ATS Test Scenario 4 Taxpayer: Harper Williams SSN: 400-00-1045

Test Scenario 4 includes the following forms:

- Form 1040
- Form W-2
- Schedule 3
- Form 5695

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 Jan	1-Dec.	. 31, 2023, or other tax year beginning		, 2023, endi	ing		, 20		See sep	parate instructions.
Your first name	ne and middle initial Last name							Your so	cial security number	
Harper			Willi	ams					400	00 1045
If joint return, sp	ouse's	first name and middle initial	Last na	ıme					Spouse'	s social security number
<u>uj</u>										
		r and street). If you have a P.O. box, see	instructi	ons.			Apt. n			ntial Election Campaign
1843 Ros		<u> </u>					710			nere if you, or your if filing jointly, want \$3
	ost offic	ce. If you have a foreign address, also co	mpiete s	paces below.	State		ZIP code			this fund. Checking a
Scranton Foreign country	nama		T	Foreign province/state/c	PA	20	18508 Foreign pos			ow will not change or refund.
r oreign country	Hairie		[oreign province/state/c	Journey		r oreign pos	stal Code	your tax	You Spouse
Filing Status		Single		SEE 7	[Head of ho	ousehold (HOH))		
Check only		Married filing jointly (even if only or	ne had i	income)						
one box.		Married filing separately (MFS)			9	Qualifying	surviving :	spouse (0	QSS)	
	•	ou checked the MFS box, enter the			chec	cked the HOH	l or QSS b	ox, enter	the chi	ld's name if the
	qua	alifying person is a child but not you	ır deper	ndent:						
Digital		y time during 2023, did you: (a) rece			-		_	-		
Assets	exch	ange, or otherwise dispose of a digi					t)? (See in:	struction	s.) 🗼	Yes No)
Standard		eone can claim:		-		a dependent				
Deduction	<u>s</u>	Spouse itemizes on a separate return	n or you	u were a dual-status a	alien					
Age/Blindness	You:	☐ Were born before January 2, 1	959 [Are blind Spo	use:	☐ Was bor	n before J	anuary 2,	1959	☐ Is blind
Dependents	(see i	instructions):		(2) Social security		(3) Relationshi	ip (4) Che	eck the bo	x if qualit	fies for (see instructions):
If more	(1) Fi	rst name Last name		number		to you	CI	hild tax cre	edit	Credit for other dependents
than four										
dependents, see instructions								_ <u></u> _		<u> </u>
and check							-			<u> </u>
here . L	_									
Income	1a	Total amount from Form(s) W-2, be	•		10	(0.0) (2.5) (5) (5)	4 5 3	12 120 KB	1a	
Attach Form(s)	b	Household employee wages not re	•	• • •	1.0	181 /W K S	* * *	74 1255 M	1b	1
W-2 here. Also attach Forms	c d	Tip income not reported on line 1a Medicaid waiver payments not rep	•	, , , , , , , , , , , , , , , , , , , ,	etruc	otione)	X 20 31	27 (010) 12	1c 1d	V
W-2G and	e	Taxable dependent care benefits f		` ,	istruc	Lilons)	* * *	54 501 (M)	1e	
1099-R if tax was withheld.	f	Employer-provided adoption bene		·	100	NOT THE 22 ST	u u u	50 1007 C	1f	
If you did not	g	Wages from Form 8919, line 6			27	na a a a	2 2 2	90 W 3	1g	
get a Form	h	Other earned income (see instructi	ions)		(3) %			(E) (A) 5	1h	
W-2, see instructions.	i	Nontaxable combat pay election (s		ructions)	5/0	, , l <u>ı</u> i				
	Z	Add lines 1a through 1h	S# 391 8		2.01	35 N 1 X		NU 100 6	1z	
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	xable interest		39) 39) 6	2b	
if required.	3a	Qualified dividends	3a		b Or	dinary divider	nds	(*) (*) *	3b	
Standard	4a	IRA distributions	4a		b Ta	xable amount	l		4b	
Deduction for—	5a		5a			xable amount			5b	
Single or ñ Married filing	6a	0 0 1	6a			xable amount	· 9 %		6b	
separately, \$13,850	_C	If you elect to use the lump-sum e		•	•	•		₩		
Married filing	7	Capital gain or (loss). Attach Sched		·			* # G	A 1000	7	
jointly or Qualifying	8	Additional income from Schedule					x e x	884. BESS - 55	8	-
surviving spouse, \$27,700	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, Adjustments to income from Sche				TORRE NO ME AN	M M M	2001 (200) 10	9	
Head of	11	Subtract line 10 from line 9. This is	•			1001 KS KS KS	X X X	54 5(0) ki	11	
household, L \$20,800	12	Standard deduction or itemized	•	•		382 21 21 2	2 2 0	2007 2009 - 0	12	
If you checked any box under	13	Qualified business income deducti		•	•	i-A	10 G 16	15 550 178	13	
Standard Deduction,	14	Add lines 12 and 13						70 (M) 5	14	
see instructions.	15	Subtract line 14 from line 11. If zer					e .		15	

