Completing a Tax Return

| Activity B | Name | |
|------------|------|--------|
| Chapter 23 | Date | Period |

You will prepare Robert J. Jackson's tax return. Use the following information, Robert's W-2 Form, and the tax table below to complete Form 1040EZ on the next page.

- Robert wants \$3.00 to go to the Presidential Election Campaign Fund.
- Robert's taxable interest income is \$135.17.
- No one else can claim Robert on a tax return.

| a Control number | 55555 | Void 🗍 | For Official Use Only ► OMB No. 1545-0008 | | | | | |
|--|-------------------|-----------------------|--|---------------------------|---------------------------------------|-----------|---------------------|------------------------|
| b Employer identification nur | nber | | M | 1 Wages, t | ips, other compensat | tion | 2 Federal inc | ome tax withheld |
| 32-7654321 | | | | } | | | \$ | |
| c Employer's name, address | and ZIP code | | | 3 Social s | ecurity wages | , di | 4 Social sect | rity tax withheld |
| Brookline | Insurance (| Co. | <u>.</u> | 9 | | | \$ | |
| 3598 E. Di | vision St. | | | 5 Medicare wages and tips | | | 6 Medicare t | ax withheld |
| North Spri | | . 2 | | 5 | | | \$ 39. ₄ | |
| 1101 011 0111 | 119, 11 002. | ,, | | / Socials | ecurity tips | | 8 Allocated t | ps |
| d Employee's social security | number | | | 9 Advance | e EIC payment | | | care benefits |
| 112-23-344 | 4 | | | ; | | | \$ | |
| e Employee's first name and | initial Last name | | 4 | 1 Nonqua | lified plans | | 12a See instruc | tions for bax 12 |
| Robert J. | Jacl | son | | 5 | | | <u> </u> | |
| 123 New St | reet | | | 3 Statutory employee | Retirament Trinti-pa plan sick pay | T. | 12b | |
| Anywhere, | IL 61010 | | | 4 Other | | | 12c | |
| | | | | | | | 12d \$ | |
| | | | - | | | | \$ \$ | |
| f Employee's address and Z | | | | | | | | |
| 15 State Employer's state ID | 929 | ate wages, tips, etc. | 1900 1900 | | al wages, tips, etc. | 19 1 | Local income tax | 20 Locality name |
| IL | \$ | <u>4461.39</u> | \$ 187.00 | | | . \$ | | |
| 1 | \$ | | \$ | \$ | | \$ | | Š |
| | and Tax | | 50XX | 2574 | Depa | rtment of | the Treasury—i | nternal Revenue Servic |
| | | | EUVV | | | | | Paperwork Reduction |
| copy A For Social Security age with Form W-3 to the | | | | | | | ACE NOCCE, SEC | separate instruction |
| hotocopies are not accept | | isu duOri; | Cat. No. 10134D | | | | | |

| If Form line 6, is | 1040EZ, | And yo | u are— | If Form line 6, is | 1040EZ, — | And yo | ou are— | If Form line 6, is | 1040EZ, s— | And yo | ou are— |
|--------------------------|--------------------------|-----------------------|------------------------------|----------------------------------|----------------------------------|--------------------------|------------------------------|----------------------------------|----------------------------------|--------------------------|------------------------------|
| At least | But less than | Single | Married filing jointly | At least | But less than | Single | Married filing jointly | At least | But less than | Single | Married filing jointly |
| | | Your t | ax is— | | i | Your to | ax is | | | Your 1 | ax is— |
| 0 5 | 5 15 | 0 2 | 0 2 | 2,000 | | | | 4,0 | 00 | | |
| 15 25 50 75 | 25 50 75 100 | 3 6 9 .13 | 9 13 | 2,000 2,025 2,050 2,075 | 2,025 2,050 2,075 2,100 | 302 306 309 313 | 302 306 309 313 | 4,000 4,050 4,100 4,150 | 4,050 4,100 4,150 4,200 | 604 611 619 626 | 604 611 619 626 |
| 100 125 150 175 | 125 150 175 200 | 17 21 24 28. | 17 21 24 28 | 2,100 2,125 2,150 2,175 | 2,125 2,150 2,175 2,200 | 317 321 324 328 | 317 321 324 328 | 4,200 4,250 4,300 4,350 | 4,250 4,300 4,350 4,400 | 634 641 649 656 | 634 641 649 656 |
| 200 225 250 275 | 225 250 275 300 | 32 36 39 43 | 32 36 39 43 | 2,200 2,225 2,250 2,275 | 2,225 2,250 2,275 2,300 | 332 336 339 343 | 332 336 339 343 | 4,400 4,450 4,500 4,550 | 4,450 4,500 4,550 4,600 | 664 671 679 686 | 664 671 679 686 |

