RETEST For Use in Preparing Tax Year 2002 Returns

Volunteer Assistor's Guide



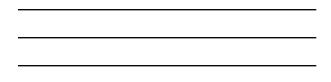
FOR USE IN IRS VOLUNTEER PROGRAMS VITA Volunteer Income Tax Assistance TCE Tax Counseling for the Elderly

The purpose of the **VITA** and **TCE** Programs is to provide free tax assistance to taxpayers. Before beginning the retest, please read and sign the Volunteer Agreement on page ii.





RETEST Answer Sheet



Print your name and address neatly on the lines to the left so that we may return your results promptly.

Instructions: Record all of your answers on this sheet and return to your **sponsor or local IRS SPEC Office** for grading. Your grader will return this sheet to you and retain the Volunteer Agreement/Certification sheet for documentation of certification. **Be sure to include your completed Volunteer Agreement/Certification with this sheet**.

				Pass	Fail
Part A – Basic	1. 2. 3. 4. 5. 6. 7. 8. 9.	10. 11. 12. 13. 14. 15. 16. 17. 18.	19. 20. 21. 22. 23. 24. 25. 26.		
Part B – Wage Earner	1. 2. 3. 4. 5. 6. 7.	8 9 10 11 12 13 14	15 16 17 18 19		
Part C – Pension Earner	1 2 3 4 5	6 7 8 9 10	11 12 13 14 15		

You are certified to prepare the following returns:
Wage Earner Pension Earner
You are <u>not</u> certified to prepare returns for the part(s) you failed. If you are not certified to prepare any returns, we encourage you to volunteer in other ways. Please talk to your site coordinator.

Volunteer Agreement

The purpose of the VITA and TCE Program is to provide **free** tax assistance to taxpayers.

Before beginning the retest, please read the statement below and complete all lines. If you have questions regarding the meaning of the statement, please check with your instructor or representative of the local IRS or sponsoring organization.

I understand I cannot accept payment or donations from the public for my services as a volunteer, nor can I solicit business from taxpayers I assist.

Print Name	Signature Date		
	()		
Home Street Address	Daytime Telephone Number		

City, State, Zip Code

Return this sheet along with your answer sheet only (unless otherwise instructed) to your sponsor or local IRS SPEC office.

Certification

IRS or Sponsor use only:					
	Correct number of	Number Correct	Pass	Fail	
	responses needed				
Part A —					
Basic	18 out of 26				
Part B —					
Wage Earner	13 out of 19				
Part C —					
Pension Earner	11 out of 15				

Certified By

Date

This sheet is to be retained by your sponsor or the local IRS SPEC Office.

The Volunteer Assistor's Retest

Introduction

This retest is an open-book test. You may use your course book, Publication 17, or any other materials you will use as a volunteer. Please complete the retest on your own. Taking the retest in groups or with outside assistance could prove to be a disservice to the people you have volunteered to help. **Note:** *The course book should not be used as a reference source at your volunteer site.*

The three parts of the retest and the general criteria for passing the retest to become a certified volunteer assistor are:

Part A — Basic Covers the general tax laws which apply to all taxpayers. This part of the test covers Lessons 1 through 7. You must answer 18 out of 26 questions correctly.
 Part B — Wage Earner Covers credits and questions for the typical wage earner. This part of the test covers Lessons 8 through 11. You must answer 13 out of 19 questions correctly.
 Part C — Pension Earner Covers credits and questions for the typical pension earner. This part of the test covers Lessons 12 through 15.

You must answer 11 out of 15 questions correctly.

You must pass the Basic and Wage Earner sections to be certified to prepare wage earner type returns such as Forms 1040EZ, 1040A and simple Form 1040.

You must pass the Basic and Pension Earner sections to be certified to prepare pension type returns and the more complex Form 1040.

You must pass all parts (Basic, Wage Earner and Pension Earner) to be certified to prepare all returns authorized under the VITA/TCE program.

What to do when you complete your retest:

After you have completed your retest, please transfer all answers to the tear-out Retest Answer Sheet located in the front of the booklet. **Forward the completed Retest Answer Sheet and the completed Volunteer Agreement/Certification Sheet only** to your sponsor, instructor or local IRS SPEC office **as directed** for grading. You will receive your answer sheet back with your results.

Do not send your entire retest booklet unless otherwise directed.

Special Notes:

You, our volunteers, are our front line ambassadors. You provide an invaluable service to your community and help to carry the mission of the Internal Revenue Service to the public. The Internal Revenue Service has set a goal to have 80% of all tax returns filed electronically by the year 2007. To this goal, our training is moving toward a computer-based training and testing model.

IRS *e-file*. After completing the class on basic tax law, we urge you to learn how to electronically file (*e-file*) the returns you prepare. E-filing uses automation to quickly check for errors or missing information. Consequently, *e-file* returns have a higher accuracy rate than paper prepared returns. Other benefits of *e-filing* include:

- Confirmation that the tax return was received by the IRS.
- Refunds are generally issued within 7-10 days of acceptance by the IRS.
- The additional option of using direct debit of the taxpayer's bank account to pay a balance due.

Ask your instructor or site coordinator for information about our electronic filing classes.

Note: All names, social security numbers, employer identification numbers, and routing numbers in this document are fictitious. If attempting to process any of the problems for e-file practice, consult your instructor or site coordinator on the manner in which these problems can be done.

Part A — Basic Section

In the following questions, determine if the taxpayer can claim a dependency exemption.

a. Yes b. No

- A-1 Mary's Aunt Sarah, has no income and lived with Mary all year in Orlando, FL. Mary provided all of Sarah's support. Sarah is a U.S. citizen and single. Can Mary claim her Aunt Sarah as a dependent?
- A-2 Juan is a U.S. citizen. His mother is a widow and a citizen of Mexico. Juan is an only child and sends his mother \$500 a month which is her only means of support. Can Juan claim his mother as his dependent?
- A-3 Tyrone is 22 years old, single, and a full-time student at a local college. In 2002, he had a part time job and earned \$5,900, all of which he put into a savings account. Tyrone lives at home with his mother and is fully supported by her. Both Tyrone and his mother are U.S. citizens. Can Tyrone's mother claim him as a dependent on her 2002 tax return?

In the following questions determine the most appropriate filing status for each case.