Form 1040 (2023))								Page 2
Tax and	16	Tax (see instructions). Check it	f any from Form	(s): 1 🔲 881	4 2 🗌 4972	з 🗌	5000 28	16	
Credits	17	Amount from Schedule 2, line	3				(E) E	17	
	18	Add lines 16 and 17						18	
	19	Child tax credit or credit for o	ther dependent	s from Sched	ule 8812		690 UBO 6	19	,
	20	Amount from Schedule 3, line	8 24 24 347		e 24 347 380 50 50		880 50	20	
	21	Add lines 19 and 20	34 34 393 393	6 K K K	9 (9 39) (96 6 5 8)	* * * * *	1005 10	21	<u>'</u>
	22	Subtract line 21 from line 18.	If zero or less, e	enter -0- 🗼	e ze ze zez (ez ez	X 10 10 19 19	SEC 100	22	
	23	Other taxes, including self-en	nployment tax,	from Schedule	2, line 21	* * * * *	PMC 183	23	
	24	Add lines 22 and 23. This is y	our total tax			¥ % (¥ % %)	785 %	24	
Payments	25	Federal income tax withheld to	from:						
	а	Form(s) W-2				25a			
	b	Form(s) 1099		,		25b			
	С	Other forms (see instructions)	A 24 397 390	50 N N A	* 24 297 SEC 10	25c			
	d	Add lines 25a through 25c .	OK 29 000 100	61 K 80 00 0	x 24 340 1240 40 40		1000 10	25d	
If you have a	26	2023 estimated tax payments	and amount a	oplied from 20	22 return .	A.A.		26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC) .			A 14 10 10 10	27			
attach Sch. Elc.	28	Additional child tax credit from	Schedule 8812) e /	4 4 4 4	28			
	29	American opportunity credit f	rom Form 8863	, line 8	4	29			
	30	Reserved for future use			· · · · · · · · · · · · · · · · · · ·	30			
	31	Amount from Schedule 3, line	15 .			31			
	32	Add lines 27, 28, 29, and 31.						32	,
	33	Add lines 25d, 26, and 32. Th	ese are your to	tal payments			262 6	33	
Refund	34	If line 33 is more than line 24,	subtract line 24	4 from line 33.	This is the amoun	t you overpaid	(9) €	34	
	35a	Amount of line 34 you want re	efunded to you	i. If Form 8888	is attached, chec	k here	240	35a	
Direct deposit? See instructions.	b	Routing number			c Type:	Checking 🔲 S	Savings		
See instructions.	d	Account number							
¥	36	Amount of line 34 you want a	pplied to your	2024 estimate	ed tax .	36			
Amount	37	Subtract line 33 from line 24.		•					
You Owe		For details on how to pay, go	_				101 6	37	
	38	Estimated tax penalty (see ins				38			
Third Party		you want to allow another	•				malata b	alaw	Пис
Designee		tructions		Phone			mplete b		∐ No
	nan	9		no.			or (PIN)	CallOII	
Sign		der penalties of perjury, I declare that					•		,
Here	beli	ef, they are true, correct, and comp	lete. Declaration of	of preparer (other	r than taxpayer) is bas	sed on all information	n of which	prepare	er has any knowledge.
	You	ır signature		Date	Your occupation				nt you an Identity
laint raturn?							(see i		N, enter it here
Joint return? See instructions.	Sno	ouse's signature. If a joint return, be	oth must sign.	Date	Spouse's occupation	on			nt your spouse an
Keep a copy for	Jp.	2000 0 o.g	2			•••	Identi	ty Prote	ection PIN, enter it here
your records.							(see ii	nst.)	
		one no.		Email address					
Paid	Pre	parer's name	Preparer's signat	ure		Date	PTIN		Check if:
Preparer									Self-employed
Use Only	Firr	n's name					Phone	e no.	
	Firr	n's address					Firm's	EIN_	
Go to www.irs.go	v/Form	1040 for instructions and the lates	t information.						Form 1040 (2023)

