
**Test Package for Electronic Filers
of Individual Income Tax Returns
For Tax Year 2008**

WHO MUST TEST?.....	3
WHY TEST?.....	3
WHAT IS TESTED?.....	3
WHEN TO TEST.....	4
TEST PASSWORD.....	4
TESTING GUIDELINES FOR SOFTWARE DEVELOPERS.....	4
REVIEWING ACK FILES AND CORRECTING TESTS.....	4
SOFTWARE DEVELOPER ACCEPTANCE PROCEDURES.....	5
COMMUNICATIONS TEST FOR THE e-file SYSTEM.....	5
TESTING ON THE ELECTRONIC TRANSMITTED DOCUMENT (ETD) SYSTEM.....	5
COMMUNICATIONS TEST FOR THE ETD SYSTEM.....	5
FEDERAL/STATE PARTICIPANTS ACCEPTANCE TESTING (PATS).....	6
CONCURRENT TESTING.....	6
TECHNICAL ASSISTANCE.....	7
ELF STATE ASSIGNED TEST SSNS.....	7
TEST SCENARIOS.....	8

TY 2008

PARTICIPANTS ACCEPTANCE TESTING SYSTEM (PATS)

WHO MUST TEST?

The Electronic Program Operations requires that all Software Developers and Transmitters pass the Participants Acceptance Testing (PATS) and perform the suggested tests in this Test Package before they can be accepted into the electronic filing program for the 2009 (Tax Year 2008) filing season.

WHY TEST?

The purpose of testing is to ensure, prior to live processing that:

- ▶ *filers transmit in the correct format and meet the IRS electronic filing specifications;*
- ▶ *returns have few validation or math errors;*
- ▶ *required fields post to the IRS master file; and*
- ▶ *filers understand and are familiar with the mechanics of electronic filing.*

WHAT IS TESTED?

IRS will provide limited testing criteria that all software developers must follow and include when developing their test scenarios. Test scenarios must be accepted with no error reject codes before the software can be accepted into the electronic filing program for Tax Year 2008. Since Software Developers will be creating their own test scenarios, there will be no Answer File provided, eliminating the need for a compare process. Participants Acceptance Testing begins November 12, 2008.

You are required to transmit test scenarios using the Forms 1040/A/EZ and 1040 SS return, and forms and schedules associated with the 1040 series tax return. A test file consisting of at least ten (10) returns, but not more than thirty-eight (38), with the related forms, schedules and attachments must be transmitted. A range of test Social Security Numbers 400-00-1001 through 400-00-1038 will be used in all test scenarios. If your return rejects, you can make the correction and re-transmit as many times as necessary until the return is accepted.

If you will be participating in the Federal/State electronic filing program, you will need to test your Federal/State returns using one of the Federal scenarios you create. You should add the appropriate information in the generic state record and transmit the return as part of your regular transmission. Specific instructions are available from participating states.

The criteria for the test scenarios provide some of the information needed to prepare the appropriate forms and schedules; however, computations and data for all lines have not been provided. Therefore, some knowledge of tax law and tax preparation is necessary. You must correctly prepare and compute these returns before transmitting to the IRS.

NOTE: It is important that you enter the correct Return Type and Source Return Indicator.

WHEN TO TEST

When you are ready to test November 12, 2008, please call the e-help Desk at the centralized toll-free number:

1-866-255-0654

The e-help Desk is responsible for assigning an assistor to provide support during the PATS testing process. This assignment will be made October 31, 2008.

TEST PASSWORD

New applicants will receive a password letter when their application is processed and the Electronic Transmitter Identification Number (ETIN) is assigned. All other transmitters/software developers will use their current password.

TESTING GUIDELINES FOR SOFTWARE DEVELOPERS

Before testing begins, you must advise the e-help Desk of all limitations to your software package at the time of first contact. Your software does not have to provide for all forms and schedules, nor for all occurrences of a particular form or schedule. If your software cannot provide for all occurrences of a particular form or schedule or series of fields, as specified in Publication 1346, no statement record is allowed. You must enter data in all of the required fields. An acceptable limitation would be the number of field occurrences. Your software must be able to create a statement if a statement is necessary to complete a form. Your software must be able to accept different addresses from multiple W-2 forms. The 1040 entity address must "NOT" automatically transfer to the W-2 address. All information on Form W-2 must be entered in the Form W-2 record. There are no exceptions. You must advise the service center of all names you will be using to market your product.

NOTE: Beginning TY2008/PY2009, individuals or firms who purchase another developers' current year PATS approved software for the purpose of using and/or marketing it under their own name, must complete and submit an application requesting a separate Software Identification Number (SIN).

For example, if current year PATS approved software is purchased, and the purchaser changes, modifies, revises or updates the data from its original version, then the purchaser must contact the e-help Desk at 1-866-255-0654 to apply for a separate Software Identification Number.

It will also be necessary to perform a communications test when a separate Software Identification Number is assigned.

REVIEWING ACK FILES AND CORRECTING TESTS

You may transmit as many test returns as necessary until you receive no error messages. You may modify tests to include only conditions your software will handle. You must inform the tax examiners of any forms you do not intend to file.

SOFTWARE DEVELOPER ACCEPTANCE PROCEDURES

The Submission Processing Centers will process each test transmission and the e-help Desk assistor will communicate by telephone if necessary with the Software Developer concerning their transmission. If the test file is not correctly formatted, or if the test returns contain errors, the assistor at the e-help Desk will work with the Software Developer to resolve any reject conditions. The Software Developer must review their acknowledgement files, correct the software to eliminate any errors, and retransmit the test file. When all reject conditions have been resolved, the Software Developer must then send two separate same-day transmissions in order to test the ability of their software to increment the transmission sequence number that appears in the TRANA record. When the test file is accepted, the approving site will notify the Software Developer and ensure that the appropriate ETINS are moved to production status. Once a Software package has been approved, the customer may continue to test using their Software Developer ETIN and the range of test Social Security Numbers designated for the test scenarios. You must use the word "**TEST**" as the first name of the taxpayer, and you may use any of the SSNs (400-00-1001 thru 400-00-1038). DO NOT use any other SSNs.

COMMUNICATIONS TEST FOR THE e-file SYSTEM

There are two primary EMS sites: Enterprise Computing Center at Memphis (ECC-MEM), (which hosts Kansas City and Fresno) and Martinsburg (ECC-MTB) (which hosts Andover, Austin and Philadelphia). If you are a *Software Developer/Transmitter* and plan to transmit test returns to more than one service center, you are only required to send a transmission to one site (i.e., your primary home service center).

If you are a *Preparer/Transmitter* using accepted software, you must complete an error-free communications test by transmitting five returns in two same-day transmissions (three returns in one transmission and two in the other) to one EMS site. The communication test **should** reflect the types of returns you will be filing (i.e. if you will be transmitting all four types of Forms 1040, your test **should** consist of at least one 1040, 1040A, 1040EZ and 1040 SS).