- a. Single
- b. Married Filing Jointly
- c. Married Filing Separately
- d. Head of Household
- e. Qualifying Widow(er) with Dependent Child
- A-4 Matthew's wife passed away in January of 2002, leaving him to raise their 18 year old daughter, Mary. Matthew did not remarry before the end of the year. Matthew and his wife have always filed a joint return. In 2002, what is Matthew's filing status?
- A-5 Gordon's wife passed away in May 2001. Gordon's 19 year old daughter, Jennifer, graduated from high school in June 2001. Jennifer moved into her own apartment and took a full time job in March 2002. What is Gordon's filing status in 2002?
- A-6 If Gordon's daughter (see A-5) decided to stay with her father and attend college fulltime during 2002. What is Gordon's filing status in 2002?
- A-7 Nicholas and Christine separated in June 2002. After separation, Christine continued to maintain a home for their 3 year old son. Christine does not want to file a joint return. What is the most advantageous filing status for Christine?

For questions A-8 through A-10, determine if the following individuals must or should file a return.

a. Must file

b. Should file

- A-8 Mary is 63 years old and received \$9,600 in Social Security benefits. She decided to start a small business selling her handmade guilts. She is single and cannot be claimed as a dependent on anyone else's tax return. Her net proceeds from the business are \$1,200.
- A-9 Sara brings you her only Form W-2 which shows Box 1 wages of \$4,786 and Box 2 Federal Income Tax Withheld of \$0. Sara tells you she is 28 years of age and has two children ages 4 and 5. She tells you that her husband left her two years ago and she does not know where he can be found.
- David shows you his Form W-2. His Box 1 wages are \$7,283, Box 2 FITW is \$0, and A-10 Box 9 Advanced EIC payments is \$155.

For questions A-11 through A-14, determine if the following taxpayers can take an IRA deduction (full or partial) on their 2002 tax return.

a. Yes

- b. No
- A-11 Carrie is married, both she and her spouse are covered by a pension plan at work and together they have a modified AGI of \$75,781.
- A-12 Loretta is widowed, age 75 and has a modified AGI of \$16,918. Her Form W-2 shows she is not covered by a pension plan.
- A-13 Frank and Lisa are filing a joint return. Lisa's Form W-2 shows she is covered by a pension plan and her Box 1 wages are \$64,444. Frank's Form W-2 shows he is not covered by a pension plan and his Box 1 wages are \$12,654. Their modified AGI is \$77,098.
- Ben separated from his wife on January 19, 2002, and will be filing as Married Filing A-14 Separately. Ben's Form W-2 shows that he is not covered by a pension plan, his wages are \$14,325 and you calculate his modified AGI to be \$11,055.

- A-15 When completing a Schedule C-EZ, what is the Principal Business or Professional Activity code you would enter on Part I, Line A for a carpentry contractor? (Use the Business Codes in your Tax Forms Booklet Appendix.)
 - a. 722300
 - b. 235500
 - c. 112900
 - d. 811120
 - e. None of the above

For questions A-16 and A-17, answer true or false to the statements about the new Tuition and Fees Adjustment.

- a. True
- b. False
- A-16 A taxpayer using the Married Filing Separately filing status is not eligible for the adjustment.
- A-17 A taxpayer can claim the lifetime learning credit and take the tuition and fees adjustment for the same student.

For questions A-18 and A-19, answer true or false to the statements about the new Educator Expenses adjustment.

a. True b. False

- A-18 A 1st grade teacher is an eligible educator.
- A-19 Mary is a fulltime grade school teacher. Her husband is an accountant at a local business. Mary has \$750 of qualified expenses. Since she will be filing a joint return, she can claim a \$500 educator expense deduction.

For guestions A-20 and A-21, use the following information to complete Schedule C-EZ and Schedule SE.

Bill does part-time furniture refinishing at a local repair shop as an independent contractor. For 2002, he had income of \$4,290 and spent \$1,949 for materials and supplies. He has no other expenses.

- A-20 What is the figure on Schedule C-EZ Line 3, Net Profit?
 - a. \$3,341
 - b. \$2,351
 - c. \$ 2,341 d. \$ 2,439

 - e. None of the above
- A-21 What is the figure on Schedule SE Line 6, Deduction for one-half of self-employment tax?
 - a. 0
 - b. \$331
 - c. \$260
 - d. \$166
 - e. None of the above

C Business name. If no separate business name, leave blank. D Employer 1D number (EIN), if a E Business address (including suite or room no.). Address not required if same as on Form 1040, page 1. City, town or post office, state, and ZIP code Part II Figure Your Net Profit 1 Gross receipts. Caution. If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see Statutory Employees in the instructions for Schedule C, line 1, on page C-2 and check here 1 2 2 Total expenses. If more than \$2,500, you must use Schedule C (see instructions) . . 2 3 Net profit. Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on Form 1040, line 12, and also on Schedule SE, line 2. (Statutory employees do not report this amount on Schedule SE, line 2. Estates and trusts, enter on Form 1041, line 3.) 3 Part III Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 2. 4 When did you place your vehicle in service for business purposes? (month, day, year) > / . 5 Of the total number of miles you drove your vehicle during 2002, enter the number of miles you used your vehicle for: a Business b Commuting c Other 6 Do you (or your spouse) have another vehicle available for personal use?	SCHEDULE C-EZ (Form 1040)	Net Profit Fro (Sole Propr	ietorship)	омв №. 1545-0074	
Name of proprietor Social security number (SSN) 000: 00: 3941 Part I General Information You May Use Schedule C-EZ Instead of Schedule C-EZ Only if You: Had business expenses of \$2,500 or less. Use the cash method of accounting. Oid not have an inventory atary into during the year. Oid not have an inventory atary into during the year. Oid not have an eloss from your business. Ind You: Ind one proprietor Ind one proprietor Ind one for space of the proprietor Ind one proprietor Ind one for space of the proprietor Ind one for mass of profession, including product or service Ind one proprietor Ind proprietor Ind proprietor Ind				Attachment Sequence No. 09A	
Part I General Information You May Use Schedule C-EZ Instead of Instead Instead of Instead of Instead of Instead of Instead Instead of Instead of Instead of Instead of Instead of Instead Instead of Instead of Instead of Instead of Instead of Instead Instead of Instead of Instead of Inste	Name of proprietor	freen		curity number (SSN)	
You May Use Schedule C-EZ Instead of Schedule C Use the cash method of accounting. Use the cash method of accounting. Use the cash method of accounting. Use the cash method of accounting. Use the cash method of accounting. Use the cash method of accounting. Use the cash method of accounting. Use the cash method of accounting. <					
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Furniture Refinishing ▶ 8 1 1 4 2 C Business name. If no separate business name, leave blank. ▶ 8 1 1 4 2 C Business name. If no separate business name, leave blank. ▶ 8 1 1 4 2 C Business name. If no separate business name, leave blank. ▶ 8 1 1 4 2 C Business address (including suite or room no.). Address not required if same as on Form 1040, page 1. City, town or post office, state, and ZIP code PartII Figure Your Net Profit 1 1 2 1 2 1 3 1 4 2 4 2 4 2 5 Cold expenses. If more than \$2,500, you must use Schedule C (see instructions) 4 2 5 Net profit. Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on Form 1040, line 12, and also on Schedule SE, line 2. (Statutory employees do not report this amount on Schedule SE, line 2. Estates and trusts, enter on Form 1041, line 3.) 5 Of the total number of miles you drove your vehicle during 2002, enter the number of miles you used your vehicle for: a Business b Commuting 6 Do you (or your spouse) have another vehicle avail	A Principal business o	r profession, including product or service	B Enter	code from pages C-7 & 8	
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 4 When did you place your vehicle in service for business purposes? (month, day, year) ►	Form 1040, line 1	2, and also on Schedule SE, line 2. (Statu	tory employees do not report this		
 5 Of the total number of miles you drove your vehicle during 2002, enter the number of miles you used your vehicle for: a Business	Part III Informati	on on Your Vehicle. Complete this part	only if you are claiming car or truck	expenses on line 2.	
 5 Of the total number of miles you drove your vehicle during 2002, enter the number of miles you used your vehicle for: a Business		`````````````````````````````````			
 a Business	4 When did you place	ce your vehicle in service for business purp	oses? (month, day, year) ►/	/	
 6 Do you (or your spouse) have another vehicle available for personal use?	5 Of the total number of miles you drove your vehicle during 2002, enter the number of miles you used your vehicle for:				
7 Was your vehicle available for personal use during off-duty hours?	a Business	b Commuting	c Other		
	6 Do you (or your sp	couse) have another vehicle available for pe	ersonal use?	. 🗌 Yes 🗌 No	
8a Do you have evidence to support your deduction?	7 Was your vehicle	available for personal use during off-duty h	ours?	. 🗌 Yes 🗌 No	
	8a Do you have evide	ence to support your deduction?		. 🗌 Yes 🗌 No	
b If "Yes," is the evidence written?	b If "Yes," is the evi	dence written?		. 🗌 Yes 🗌 No	
For Paperwork Reduction Act Notice, see Form 1040 instructions. Cat. No. 14374D Schedule C-EZ (Form 1040) 20					

