

ATS Test Scenario 9
Taxpayer: Mary Blue
SSN: 400-00-1040

Test Scenario 9 includes the following forms:

- **Form 1040**
- **Form SSA – 1042S**

Form SSA-1042S

| | |
|-----------------------------|--|
| NameLine1Txt | Mary Blue |
| PrimarySSN | 400-00-1040 |
| ForeignAddress | N. Escario St. Cebu City 6000 Philippines, Camputhaw |
| Bnft Pd | 8,800.00 |
| NetBnftPd | 8,800.00 |
| TaxRt | .30 |
| FederalIncomeTaxWithheldAmt | 2,640.00 |
| NetTaxWithheld | 2,640.00 |

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: Blue
Your social security number: 400 00 1040
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.
N. Escario Street
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.
[] You [] Spouse
City, town, or post office. If you have a foreign address, also complete spaces below.
Cebu City
State
ZIP code
Foreign country name
Phillippines
Foreign province/state/county
Camputhaw
Foreign postal code
6000

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? [] Yes [X] 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: Ivory Blue, 400 00 1048, daughter, [], []

Main tax form table with 15 rows. Columns include: 1 Wages, salaries, tips, etc. Attach Form(s) W-2; 2a Tax-exempt interest; 3a Qualified dividends; 4a IRA distributions; 5a Pensions and annuities; 6a Social security benefits; 7 Capital gain or (loss); 8 Other income from Schedule 1, line 10; 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income; 10 Adjustments to income from Schedule 1, line 26; 11 Subtract line 10 from line 9. This is your adjusted gross income; 12a Standard deduction or itemized deductions (from Schedule A); 12b Charitable contributions if you take the standard deduction (see instructions); 12c Add lines 12a and 12b; 13 Qualified business income deduction from Form 8995 or Form 8995-A; 14 Add lines 12c and 13; 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 **Jacob Smith** Phone no. **800-555-1040** Personal identification number (PIN) **1 2 3 4 5**

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 EIN | | | | |