A Software Developer, who will not be transmitting, will not need to perform a communications test through the ELF system.

TESTING ON THE ELECTRONIC TRANSMITTED DOCUMENT (ETD) SYSTEM

The Electronic Transmitted Document, or (ETD) System, processes forms that are not attached to a Form 1040, 1040A, or Form 1040EZ. A separate transmission file (PATS II) should be created for the ETD System. **ETD PATS testing will require a minimum of 5 test returns.** Once you receive no rejects, you will be required to transmit the returns in two separate same-day transmissions in order to test the ability of your software to increment the transmission sequence number that appears in the TRANA record.

COMMUNICATIONS TEST FOR THE ETD SYSTEM

If you are a Software Developer/Transmitter and plan to transmit test returns to more than one service center, you are only required to send a transmission to one site (i.e., your primary home service center). **If you are a Preparer/Transmitter using accepted ETD software and you have passed PATS communications testing for 1040 electronic returns, it will not be necessary for you to do an ETD communications test. A Software Developer, who will "NOT" be transmitting, will not need to perform a communications test through the ETD system.**

FEDERAL/STATE PARTICIPANTS ACCEPTANCE TESTING (PATS)

Software Developers will be tested by each individual state using a state provided test package. The applicable State Liaison will respond to all Software Developer questions related to state testing.

CONCURRENT TESTING

Concurrent Testing allows Software Developers to begin state testing, through any IRS ELF service center, prior to obtaining final acceptance from the IRS for the Federal PATS process. The primary home service center is defined as the center that supports the state where the Software Developer is physically located. The Software Developer must contact the state coordinator who, in turn, will schedule state testing with the primary home service center.

The Software Developer may be required to create specific data from state test scenarios. For specific testing procedures, you must contact the appropriate state coordinator.

The Software Developer will continue separate federal testing, at the primary EMS site, using the Federal test scenarios until they are accepted for federal filing. Procedures in place for Federal Participants Acceptance Testing will not change.

TECHNICAL ASSISTANCE

The primary home service center will provide technical assistance on Federal returns only. The state coordinator must respond to any problem encountered by the Software Developer with state data and will work with the Software Developer to resolve all reject conditions on state returns.

Limited testing on the state generic and unformatted records will be performed by the IRS. If these records are not rejected by the automatic checks in the IRS programs, the IRS will make the state data available to each state agency for further testing.

Each state will test the state data and provide feedback to electronic filers. Filers should refer to each state's procedures and specifications.

Software Developers and Transmitters have requested that the IRS and states use different Social Security Numbers (SSNs) for their respective Acceptance Testing process. The following range of Test SSNs has been designated for use by the participating states in the state test packages:

ELF STATE ASSIGNED TEST SSNS

Arkansas	400-00-5500 to 400-00-5599
Alabama	400-00-7400 to 400-00-7499
Arizona	400-00-7500 to 400-00-7599
Colorado	400-00-5600 to 400-00-5699
Connecticut	400-00-5700 to 400-00-5799
Delaware	400-00-5800 to 400-00-5899
District of Columbia	400-00-7300 to 400-00-7399
Georgia	400-00-6600 to 400-00-6699
Hawaii	400-00-7900 to 400-00-7999
Idaho	400-00-5900 to 400-00-5999
Illinois	400-00-3500 to 400-00-3599
Indiana	400-00-4000 to 400-00-4099
Iowa	400-00-6000 to 400-00-6099
Kansas	400-00-4100 to 400-00-4199
Kentucky	400-00-4200 to 400-00-4299
Louisiana	400-00-4300 to 400-00-4399
Maryland	400-00-7200 to 400-00-7299
Michigan	400-00-4500 to 400-00-4599
Mississippi	400-00-4600 to 400-00-4699
Missouri	400-00-6100 to 400-00-6199
Montana	400-00-6800 to 400-00-6899
Nebraska	400-00-6200 to 400-00-6299
New Jersey	400-00-6300 to 400-00-6399
New Mexico	700-00-0000 to 700-00-2000
New York	400-00-4800 to 400-00-4899
North Carolina	400-00-4900 to 400-00-4999
North Dakota	400-00-7700 to 400-00-7799
Ohio	400-00-7600 to 400-00-7699
Oklahoma	400-00-5000 to 400-00-5099
Oregon	400-00-6400 to 400-00-6499
Pennsylvania	400-00-7100 to 400-00-7199
Rhode Island	400-00-6900 to 400-00-6999
South Carolina	400-00-5100 to 400-00-5199
Utah	400-00-5200 to 400-00-5299
Vermont	400-00-8000 to 400-00-8099
Virginia	400-00-7000 to 400-00-7099
West Virginia	400-00-5300 to 400-00-5399
Wisconsin	400-00-5400 to 400-00-5499

The IRS will only accept these SSNs during Participants Acceptance Testing (PATS). These test SSNs will be rejected if submitted during live processing. The IRS Error Reject Code provided will advise filers that the SSN is not within the valid range of Social Security Numbers.

Electronic filers who have been accepted into the Federal Electronic Filing System, and have begun transmitting federal returns, but wish to continue state testing must obtain a Test ETIN from the applicable IRS service center. Check the state procedures to determine if the state allows testing beyond January 2009.

TEST SCENARIOS

You are required to transmit test scenarios using the Form 1040 return, and forms and schedules associated with the 1040 return. **Please do NOT include any "ESP" Only Returns in the PATS test scenarios. If possible, please use and/or acquire a software test Electronic Transmitter Identification Number (ETIN) for PATS testing.**

A test file consisting of at least ten (10) returns, but not more than thirty-eight (38), with the related forms, schedules and attachments must be transmitted. A range of test Social Security Numbers 400-00-1001 through 400-00-1038 will be used in all test scenarios. The testing requirements listed below are based on system changes as well as tax form (record layouts) and validation criteria changes for Tax Year 2008. If any of the criteria below falls within the scope of the type of tax returns you prepare for yourself or your clients, you must develop test scenarios with the requirements provided below:

Note: We will validate the Tax Amount, Earned Income Tax Credit (EITC) Amount, Child Tax Credit (CTC) Amount and Additional Child Tax Credit in Test Scenarios 1, 2 and 3. Some of the fields on the tax forms for Test 1, 2 and 3 are already completed. The remaining fields must be completed by the Software Developer.

Test Scenario 1

Test Scenario 1 includes the following forms:

- Form 1040
- Schedule D
- Form 1099-R

Form 1099 –R information:

Payer's name, address and zip code	ABC COMPANY 11 ELM STREET SACRAMENTO, CA 94203
Payer's federal identification number	69-0000006
Recipient's identification number	400-00-1001
Recipient's name	DAWN GREEN
Recipient's address	2300 FIRST TEST STREET
Recipient city, state and zip code	SAN FRANCISCO, CA 94102
Filing Status	MARRIED FILING JOINTLY
Box 1: Gross distribution	85000
Box 2a: Taxable amount	80000
Box 4: Federal income tax withheld	7000
Box 7: Distribution Code	7

Additional Instructions: Use self-select pin for On-line Filer

Both spouses were born before Jan 2, 1944

Label

(See instructions on page 12.) Use the IRS label. Otherwise, please print or type.