SCHEDULE SE (Form 1040)	S	elf-Employmen	it Tax	OMB No. 1545-0074		
Department of the Treasury Internal Revenue Service (99)	► Attach to Form 104	0 ► See Instructions f	or Schedule SE (Form 1040).	Attachment Sequence No. 17		
	if-employment income (as shown		Social security number of per with self-employment incom	rson		
Who Must File						
• You had net earning	 You had net earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more or 					
	nployee income of \$108.28 or ot church employee income. \$		services you performed as	a minister or a member of a		
use either "optional m	I a loss or a small amount of in nethod" in Part II of Long Sch	edule SE. See page S	6E-3.			
practitioner and you fi	ly self-employment income wa iled Form 4361 and received IF 4361" on Form 1040, line 56.					
May I Use Shor	t Schedule SE or Mu	st I Use Long S	chedule SE?			
	Did	You Receive Wages or Tip	os in 2002?			
	No		Yes			
Science practitioner who	ber of a religious order, or Christian received IRS approval not to be taxed ources, but you owe self-employment	or or	s the total of your wages and tips su railroad retirement tax plus you -employment more than \$84,900?			
	No			1		
Are you using one of the earnings (see page SE-3)	optional methods to figure your net	Yes	No			
	No		you receive tips subject to social set t you did not report to your employe			
Did you receive church o W-2 of \$108.28 or more?	employee income reported on Form	Yes				
	No	→				
You May Use	Short Schedule SE Below		You Must Use Long Sche	edule SE on the Back		
Section A—Short S	chedule SE. Caution. Read	above to see if you	ı can use Short Schedule	SE.		
1 Net farm profit of 1065), line 15a	or (loss) from Schedule F, line	36, and farm partne	rships, Schedule K-1 (Form	1		
line 15a (other the of religious orde	s) from Schedule C, line 31; S han farming); and Schedule K rrs, see page SE-1 for amoun t	-1 (Form 1065-B), box ts to report on this lir	x 9. Ministers and members ne. See page SE-2 for other			
3 Combine lines 1	and 2			3		
do not file this s	rom self-employment. Multip schedule; you do not owe self nt tax. If the amount on line 4	-employment tax .		4		
	ss, multiply line 4 by 15.3% (.		here and on	5		
More than \$8	4,900, multiply line 4 by 2.9% he total here and on Form 10		10,527.60 to the			
	one-half of self-employment the result here and on Form 1		y . 6			
· · · ·	ion Act Notice, see Form 1040 i		Cat. No. 11358Z	Schedule SE (Form 1040) 2002		

For question A-22, complete the Form 1040, Student Loan Interest Deduction Worksheet-Line 25, using the following information:

Taxpayer is single with no dependents. Her total income reported on Form 1040, Line 22, is \$42,000. She has no other adjustments to income on Lines 23 – 33A. She paid \$750 in interest on her qualified student loan.

- A-22 What amount is entered on Form 1040, Line 25?
 - a. 0
 - b. \$750
 - c. \$450
 - d \$400
 - e. None of the above

If you were covered by a retirement plan and you file **Form 2555, 2555-EZ**, or **8815**, or you exclude employer-provided adoption benefits, see Pub. 590 to figure the amount, if any, of your IRA deduction.

Married Persons Filing Separately. If you were not covered by a retirement plan but your spouse was, **you** are considered covered by a plan unless you **lived apart** from your spouse for all of 2002.

Line 25

Student Loan Interest Deduction

You may claim the student loan interest deduction if **all four** of the following apply.

1. You paid interest in 2002 on a qualified student loan (see page 29).

2. Your filing status is any status **except** married filing separately.

3. Your modified adjusted gross income (AGI) is less than: \$65,000 if single, head of household, or qualifying widow(er); \$130,000 if married filing jointly. Use lines 3 through 5 of the worksheet on page 29 to figure your modified AGI.

4. You are not claimed as a dependent on someone's (such as your parent's) 2002 tax return.

Use the worksheet below to figure your student loan interest deduction.

Exception. Use Pub. 970 instead of the worksheet below to figure your student loan interest deduction if you file Form 2555, 2555-EZ, or 4563, or you exclude income from sources within Puerto Rico.

