

Test #10

This is a Single taxpayer with wages, unemployment and claiming EIC. Taxpayer has elected direct deposit for the return due.

Federal Forms: None

Wisconsin Forms: 1A, EIC

Address:

209 N 5<sup>th</sup> Ave

Wausau, WI 54401

Taxpayer:

Test Panther

400-00-5410

02/13/1965

1099-G

W2-WI withholding: \$1,600, WI ID#036-9876543210-06

Dependent 1:

Pink Panther

400-00-5445

08/10/1991

Dependent 2:

Peter Panther

400-00-5446

05/08/1995

Filing Status: HOH

For this scenario, the taxpayer has requested the refund be direct deposited into the savings account listed below.

Bank routing number: 075911852

Bank account number: 555666789012



Complete form using **BLACK INK**

**DO NOT STAPLE**

Your legal last name <b>PANTHER</b>		Legal first name <b>TEST</b>		M.I.	Your social security number <b>400 00 5410</b>
If a joint return, spouse's legal last name		Spouse's legal first name		M.I.	Spouse's social security number
Home address (number and street). If you have a PO Box, see page 6. <b>209 N 5TH AVE</b>				Apt. No.	
City or post office <b>WAUSAU</b>		State <b>WI</b>	Zip code <b>54401</b>		
Filing status <input type="checkbox"/> Single <input type="checkbox"/> Married filing joint return (even if only one had income) <input checked="" type="checkbox"/> Head of household <span style="margin-left: 20px;">Fill in qualifying person's name ▼</span> Also, check here if married. <input type="checkbox"/> <b>PINK PANTHER</b>					Tax district Check below then fill in either the name of city, village, or town and the county in which you lived at the end of 2014. <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town City, village, or town <b>WAUSAU</b> County of <b>MARATHON</b> School district number (see page 23) <b>6223</b> Special conditions <input type="checkbox"/>

Print numbers like this → **0123456789** Not like this → **Ø147** **NO COMMAS; NO CENTS**

**ENCLOSE withholding statements**

<b>1</b> Wages, salaries, tips, etc. (see page 7) .....	<b>1</b>	<b>20800.00</b>
<b>2</b> Interest (see page 7) .....	<b>2</b>	<b>.00</b>
<b>3</b> Ordinary dividends (from line 9a of federal Form 1040A or 1040) .....	<b>3</b>	<b>.00</b>
<b>4</b> Capital gain distributions (see page 8) .....	<b>4</b>	<b>.00</b>
<b>5</b> Unemployment compensation (from worksheet, page 8) .....	<b>5</b>	<b>10450.00</b>
<b>6</b> Taxable IRA distributions, pensions, and annuities (see page 8) .....	<b>6</b>	<b>.00</b>
<b>7</b> Add lines 1 through 6 .....	<b>7</b>	<b>31250.00</b>
<b>8</b> IRA deduction (see page 10) .....	<b>8</b>	<b>300.00</b>
<b>9</b> Student loan interest deduction (see page 10) .....	<b>9</b>	<b>100.00</b>
<b>10</b> Medical care insurance deduction (see page 10) .....	<b>10</b>	<b>.00</b>
<b>11</b> Add lines 8 through 10 .....	<b>11</b>	<b>400.00</b>
<b>12</b> Subtract line 11 from line 7. This is your Wisconsin income .....	<b>12</b>	<b>30850.00</b>
<b>13</b> If your parent (or someone else) can claim you (or your spouse) as a dependent, check here <input type="checkbox"/> <b>13</b> .....		
<b>14</b> Fill in the <b>standard deduction</b> for your filing status from table, page 31. But if you checked line 13, fill in amount from worksheet, page 11 .....	<b>14</b>	<b>9368.00</b>
<b>15</b> Subtract line 14 from line 12. If line 14 is larger than line 12, fill in 0 .....	<b>15</b>	<b>21482.00</b>
<b>16 Exemptions</b> (Caution: see page 11)		
<b>a</b> Fill in exemptions from your federal return ..... <input type="checkbox"/> <b>3</b> x \$700 .. <b>16a</b> .....		<b>2100.00</b>
<b>b</b> Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <input type="checkbox"/> x \$250 .. <b>16b</b> .....		<b>.00</b>
<b>c</b> Add lines 16a and 16b .....	<b>16c</b>	<b>2100.00</b>
<b>17</b> Subtract line 16c from line 15. If line 16c is larger than line 15, fill in 0. This is your taxable income .....	<b>17</b>	<b>19382.00</b>
<b>18</b> Tax. Use amount on line 17 to find your tax using table, page 24 .....	<b>18</b>	<b>929.00</b>
<b>19</b> Armed forces member credit (must be stationed outside U.S., see page 11) <b>19</b> .....		<b>.00</b>
<b>20</b> School property tax credit		
<b>a</b> Rent paid in 2014—heat included <b>1400.00</b> } Find credit from table page 12 .. <b>20a</b> .....		<b>193.00</b>
Rent paid in 2014—heat not included <b>5200.00</b> }		
<b>b</b> Property taxes paid on home in 2014 <b>1370.00</b> } Find credit from table page 13 .. <b>20b</b> .....		<b>164.00</b>
<b>21</b> Married couple credit. Complete schedule on reverse side .....	<b>21</b>	<b>.00</b>
<b>22</b> Add lines 19 through 21. This is the total of your credits .....	<b>22</b>	<b>300.00</b>
<b>23</b> Subtract line 22 from line 18. If line 22 is larger than line 18, fill in 0. This is your net tax ..	<b>23</b>	<b>629.00</b>