Label Here

For the year Jan. 1–Dec. 31, 2008, or other tax year beginning , 2008, ending , 20 OMB No. 1545-0074 Your first name and initial Last name Your social security number If a joint return, spouse's first name and initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see page 12. Apt. no. City, town or post office, state, and ZIP code. If you have a foreign address, see page 12. You must enter your SSN(s) above. Checking a box below will not change your tax or refund.

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 12) You Spouse

Filing Status

Check only one box.

- 1 Single 2 Married filing jointly (even if only one had income) 3 Married filing separately. Enter spouse's SSN above and full name here. 4 Head of household (with qualifying person). (See page 13.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 Qualifying widow(er) with dependent child (see page 14)

Exemptions

If more than four dependents, see page 15.

6a Yourself. If someone can claim you as a dependent, do not check box 6a 6b Spouse 6c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if qualifying child for child tax credit (see page 15) 6d Total number of exemptions claimed

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 19.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 8a Taxable interest. Attach Schedule B if required 8a 8b Tax-exempt interest. Do not include on line 8a 8b 9a Ordinary dividends. Attach Schedule B if required 9a 9b Qualified dividends (see page 19) 9b 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20) 10 11 Alimony received 11 12 Business income or (loss). Attach Schedule C or C-EZ 12 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 13 14 Other gains or (losses). Attach Form 4797 14 15a IRA distributions 15a 15b Taxable amount (see page 21) 15b 16a Pensions and annuities 16a 16b Taxable amount (see page 22) 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 18 Farm income or (loss). Attach Schedule F 18 19 Unemployment compensation 19 20a Social security benefits 20a 20b Taxable amount (see page 24) 20b 21 Other income. List type and amount (see page 24) 21 22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22

Adjusted Gross Income

23 Archer MSA deduction. Attach Form 8853 23 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 25 Health savings account deduction. Attach Form 8889 25 26 Moving expenses. Attach Form 3903 26 27 One-half of self-employment tax. Attach Schedule SE 27 28 Self-employed SEP, SIMPLE, and qualified plans 28 29 Self-employed health insurance deduction (see page 26) 29 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN 31a 32 IRA deduction (see page 27) 32 33 Student loan interest deduction (see page 30) 33 34 Jury duty pay you gave to your employer 34 35 Domestic production activities deduction. Attach Form 8903 35 36 Add lines 23 through 31a and 32 through 35 36 37 Subtract line 36 from line 22. This is your adjusted gross income 37

Tax and Credits

Standard Deduction for—

- People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 31.
- All others:

Single or Married filing separately, \$5,450

Married filing jointly or Qualifying widow(er), \$10,900

Head of household, \$8,000

38	Amount from line 37 (adjusted gross income)	38	
39a	Check <input type="checkbox"/> You were born before January 2, 1944, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1944, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here ▶39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	
41	Subtract line 40 from line 38	41	
42	If line 38 is \$119,975 or less, multiply \$3,500 by the total number of exemptions claimed on line 6d. If line 38 is over \$119,975, see the worksheet on page 33	42	
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	
44	Tax (see page 33). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	
45	Alternative minimum tax (see page 36). Attach Form 6251	45	
46	Add lines 44 and 45	46	
47	Credit for child and dependent care expenses. Attach Form 2441	47	
48	Credit for the elderly or the disabled. Attach Schedule R	48	
49	Education credits. Attach Form 8863	49	
50	Foreign tax credit. Attach Form 1116 if required	50	
51	Child tax credit (see page 39). Attach Form 8901 if required	51	
52	Retirement savings contributions credit. Attach Form 8880	52	
53	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 5695 c <input type="checkbox"/> Form 8839	53	
54	Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	54	
55	Add lines 47 through 54. These are your total credits	55	
56	Subtract line 55 from line 46. If line 55 is more than line 46, enter -0-	56	

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from: a <input type="checkbox"/> Form 4137 b <input type="checkbox"/> Form 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60	Advance earned income credit payments from Form(s) W-2, box 9	60	
61	Household employment taxes. Attach Schedule H	61	
62	Add lines 57 through 61. This is your total tax	62	

Payments

If you have a qualifying child, attach Schedule EIC.

63	Federal income tax withheld from Forms W-2 and 1099	63	
64	2008 estimated tax payments and amount applied from 2007 return	64	
65a	Earned income credit (EIC)	65a	
b	Nontaxable combat pay election ▶ 65b		
66	Excess social security and tier 1 RRTA tax withheld (see page 59)	66	
67	Additional child tax credit. Attach Form 8812	67	
68	Amount paid with request for extension to file (see page 59)	68	
69	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	69	
70	Refundable credit for prior year minimum tax from Form 8801, line 27	70	
71	Recovery rebate credit (see worksheet on page xx)	71	
72	Add lines 63 through 71. These are your total payments	72	

Refund

Direct deposit? See page 59 and fill in 74b, 74c, and 74d, or Form 8888.

73	If line 72 is more than line 62, subtract line 62 from line 72. This is the amount you overpaid	73	
74a	Amount of line 73 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	74a	
b	Routing number <input type="text"/>	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number <input type="text"/>		
75	Amount of line 73 you want applied to your 2009 estimated tax ▶	75	

Amount You Owe

76	Amount you owe. Subtract line 72 from line 62. For details on how to pay, see page 60 ▶	76	
77	Estimated tax penalty (see page 61)	77	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 61)? **Yes.** Complete the following. **No**

Designee's name ▶	Phone no. ▶ ()	Personal identification number (PIN) ▶	<input type="text"/>
--------------------------	------------------------	---	----------------------

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See page 13. Keep a copy for your records.