Qualified Student Loan. This is any loan you took out to pay the qualified higher education expenses for yourself, your spouse, or anyone who was your dependent when the loan was taken out. The person for whom the expenses were paid must have been an eligible student (defined on this page). However, a loan is not a qualified student loan if (a) any of the proceeds were used for other purposes or (b) the loan was from either a related person or a person who borrowed the proceeds under a qualified employer plan or a contract purchased under such a plan. To find out who is a related person, see Pub. 970.

Qualified higher education expenses generally include tuition, fees, room and board, and related expenses such as books and supplies. The expenses must be for education in a degree, certificate, or similar program at an eligible educational institution. An eligible educational institution includes most colleges, universities, and certain vocational schools. You must reduce the expenses by the following nontaxable benefits.

• Employer-provided educational assistance benefits that are not included in box 1 of your W-2 form(s).

• Excludable U.S. series EE and I savings bond interest from Form 8815.

• Qualified tuition program earinings.

• Qualified distributions from a Coverdell education savings account.

• Any scholarship, educational assistance allowance, or other payment (but **not** gifts, inheritances, etc.) excluded from income.

For more details on these expenses, see Pub. 970.

An eligible student is a person who:

• Was enrolled in a degree, certificate, or other program (including a program of study abroad that was approved for credit by the institution at which the student was enrolled) leading to a recognized educational credential at an eligible educational institution and

• Carried at least half the normal fulltime workload for the course of study he or she was pursuing.

Student Loan Interest Deduction Worksheet—Line 25

Koon	for	Your	Records
пеер	101	IOUI	Records

Before you begin:	Complete Form 1040, lines 27 through 33a, if they apply to you.
	\checkmark Figure any amount to be entered on the dotted line next to line 34 (see page 30).
	See the instructions for line 25 that begin on page 28.
	\checkmark Be sure you have read the Exception on page 28 to see if you can use this worksheet instead of Pub. 970 to figure your deduction.
	ou paid in 2002 on qualified student loans (defined above). Do not enter more 1.
2. Enter the amount from H	Form 1040, line 22
	mounts from Form 1040, line 23, line 24, lines 27 mount you entered on the dotted line next to line 34 3.
4. Subtract line 3 from line	e 2
5. Enter the amount shown	below for your filing status.
Single, head of houseMarried filing jointly	hold, or qualifying widow(er)—\$50,000 5. —\$100,000
6. Is the amount on line 4	more than the amount on line 5?
No. Skip lines 6 ar	nd 7, enter -0- on line 8, and go to line 9.
Yes. Subtract line 5	from line 4
	0 (\$30,000 if married filing jointly). Enter the result as a decimal (rounded to the result is 1.000 or more, enter 1.000
8. Multiply line 1 by line 7	7
line 25. Do not include	eduction. Subtract line 8 from line 1. Enter the result here and on Form 1040, e this amount in figuring any other deduction on your return (such as on
	- 29 - Need more information or forms? See page 2

For questions A-23 and A-24 complete Form 1040, Schedule A for Ben Smtih, age 73, who has \$42,789 on Form 1040, Line 36, and the following expenses:

Prescriptions Medical insurance premiums	250 900 2,400
Long-term Care premiums Life insurance premiums	2,400
Unreimbursed smoking-cessation program	300
General weight-loss program	200
Funeral cost for his dependent son	950
State taxes withheld on his W-2	2,000
Utility taxes	375
Real estate taxes on personal residence	1,800
Real estate taxes on vacation home	300
Back real estate taxes on his mother's house	450
(title in mother's name only)	150
Home mortgage interest on personal residence	2,100
Interest paid on his new car	600 250
Credit card interest charges Cash contributions to his church (has a receipt)	250 900
Cash contributions to Girl Scouts of America	50
Cash contributions to Mr. Smith's campaign	50
for re-election to the Senate	200
Clothing given to Salvation Army (Fair market Value)	100
Money given to a neighbor after a fire at their home	300
Union dues	360
Income tax preparation fee	250
Legal fees to prepare a simple will	400
Safe deposit box to keep stock certificates and savings bonds	50

- A-23 What is the amount on Schedule A, line 1?

 - a. \$ 1,450 b. \$ 3,850 c. \$ 3,550

 - d. \$ 1,150
 - e. None of the above

A-24 What is the amount on Schedule A, line 28?

