ATS Test Scenario 1 Taxpayer: Susan Miranda SSN: 400-00-1032

Test Scenario 1 includes the following forms:

- Form 1040
- Form W-2 (2)Schedule 2Schedule H

E 1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

| 2023 |
|------|
|------|

OMB No. 1545 0074

IRS Use Only-Do not write or staple in this space.

| For the year Jar | For the year Jan. 1 Dec. 31, 2023, or other tax year beginning | | | , 2023, ending, | | | | See separate instructi | | | |
|----------------------------------|--|--|--|--|--|--|-------------------------------------|---|-------------------------------|--|--|
| Your first name | and mi | ddle initial | Last na | Last name | | | | | Your social security number | | |
| Susan | | | Miranda | | | | | 400 00 1032 | | | |
| | pouse's | s first name and middle initial | Last na | me | | | | Spouse's social security number | | | |
| | | | | | | | | | | | |
| Home address | (numbe | or and street). If you have a P.O. box, see | instruction | ons. | | | Apt. no. | Preside | ential Election Campaign | | |
| 2030 Peca | n Stre | e <mark>et</mark> | | | | 50 | | 200000000000000000000000000000000000000 | here if you, or your | | |
| City, town, or p | ost offi | ce. If you have a foreign address, also co | mplete s | paces below. | State | ZIF | code | spouse if filing jointly, want \$3 to go to this fund. Checking a | | | |
| Monroe | | | 003 | | LA | 7 | 1201 | box bel | low will not change | | |
| Foreign country name | | | | Foreign province/state/o | county | Fo | reign postal code | x or refund. | | | |
| | | | | | | | | | You Spouse | | |
| Filing Status | | Single | 1 11 1 | 7 | ☐ Head | of hous | ehold (HOH) |) | | | |
| Check only | | Married filing jointly (even if only o | ne had i | ncome) | | | | 70 | | | |
| one box. | L | Married filing separately (MFS) | 211 | | Qualif | ying sur | viving spouse | (QSS) | | | |
| | | ou checked the MFS box, enter the | | 13.5% | checked the | HOH or | QSS box, ent | er the ch | ild's name if the | | |
| | qu | alifying person is a child but not you | ır depen | ident: | | | | | | | |
| Digital | At ar | ny time during 2023, did you: (a) rec | eive (as | a reward, award, or i | payment for pr | operty | or services); o | r (b) sell, | | | |
| Assets | | ange, or otherwise dispose of a dig | 7.7. 2000 | Control of the Contro | 4 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | THE RESERVE OF THE PARTY OF THE | STATE OF THE PERSON NAMED IN COLUMN | and the second second | ☐ Yes ☑ No | | |
| Standard | Som | eone can claim: You as a de | pendent | Your spouse | as a depende | ent | | | | | |
| Deduction | | Spouse itemizes on a separate retur | n or you | were a dual-status a | alien | | | | | | |
| Age/Blindness | Vou | Were born before January 2, 1 | 959 F | Are blind Spo | use: Was | hom h | efore January | 2 1050 | ☐ Is blind | | |
| Dependent | | | 500 <u></u> | | | | T | | ifies for (see instructions): | | |
| PATRONE WOLLD'S SANGUMENT | | irst name Last name | | (2) Social security number | (3) Relati | | Child tax | 3. | Credit for other dependents | | |
| If more than four | <u>(,,,,</u> | Edot hamo | | | | (55) | | N. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10 | | | |
| dependents, | - | | | | 1 | | H | | H | | |
| see instruction | s — | | - | | | | H | | i i | | |
| and check here | 1 | | | | | | П | | | | |
| Income | 1a | Total amount from Form(s) W-2, b | ox 1 (se | e instructions) | THE RESIDENCE | e 8 | | . 1a | | | |
| | b | Household employee wages not re | and all the said | and the state of t | | 10 6 | | 1b |) | | |
| Attach Form(s) W-2 here, Also | С | Tip income not reported on line 1a | Shirt was | arrana de la companya del companya del companya de la companya de | | 2 2 | | . 10 | | | |
| attach Forms | d | Medicaid waiver payments not rep | ported on Form(s) W-2 (see instructions) | | | | | | 1 | | |
| W-2G and 1099-R if tax | е | Taxable dependent care benefits f | rom Form 2441, line 26 | | | | | 1e | | | |
| was withheld. | f | Employer-provided adoption bene | fits from | Form 8839, line 29 | 16 36 16 6 | 150 180 | WILLIAM SET | . 1f | | | |
| If you did not | g | Wages from Form 8919, line 6 . | | | i i i i i i i i i i i i i i i i i i i | 18118 | | . 1g | | | |
| get a Form W 2, see | h | Other earned income (see instruct | ions) . | | | | W | . 1h | 1 | | |
| instructions. | I | Nontaxable combat pay election (s | see instr | ructions) | | 1i | | | | | |
| | Z | Add lines 1a through 1h | | | | | | . 1z | t l | | |
| Attach Sch. B | 2a | Tax-exempt interest | 2a | | b Taxable inte | erest | | . 2b |) | | |
| if required. | 3a | Qualified dividends | 3a | | b Ordinary div | idends | | . 3b |) | | |
| Standard) | 4a | IRA distributions | 4a | | b Taxable am | ount . | | . 4b |) | | |
| Standard Deduction for— | 5a | Pensions and annuities | 5a | | b Taxable am | ount . | | . 5b | <u> </u> | | |
| Single or Married filing | 6a | and the second s | 6a | | b Taxable am | | | . 6b |) | | |
| Married filing separately, | C | If you elect to use the lump-sum e | | and the second s | | | E 15 (E 16) | | | | |
| \$13,850 Married filing | 7 | Capital gain or (loss). Attach Sche | | | 70 | re . | | □ 7 | | | |
| jointly or Qualifying | 8 | Additional income from Schedule | Summer | | | K. K. | | . 8 | - 1 · | | |
| surviving spouse, | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 | Survey and the same | 100 | ome | | K. K. K. (K) | . 9 | | | |
| \$27,700 • Head of | 10 | Adjustments to income from Sche | | | | | 61 (61 (61 (69) | 10 | | | |
| household, \$20,800 | 11 | Subtract line 10 from line 9. This is | The same | Francisco T. Contractor | | | 5 2 2 2 | 11 | 820 | | |
| If you checked | 12 | Standard deduction or itemized | | The second of th | A STATE OF THE STA | © 165 | | . 12 | | | |
| any box under Standard | 13 | Qualified business income deduct | ion from | Form 8995 or Form | 8995-A | P. D. | The life life and | . 13 | 33 | | |
| D. d. die | | Add lines 12 and 13 | | | | | | | | | |
| Deduction, see instructions. | 14 15 | Subtract line 14 from line 11. If zer | 10 Sec 33 | | | \$6 \$1 2023/1965 | | 14 | au l | | |