Your signature	Date	Your occupation	Daytime phone number ()
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code ▶	EIN	Phone no. ()	

**SCHEDULE D
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR. ▶ See Instructions for Schedule D (Form 1040).
▶ Use Schedule D-1 to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

2008

Attachment
Sequence No. **12**

Name(s) shown on return

Your social security number

Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-7 of the instructions)	(e) Cost or other basis (see page D-7 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
1					
2 Enter your short-term totals, if any, from Schedule D-1, line 2					
3 Total short-term sales price amounts. Add lines 1 and 2 in column (d)					
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824					4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1					5
6 Short-term capital loss carryover. Enter the amount, if any, from line 10 of your Capital Loss Carryover Worksheet on page D-7 of the instructions					6 ()
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)					7

Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-7 of the instructions)	(e) Cost or other basis (see page D-7 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
8					
9 Enter your long-term totals, if any, from Schedule D-1, line 9					
10 Total long-term sales price amounts. Add lines 8 and 9 in column (d)					
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824					11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1					12
13 Capital gain distributions. See page D-2 of the instructions					13
14 Long-term capital loss carryover. Enter the amount, if any, from line 15 of your Capital Loss Carryover Worksheet on page D-7 of the instructions					14 ()
15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on the back					15

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result.</p> <p>If line 16 is:</p> <ul style="list-style-type: none"> ● A gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. ● A loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. ● Zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. <p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p> <p>18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet on page D-8 of the instructions ▶</p> <p>19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on page D-9 of the instructions ▶</p> <p>20 Are lines 18 and 19 both zero or blank?</p> <p><input type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 35 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). Do not complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Schedule D Tax Worksheet on page D-10 of the instructions. Do not complete lines 21 and 22 below.</p> <p>21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:</p> <ul style="list-style-type: none"> ● The loss on line 16 or ● (\$3,000), or if married filing separately, (\$1,500) } <p>Note. When figuring which amount is smaller, treat both amounts as positive numbers.</p> <p>22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?</p> <p><input type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 35 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR).</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.</p>	<p>16</p>	
	18	
	19	
	21	()

Test Scenario 2

Test Scenario 2 includes the following forms:

Form 1040
Schedule EIC
Form 8812
Form 8888
Form W-2

Form W-2 information:

Box a: Employee's social security number	400-00-1002
Box b: Employer identification number	69-0000099
Box c: Employer's name, address and zip code	THE GALLERY 3 SOUTH STREET EASY EZ, NJ 07002
Filing Status	HEAD OF HOUSEHOLD

Box e: Employee's first name, initial, last name	MARY WHITE
Box f: Employee's address and zip code	4 THIRD TEST STREET NEWARK, NJ 07022
Box 1: Wages, tips, other compensation	19350
Box 2: Federal income tax withheld	300
Box 4: Social Security tax withheld	1200
Box 5: Medicare wages and tips:	19350
Box 6: Medicare taxes withheld:	280
Box 15: State	NJ
Employer's state ID number	69-0000001
Box 16: State wages, tips, etc	19350
Box 17: State income tax:	500

Taxpayer's Occupation: ARTIST

Additional information: Pin Type Code = "S"

Label

(See instructions on page 12.) Use the IRS label. Otherwise, please print or type.

Label Here

For the year Jan. 1–Dec. 31, 2008, or other tax year beginning , 2008, ending , 20 OMB No. 1545-0074
Your first name and initial MARY Last name WHITE Your social security number 400 00 1002
If a joint return, spouse's first name and initial Last name Spouse's social security number
Home address (number and street). If you have a P.O. box, see page 12. Apt. no. 4 THIRD TEST STREET
City, town or post office, state, and ZIP code. If you have a foreign address, see page 12. NEWARK, NJ 07102
Checking a box below will not change your tax or refund.

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 12) You Spouse

Filing Status

Check only one box.

- 1 Single 4 Head of household (with qualifying person). (See page 13.) If the qualifying person is a child but not your dependent, enter this child's name here.
2 Married filing jointly (even if only one had income)
3 Married filing separately. Enter spouse's SSN above and full name here.
5 Qualifying widow(er) with dependent child (see page 14)

Exemptions

If more than four dependents, see page 15.

6a Yourself. If someone can claim you as a dependent, do not check box 6a
b Spouse
c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if qualifying child for child tax credit (see page 15)
SARA WHITE 400 00 2002 daughter
d Total number of exemptions claimed 2

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 19.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Table with 2 columns: Description and Amount. Rows include Wages, salaries, tips, etc. (19350), Taxable interest, Tax-exempt interest, Ordinary dividends, Qualified dividends, Taxable refunds, credits, or offsets of state and local income taxes, Alimony received, Business income or (loss), Capital gain or (loss), Other gains or (losses), IRA distributions, Pensions and annuities, Rental real estate, royalties, partnerships, S corporations, trusts, etc., Farm income or (loss), Unemployment compensation, Social security benefits, Other income, and Total income.

Adjusted Gross Income

Table with 2 columns: Description and Amount. Rows include Archer MSA deduction, Certain business expenses of reservists, performing artists, and fee-basis government officials, Health savings account deduction, Moving expenses, One-half of self-employment tax, Self-employed SEP, SIMPLE, and qualified plans, Self-employed health insurance deduction, Penalty on early withdrawal of savings, Alimony paid, IRA deduction, Student loan interest deduction, Jury duty pay you gave to your employer, Domestic production activities deduction, and Adjusted gross income.

Tax and Credits

Standard Deduction for—

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 31.

• All others: Single or Married filing separately, \$5,450

Married filing jointly or Qualifying widow(er), \$10,900

Head of household, \$8,000

38 Amount from line 37 (adjusted gross income)
39a Check [] You were born before January 2, 1944, [] Blind. Total boxes checked
b If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here
40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)
41 Subtract line 40 from line 38
42 If line 38 is \$119,975 or less, multiply \$3,500 by the total number of exemptions claimed on line 6d. If line 38 is over \$119,975, see the worksheet on page 33
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-
44 Tax (see page 33). Check if any tax is from: a [] Form(s) 8814 b [] Form 4972
45 Alternative minimum tax (see page 36). Attach Form 6251
46 Add lines 44 and 45
47 Credit for child and dependent care expenses. Attach Form 2441
48 Credit for the elderly or the disabled. Attach Schedule R
49 Education credits. Attach Form 8863
50 Foreign tax credit. Attach Form 1116 if required
51 Child tax credit (see page 39). Attach Form 8901 if required
52 Retirement savings contributions credit. Attach Form 8880
53 Credits from: a [] Form 8396 b [] Form 5695 c [] Form 8839
54 Other credits: a [] Form 3800 b [] Form 8801 c [] Form
55 Add lines 47 through 54. These are your total credits
56 Subtract line 55 from line 46. If line 55 is more than line 46, enter -0-

Other Taxes

57 Self-employment tax. Attach Schedule SE
58 Unreported social security and Medicare tax from: a [] Form 4137 b [] Form 8919
59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required
60 Advance earned income credit payments from Form(s) W-2, box 9
61 Household employment taxes. Attach Schedule H
62 Add lines 56 through 61. This is your total tax

Payments

If you have a qualifying child, attach Schedule EIC.

63 Federal income tax withheld from Forms W-2 and 1099
64 2008 estimated tax payments and amount applied from 2007 return
65a Earned income credit (EIC)
b Nontaxable combat pay election
66 Excess social security and tier 1 RRTA tax withheld (see page 59)
67 Additional child tax credit. Attach Form 8812
68 Amount paid with request for extension to file (see page 59)
69 Payments from: a [] Form 2439 b [] Form 4136 c [] Form 8885
70 Refundable credit for prior year minimum tax from Form 8801, line 27
71 Recovery rebate credit (see worksheet on page xx)
72 Add lines 63 through 71. These are your total payments

Refund

Direct deposit? See page 59 and fill in 74b, 74c, and 74d, or Form 8888.