- a. \$7,250 b. \$8,291
- c. \$ 7,981 d. \$ 7,891
- e. None of the above

Dental 2 Expenses 2 Taxes You 5 Paid 6 (See 7 page A-2.) 8 Interest 10 You Paid 11 (See 7 page A-3.) Note. Personal 12 interest is 12 deductible. 13 If you made a 16 gift and got a 16 Sea 7 Paid 6 Interest 10 You Paid 11 (See 7 Page A-3.)	e ((Form - E 1 2 3 4 5 66 7 8 9 0 1 1 2	(Schedule B is on back) ► Attach to Form 1040. ► See Instructions for Sched 040 een Smith Caution. Do not include expenses reimbursed or paid by others. Medical and dental expenses (see page A-2) Enter amount from Form 1040, line 36 2 Multiply line 2 above by 7.5% (.075) Subtract line 3 from line 1. If line 3 is more than line 1, er State and local income taxes Real estate taxes (see page A-2)	dules A and B (Form 1040).	2002 Attachment Sequence No. 07 Your social security numbe 000 00 5341
Internal Revenue Service Name(s) shown on Formation Medical and 1 Dental 2 Expenses 3 Taxes You 5 Paid 6 (See 7 page A-2.) 8 Interest 10 You Paid 11 (See 7 page A-2.) 8 Interest 10 You Paid 11 (See 7 page A-3.) Note. Personal 12 interest is 12 not 14 Gifts to 15 Charity 14 If you made a 16 gift and got a 16	e ((Form - E 1 2 3 4 5 66 7 8 9 0 1 1 2	040 een Smith Caution. Do not include expenses reimbursed or paid by others. Medical and dental expenses (see page A-2) Enter amount from Form 1040, line 36 2 Multiply line 2 above by 7.5% (.075) Subtract line 3 from line 1. If line 3 is more than line 1, er State and local income taxes Real estate taxes (see page A-2) Personal property taxes. Other taxes. List type and amount Add lines 5 through 8 Home mortgage interest and points reported to you on Form 1098 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-3 and show that person's name, identifying no., and address	1 3 nter -0	Sequence No. 07 Your social security number 000:00:5341
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and 1 Dental 2 Expenses 3 7 Taxes You 5 Paid 6 (See 7 page A-2.) 8 Interest 10 You Paid 11 (See 7 page A-2.) 8 Interest 10 You Paid 11 (See 7 See 7 Se6 See 7 See 7 See 7 See	1 2 3 4 5 6 6 7 8 9 0 1	Caution. Do not include expenses reimbursed or paid by others. Medical and dental expenses (see page A-2) Enter amount from Form 1040, line 36 2 Multiply line 2 above by 7.5% (.075) Subtract line 3 from line 1. If line 3 is more than line 1, er State and local income taxes	1 3 nter -0	4
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deductible. 13 14 Gifts to 15 Charity If you made a 16 gift and got a barefif for it		for special rules	12	
Gifts to 15 Charity If you made a 16 gift and got a bondit for it	3	Investment interest. Attach Form 4952 if required. (See		
Gifts to 15 Charity If you made a 16 gift and got a bondit for it		page A-3.)	13	
Charity If you made a 16 gift and got a hencefit for it	4	Add lines 10 through 13		14
If you made a 16 gift and got a		Gifts by cash or check. If you made any gift of \$250 or		
gift and got a		more, see page A-4	15	
bonofit for it		Other than by cash or check. If any gift of \$250 or more, see page A-4. You must attach Form 8283 if over \$500	16	
		Carryover from prior year	17	
see page A-4. 18	8	Add lines 15 through 17		18
Casualty and				
Theft Losses 19	9	Casualty or theft loss(es). Attach Form 4684. (See page A	A-5.)	19
Job Expenses 20		Unreimbursed employee expenses—job travel, union		
and Most		dues, job education, etc. You must attach Form 2106		
Other Miscellaneous		or 2106-EZ if required. (See page A-5.) ►		
Deductions			20	
21	1	Tax preparation fees.	21	
(See 22		Other expenses—investment, safe deposit box, etc. List		
page A-5 for expenses to		type and amount ►		
deduct here.)	_		22	
23	3	Add lines 20 through 22	23	
24 25	4	Enter amount from Form 1040, line 36 24 Multiply line 24 above by 2% (.02)	25	
20		Subtract line 25 from line 23. If line 25 is more than line 2		26
Other 27		Other—from list on page A-6. List type and amount ▶		
Miscellaneous Deductions				27
Total 28	8	ls Form 1040, line 36, over \$137,300 (over \$68,650 if mai	rried filing separatelv)?	
Itemized		No. Your deduction is not limited. Add the amounts in t	`	
Deductions		for lines 4 through 27. Also, enter this amount on F	Form 1040, line 38. 🍾 🕨	28
		Yes. Your deduction may be limited. See page A-6 for the	e amount to enter.	

For question A-25, complete the Form 1040, Capital Gain Tax Worksheet, for a taxpayer whose filing status is single and has the following entries on Form 1040:

Line 13, Capital Gain Distribution	\$ 2	200
Line 41, Taxable Income	\$ 30,0)41

- A-25 What will be the amount you enter on Form 1040, Line 42?
 - a. \$4,439
 - b. \$4,453

 - c. \$4,349 d. \$4,339
 - e. None of the above

Line 42

Tax

Do you want the IRS to figure your tax for you?

Yes. See **Pub. 967** for details, including who is eligible and what to do. If you have paid too much, we will send you a refund. If you did not pay enough, we will send you a bill.

No. Use one of the following methods to figure your tax. Also include in the total on line 42 any of the following taxes.

• Tax from **Forms 8814** and **4972.** Be sure to check the appropriate box(es).

• Tax from recapture of an education credit. You may owe this tax if (a) you claimed an education credit in an earlier year and (b) you, your spouse if filing jointly, or your dependent received in 2002 either

Capital Gain Tax Worksheet—Line 42

tax-free educational assistance or a refund of qualified expenses. See **Form 8863** for more details. If you owe this tax, enter the amount and "ECR" on the dotted line next to line 42.

Tax Table or Tax Rate Schedules. If your taxable income is less than \$100,000, you **must** use the Tax Table, which starts on page 62, to figure your tax. Be sure you use the correct column. If your taxable income is \$100,000 or more, use the Tax Rate Schedules on page 74.

Exception. Do not use the Tax Table or Tax Rate Schedules to figure your tax if **either** 1 or 2 below applies.

1. You are required to figure your tax using Form 8615, Schedule D, or the Capital Gain Tax Worksheet below.

2. You use **Schedule J** (for farm income) to figure your tax.

Form 8615. Form 8615 must generally be used to figure the tax for any child who was under age 14 on January 1, 2003, and who had more than \$1,500 of investment income, such as taxable interest, ordinary dividends, or capital gains (including capital gain distributions). But if neither of the child's parents was alive on December 31, 2002, do not use Form 8615 to figure the child's tax.

Schedule D. If you had a net capital gain on Schedule D (both lines 16 and 17 of Schedule D are gains) and the amount on Form 1040, line 41, is more than zero, use Part IV of Schedule D to figure your tax.

Capital Gain Tax Worksheet. If you received capital gain distributions but you are not required to file Schedule D, use the worksheet below to figure your tax.

Schedule J. If you had income from farming, your tax may be less if you choose to figure it using income averaging on Schedule J.

Keep for Your Records

Be	fore you begin: ✓ Be sure you do not have to file Schedule D (see the instructions for Form 1040, line 13, on page 23). ✓ Be sure you checked the box on line 13 of Form 1040. 	
1.	Enter the amount from Form 1040, line 41	
2.	Enter the amount from Form 1040, line 13	
3.	Subtract line 2 from line 1. If zero or less, enter -0	
4.	Figure the tax on the amount on line 3. Use the Tax Table or Tax Rate Schedules, whichever applies	4
5.	Enter the smaller of:	
	• The amount on line 1 or	
	• \$27,950 if single; \$46,700 if married filing jointly or qualifying widow(er); \$23,350 if married filing separately; or \$37,450 if head of household.	
6.	Is the amount on line 3 equal to or more than the amount on line 5?	
	Yes. Leave lines 6 through 8 blank; go to line 9 and check the "No" box.	
	□ No. Enter the amount from line 3 6	
7.	Subtract line 6 from line 5	
8.	Multiply line 7 by 10% (.10)	8
9.	Are the amounts on lines 2 and 7 the same?	
	Yes. Leave lines 9 through 12 blank; go to line 13.	
	\Box No. Enter the smaller of line 1 or line 2 9.	
10.	Enter the amount, if any, from line 7	
11.	Subtract line 10 from line 9. If zero or less, enter -0	
12.	Multiply line 11 by 20% (.20)	12
13.	Add lines 4, 8, and 12	13
14.	Figure the tax on the amount on line 1. Use the Tax Table or Tax Rate Schedules, whichever applies	14
15.	Tax on all taxable income (including capital gain distributions). Enter the smaller of line 13 or line 14 here and on Form 1040, line 42	15

Need more information or forms? See page 7.