	a Employee's social security number 400-00-1045	OMB No. 154	15-0008	Safe, accurate, FAST! Use	Visit the IRS website www.irs.gov/efile			
b Employer identification number	(EIN)	•	1 Wag	ges, tips, other compensation	2 Federal income tax withheld			
00-0000029			13	37,000	25,405			
c Employer's name, address, and	ZIP code	73	3 Soc	cial security wages	4 Social security tax withheld			
Pond Pro Landscape	Designs		13	37,000	8,494			
343 Center Street	Designs		5 Me	dicare wages and tips	6 Medicare tax withheld			
			13	37,000	1,987			
Scranton, PA 18508			7 Soc	cial security tips	8 Allocated tips			
d Control number			9		10 Dependent care benefits			
2								
e Employee's first name and initia	Last name	Suff.	11 Nonqualified plans 12a See instructions for box 12					
Harper Williams				utory Retirement Third-party	d e			
1843 Rose Garden V	Vov		13 Statutory employee plan Third-party sick pay					
	vay							
Scranton, PA 18508			14 Other 12c					
					de			
					12d			
					d e			
f Employee's address and ZIP coo	de							
15 State Employer's state ID numb	per 16 State wages, tips, etc.	17 State incon	ne tax	18 Local wages, tips, etc.	19 Local income tax 20 Locality na			
PA 00-0000011	137,000	10,050		<u> </u>				
ĺ	5							

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 3 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Credits and Payments

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. 03

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Harper Williams Your social security number 400-00-1045

Par	t I Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required	74 04 2.65 (365 kg	1	
2	Credit for child and dependent care expenses from Form 2441, lin Form 2441	e 11. Attach	2	8.
3	Education credits from Form 8863, line 19		3	<u> </u>
4	Retirement savings contributions credit. Attach Form 8880	6 9 90 90 K	4	<u></u>
5a	Residential clean energy credit from Form 5695, line 15	04 104 1040 1040 FG	5a)
b	Energy efficient home improvement credit from Form 5695, line 32		5b	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800 6a			
b	Credit for prior year minimum tax. Attach Form 8801 6b			
С	Adoption credit. Attach Form 8839 6c			
d	Credit for the elderly or disabled. Attach Schedule R 6d			
е	Reserved for future use	_		
f	Clean vehicle credit. Attach Form 8936 6f			
g	Mortgage interest credit. Attach Form 8396 6g	100		
h	District of Columbia first-time homebuyer credit. Attach Form 8859 6h	140		
į	Qualified electric vehicle credit. Attach Form 8834 6i	_		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911 6j			
k	Credit to holders of tax credit bonds. Attach Form 8912 6k	-5-		
Ţ	Amount on Form 8978, line 14. See instructions 6I			
m	Credit for previously owned clean vehicles. Attach Form 8936 . 6m			
Z	Other nonrefundable credits. List type and amount:			
	6z			
7	Total other nonrefundable credits. Add lines 6a through 6z		7	<u> </u>
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040,	1040-SR, or		
	1040-NR, line 20	• sec sec sec se	8	und on mans 01
		(CC	ภานทเ	ued on page 2)

Schedule 3 (Form 1040) 2023 Page **2**

Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld	X X 35 35 35 35 350 50	11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
z	Other payments or refundable credits. List type and amount:			
		13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	

Schedule 3 (Form 1040) 2023

August 8, 2023 DO NOT FILE

5695 Form

Part I

Department of the Treasury Internal Revenue Service

Residential Energy Credits

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

Go to www.irs.gov/Form5695 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 75

Your social security number 400 00 1045

Name(s) shown on return

Harper Williams

Residential Clean Energy Credit (See instructions before completing this part.)