73 If line 72 is more than line 62, subtract line 62 from line 72. This is the amount you overpaid
74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here
b Routing number
c Type: [] Checking [] Savings
d Account number
75 Amount of line 73 you want applied to your 2009 estimated tax

Amount You Owe

76 Amount you owe. Subtract line 72 from line 62. For details on how to pay, see page 60
77 Estimated tax penalty (see page 61)

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 61)? [] Yes. Complete the following. [] No
Designee's name Phone no. Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See page 13. Keep a copy for your records.

Your signature Date Your occupation Daytime phone number
Spouse's signature. If a joint return, both must sign. Date Spouse's occupation

Paid Preparer's Use Only

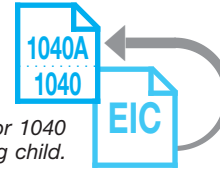
Preparer's signature Date Check if self-employed Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code Grey Accounting 500 Main St New York, NY 14202 EIN 69-000003
Phone no. (555) 555-5995

SCHEDULE EIC
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Earned Income Credit
Qualifying Child Information

Complete and attach to Form 1040A or 1040
only if you have a qualifying child.



OMB No. 1545-0074

2008

Attachment
Sequence No. **43**

Name(s) shown on return

Your social security number

MARY WHITE

400 00 1002

- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



Before you begin: • See the instructions for Form 1040A, line 40, or Form 1040, line 65, to make sure that (a) you can

- If you take the EIC even though you are not eligible, you may be disallowed to take the credit for up to 10 years. See back of schedule for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information

Child 1

Child 2

1 Child's name

If you have more than two qualifying children, you only have to list two to get the maximum credit.

First name	Last name	First name	Last name
SARA WHITE			

2 Child's SSN

The child must have an SSN as defined on page 41 of the Form 1040A instructions or page 47 of the Form 1040 instructions unless the child was born and died in 2008. If your child was born and died in 2008 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate.

400 00 2002

3 Child's year of birth

Year 1 9 9 6

If born after 1989, skip lines 4a and 4b; go to line 5.

Year _____

If born after 1989, skip lines 4a and 4b; go to line 5.

4 If the child was born before 1990—

a Was the child under age 24 at the end of 2008 and a student?

Yes. **No.**
Go to line 5. Continue.

Yes. **No.**
Go to line 5. Continue.

b Was the child permanently and totally disabled during any part of 2008?

Yes. **No.**
Continue. The child is not a qualifying child.

Yes. **No.**
Continue. The child is not a qualifying child.

5 Child's relationship to you

(for example, son, daughter, grandchild, niece, nephew, foster child, etc.)

DAUGHTER

6 Number of months child lived with you in the United States during 2008

- If the child lived with you for more than half of 2008 but less than 7 months, enter "7."
- If the child was born or died in 2008 and your home was the child's home for the entire time he or she was alive during 2008, enter "12."

12 months

Do not enter more than 12 months.

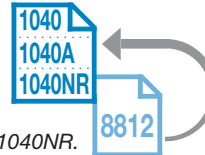
_____ months

Do not enter more than 12 months.



You may also be able to take the additional child tax credit if your child (a) was under age 17 at the end of 2008, and (b) is a U.S. citizen or resident alien. For more details, see the instructions for line 41 of Form 1040A or line 67 of Form 1040.

Additional Child Tax Credit



Department of the Treasury
Internal Revenue Service (99)

Complete and attach to Form 1040, Form 1040A, or Form 1040NR.

Name(s) shown on return

Your social security number

MARY WHITE

400 00 1002

Part I All Filers

1	Enter the amount from line 1 of your Child Tax Credit Worksheet on page XX of the Form 1040 instructions, page XX of the Form 1040A instructions, or page XX of the Form 1040NR instructions. If you used Pub. 972, enter the amount from line 8 of the worksheet on page X of the publication				1		
2	Enter the amount from Form 1040, line 51, Form 1040A, line 32, or Form 1040NR, line 46				2		
3	Subtract line 2 from line 1. If zero, stop ; you cannot take this credit				3		
4a	Enter your total earned income (see instructions on back)	4a	19350				
b	Nontaxable combat pay (see instructions on back)	4b					
5	Is the amount on line 4a more than \$12,050? <input type="checkbox"/> No. Leave line 5 blank and enter -0- on line 6. <input checked="" type="checkbox"/> Yes. Subtract \$12,050 from the amount on line 4a. Enter the result	5					
6	Multiply the amount on line 5 by 15% (.15) and enter the result Next. Do you have three or more qualifying children? <input checked="" type="checkbox"/> No. If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part II and enter the smaller of line 3 or line 6 on line 13. <input type="checkbox"/> Yes. If line 6 is equal to or more than line 3, skip Part II and enter the amount from line 3 on line 13. Otherwise, go to line 7.	6					

Part II Certain Filers Who Have Three or More Qualifying Children

7	Withheld social security and Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If you worked for a railroad, see instructions on back	7					
8	1040 filers: Enter the total of the amounts from Form 1040, lines 27 and 58, plus any taxes that you identified using code "UT" and entered on the dotted line next to line 62. 1040A filers: Enter -0-. 1040NR filers: Enter the total of the amounts from Form 1040NR, line 53, plus any taxes that you identified using code "UT" and entered on the dotted line next to line 57.	8					
9	Add lines 7 and 8	9					
10	1040 filers: Enter the total of the amounts from Form 1040, lines 65 and 66. 1040A filers: Enter the total of the amount from Form 1040A, line 40, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 44 (see instructions on back). 1040NR filers: Enter the amount from Form 1040NR, line 60.	10					
11	Subtract line 10 from line 9. If zero or less, enter -0-	11					
12	Enter the larger of line 6 or line 11 Next, enter the smaller of line 3 or line 12 on line 13.	12					

Part III Additional Child Tax Credit

13	This is your additional child tax credit	13					
----	--	-----------	--	--	--	--	--

Enter this amount on
Form 1040, line 67,
Form 1040A, line 41, or
Form 1040NR, line 61.



Direct Deposit of Refund to More Than One Account

Department of the Treasury
Internal Revenue Service

▶ See instructions below and on back.
▶ Attach to Form 1040, Form 1040A, Form 1040EZ,
Form 1040NR, Form 1040NR-EZ, Form 1040-SS, or Form 1040-PR.