For question A-26, complete a Form 8880 using the following information:

Form W-2, box 12 has code "D" and \$1000 Form 1040, line 36, is \$23,350 Filing status is Single No other contributions or distributions Form 1040, line 44, is \$2,051 Form 1040, lines 45-48 are 0

- What is the amount you will enter on Form 1040, line 49? A-26
 - a. \$100

 - b. \$ 500 c. \$ 1,000
 - d. \$200
 - e. -0-



Department of the Treasury Internal Revenue Service

Credit for Qualified Retirement Savings Contributions

► Attach to your tax return.

20**02** Attachment Sequence No. **129**

OMB No. 1545-xxxx

Name(s) shown on return	
	Michelle Jefferson

Your social security number 000 00 6811

Caution. You cannot claim this credit in	Caution.	You	cannot	claim	this	credit	if:
--	----------	-----	--------	-------	------	--------	-----

- Your adjusted gross income is over \$25,000 (\$37,500 if head of household; \$50,000 if married filing jointly);
- You were born after January 1, 1985;
- Someone else (such as your parent) claims you as a dependent for 2002; or
- You were a full-time student during 5 or more months in 2002.

							_		
						(a) You		(b) Your spo	buse
I	Enter the am	ount contribute	ed to traditional and Ro	th IRAs for 2002	. 1				_
2	Enter the am	ount of salary	reduction contributions	to a 401(k) or oth	ner				
	qualified emp	oloyer plan for	2002, plus any volunta	ry contributions (s					
	instructions)				2				
3	Add lines 1 a	and 2 in colum			. 3				
Ļ	Enter the tot:	al of all Both IF	RA distributions, plus all	taxable distributio	ns				
			nent plans, that were n						
			ing extensions) of your						
	instructions)								
5	,	4 from line 3 ir	columns (a) and (b). If z	zero or less. enter -	.0- 5				
				,,					
6	In each colur	mn enter the s	maller of line 5 or \$2,0	00	6				
7	Add the amo	unts on line 6	If zero, stop ; you cann	ot claim the credit			7		
	Add the amo		11 2010, 310P , you cann						-
3	Entor the em	ount from For	n 1040, line 36 (or Forn	- 10404 line 22)*	8	1			
•	Enter the am		11 1040, iiile 30 (01 F011	1 1040A, IIIle 22)					
	Enter the second	- K I- I I I I		fam filler an a tast					
)	Enter the app	plicable decima	al amount shown below	for your filing stat	us				
	If line	8 is	Enter on line 9		Single, Mar	ried filing			
		But not	Married	Head of	separat				
	Over	over	filing jointly	household	Qualifing v	vidow(er)			
		\$15,000	.50	.50	.50				
	\$15,000	\$16,250	.50	.50	.20				
	\$16,250	\$22,500	.50	.50	.10				
	\$22,500	\$24,375	.50	.20	.10		9	X	•
	\$24,375	\$25,000	.50	.10	.10				
	\$25,000	\$30,000	.50	.10	.00				
	\$30,000	\$32,500	.20	.10	.00				
	\$32,500	\$37,500	.10	.10	.00				
	\$37,500	\$50,000	.10	.00	.00				
	\$50,000		.00	.00	.00				
		Note: If line 9	is zero, stop ; you cann	ot claim the credit.					
	Multiply line	,			ini i i	· · · ·	10		-
			n 1040, line 44 (or Forn		11				
2			ts from Form 1040, lines						
	Form 1040A,	lines 29 throu	gh 31)		12		¥/////		
;	Subtract line	12 from line 1	I. If line 12 is equal to o	r more than line 11	, stop ; you c	annot take			
							13		
	Credit for au	alified retirem	ent savings contributi	ons. Enter the sma	aller of line 10	or line 13			
ŀ			e 49 (or Form 1040A, li				14		
Ļ	nere and on		,	,		· · ·			
			o enter if vou are filing For	m 2555, 2555-EZ, or	⁻ 4563 or you a	re excludina inco	ome fro	om Puerto Rico.	
	*See Pub. 970	for the amount	to enter if you are filing For Notice, see page 4.	m 2555, 2555-EZ, or	4563 or you a Cat. No. 3339		ome fro	Form 888	•

PART B – Wage Earner

For questions B-1 through B-6, are these credits refundable?

a. Yes b. No

- B-1 Credit for child and dependent care expenses
- B-2 Retirement savings contributions credit
- B-3 Child tax credit
- B-4 Earned income credit
- B-5 Additional child tax credit
- B-6 Education credits

For questions B-7 through B-11, determine if the taxpayer can claim the earned income tax credit (EIC).

a. Yes

- b. No
- B-7 Christina's niece, Nancy, moved in with Christina in June 2002. Christina cared for Nancy like she would her own child. Nancy is 9 years old. Christina will file as head of house-hold and has earned income and adjusted gross income of \$20,652. Is Christina eligible for EIC?
- B-8 Cindy and Brian have a 7 year old child who lives with them. They will file a joint return showing earned income and adjusted gross income of \$30,225. Are they eligible to receive EIC?
- B-9 Lorrie will file head of household and has one child, Lynn, who lives with her. Lynn's father lives in another city and will claim Lynn as a dependent. Is Lynn Lorrie's qualifying child for EIC purposes?
- B-10 Joe has three children, all under the age of 19, and they all live with his mother, Charlotte. They have lived together for two years. Joe wants to file as single and claim one child for EIC and let his mother claim the other two children for EIC. Must Joe claim two children before Charlotte can claim the other one for EIC?
- B-11 Karen has two children under the age of 19 and they all lived with her mother, Donna, for all of 2002. Karen and Donna decided that Donna will claim the EIC for both children. Later, they have a disagreement and Karen files for EIC for the same two children. The IRS finds the mismatch and applies the tie-breaking rules. Because Donna filed first and has the higher AGI, will Donna keep her EIC?

For questions B-12 through B-15, use the following scenario to complete a Form 1040 through Line 48. Do not complete the rest of the return.