Note: Skip lines 1 through 11 if you only have a credit carryforward from 2022.

Enter the complete address of the home where you installed the property and/or technology associated with lines 1 through 4 and 5b. For more than one home, see instructions.

	343 Rose Garden Way		Scrant	on		PA	18508
	r and street	Unit no.	City or town			State	ZIP code
1	Qualified solar electric property costs	* * * *	56 (10) (10) (6)	v x x x	0 (0) (0) E	1	27,500
2	Qualified solar water heating property costs		14 (41 (42 a)		u carrona ar	2	
3	Qualified small wind energy property costs	8 8 8 8	4 8 W F			3	
4	Qualified geothermal heat pump property costs		1.0			4	
5а	Qualified battery storage technology. Does the qualifie at least 3 kilowatt hours? (See instructions.) If you ch for qualified battery storage technology	necked the "	No" box, you	cannot cla	im a credit	5a	☐ Yes ☑ No
b	If you checked the "Yes" box, enter the qualified batte	ery technolog	y costs .		D. (D. (5b	
6a	Add lines 1 through 5b	B.	1.6	5	20.	6a	8
b	Multiply line 6a by 30% (0.30)		. (*(:(*) *)		• 101.00 •0	6b	
7a	Qualified fuel cell property. Was qualified fuel cell pr main home located in the United States? (See instruc- If you checked the "No" box, you cannot claim a cre through 11.	tions.)				7a	☐ Yes ☑ No
b	Enter the complete address of the main home where y	ou installed	the fuel cell c	roperty.			
				,			
	Number and street Unit no.	City or town	1	State Z	P code		
8	Qualified fuel cell property costs	N R R R	(# (\$25 (\$45 #)	8			
9	Multiply line 8 by 30% (0.30)			9			
10	Kilowatt capacity of property on line 8 above	•	_ x \$1,000	10	, - -		
11	Enter the smaller of line 9 or line 10		* (*) (*) *)		• (•) (•) •)	11	
12	Credit carryforward from 2022. Enter the amount, if an	ny, from your	2022 Form 5	695, line 16	n necessari	12	
13	Add lines 6b, 11, and 12					13	
14	Limitation based on tax liability. Enter the amount f Worksheet. (See instructions.)		sidential Clea	n Energy (Credit Limit	14	21,921
15	Residential clean energy credit. Enter the smaller of Schedule 3 (Form 1040), line 5a	of line 13 or I		nclude this	amount on	15	
16	Credit carryforward to 2024. If line 15 is less than from line 13			16	0		
-		_					