2008
Attachment
Sequence No. **56**

Name(s) shown on return

Your social security number

Mary White

400 00 1002

1a Amount to be deposited in first account	1a	1500
b Routing number 2 5 0 2 5 0 0 2 4 ▶ c <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d Account number 8 8 8 8		
2a Amount to be deposited in second account	2a	500
b Routing number 2 5 0 2 5 0 0 2 4 ▶ c <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings		
d Account number 9 9 9 9		
3a Amount to be deposited in third account	3a	1198
b Routing number 2 5 0 2 5 0 0 2 4 ▶ c <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d Account number 3 3 3 3 3		
4 Total amount to be directly deposited. Add lines 1a, 2a, and 3a. The total must equal the amount shown on Form 1040, line 74a; Form 1040A, line 45a; Form 1040EZ, line 12a; Form 1040NR, line 71a; Form 1040NR-EZ, line 23a; Form 1040-SS, line 12a; or Form 1040-PR, line 12a	4	3198

Test Scenario 3

Test Scenario 3 includes the following forms:

- Form 1040
- Form 2106
- Form 8283
- Schedule A
- Schedule B
- Form W-2

Form W-2 information:

Box a: Employee's social security number	400-00-1003
Box b: Employer identification number	69-0000002
Box c: Employer's name, address and zip code	THE LAW FIRM 3 COURT DRIVE BUFFALO, NY 14202
Filing Status	MARRIED FILING SEPERATELY

Box e: Employee's first name, initial, last name	JEFF BROWN
Box f: Employee's address and zip code	5 SECOND TEST AVENUE NEW YORK, NY 10007
Box 1: Wages, tips, other compensation	42000
Box 2: Federal income tax withheld	4000
Box 3: Social Security wages	42000
Box 4: Social Security tax withheld	2604
Box 5: Medicare wages and tips	42000
Box 6: Medicare taxes withheld	609
Box 15: State	NY
Employer's state ID number	69-0000098
Box 16: State wages, tips, etc	42000
Box 17: State income tax	3000

Taxpayer's Occupation: ARTIST

Additional Instructions: Pin Type Code = "P"

Label

(See instructions on page 12.)

Use the IRS label.

Otherwise, please print or type.

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 12)

For the year Jan. 1–Dec. 31, 2008, or other tax year beginning , 2008, ending , 20
Your first name and initial: JEFF
Last name: BROWN
If a joint return, spouse's first name and initial:
Last name:
Home address (number and street). If you have a P.O. box, see page 12.
5 SECOND TEST AVENUE
Apt. no.:
City, town or post office, state, and ZIP code. If you have a foreign address, see page 12.
NEW YORK, NY 10007

OMB No. 1545-0074

Your social security number: 400 00 1003
Spouse's social security number: 400 00 2003

You must enter your SSN(s) above.

Checking a box below will not change your tax or refund.

You Spouse

Filing Status

Check only one box.

- 1 Single
2 Married filing jointly (even if only one had income)
3 Married filing separately. Enter spouse's SSN above and full name here. WANDA BROWN
4 Head of household (with qualifying person). (See page 13.) If the qualifying person is a child but not your dependent, enter this child's name here.
5 Qualifying widow(er) with dependent child (see page 14)

Exemptions

If more than four dependents, see page 15.

6a Yourself. If someone can claim you as a dependent, do not check box 6a
b Spouse
c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if qualifying child for child tax credit (see page 15)
d Total number of exemptions claimed 1

Boxes checked on 6a and 6b: 1
No. of children on 6c who:
lived with you
did not live with you due to divorce or separation (see page 16)
Dependents on 6c not entered above
Add numbers on lines above: 1

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 19.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2
8a Taxable interest. Attach Schedule B if required
8b
9a Ordinary dividends. Attach Schedule B if required
9b
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20)
11 Alimony received
12 Business income or (loss). Attach Schedule C or C-EZ
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here
14 Other gains or (losses). Attach Form 4797
15a IRA distributions
15b Taxable amount (see page 21)
16a Pensions and annuities
16b Taxable amount (see page 22)
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
18 Farm income or (loss). Attach Schedule F
19 Unemployment compensation
20a Social security benefits
20b Taxable amount (see page 24)
21 Other income. List type and amount (see page 24)
22 Add the amounts in the far right column for lines 7 through 21. This is your total income

Table with 3 columns: Line number, Amount, and Total. Values include 42000, 3000, 700.

Adjusted Gross Income

23 Archer MSA deduction. Attach Form 8853
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ
25 Health savings account deduction. Attach Form 8889
26 Moving expenses. Attach Form 3903
27 One-half of self-employment tax. Attach Schedule SE
28 Self-employed SEP, SIMPLE, and qualified plans
29 Self-employed health insurance deduction (see page 26)
30 Penalty on early withdrawal of savings
31a Alimony paid b Recipient's SSN
32 IRA deduction (see page 27)
33 Student loan interest deduction (see page 30)
34 Jury duty pay you gave to your employer
35 Domestic production activities deduction. Attach Form 8903
36 Add lines 23 through 31a and 32 through 35
37 Subtract line 36 from line 22. This is your adjusted gross income

Table with 3 columns: Line number, Amount, and Total. Values include 36, 37.

Tax and Credits

Standard Deduction for—

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 31.

• All others: Single or Married filing separately, \$5,450

Married filing jointly or Qualifying widow(er), \$10,900

Head of household, \$8,000

38 Amount from line 37 (adjusted gross income)
39a Check [] You were born before January 2, 1944, [] Blind. Total boxes checked
b If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here
40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)
41 Subtract line 40 from line 38
42 If line 38 is \$119,975 or less, multiply \$3,500 by the total number of exemptions claimed on line 6d. If line 38 is over \$119,975, see the worksheet on page 33
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-
44 Tax (see page 33). Check if any tax is from: a [] Form(s) 8814 b [] Form 4972
45 Alternative minimum tax (see page 36). Attach Form 6251
46 Add lines 44 and 45
47 Credit for child and dependent care expenses. Attach Form 2441
48 Credit for the elderly or the disabled. Attach Schedule R
49 Education credits. Attach Form 8863
50 Foreign tax credit. Attach Form 1116 if required
51 Child tax credit (see page 39). Attach Form 8901 if required
52 Retirement savings contributions credit. Attach Form 8880
53 Credits from: a [] Form 8396 b [] Form 5695 c [] Form 8839
54 Other credits: a [] Form 3800 b [] Form 8801 c [] Form
55 Add lines 47 through 54. These are your total credits
56 Subtract line 55 from line 46. If line 55 is more than line 46, enter -0-

Other Taxes

57 Self-employment tax. Attach Schedule SE
58 Unreported social security and Medicare tax from: a [] Form 4137 b [] Form 8919
59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required
60 Advance earned income credit payments from Form(s) W-2, box 9
61 Household employment taxes. Attach Schedule H
62 Add lines 56 through 61. This is your total tax

Payments

If you have a qualifying child, attach Schedule EIC.