Laurie and Perry Brown are filing a joint return. They each have a Form W-2 and no other income. They have four dependent children, two of whom they send to day care to allow them both to work. Their son, Peter, is a sophomore and full time student at Embry University. Laurie and Perry paid \$12,500 in tuition and fees for Peter. They tell you they want to take advantage of the new tuition and fees deduction. In addition, Perry took two accounting classes and paid \$1,000 tuition. He wants to take advantage of the lifetime learning credit. They do not want to contribute to the Presidential Election Campaign. The children and the amounts paid for day care are below:

Peter	SSN 000-00-5784	DOB	5/8/1982	
Phillip	SSN 000-00-6149	DOB	8/3/1988	
Allie	SSN 000-00-3812	DOB	7/7/1994	\$2,000
Aidan	SSN 000-00-4823	DOB	12/21/1996	\$5,925

Day Care facility Sioux Falls Kinder Care EIN 78-2587418 39 S. 14th Street Sioux Falls, SD 57101

- B-12 What is the amount on Form 1040, Line 26?
 - a. 0
 - b. \$3,000
 - c. \$ 9,500
 - d. \$12,500
 - e. None of the above
- B-13 What is the amount on Form 2441, Line 26?
 - a. \$3,800
 - b. \$4,800
 - c. \$6,925
 - d. \$7,925
 - e. -0-
- B-14 What is the amount on Form 1040, Line 46?
 - a. \$ 760
 - b. \$960
 - c. \$3,800
 - d. \$4,800
 - e. -0-
- B-15 What is the amount on Form 1040, Line 48?
 - a. 0
 - b. \$200
 - c. \$1,000
 - d. \$2,000
 - e. None of the above

a Control number	C	DMB No. 1545-0008	Safe, accurate, FAST! Use	Visit the IRS Web Site at www.irs.gov.
b Employer identification number 78-2198743		1	Wages, tips, other compensation 48,250	2 Federal income tax withheld 3848.00
c Employer's name, address, and ZIF Casper Electronics 695 S. 23rd St Sioux Falls, SD 57		5	Social security wages 49,250 Medicare wages and tips 49,250 Social security tips	Social security tax withheld 3053.50 Medicare tax withheld 714.13 S Allocated tips
d Employee's social security number	C	9	Advance EIC payment	10 Dependent care benefits 1000.00
Perry Brown 4151 E. 94th St Sioux Falls, SD 57	2101		Statutory employed Other	12b 12c 12c
15 State Employer's state ID numbe	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax 20 Locality nam
orm W-2 Wage and T Statement	īax	2002	Departr	nent of the Treasury—Internal Revenue Ser
Copy B To Be Filed with Employ This information is being furnished		(Rev. February 2002)		

a Control number	OMB No. 1545-0008	Safe, accurate, FAST! Use	Visit the IRS Web Site at www.irs.gov.
b Employer identification number 78-4321987	I	1 Wages, tips, other compensation 14,930	2 Federal income tax withheld 462.00
c Employer's name, address, and ZIP code Falls Appliances 201 West Third St Sioux Falls, SD 57101		 3 Social security wages 14,930 5 Medicare wages and tips 14,930 7 Social security tips 	Social security tax withheld 925.66 Medicare tax withheld 216.49 Allocated tips
d Employee's social security number 000-00-4567 e Employee's first name and initial Last name Laurie Brown 4151 E. 94th St Sioux Falls, SD 57101	131	Advance EIC payment Advance EIC payment In Nonqualified plans Statutory Advance EIC payment Third-party plan Advance EIC payment Third-party plan Advance EIC payment Index and the payment	10 Dependent care benefits 12a See instructions for box 12 12b 12b 12b 12c 12c 12c 12d 12d
f Employee's address and ZIP code 5 State Employer's state ID number 16 S	itate wages, tips, etc. 17 State income to	ax 18 Local wages, tips, etc.	19 Local income tax 20 Locality name
orm W-2 Wage and Tax Statement Copy B To Be Filed with Employee's FEDERA his information is being furnished to the Interna			nent of the Treasury—Internal Revenue Servio

	For	the year Jan. 1–Dec. 31, 2002, or other tax year beg		002, endi		20		staple in this space. MB No. 1545-0074	_
Label Í		Ir first name and initial	Last name					ocial security num	ber
See L	Pe	rry	Brown				00	0 00 765	4
nstructions A B	lf a	joint return, spouse's first name and initial	Last name					e's social security n	
Ise the IRS	La	urie	Brown				00	0 00 456	7
abel. н Dtherwise, Е		ne address (number and street). If you have 51 E. 94th Street	a P.O. box, see page	19.	Apt. no).		Important!	
or type.		, town or post office, state, and ZIP code. If	you have a foreign ac	ldress, s	ee page 19.			ou must enter our SSN(s) above	
	Sic	oux Falls, SD 57101						. ,	
lection Campaign		Note. Checking "Yes" will not change					Υοι		_
See page 19.)	/	Do you, or your spouse if filing a joint	return, want \$3 to	go to th	is fund? .	►	Yes	No Yes	
	1	Single		4 🗌				person). (See page	
iling Status	2	Married filing jointly (even if only one	e had income)				hild but	not your dependen	it, e
Check only	3	Married filing separately. Enter spou	se's SSN above		this child's nam	e here. ►			
one box.		and full name here. ►		5 🗋		. ,		ndent child (year	
					spouse died	,	<u> </u>	bage 19.) No. of boxes	
Exemptions	6a	Yourself. If your parent (or someo return, do not check bo		ou as a	dependent on	his or her	tax	checked on	
	b			• •			· · (6a and 6b	
	c	Dependents:	(2) Dependent's		(3) Dependent's	 (4)√ if quali	tying	No. of children on 6c who:	
	•	(1) First name Last name	social security nur		relationship to	child for child credit (see pag		lived with you	
					you	cieuii (See pai	<u>e 20)</u>	 did not live with you due to divorce 	
f more than five								or separation	
lependents, see page 20.								(see page 20) _ Dependents on 6c	
ee paye 20.								not entered above	
								Add numbers	_
	d	Total number of exemptions claimed						on lines above ►	
	7	Wages, salaries, tips, etc. Attach Form	n(s) W-2				7		Γ
ncome	8a	Taxable interest. Attach Schedule B if	. ,	• •			8a		
Attach	b	Tax-exempt interest. Do not include of	•	8b					
Forms W-2 and	9	Ordinary dividends. Attach Schedule E					9		
V-2G here.	10	Taxable refunds, credits, or offsets of	•			2)	10		
Also attach Form(s) 1099-R	11	Alimony received					11		
f tax was	12	Business income or (loss). Attach Sch	edule C or C-EZ .				12		
withheld.	13	Capital gain or (loss). Attach Schedule	D if required. If no	t require	ed, check here		13		
	14	Other gains or (losses). Attach Form 4	797				14		
f you did not	15a	IRA distributions 15a		b Taxab	le amount (see p	age 23)	15b		
get a W-2,	16a	Pensions and annuities 16a		b Taxab	le amount (see p	bage 23)	16b		
see page 21.	17	Rental real estate, royalties, partnership	ps, S corporations,	trusts, e	tc. Attach Sch	edule E	17		
Enclose, but do	18	Farm income or (loss). Attach Schedul	le F				18		
not attach, any	19	Unemployment compensation					19		
bayment. Also, blease use	20a	Social security benefits . 20a		b Taxab	ole amount (see p	age 25)	20b		_
Form 1040-V.	21	Other income. List type and amount (s					21		_
	22	Add the amounts in the far right column	for lines 7 through 2		is your total inc	come 🕨	22		_
Adjusted	23	Educator expenses (see page xx) .							
Gross	24	IRA deduction (see page 27)		0.5					
	25	Student loan interest deduction (see p	• ,						
ncome	26	Tuition and fees deduction (see page		26					
	27	Archer MSA deduction. Attach Form 8		27					
	28	Moving expenses. Attach Form 3903		28					
	29	One-half of self-employment tax. Attac		29					
	30	Self-employed health insurance deduc		30 31					1
	31	Self-employed SEP, SIMPLE, and qua							1
	32 220	Penalty on early withdrawal of savings		32 33a					1
	33a 34	Alimony paid b Recipient's SSN ► Add lines 23 through 33a					34		
	94	Subtract line 34 from line 22. This is y					35		+