| Form 1040 (2023 |) | | | | | | | | Page 2 |
|-----------------------------------|------|--|--|--|---------------------|--|---|------------------|---|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | n(s): 1 🔲 881 | 4 2 🗌 4972 | 3 🔲 | 100 | 16 | |
| Credits | 17 | Amount from Schedule 2, lin | ne3 | | | | | 17 | |
| | 18 | Add lines 16 and 17 | | | | | 16 . | 18 | |
| | 19 | Child tax credit or credit for | other dependent | ts from Sched | ule 8812 | | | 19 | |
| | 20 | Amount from Schedule 3, lin | ne 8 | 15 15 16 16 | | * * * * * * * * * * * * * * * * * * * | | 20 | |
| | 21 | Add lines 19 and 20 | | • 8 1• 1• | | | | 21 | |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | | 22 | |
| | 23 | Other taxes, including self-e | employment tax, | from Schedule | 2, line 21 | | | 23 | |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | [| 24 | |
| Payments | 25 | Federal income tax withheld | | | A . | | | | |
| | а | Form(s) W-2 | . //\ | | | 25a | | | |
| | b | Form(s) 1099 | | | | 25b | | | |
| | C | Other forms (see instruction | s) | | | 25c | | | |
| | d | Add lines 25a through 25c | A | | | | | 25d | |
| f you have a | 26 | 2023 estimated tax paymen | | | | | | 26 | |
| qualifying child, | 27 | Earned income credit (EIC) | AND DESCRIPTION OF REAL PROPERTY. | The second second | | 27 | | | |
| attach Sch. EIC. | 28 | Additional child tax credit fro | | | | 28 | | | |
| | 29 | American opportunity credit | A STATE OF THE PARTY OF THE PAR | | | 29 | T I | | |
| | 30 | Reserved for future use . | | A CONTRACTOR OF THE PARTY OF TH | | 30 | | | |
| | 31 | Amount from Schedule 3, lir | | | | 31 | | | |
| | 32 | Add lines 27, 28, 29, and 31 | | total other pa | wments and refu | | | 32 | |
| | 33 | Add lines 25d, 26, and 32. T | And the second second | | | The second secon | | 33 | |
| Refund | 34 | If line 33 is more than line 24 | | | | | | 34 | |
| neruna | 35a | Amount of line 34 you want | A CONTRACTOR OF THE PROPERTY OF THE PARTY OF | | | AND CONTRACTOR OF STORY | . 🗀 İ | 35a | |
| Direct deposit? | b | Routing number | | | c Type: | | Savings | - Cou | |
| See instructions. | d | Account number | | | J Iypo. | i i i | Cavings | | |
| | 36 | Amount of line 34 you want | applied to your | 2024 estimate | d tay | 36 | | | |
| Amount | 37 | | | | | 00 | | | |
| You Owe | 31 | Subtract line 33 from line 24 For details on how to pay, g | | | | | 1 (a) 2 | 37 | |
| Tou Owo | 38 | Estimated tax penalty (see in | The second section of the second | A CONTRACTOR OF CONTRACTOR OF CO. | | 38 | | 31 | |
| Third Down | | | | | | | | - 3 | 0 |
| Third Party Designee | | you want to allow another | a to the second second second second | | n with the ins? | THE RESERVE OF THE PARTY OF THE | omplete be | low. | □No |
| Designee | | signee's | | Phone | | V | onal identific | | |
| | nar | | | no. | | | ber (PIN) | | |
| Sign | | der penalties of perjury, I declare t | | | | | | | |
| Here | bel | belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which | | | | | | | has any knowledge. |
| ricic | Yo | Your signature Date Your occupation | | | | | 100000000000000000000000000000000000000 | | you an Identity |
| | | | | | | (see in | | I, enter it here | |
| Joint retum? See instructions. | C= | | | Dete | Casusala assumati | | | VOUE OR OUT | |
| Keep a copy for | Sp | ouse's signature. If a joint return, | both must sign. | Date | Spouse's occupation | on | | | your spouse an tion PIN, enter it here |
| your records. | | | | | | (see in | | | |
| | Ph | one no. | | Email address | | | | - | |
| . | | eparer's name | Preparer's signat | ture | | Date | PTIN | 10 | Check if: |
| Paid | | | | | | | | | Self employed |
| Preparer | Fire | n's name | 100 | | | | Phone | no. | |
| Use Only | 9 | n's address | | | | | Firm's | AT STATE OF | |
| | | | | | | | 7 11 11 3 | | |