**PAPER CLIP payment here**

**NO COMMAS; NO CENTS**

**24** Fill in net tax from line 23 ..... **24** 629.00

**25** Sales and use tax due on Internet, mail order, or other out-of-state purchases (see page 14) **25** .00  
 If you certify that no sales or use tax is due, check here

**26** Donations (decreases refund or increases amount owed)

<b>a</b> Endangered resources <u>.00</u>	<b>f</b> Firefighters memorial <u>.00</u>
<b>b</b> Packers football stadium <u>.00</u>	<b>g</b> Military family relief <u>20.00</u>
<b>c</b> Cancer research <u>.00</u>	<b>h</b> Second Harvest/Feeding Amer. <u>.00</u>
<b>d</b> Veterans trust fund <u>.00</u>	<b>i</b> Red Cross WI Disaster Relief <u>.00</u>
<b>e</b> Multiple sclerosis <u>.00</u>	<b>j</b> Special Olympics Wisconsin <u>.00</u>

Total (add lines a through j) ..... **26k** 20.00

**27** Add lines 24, 25, and 26k ..... **27** 649.00

**28** Wisconsin income tax withheld. Enclose withholding statements ..... **28** 1600.00

**29** 2014 estimated tax payments and amount applied from 2013 return ... **29** .00

**30** Earned income credit (see page 16)  
 Qualifying children  2 Federal credit .. 2281.00 x 11 % = .. **30** 251.00

**31** Homestead credit. Attach Schedule H or H-EZ ..... **31** .00

**32** Eligible veterans and surviving spouses property tax credit (see page 16) **32** .00

**33** Add lines 28 through 32 ..... **33** 1851.00

**34** If line 33 is more than line 27, subtract line 27 from line 33. This is the **AMOUNT YOU OVERPAID** .. **34** 1202.00

**35** Amount of line 34 you want **REFUNDED TO YOU** ..... **35** 702.00

**36** Amount of line 34 you want **applied to your 2015 estimated tax** ..... **36** 500.00

**37** If line 33 is less than line 27, subtract line 33 from line 27. This is the **AMOUNT YOU OWE** .. **37** .00

**38** Underpayment interest. Fill in exception code - See Sch. U →      **38** .00  
 (See page 18)

**Third Party Designee** Do you want to allow another person to discuss this return with the department (see page 19)?  Yes Complete the following.  No

