

**ATS Test Scenario 8
Taxpayer: Mary Berry
SSN: 400-00-1043**

Test Scenario 8 includes the following forms:

- **Form 1040**
- **Form RRB-1042S**

Form RRB-1042S

NameLine1Txt	Mary Berry
PrimarySSN	400-00-1043
ForeignAddress	345 Sen. Gil J Puyat Avenue Makita Metro Manila Philippines
SocSecBnftAmt	7,500.00
NetSocSecBnftAmt	7,500.00
FederalIncomeTaxWithheldAmt	500.00

Additional information:

The binary attachment PDF name is "Green Card"

The binary attachment PDF name is "Signed Declaration"

Note: This return is being filed to request a refund of the tax withholdings; therefore, no information will be included in the income section of the return.

Filing Status [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Your first name and middle initial: Mary
Last name: Berry
Your social security number: 400 00 1043
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions.
345 Sen. Gil J Puyat Avenue
Apt. no.
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
City, town, or post office. If you have a foreign address, also complete spaces below.
Makita Metro Manila
State
ZIP code
Foreign country name
Philippines
Foreign province/state/county
Rizal
Foreign postal code
1000
[] You [] Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? [X] Yes [] No

Standard Deduction
Someone can claim: [] You as a dependent [] Your spouse as a dependent
[] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness
You: [] Were born before January 2, 1957 [] Are blind
Spouse: [] Was born before January 2, 1957 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (see instructions): Child tax credit, Credit for other dependents. Row 1: John Berry, 400 00 1049, Son, [], []

Main tax calculation table with 15 rows. Row 1: Wages, salaries, tips, etc. Attach Form(s) W-2. Row 2a: Tax-exempt interest. Row 2b: Taxable interest. Row 3a: Qualified dividends. Row 3b: Ordinary dividends. Row 4a: IRA distributions. Row 4b: Taxable amount. Row 5a: Pensions and annuities. Row 5b: Taxable amount. Row 6a: Social security benefits. Row 6b: Taxable amount. Row 7: Capital gain or (loss). Row 8: Other income from Schedule 1, line 10. Row 9: Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income. Row 10: Adjustments to income from Schedule 1, line 26. Row 11: Subtract line 10 from line 9. This is your adjusted gross income. Row 12a: Standard deduction or itemized deductions (from Schedule A). Row 12b: Charitable contributions if you take the standard deduction (see instructions). Row 12c: Add lines 12a and 12b. Row 13: Qualified business income deduction from Form 8995 or Form 8995-A. Row 14: Add lines 12c and 13. Row 15: Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
24	Add lines 22 and 23. This is your total tax	24	
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC)	27a	
	Check here if you had not reached the age of 19 by December 31, 2021, and satisfy all other requirements for claiming the EIC. See instructions <input type="checkbox"/>		
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	
Direct deposit? See instructions.	b Routing number: _____ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number: _____		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

If you have a qualifying child, attach Sch. EIC.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **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.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. _____ Email address _____

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name	Firm's address			Phone no.
Firm's address				Firm's EIN