63 Federal income tax withheld from Forms W-2 and 1099
64 2008 estimated tax payments and amount applied from 2007 return
65a Earned income credit (EIC)
b Nontaxable combat pay election
66 Excess social security and tier 1 RRTA tax withheld (see page 59)
67 Additional child tax credit. Attach Form 8812
68 Amount paid with request for extension to file (see page 59)
69 Payments from: a [] Form 2439 b [] Form 4136 c [] Form 8885
70 Refundable credit for prior year minimum tax from Form 8801, line 27
71 Recovery rebate credit (see worksheet on page xx)
72 Add lines 63 through 71. These are your total payments

Refund

Direct deposit? See page 59 and fill in 74b, 74c, and 74d, or Form 8888.

73 If line 72 is more than line 62, subtract line 62 from line 72. This is the amount you overpaid
74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here
b Routing number
c Type: [] Checking [] Savings
d Account number
75 Amount of line 73 you want applied to your 2009 estimated tax

Amount You Owe

76 Amount you owe. Subtract line 72 from line 62. For details on how to pay, see page 60
77 Estimated tax penalty (see page 61)

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 61)? [X] Yes. Complete the following. [] No

Designee's name JACK BROWN Phone no. (555) 555-5555 Personal identification number (PIN) 8 2 3 1 6

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See page 13. Keep a copy for your records.

Your signature Date Your occupation Daytime phone number
Spouse's signature. If a joint return, both must sign. Date Spouse's occupation

Paid Preparer's Use Only

Preparer's signature Date Check if self-employed Preparer's SSN or PTIN P0000001
Firm's name (or yours if self-employed), address, and ZIP code Grey Accounting 500 Main Street New York, NY 14202 EIN 69-000003
Phone no. (555) 555-5995

Employee Business Expenses

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1040NR.

Your name JEFF BROWN	Occupation in which you incurred expenses ARTIST	Social security number 400 00 1003
--------------------------------	--	--

Part I Employee Business Expenses and Reimbursements

	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
Step 1 Enter Your Expenses				
1 Vehicle expense from line 22c or line 29. (Rural mail carriers: See instructions.)	1			
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work	2	500		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	1200		
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment.	4			
5 Meals and entertainment expenses (see instructions)			1000	
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6			

Note: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1

7 Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see instructions)	7			
--	----------	--	--	--

Step 3 Figure Expenses To Deduct on Schedule A (Form 1040 or Form 1040NR)

8 Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 (or on Form 1040NR, line 8)	8			
Note: If both columns of line 8 are zero, you cannot deduct employee business expenses. Stop here and attach Form 2106 to your return.				
9 In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.)	9			
10 Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 9). (Reservists, qualified performing artists, fee-basis state or local government officials, and individuals with disabilities: See the instructions for special rules on where to enter the total.) ▶			10	

Noncash Charitable Contributions

▶ **Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.**
 ▶ **See separate instructions.**

OMB No. 1545-0908

Attachment
 Sequence No. **155**

Name(s) shown on your income tax return

JEFF BROWN

Identifying number

400-00-1003

Note. Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

Section A. Donated Property of \$5,000 or Less and Certain Publicly Traded Securities—List in this section **only** items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also, list certain publicly traded securities even if the deduction is more than \$5,000 (see instructions).

Part I Information on Donated Property—If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) Description of donated property (For a donated vehicle, enter the year, make, model, condition, and mileage, and attach Form 1098-C if required.)
A	XYZ HOUSE 50 M STREET KANSAS CITY, KS 66101	PERSONAL COMPUTER
B	ABC MUSEUM 9 K STREET, KANSAS CITY, KS 66101	COIN COLLECTION
C		
D		
E		

Note. If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the contribution	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) Fair market value (see instructions)	(h) Method used to determine the fair market value
A	09/06/2008	10/2007	PURCHASE	900	700	COMPARABLE SALES
B	08/09/2008	06/1990	PURCHASE		1000	CATALOG
C						
D						
E						

Part II Partial Interests and Restricted Use Property—Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

- 2a** Enter the letter from Part I that identifies the property for which you gave less than an entire interest ▶ _____ . If Part II applies to more than one property, attach a separate statement.
- b** Total amount claimed as a deduction for the property listed in Part I: **(1)** For this tax year ▶ _____ .
(2) For any prior tax years ▶ _____ .
- c** Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):
 Name of charitable organization (donee) _____
 Address (number, street, and room or suite no.) _____
 City or town, state, and ZIP code _____
- d** For tangible property, enter the place where the property is located or kept ▶ _____
- e** Name of any person, other than the donee organization, having actual possession of the property ▶ _____

3a Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?	Yes	No
b Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?		
c Is there a restriction limiting the donated property for a particular use?		

Name(s) shown on your income tax return	Identifying number
---	--------------------

Section B. Donated Property Over \$5,000 (Except Certain Publicly Traded Securities)—List in this section only items (or groups of similar items) for which you claimed a deduction of more than \$5,000 per item or group (except contributions of certain publicly traded securities reported in Section A). An appraisal is generally required for property listed in Section B (see instructions).

Part I Information on Donated Property—To be completed by the taxpayer and/or the appraiser.

- 4 Check the box that describes the type of property donated:
- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Art* (contribution of \$20,000 or more) | <input type="checkbox"/> Qualified Conservation Contribution | <input type="checkbox"/> Equipment |
| <input type="checkbox"/> Art* (contribution of less than \$20,000) | <input type="checkbox"/> Other Real Estate | <input type="checkbox"/> Securities |
| <input type="checkbox"/> Collectibles** | <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Other |

*Art includes paintings, sculptures, watercolors, prints, drawings, ceramics, antiques, decorative arts, textiles, carpets, silver, rare manuscripts, historical memorabilia, and other similar objects.

**Collectibles include coins, stamps, books, gems, jewelry, sports memorabilia, dolls, etc., but not art as defined above.

Note. In certain cases, you must attach a qualified appraisal of the property. See instructions.

	(a) Description of donated property (if you need more space, attach a separate statement)	(b) If tangible property was donated, give a brief summary of the overall physical condition of the property at the time of the gift	(c) Appraised fair market value
A			
B			
C			
D			

	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) For bargain sales, enter amount received	See instructions	
					(h) Amount claimed as a deduction	(i) Average trading price of securities
A						
B						
C						
D						

Part II Taxpayer (Donor) Statement—List each item included in Part I above that the appraisal identifies as having a value of \$500 or less. See instructions.

I declare that the following item(s) included in Part I above has to the best of my knowledge and belief an appraised value of not more than \$500 (per item). Enter identifying letter from Part I and describe the specific item. See instructions. ► _____

Signature of taxpayer (donor) ► _____ Date ► _____

Part III Declaration of Appraiser

I declare that I am not the donor, the donee, a party to the transaction in which the donor acquired the property, employed by, or related to any of the foregoing persons, or married to any person who is related to any of the foregoing persons. And, if regularly used by the donor, donee, or party to the transaction, I performed the majority of my appraisals during my tax year for other persons.

