number Three**  
**(Page 3)**

**Schedule C Expenses**

<i>Advertising</i>	3500.00
<i>Car &amp; Truck (Std. Mileage Rate)</i>	
<i>Date Placed in Service</i>	04/01/14
<i>Total Business Miles</i>	4400
<i>Total Commuting Miles</i>	3210
<i>Total Other Personal Miles</i>	10120
<b><i>All Vehicle Questions should be answered "YES"</i></b>	
<i>Insurance (Other than Health)</i>	800.00
<i>Rent Property</i>	12000.00
<i>Supplies</i>	630.00
<i>Utilities</i>	1200.00

**Schedule A – Itemized Deductions**

<b>Taxes Paid</b>	
State and Local Tax from W-2s	\$9,410
Real Estate Taxes	\$2850
Personal Property Taxes	
Ad Valorem - Auto Tags	\$420
Home Mortgage Interest from Form 1098	\$9780
Gifts to Charity	
Church (by checks)	\$4,010
Salvation Army (clothes, etc.)	\$386
Deductions Subject to 2%	
Tax Return Prep	\$410
Safe Deposit Box	\$240



## TaxSlayer Pro Example Tax Returns

### **Exercise Number Four (Rental Income)**

**Forms Included:** Form 1040, 1099-R, Schedule A, Form 5329

*Client's First Name, Initial, and Last Name* Jim D. Cabela  
*Client's Social Security Number* 400-00-4707  
*Filing Status* Married Filing Separate

***Spouse did not live with Taxpayer at any time last year.***

***\*\*\* Taxpayer is required to itemize because Spouse itemized.***

*Taxpayer's Date of Birth* 05/11/1974  
*Spouse's Date of Birth* 01/15/1977

*Neither Taxpayer nor Spouse is Blind or Deceased*

*Secondary First Name, Initial, and Last Name* Patricia S. Cabela  
*Secondary SSN* 400-00-4708

*Street Address* 247 Longhorn Street  
*Zip Code* 30809 (Evans, Georgia)  
*Daytime Telephone* 706-868-0985  
*Taxpayer's Occupation* Property Manager

#### **Dependent Information**

*Dependent Name* Michael D. Cabela  
*Dependent's Birthday* 01/16/1929  
*Dependent's SSN* 400-00-3215  
*Relationship* Parent  
*Number of Months Lived in Home* OT – Dependent did not live with Taxpayer  
for circumstances other than divorce/separation

*Dependent was NOT a full-time Student*

***Dependent is disabled***

#### **W-2 Information**

No W-2 information to enter

**Healthcare Information:** Taxpayer and dependent had minimum essential coverage for entire year...health insurance was NOT purchased through the marketplace/exchange.

**Exercise Number Four**  
**(Page 2)**

**1099-R Retirement Information**

**1099-R Information**

<i>Payer's Identification Number</i>	58-5687215
<i>Payer's Name</i>	Fidelity
<i>Payer's Address</i>	178 Central Avenue Augusta GA 30906
<i>Gross Distribution</i>	54,589
<i>Taxable Amount</i>	54,589
<i>Federal Withholdings</i>	5,000
<i>Box 7 Code</i>	1 (No exception to the penalty)

**Schedule A Information:**

<i>Medical and Dental Insurance</i>	7200.00
<i>Real Estate Taxes</i>	2600.00
<i>Personal Property Taxes</i>	345.00
<i>Supporting Notes</i>	Automobile Tags
<i>Interest Paid</i>	
<i>Mortgage Interest from Form 1098</i>	9600.00
<i>Gifts to Charity</i>	
<i>Cash Contributions</i>	600.00
<i>Non-Cash</i>	325.00

**Estimated Payments for 2015:**

First Quarter	3100.00
Second Quarter	3100.00
Third Quarter	3100.00
Fourth Quarter	3100.00

## TaxSlayer Pro Example Tax Returns

### **Exercise Number Five**

**Forms Included:** Form 1040, Form 2441, Form 8867

*Client's Social Security Number* 400-00-XXXX (pick the last 4)

*Filing Status* Head of Household

*Taxpayer's Date of Birth* 03/01/1957

*Taxpayer is not Blind or Deceased*

*Client's First Name, Initial, and Last Name* Richard D. Rico  
*Street Address* 415 Blue Ridge Drive  
*Zip Code* 30809 (Evans, Georgia)  
*Daytime Telephone* 706-868-0985  
*Cell Phone* 706-799-7325  
*Taxpayer's Occupation* Construction

#### **Dependent Information**

*Dependent Name* Brian D. Rico  
*Dependent's Birthday* 08/04/2013  
*Dependent's SSN* 400-00-3214  
*Relationship* Son  
*Number of Months Lived in Home* 12  
*Dependent Care Expenses* \$2400

#### **Daycare Information**

*Provider's Name* Sunshine House  
*Provider's EIN* 589632100  
*Address* 521 Fury's Ferry Road  
Evans, GA 30809  
*Amount Paid to Daycare Provider* \$2400

**Healthcare Information:** Taxpayer had full year minimum essential coverage purchased through a private insurance company. Taxpayer did not purchase health insurance through the Exchange.