| 1032 | ONID 140. 1040 | 8000 | FAST! Use | www. | the IRS website at v.irs.gov/efile | | |
|---|---------------------|---|---|---|--|--|--|
| b Employer identification number (EIN) 00-000004 | | | | | e tax withheld | | |
| c Employer's name, address, and ZIP code Our Flower Shop | | | | | tax withheld | | |
| | | 5 Me | edicare wages and tips | 6 Medicare tax v | withheld | | |
| Monroe, LA 70201 | | | | | | | |
| d Control number | | | | 10 Dependent ca | re benefits | | |
| e Employee's first name and initial Last name Suff. | | | | f. 11 Nonqualified plans 12a See instruction | | | |
| | 1 | Statemp | tutory Retirement Third-party sick pay | 12b | | | |
| Monroe, LA 70201 | | | ner | 12c | | | |
| | | | | 12d | | | |
| COUNTY TO SECURE THE SECURITY OF THE SECURITY | 17 State income 507 | tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | | |
| | | State wages, tips, etc. 17 State income | 3 So 5 Me 7 So 9 9 Suff. 11 No 13 Stare mm 14 Oth | Suff. 11 Nonqualified plans 13 Statutory Retirement Third-party employee plan 14 Other State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. | 15,205 3 Social security wages 15,205 943 5 Medicare wages and tips 15,205 7 Social security tips 8 Allocated tips 9 10 Dependent ca 13 Statutory Retirement Third-party sick pay 12b 12b 12c 12c 12d 12d | | |