| Name | |
|------|-------------|
| | |

| Form 1040EZ | Department of the Treasury—Internal Revenue Service Income Tax Return for Single and Joint Filers With No Dependents (99) 20X | OMB No. 1545-0675 |
|--|---|---|
| Label | Your first name and initial Last name | Your social security number |
| (See page 12.) | If a joint return, spouse's first name and initial Last name | Spouse's social security number |
| label. Otherwise, please print | Home address (number and street). If you have a P.O. box, see page 12. City, town or post office, state, and ZIP code. If you have a foreign address, see page 1 | Apt. no. |
| Presidential E | City, town or post onice, state, and ZiP code. If you have a risreign address, see page if | You must enter your SSN(s) above. |
| Election Campaign (page 12) | Note. Checking "Yes" will not change your tax or reduce your refu Do you, or spouse if a joint return, want \$3 to go to this fund? | rnd. You Spouse ▶ □Yes □No □Yes □N |
| Income | 1 Total wages, salaries, and tips. This should be shown in box 1 of form(s). Attach your W-2 form(s). | of your W-2 |
| Attach Form(s) W-2 here: | 2 Taxable interest. If the total is over \$400, you cannot use Form | |
| Enclose, but do not attach, any payment. | 3 Unemployment compensation, qualified state tuition program et Alaska Permanent Fund dividends (see page 14). | arnings, and |
| | 4 Add lines 1, 2, and 3. This is your adjusted gross income. 5 Can your parents (or someone else) claim you on their return? | 4 |
| Note. You must check Yes or No. | Yes. Enter amount from No. If single, enter 7,4. worksheet on back. If married, enter See back for expla | 13,400.00. |
| | 6 Subtract line 5 from line 4. If line 5 is larger than line 4, enter This is your taxable income. | 0. |
| Credits, payments, | 7 Rate reduction credit. See the worksheet on page 14. | 7 |
| and tax | 8 Enter your Federal income tax withheld from box_2 of your W- | |
| | 9a Earned income credit (EIC). See page 15. | 9a |
| | b Nontaxable earned income. | 9Ъ |
| | Add lines 7, 8, and 9a. These are your total credits and payments. Tax. If you checked "Yes" on line 5, see page 20. Otherwise, us line 6 above to find your tax in the tax table on pages 24-28 or | se the amount on f the booklet. |
| Refund | Then, enter the tax from the table on this line. 12a If line 10 is larger than line 11, subtract line 11 from line 10. This is y | 11 rour refund. ▶ 12a |
| Have it directly deposited! See page 20 and fill in 12b, 12c, and 12d. | b Routing number d Account number d Account number | Checking Savings |
| Amount you owe | 13 If line 11 is larger than line 10, subtract line 10 from line 11. The the amount you owe. See page 21 for details on how to pay. | nis is |
| Third party designee | Do you want to allow another person to discuss this return with the IR Designee's Phone no. () | RS (see page 22)? |
| Sign here Joint return? See page 11. | Under penalties of perjury, I declare that I have examined this return, and to the accurately lists all amounts and sources of income I received during the tax year. on all information of which the preparer has any knowledge. | hast of my knowledge and helief it is true correct, and |
| Keep a copy for your records. | Spouse's signature. If a joint return, both must sign. Date Spou | ise's occupation |
| Paid preparer's | Preparer's ignature Date | Check if self-employed Preparer's SSN or PTIN |
| use only | irm's name (or ours if self-employed), address, and ZIP code | Phone no. () |