**Exercise Number Five  
(Page 2)**

**W-2 Information**

<i>Employer Identification Number</i>	58-9632154
<i>Employer Name/Address</i>	Barclays Construction 216 Industrial Drive Evans, GA 30809
<i>Wages</i>	23651.00
<i>Federal Withholding</i>	3502.00
<i>State</i>	GA
<i>State ID Number</i>	23-2564155
<i>State Tax Withheld</i>	588.00

**SECOND W-2 Information**

<i>Employer Identification Number</i>	58-4375684
<i>Employer Name/Address</i>	Columbia Construction 900 Augusta Road North Augusta, SC 29841
<i>Wages</i>	19104.00
<i>Federal Withholding</i>	2647.00
<i>State</i>	SC
<i>State ID Number</i>	28-3575789
<i>State Tax Withheld</i>	614.00

**Mark for Electronic Filing Using Direct Deposit of Refund Information Below:**

<i>Client's Bank RTN</i>	061000052
<i>Client's Account Number</i>	000562781542
<i>Type of Account:</i>	Checking

## TaxSlayer Pro Example Tax Returns

### **Exercise Number Six**

**Forms Included:** Form 1040, Schedule D, Form 5329, 1098-T, 1099-R, Sale of Home Worksheet, Student Loan Interest Worksheet

*Client's Social Security Number* 400-00-4723  
*Filing Status* Married Filing Joint  
*Taxpayer's Date of Birth* 03/01/1964  
*Spouse's Date of Birth* 01/15/1966

*Neither Taxpayer nor Spouse is Blind or Deceased*

*Client's First Name, Initial, and Last Name* Mike E. Satcher  
*Secondary First Name, Initial, and Last Name* Sheila A. Satcher  
*Secondary SSN* 400-00-4714

*Street Address* 1492 Ellis Street  
*Zip Code* 30906 (Augusta, Georgia)  
*Daytime Telephone* 706-868-1298  
*Taxpayer's Occupation* Investor  
*Secondary's Occupation* Homemaker

#### **Dependent Information**

*Dependent Name* Lauren W. Satcher  
*Dependent Birthday* 03/01/1996  
*Dependent SSN* 400-00-4568  
*Relationship* Daughter  
*Number of Months in Home* 12 (Full time student - away at University of Georgia – Freshman year)  
*Dependent Not Disabled*

**Health Insurance Information:** Taxpayer, spouse, and dependent all had minimum essential health care coverage for the entire year.  
Health coverage was NOT purchased through the marketplace/exchange.

**No W-2 information to enter.**

#### **Schedule D Information – (There is NO ADJUSTMENT CODE information to enter for any transaction)**

1500 Shares ACCO – Box 3 Shows Basis - Acquired 01/12/2002 – Sold 03/01/2015 –  
Sale Price \$30,000 – Cost \$25,000

500 Shares BP Oil – Box 3 Shows Basis - Acquired 02/13/2001 – Sold 04/02/2015 –  
Sale Price \$32,000 – Cost \$18,000

2100 Shares RCS – Box 3 Shows Basis - Acquired 05/19/2003 – Sold 05/20/2015 –  
Sale Price \$56,000 – Cost \$32,000

**Exercise Number Six**  
**(Page 2)**

**Schedule D Information (continued)**

6000 Shares Google – Box 3 Shows Basis - Acquired 03/06/2004 – Sold 08/02/2015 –  
Sale Price \$82,600 – Cost \$23,200

Long Term Loss Carryover from 2014 – \$12,500 (To enter, click the “OTHER” button on the Schedule D  
Transaction entry window.)

**Sale of Residence – “SALE OF MAIN HOME WORKSHEET” (To enter, click the “OTHER” button on the Schedule D  
Transaction entry window.)**

The Satchers sold their home on May 2, 2015...the home had originally been purchased November 10,  
2000...the Sale Price was \$256,000...the Purchase Price was \$180,000...the number of days in the past 5  
years that the property was the main home for the Taxpayer and Spouse and the number of days in the  
past 5 years that the property was owned is 1825 days in every case (365 times 5).