Form W-2 Wage and Tax Statement



Department of the Treasury Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

| | a Employee's social security number 400-00-1032 | OMB No. 154 | 5 0008 | Safe, accurate, FAST! Use | | e IRS website at rs.gov/efile | | |
|---|--|-------------------------|--|---|----------------------------------|----------------------------------|--|--|
| b Employer identification number (| EIN) | 1 Wa | ges, tips, other compensation | 2 Federal income | tax withheld | | | |
| 00-0000007 | | | 24 | 4,469 | 5,869 | | | |
| c Employer's name, address, and | ZIP code | | 3 So | cial security wages | 4 Social security to | ax withheld | | |
| Magnolia Floral Desi | ign | | | 4,469 adicare wages and tips | 1,517 | hheld | | |
| 1001 Main Street | | | | • | 355 | illeid | | |
| Monroe, LA 70201 | | | 4,469 cial security tips | 8 Allocated tips | | | | |
| d Control number | | 9 10 Dependent care ben | | | | | | |
| e Employee's first name and initial Last name Suff. | | | | f. 11 Nonqualified plans 12a See instructions for | | | | |
| Susan Miranda 2030 Pecan Street | | 13 Statemp | utory Retirement Third-party sloyee plan sick pay | 12b | | | | |
| Monroe, LA 70201 | | | | ner : | 12c | | | |
| f Employee's address and ZIP cod | e | | | | 12d | | | |
| 15 State Employer's state ID numb LA 00-000008 | and the second s | | | 18 Local wages, tips, etc. | etc. 19 Local income tax 20 Loca | | | |
| | | | | | | | | |

Form W-2 Wage and Tax Statement



Department of the Treasury Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

Attachment Sequence No. **02** Go to www.irs.gov/Form1040 for instructions and the latest information. Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number Susan Miranda 400-00-1032

| <u> </u> | | 00-1032 |
|----------|--|---------------------|
| Pa | til Tax | 25 |
| 1 | Alternative minimum tax. Attach Form 6251 | 1 |
| 2 | Excess advance premium tax credit repayment. Attach Form 8962 | 2 |
| 3 | Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17. | 3 |
| Par | t II Other Taxes | |
| 4 | Self-employment tax. Attach Schedule SE | 4 |
| 5 | Social security and Medicare tax on unreported tip income. Attach Form 4137 | |
| 6 | Uncollected social security and Medicare tax on wages. Attach Form 8919 | |
| 7 | Total additional social security and Medicare tax. Add lines 5 and 6 | 7 |
| 8 | Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. | |
| | If not required, check here | 8 |
| 9 | Household employment taxes. Attach Schedule H | 9 |
| 10 | Repayment of first-time homebuyer credit. Attach Form 5405 if required | 10 |
| 11 | Additional Medicare Tax. Attach Form 8959 | 11 |
| 12 | Net investment income tax. Attach Form 8960 | 12 |
| 13 | Uncollected ocial security and Medicare or R TA tax on tips or group-term life insurance from Form W-2, box 12 | 13 |
| 14 | Interest on tax due on installment income from the sale of certain residential lots and timeshares | 14 |
| 15 | Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 | 15 |
| 16 | Recapture of low-income housing credit. Attach Form 8611 | 16 |
| | (c | ontinued on page 2) |