Also, I declare that I hold myself out to the public as an appraiser or perform appraisals on a regular basis; and that because of my qualifications as described in the appraisal, I am qualified to make appraisals of the type of property being valued. I certify that the appraisal fees were not based on a percentage of the appraised property value. Furthermore, I understand that a false or fraudulent overstatement of the property value as described in the qualified appraisal or this Form 8283 may subject me to the penalty under section 6701(a) (aiding and abetting the understatement of tax liability). In addition, I understand that a substantial or gross valuation misstatement resulting from the appraisal of the value of the property that I know, or reasonably should know, would be used in connection with a return or claim for refund, may subject me to the penalty under section 6695A. I affirm that I have not been barred from presenting evidence or testimony by the Office of Professional Responsibility.

Sign Here | Signature ► _____ Title ► _____ Date ► _____

Business address (including room or suite no.)	Identifying number
--	--------------------

City or town, state, and ZIP code

Part IV Donee Acknowledgment—To be completed by the charitable organization.

This charitable organization acknowledges that it is a qualified organization under section 170(c) and that it received the donated property as described in Section B, Part I, above on the following date ► _____

Furthermore, this organization affirms that in the event it sells, exchanges, or otherwise disposes of the property described in Section B, Part I (or any portion thereof) within 3 years after the date of receipt, it will file **Form 8282**, Donee Information Return, with the IRS and give the donor a copy of that form. This acknowledgment does not represent agreement with the claimed fair market value.

Does the organization intend to use the property for an unrelated use? ► Yes No

Name of charitable organization (donee)	Employer identification number	
Address (number, street, and room or suite no.)	City or town, state, and ZIP code	
Authorized signature	Title	Date

SCHEDULES A&B
(Form 1040)

Schedule A—Itemized Deductions

OMB No. 1545-0074

2008

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

(Schedule B is on back)

▶ **Attach to Form 1040.** ▶ **See Instructions for Schedules A&B (Form 1040).**

Name(s) shown on Form 1040

Your social security number

JEFF BROWN

400 | 00 | 1003

Medical and Dental Expenses	1	Caution. Do not include expenses reimbursed or paid by others. Medical and dental expenses (see page A-1)	1	4500		
	2	Enter amount from Form 1040, line 38 2				
	3	Multiply line 2 by 7.5% (.075)	3			
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			
Taxes You Paid <small>(See page A-2.)</small>	5	State and local income taxes	5	3000		
	6	Real estate taxes (see page A-5)	6			
	7	Personal property taxes	7	1200		
	8	Other taxes. List type and amount ▶	8			
9	Add lines 5 through 8	9				
Interest You Paid <small>(See page A-5.)</small>	10	Home mortgage interest and points reported to you on Form 1098	10	4920		
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-6 and show that person's name, identifying no., and address ▶	11			
	12	Points not reported to you on Form 1098. See page A-6 for special rules	12			
	13	Qualified mortgage insurance premiums (See page A-7)	13			
	14	Investment interest. Attach Form 4952 if required. (See page A-7.)	14			
15	Add lines 10 through 14	15				
Gifts to Charity <small>If you made a gift and got a benefit for it, see page A-8.</small>	16	Gifts by cash or check. If you made any gift of \$250 or more, see page A-8	16	600		
	17	Other than by cash or check. If any gift of \$250 or more, see page A-8. You must attach Form 8283 if over \$500	17	1700		
	18	Carryover from prior year	18			
	19	Add lines 16 through 18	19			
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See page A-9.)	20			
Job Expenses and Certain Miscellaneous Deductions <small>(See page A-9.)</small>	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-9.) ▶	21	2200		
	22	Tax preparation fees	22	100		
	23	Other expenses—investment, safe deposit box, etc. List type and amount ▶ SAFE DEPOSIT BOX	23	75		
	24	Add lines 21 through 23	24			
	25	Enter amount from Form 1040, line 38 25	25			
	26	Multiply line 25 by 2% (.02)	26			
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27				
Other Miscellaneous Deductions	28	Other—from list on page A-10. List type and amount ▶	28			
Total Itemized Deductions	29	Is Form 1040, line 38, over \$159,950 (over \$79,975 if married filing separately)? <input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> Yes. Your deduction may be limited. See page A-10 for the amount to enter.	29			
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>				

Name(s) shown on Form 1040. Do not enter name and social security number if shown on other side.

Your social security number

JEFF BROWN

400 00 1003

Schedule B—Interest and Ordinary Dividends

Attachment Sequence No. 08

Part I Interest

(See page B-1 and the instructions for Form 1040, line 8a.)

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address

PAYER 1
PAYER 2
PAYER 3

Table with columns for Amount and rows for interest entries (1-4). Values: 700, 200, 2100.

2 Add the amounts on line 1
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a

Note. If line 4 is over \$1,500, you must complete Part III.

Part II Ordinary Dividends

(See page B-1 and the instructions for Form 1040, line 9a.)

Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

5 List name of payer

Table with columns for Amount and rows for dividend entries (5-6).

6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a

Note. If line 6 is over \$1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

(See page B-2.)

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a At any time during 2008, did you have an interest in or a signature or other authority over a financial account in a foreign country...
7b If "Yes," enter the name of the foreign country
8 During 2008, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

Table with columns for Yes and No, containing checkmarks for questions 7a and 8.

Test Criteria - Scenario #4

Create a scenario to test the Form 5405 (First-Time Homebuyer Credit)

Test Criteria - Scenario #5

Create a scenario to test Self-Select PIN for Online Filing Products.

Test Criteria - Scenario #6

If Form 1040-SS(PR), U.S. Self-Employment Tax Return (Including the Additional Child Tax Credit for Bona Fide Residents of Puerto Rico), is within the scope of returns you plan to prepare, create a scenario to test a 1040 return with the new Form 1040-SS(PR).

Test Criteria - Scenario #7

Create a scenario to test the Form 8835 (Renewable Electricity, Refined Coal, and Indian Coal Production Credit)

Test Criteria - Scenario #8

Create a scenario to test the Form 2555 (Foreign Earned Income)

Test Criteria - Scenario #9

Create a scenario to test a Federal/State return.

Test Criteria - Scenario #10

Create a scenario to test a Foreign Address (not APO, FPO, or military address overseas) using the appropriate record layout fields.

Test Criteria - Scenario #11

Create a test scenario that will reject.

Test Criteria - Scenario #12

Create a scenario to test the Form 4868 (Application for Automatic Extension of Time to File U.S. Individual Income Tax Return)

Procedures for forms not in test scenarios – All forms were not included in the suggested test scenarios. However, you may include additional forms in the test scenarios you develop. If there are no reject codes related to that particular form(s), this will indicate that you have met the file specification and may file the form(s). Your acceptance notification will include the additional forms tested.

Comments and Suggestions

Please send any comments or suggestions regarding Publication 1436 to:

**Internal Revenue Service
Attn: Karen L. Russell
SE:W:CAS:SP:ES:I
5000 Ellin Road
Room C5-337
Lanham, MD 20706**

Official Business Penalty for Private Use, \$300