Part II Energy Efficient Home Improvement Credit

Section	on A—Qualified Energy Efficiency Improveme	nts						
17a	Are the qualified energy efficiency improvement	ents install	ed in or on your m	ain home	located in the			
	, , , , , , , , , , , , , , , , , , ,				9 9 9 9 6	17a	✓ Yes	No No
b	Are you the original user of the qualified energy	-			* * 90 00 6	17b 17c	✓ Yes ✓ Yes	∐ No □ No
С	Are the components reasonably expected to really you checked the "No" box for line 17a, 17 improvement credit. Do not complete Part II, S	b, or 17c,			efficient home	176	V Tes	_ NO
d	Enter the complete address of the main home	where you	made the qualifying	improveme	ents.			
	Caution: You can only have one main home at							
	Number and street Ur	nit no.	City or town	State	ZIP code		_	
е	Were any of these improvements related to the construction of this main home?							<u> </u>
18	Insulation or air sealing material or system.			1 1				
а	Enter the cost of insulation material or system system) specifically and primarily designed to home that meets the criteria established by the IE	reduce hea	t loss or gain of you)F			
b	Multiply line 18a by 30% (0.30). Enter the resul			200		18b		
19	Exterior doors that meet the applicable Energy S Enter the cost of the most expensive door you	•	ments.	100	900			
a b	Multiply line 19a by 30% (0.30). Do not enter n		250	19a 19b	800	1		
C	Enter the cost of all other qualifying exterior do			19c	800		5	
d	Multiply line 19c by 30% (0.30)			19d				
е	Add lines 19b and 19d. Do not enter more than	•	* 16 18 19 141 161 K	* * *	76 (4 (4) (6) 6)	19e	7	
20 a	Windows and skylights that meet the Energy S Enter the cost of exterior windows and skylic certification requirements. (See instructions.)	ghts that r	neet the Energy Sta	20a	.E.			
b	Multiply line 20a by 30% (0.30). Enter the resul	ts. Do not	enter more than \$60	0	ar or (a) 560 fil	20b		
Section	on B—Residential Energy Property Expenditu	res						
21a	Did you incur costs for qualified energy prope the United States?	rty installed	d on or in connection	n with a ho	ome located in	21a	✓ Yes	□ No
b	Was the qualified energy property originally pla If you checked the "No" box for line 21a or energy property costs. Skip lines 22 through 29	21b, you	cannot claim the c	redit for yo	our residential	21b	✓ Yes	☐ No
С	Enter the complete address of each home whe	re you inst	alled qualified energ	y property.				
	Number and street	Unit no.	City or town	State	ZIP code			
	2156 Tulip Avenue		Scranton	PA	18508			
	·				*			
	9							
22	Residential energy property costs (include lab assembly, and original installation). (See instruc		or onsite preparation	1,				
а	Enter the cost of central air conditioners	50 151 50 F		22a	1,850			
b	Multiply line 22a by 30% (0.30). Enter the resul				* * * ** *** **	22b		
23a	Enter the cost of natural gas, propane, or oil was Multiply line 23a by 30% (0.30). Enter the result			23a		23b		
ь 24а	Enter the cost of natural gas, propane, or oil fu			0 │ 24a │	0# 0# 10#07 (0#0 #0)	230		
b	Multiply line 24a by 30% (0.30). Enter the resul					24b		

Page 2

Form 5695 (2023) Page **3**

Section B—Residential Energy Property Expenditures (continued)

	78				S.	
25a	Enter the cost of improvements or replacement of panelboards, subpanelboards, branch circuits, or feeders	25a				
b	Multiply line 25a by 30% (0.30). Enter the results. Do not enter more than \$600.		AN ON 1980 COSC NO	25b		
26	Home energy audits.					
а	Did you incur costs for a home energy audit that included an inspection of your n	nain h	nome located in			
	the United States and a written report prepared by a certified home energy audito		26a	☐ Yes	✓ No	
	If you checked the "No" box, you cannot claim the home energy audit credit. Stop	o. Go	to line 27.			
b	ρ.	26b				
C	Multiply line 26b by 30% (0.30). Enter the results. Do not enter more than \$150.	V V	N N N N N	26c		
27	P. Carlotte and C. Carlotte an	27				
28	Enter the smaller of line 27 or \$1,200	_		28		
29	Heat pumps and heat pump water heaters; biomass stoves and biomass boilers.	1	in various to			
a		29a				
b	- · · · · · · · · · · · · · · · · · · ·	29b		1		
c	_	29c		1		
d	-	29d		1		
e	Multiply line 29d by 30% (0.30). Enter the results. Do not enter more than \$2,000			29e		
30	Add lines 28 and 29e			30		
31	Limitation based on tax liability. Enter the amount from the Energy Efficient I lome I	 Impro	vement Credit			
	Limit Worksheet. (See instructions.)	- 100	ORGON HEADERS	31		22,956
32	Energy efficient home improvement credit. Enter the smaller of line 30 or line	Acres de la Constitución de la C	Control of the Contro	 •		,000
	amount on Schedule 3 (Form 1040), line 5b			32		

Form **5695** (2023)

OCTOBER 18, 2023 DO NOT FILE