Schedule 2 (Form 1040) 2023 Page **2**

Part II Other Taxes (continued)

| 7 | Other additional taxes: | | | | |
|---|--|-------------|-----------------------|----|---|
| а | Recapture of other credits. List type, form number, and amount: | | | | |
| | | 17a | | | |
| b | Recapture of federal mortgage subsidy, if you sold your home | | | | |
| | see instructions | 17b | | | |
| | Additional tax on HSA distributions. Attach Form 8889 | 17c | | | |
| d | Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 | 17d | | | |
| е | Additional tax on Archer MSA distributions. Attach Form 8853. | 17e | | | |
| f | Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 | 17f | | | |
| g | Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property | 17g | | | |
| h | Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A | 17h | | | |
| į | Compensation you received from a nonqualified deferred compensation plan described in section 457A | 17i |)E | | |
| j | Section 72(m)(5) excess benefits tax | 17j | | | |
| k | Golden parachute payments | 17k | | | |
| 1 | Tax on accumulation distribution of trusts | 17 I | 100 | | |
| m | Excise tax on insider stock compensation from an expatriated corporation | 17m | /40 | | |
| n | Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 | 17n | | | |
| 0 | Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR | 17o | | | |
| p | Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund | 17p | | | |
| q | Any interest from Form 8621, line 24 | 17q | | | |
| Z | Any other taxes. List type and amount: | | | | |
| | | 17z | | | |
| 8 | Total additional taxes. Add lines 17a through 17z | | Sec. 2001 1000 1000 0 | 18 | |
| 9 | Reserved for future use | | * 95 35 35 E | 19 | |
| 0 | Section 965 net tax liability installment from Form 965-A | 20 | | | |
| 1 | Add lines 4, 7 through 16, and 18. These are your total other taxes | | | | ļ |
| | on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b | | | 21 | |

SCHEDULE H (Form 1040)

Name of employer

Department of the Treasury Internal Revenue Service

Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

Attach to Form 1040, 1040-SR, 1040-NR, 1040-SS, or 1041.

Go to www.irs.gov/ScheduleH for instructions and the latest information.