Designee's name ▶ \_\_\_\_\_ Phone no. ▶ (    ) \_\_\_\_\_

Personal identification number (PIN) ▶ 

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**Sign below** Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Your signature \_\_\_\_\_ Spouse's signature (if filing jointly, BOTH must sign) \_\_\_\_\_ Date \_\_\_\_\_ Daytime phone (    ) \_\_\_\_\_

Mail your return to: Wisconsin Department of Revenue

If tax due ..... PO Box 268, Madison WI 53790-0001  
 If homestead credit claimed..... PO Box 34, Madison WI 53786-0001  
 If refund or no tax due..... PO Box 59, Madison WI 53785-0001

**Married Couple Credit When Both Spouses Are Employed**

	(A) YOURSELF	(B) YOUR SPOUSE
<b>1</b> Wages, salaries, tips, and other employee compensation from line 1 of Form 1A. Do not include deferred compensation or scholarships and fellowships that are not reported on a W-2. .... <b>1</b>	<u>.00</u>	<u>.00</u>
<b>2</b> IRA deduction, if any, from line 8 of Form 1A. .... <b>2</b>	<u>.00</u>	<u>.00</u>
<b>3</b> Subtract line 2 from line 1. .... <b>3</b>	<u>.00</u>	<u>.00</u>
<b>4</b> Compare amounts in columns (A) and (B) of line 3. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000. .... <b>4</b>	<u>.00</u>	<u>.00</u>
<b>5</b> Rate of credit is .03 (3%) ..... <b>5</b>	<u>.03</u>	<u>.03</u>
<b>6</b> Multiply line 4 by line 5. Round the result and fill in here and on line 21 of Form 1A ..... <b>Do NOT fill in more than \$480</b> <b>6</b>	<u>.00</u>	<u>.00</u>



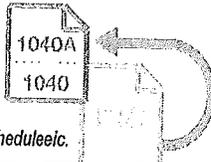
For Department Use Only

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**SCHEDULE EIC**  
(Form 1040A or 1040)

**Earned Income Credit**  
Qualifying Child Information



OMB No. 1545-0074

**2014**

Department of the Treasury  
Internal Revenue Service (99)

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

▶ Information about Schedule EIC (Form 1040A or 1040) and its instructions is at [www.irs.gov/scheduleeic](http://www.irs.gov/scheduleeic).

Attachment  
Sequence No. **43**

Name(s) shown on return

Your social security number

**Before you begin:**

- See the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- 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.



- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions 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**

**Child 3**

	Child 1	Child 2	Child 3
<b>1 Child's name</b> If you have more than three qualifying children, you have to list only three to get the maximum credit.	First name: Pink, Last name: Panther	First name: Peter, Last name: Panther	First name: , Last name:
<b>2 Child's SSN</b> The child must have an SSN as defined in the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, unless the child was born and died in 2014. If your child was born and died in 2014 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.	400-00-5445	400-00-5446	
<b>3 Child's year of birth</b>	Year 1 9 9 1 <i>If born after 1995 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	Year 1 9 9 5 <i>If born after 1995 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	Year _____ <i>If born after 1995 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>
<b>4 a</b> Was the child under age 24 at the end of 2014, a student, and younger than you (or your spouse, if filing jointly)?	<input checked="" type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. Go to line 4b.</i>	<input checked="" type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. Go to line 4b.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. Go to line 4b.</i>
<b>b</b> Was the child permanently and totally disabled during any part of 2014?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. The child is not a qualifying child.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. The child is not a qualifying child.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. The child is not a qualifying child.</i>
<b>5 Child's relationship to you</b> (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	Son	Son	
<b>6 Number of months child lived with you in the United States during 2014</b>  • If the child lived with you for more than half of 2014 but less than 7 months, enter "7." • If the child was born or died in 2014 and your home was the child's home for more than half the time he or she was alive during 2014, enter "12."	12 months <i>Do not enter more than 12 months.</i>	12 months <i>Do not enter more than 12 months.</i>	_____ months <i>Do not enter more than 12 months.</i>

## Purpose of Schedule

After you have figured your earned income credit (EIC), use Schedule EIC to give the IRS information about your qualifying child(ren).

To figure the amount of your credit or to have the IRS figure it for you, see the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b.