**1099-R Information**

*1099-R is for the Taxpayer*

*EIN of Payer:* 58-0974325  
*Payer’s Name and Address:* Eagle Financial  
456 Ronald Reagan Drive  
Evans, GA 30809

*Gross Distribution:* \$35,000  
*Taxable Amount:* \$35,000  
*Federal Tax Withheld:* \$3,500  
*Distribution Code:* **1**

**Mark the 1099-R as an IRA Distribution**

*Transfer Option to 5329:* **Part I Line 1**  
*State:* GA  
*State ID:* 28-3689701  
*No State Tax Withheld*

*The TOTAL AMOUNT of the 1099-R Distribution is excluded from the 10% Early Withdrawal Penalty  
because the funds were used for HIGHER EDUCATION EXPENSES.*

**1098-T Information**

*Lauren received a 2015 1098-T in support of \$9,000 paid for college tuition for the year.  
She is in her first year of college at the University of Georgia – ID Number 58-3216540 –  
Street Address: 210 Jackson Street; Athens, GA 30609*

*The Satchers also paid \$3,100 for 2015 in Student Loan Interest to Navient Student Loan Corp.*

**Schedule A (Itemized Deduction) Information**

*Home Mortgage Interest Reported on Form 1098:* \$17,620  
*Real Estate Taxes Paid on Home:* \$3,250  
*Personal Property Taxes (Auto Tags):* \$615  
*Cash Contributions:* \$6,400

## TaxSlayer Pro Example Tax Returns

### **Exercise Number Seven – Affordable Care Act Forms**

**Forms Included on Return:** Form 1040, W-2, 1099-R, 1099-SSA, Form 1095-A, Form 8962

*Client's Social Security Number* 259-68-6970  
*Filing Status* Married Filing Joint  
*Taxpayer's Date of Birth* 03/01/1964  
*Spouse's Date of Birth* 01/15/1967  
*Neither Taxpayer nor Spouse is Blind or Deceased*

*Client's First Name, Initial, and Last Name* Samuel E. Adams  
*Secondary First Name, Initial, and Last Name* Patricia R. Adams  
*Secondary SSN* 258-12-3456

*Street Address* 420 Virginia Avenue  
*Zip Code* 30906 (Augusta, Georgia)  
*Daytime Telephone* 706-863-6541  
*Taxpayer's Occupation* Security  
*Secondary's Occupation* Daycare  
*Home Phone* 706-868-1057; *Cell Phone* 706-799-7324; *E-Mail:* samadams@yahoo.com

#### **No Dependent Information to enter on return**

**Health Insurance Information:** Taxpayer and spouse had minimum essential health care coverage for the entire year.  
Health coverage was purchased through HEALTHCARE.GOV (marketplace)

**W-2 information:**     **Taxpayer**  
Employer ID – 11-3770022  
Employer Name – District Court  
Employer Address – 22380 Starks Drive  
Employer Zip Code – 30809  
Box 1 Wages:           \$2,201.00  
Fed. Tax Withheld:    \$58.00  
State – Georgia; State ID 113770201; State Wages \$2201; State Withholding \$94

Employer ID – 27-1124521  
Employer Name – Dynamic Industries  
Employer Address – 3955 Pinnacle Road  
Employer Zip Code – 30907  
Box 1 Wages:           \$40,000  
Fed. Tax Withheld:    \$4,968  
State – Georgia; State ID 271124521; State Wages \$40,000; State Withholding \$1,890

**Exercise Number Seven**  
**(Page 2)**

**W-2 information: Spouse**  
Employer ID – 27-1124521  
Employer Name – Dynamic Industries  
Employer Address – 3955 Pinnacle Road  
Employer Zip Code – 30907  
Box 1 Wages: \$7,820  
Fed. Tax Withheld: \$578  
State – Georgia; State ID 271124521; State Wages \$7,820; State Withholding \$332

**1099-R Information**

*1099-R is for the Taxpayer*

*EIN of Payer:* 38-2365278  
*Payer's Name and Address:* Police Retirement System  
500 Woodward Ave  
Evans, GA 30809

*Gross Distribution:* \$26,213  
*Taxable Amount:* 0.00  
*Federal Tax Withheld:* 0.00  
*Distribution Code:* **3**  
*State:* GA  
*State ID:* 382365278  
*No State Tax Withheld*

*1099-R is for the Taxpayer*

*EIN of Payer:* 38-2094455  
*Payer's Name and Address:* Public School Retirement System  
P O Box 30172  
Evans, GA 30809

*Gross Distribution:* \$3,669  
*Taxable Amount:* \$3,669  
*Federal Tax Withheld:* 0.00  
*Distribution Code:* **7**  
*State:* GA; *State ID:* 382094455; *State Tax Withheld* \$156

*\*\*\* The 1099-R is NOT from an IRA*

**Social Security Benefits**

**Spouse's** Net SS Benefits from 1099-SSA \$8,870  
Federal Tax Withheld from 1099-SSA \$1,331

**Form 1095-A Amounts Received from Healthcare.gov (The Marketplace)**

Taxpayer and Spouse are on the same policy...the policy began in March...the Monthly Premium Amount was \$1,418 for each month beginning in March...The Monthly Premium Amount of the Second Lowest Cost Silver Plan was \$1,270 for each month beginning in March...The Monthly Advance Payment of the Premium Tax Credit was \$799 for each month...you will enter these amounts for each month to calculate **Form 8962**.