2023 Attachment Sequence No. 44

Social security number

OMB No. 1545 0074

400-00-1032 Employer identification number Susan Miranda 0 0 0 0 0 0 0 0 0 2 9 Calendar year taxpayers having no household employees in 2023 don't have to complete this form for 2023. Did you pay any one household employee cash wages of \$2,600 or more in 2023? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.) ✓ Yes. Skip lines B and C and go to line 1a. No. Go to line B. Did you withhold federal income tax during 2023 for any household employee? Yes. Skip line C and go to line 7. No. Go to line C. Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2022 or 2023 to all household employees? (Don't count cash wages paid in 2022 or 2023 to your spouse, your child under age 21, or your parent.) No. Stop. Don't file this schedule. Yes. Skip lines 1a-9 and go to line 10. Social Security, Medicare, and Federal Income Taxes Part I 1a Total cash wages subject to social security tax 2,650 1a b Qualified sick and family leave wages paid in 2023 for leave taken after March 31, 2020, and before April 1, 2021, included on line 1a . . . 2a Social security tax. Multiply line 1a by 12.4% (0.124) 2a b Employer share of social security tax on qualified sick and family leave wages paid in 2023 for leave taken after March 31, 2020, and before April 1, 2021. Multiply line 1b by 6.2% (0.062) 2b 0 2c Total cash wages subject to Medicare tax . . . 3 4 Medicare tax. Multiply line 3 by 2.9% (0.029) . 4 5 Total cash wages subject to Additional Medicare Tax withholding . 5 2.650 6 Additional Medicare Tax withholding, Multiply line 5 by 0.9% (0.009) 6 7 7 . . Total social security, Medicare, and federal income taxes. Add lines 2c, 4, 6, and 7. 8a Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 8b Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 8c d Total social security, Medicare, and federal income taxes after nonrefundable credits. Add lines 8b 8d Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 8e Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 8f 8g Qualified health plan expenses allocable to qualified sick leave wages reported on line 8g . . . 8i Qualified health plan expenses allocable to qualified family leave wages reported on line 8i 8 Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 8k Qualified health plan expenses allocable to qualified sick leave wages reported on line 8k . . . 81 Qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 8_m Qualified health plan expenses allocable to qualified family leave wages reported on line 8m Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2022 or 2023 to all household employees? (Don't count cash wages paid in 2022 or 2023 to your spouse, your child under age 21, or your parent.) No. Stop. Include the amount from line 8d above on Schedule 2 (Form 1040), line 9. Include the amounts, if any, from lines 8e and 8f on Schedule 3 (Form 1040), line 13z. If you're not required to file Form 1040, see the line 9 instructions. ☐ Yes. Go to line 10.

| Part II | Federal | Unemployme | nt (FUTA) Ta | X | | | | | | | |
|--|--|--|--|--|--------------------|--|------------------------------------|------------|-------------------|-----------|-------|
| 40 Did. | | | | | | | | | Ī | Yes | No |
| | | nemployment c uctions and che | | | | contributions to | | | 10 | | |
| | | | | | | ? Fiscal year filer | | | | | |
| | | | | | | nemployment ta | | | 12 | | |
| | 10 10 10 | | | | 0 0 154 | | 9000 FO 1170 1752 U.S | 68 1950 | | | |
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| 17 Com | nlete all co | olumns below th | nat apply (if you | | pace, see instru | ctions): | | | | | |
| (a) | | (b) | (c) | (d) | (e) | (f) | (g) | | | (h) | |
| Name of | | Taxable wages | State experience | | Multiply col. (b) | Multiply col. (b) | Subtract co | | 170000 | tributio | 00000 |
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| | A STATE OF THE PARTY OF THE PAR | ler of line 19 or | | | | | 20 0 | | | | |
| (If yo | u paid sta | te unemployme | nt contributions | late or you're | in a credit redu | ction state, see i | nstructions | | | | |
| | | | | | | | | 23 | S | | |
| | | | | | re and go to line | 25 | | 24 | 11 | - 10 | |
| Part III | | usehold Emp | | | | 525 0 528 | = 1U> | | | | |
| | | | THE RESERVE THE PROPERTY OF TH | | ox on line C of pa | age 1, enter -0- | | 25 | | - | |
| | | line 24) and line ed to file Form 1 | | M 15 2 2 3 | | | | 26 | | | |
| A CONTRACTOR OF THE PARTY OF TH | Minney or a famous manage. | | | shove on Sc | hadula 2 /Form | 1040), line 9. Incli | ide the amo | ınte i | fam, fr | om li | 200 |
| | The same of the sa | | | | n't complete Par | PARTICIPATION OF THE PROPERTY OF THE PARTY O | ade u le arriot | ai ito, ii | i aily, ii | OIII III | 100 |
| | | ay have to comp | | | | | | | | | |
| Part IV | Address | and Signatu | re - Complet | e this part o | nly if required. | See the line 2 | 7 instruction | ns. | | | |
| Address (numb | er and street) | or P.O. box if mail i | sn't delivered to stre | et address | | | Apt., | room, c | or suite n | o. | |
| | V1 1000 H2 | | | | | | | | | | |
| City, town or po | ost office, sta | te, and ZIP code | | | | | | | | | |
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