**Taking the EIC when not eligible.** If you take the EIC even though you are not eligible and it is determined that your error is due to reckless or intentional disregard of the

EIC rules, you will not be allowed to take the credit for 2 years even if you are otherwise eligible to do so. If you fraudulently take the EIC, you will not be allowed to take the credit for 10 years. You may also have to pay penalties.

**Future developments.** For the latest information about developments related to Schedule EIC (Form 1040A or 1040) and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/scheduleeic](http://www.irs.gov/scheduleeic).

### TIP

You may also be able to take the additional child tax credit if your child was your dependent and under age 17 at the end of 2014. For more details, see the instructions for line 43 of Form 1040A or line 67 of Form 1040.

## Qualifying Child

A qualifying child for the EIC is a child who is your . . .

Son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, half brother, half sister, or a descendant of any of them (for example, your grandchild, niece, or nephew)



was . . .

Under age 19 at the end of 2014 and younger than you (or your spouse, if filing jointly)

or

Under age 24 at the end of 2014, a student, and younger than you (or your spouse, if filing jointly)

or

Any age and permanently and totally disabled



Who is not filing a joint return for 2014  
or is filing a joint return for 2014 only to claim  
a refund of withheld income tax or estimated tax paid



Who lived with you in the United States for more than half of 2014. If the child did not live with you for the required time, see *Exception to time lived with you* in the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b.



If the child was married or meets the conditions to be a qualifying child of another person (other than your spouse if filing a joint return), special rules apply. For details, see *Married child or Qualifying child of more than one person* in the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b.

22222		a Employee's social security number 400-00-5410		OMB No. 1545-0008								
b Employer identification number (EIN) 11-2233456			1 Wages, tips, other compensation 20,800.00		2 Federal income tax withheld 1,328.00							
c Employer's name, address, and ZIP code Happy Camper RV Park 8700 Stewart Ave Wausau, WI 54401			3 Social security wages 20,800.00		4 Social security tax withheld 874.00							
			5 Medicare wages and tips 20,800.00		6 Medicare tax withheld 302.00							
			7 Social security tips		8 Allocated tips							
d Control number			9		10 Dependent care benefits							
e Employee's first name and initial Test		Last name Panther		Suff.		11 Nonqualified plans		12a				
209 N 5th Ave Wausau, WI 54401		f Employee's address and ZIP code		13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		12b				
				Third-party sick pay <input type="checkbox"/>		12c						
				14 Other		12d						
15 State		Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name
WI		036-9876543210-06		20,800.00		1,600.00						

Form **W-2** Wage and Tax Statement  
 Copy 1—For State, City, or Local Tax Department

2014

Department of the Treasury—Internal Revenue Service

VOID  CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <b>Test Unemployment</b> <b>200 King St</b> <b>Madison, WI 53713</b>		<b>1</b> Unemployment compensation \$ 12,500.00	OMB No. 1545-0120  <b>2014</b>  Form <b>1099-G</b>	<b>Certain Government Payments</b>  <b>Copy 1</b> <b>For State Tax Department</b>
PAYER'S federal identification number 01-2345678	RECIPIENT'S identification number 400-00-5410	<b>2</b> State or local income tax refunds, credits, or offsets \$	<b>3</b> Box 2 amount is for tax year	
RECIPIENT'S name <b>Test Panther</b>		<b>4</b> Federal income tax withheld \$	<b>5</b> RTAA payments \$	
Street address (including apt. no.) 209 N 5th Ave  City or town, state or province, country, and ZIP or foreign postal code Wausau, WI 54401		<b>6</b> Taxable grants \$	<b>7</b> Agriculture payments \$	
Account number (see instructions)		<b>8</b> Check if box 2 is trade or business income <input type="checkbox"/>	<b>9</b> Market gain \$	
		<b>10a</b> State	<b>10b</b> State identification no.	<b>11</b> State income tax withheld \$

Form **1099-G**

[www.irs.gov/form1099g](http://www.irs.gov/form1099g)

Department of the Treasury - Internal Revenue Service