Form 1040 (2002)			Page 2
Tax and	36	Amount from line 35 (adjusted gross income)	36
Tax and Credits	37a	Check if: You were 65 or older, Blind; Spouse was 65 or older, Blind.	
Standard)	Add the number of boxes checked above and enter the total here > 37a	
Deduction	b	If you are married filing separately and your spouse itemizes deductions, or	
for—	L	you were a dual-status alien, see page 31 and check here ► 37b	
 People who checked any 	38	Itemized deductions (from Schedule A) or your standard deduction (see left margin).	38
box on line 37a or 37b or	39	Subtract line 38 from line 36	39
who can be claimed as a	40	If line 36 is \$103,000 or less, multiply \$3,000 by the total number of exemptions claimed on	40
dependent,	41	line 6d. If line 36 is over \$103,000, see the worksheet on page 32	41
see page 31.All others:	41	Tax (see page 33). Check if any tax is from $\mathbf{a} \square$ Form(s) 8814 $\mathbf{b} \square$ Form 4972	42
Single,	43	Alternative minimum tax (see page 34). Attach Form 6251.	43
\$4,700	44	Add lines 42 and 43	44
Head of household,	45	Foreign tax credit. Attach Form 1116 if required	
\$6,900	46	Credit for child and dependent care expenses. Attach Form 2441 46	
Married filing jointly or	47	Credit for the elderly or the disabled. Attach Schedule R 47	
Qualifying widow(er),	48	Education credits. Attach Form 8863	
\$7,850	49	Retirement savings contributions credit. Attach Form 8880 . 49	
Married filing	50	Child tax credit (see page XX)	
filing separately,	51	Adoption credit. Attach Form 8839	
\$3,925	52		
	53	Other credits. Check applicable box(es): a Form 3800 b Form 8801 c Specify 53 53	
	54	Add lines 45 through 53. These are your total credits	54
	55	Subtract line 54 from line 44. If line 54 is more than line 44, enter -0	55
Other	56	Self-employment tax. Attach Schedule SE	56
Other Taxes	57	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	57
Idxes	58	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required .	58
	59	Advance earned income credit payments from Form(s) W-2	59
	60	Household employment taxes. Attach Schedule H	60
Dermeente	61	Add lines 55 through 60. This is your total tax	61
Payments	62 62		
	63 64	2002 estimated tax payments and amount applied from 2001 return 63 Earned income credit (EIC) 64	
If you have a qualifying	64 65	Excess social security and tier 1 RRTA tax withheld (see page 51)	
child, attach Schedule EIC.	66	Additional child tax credit. Attach Form 8812	
	67	Amount paid with request for extension to file (see page 51) 67	
	68	Other payments from: a Form 2439 b Form 4136 68	
	69	Add lines 62 through 68. These are your total payments	69
Refund	70	If line 69 is more than line 61, subtract line 61 from line 69. This is the amount you overpaid	70
Direct deposit?	71a	Amount of line 70 you want refunded to you	71a
See page 51 and fill in 71b,	► b	Routing number ► c Type: Checking Savings	
71c, and 71d.	► d		
Amount	72 73	Amount of line 70 you want applied to your 2003 estimated tax ► 72 Amount you owe. Subtract line 69 from line 61. For details on how to pay, see page 52 ►	73
You Owe	73 74	Estimated tax penalty (see page 52)	
Third Party	Do	you want to allow another person to discuss this return with the IRS (see page 53)?	Complete the following.
Designee		signee's Phone Personal identific	ation
	nar	ne no. () number (PIN)	
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, an ef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of w	
Here		ur signature Date Your occupation	Daytime phone number
Joint return? See page 19.			
Keep a copy	- Sn	puse's signature. If a joint return, both must sign. Date Spouse's occupation	
for your records.	- Spi		
	Dra	parer's Date Check if	Preparer's SSN or PTIN
Paid December 2		parers Check if self-employed	
Preparer's	Firr	n's name (or EIN	
Use Only	you add	irs if self-employed), response to the self-employed of the self-employe	()
			Form 1040 (2002)

Form 1040-Lines 26 Through 30

Line 26

Tuition and Fees Deduction

You may claim the tuition and fees deduction if **all five** of the following apply.

1. You paid qualified tuition and fees (see below) in 2002 for yourself, your spouse, or your dependent(s).

2. Your filing status is any status **except** married filing separately.

3. Your modified adjusted gross income (AGI) is not more than: \$65,000 if single, head of household, or qualifying widow(er); \$130,000 if married filing jointly. Use lines 1 through 3 of the worksheet below to figure your modified AGI.

4. You cannot be claimed as a dependent on someone's (such as your parent's) 2002 tax return.

5. You are not claiming an education credit on line 48 for the same student.

Use the worksheet below to figure your tuition and fees deduction.

Exception. Use Pub. 970 instead of the worksheet below to figure your tuition and fees deduction if you file Form 2555, 2555-EZ, or 4563, or you exclude income from sources within Puerto Rico.

Qualified Tuition and Fees. These are amounts paid in 2002 for tuition and fees required for the student's enrollment or attendance at an eligible educational institution during 2002. Amounts paid include those paid with borrowed funds. An eligible educational institution includes most colleges, universities, and certain vocational schools.

Qualified tuition and fees **do not** include any of the following:

• Amounts paid for room, board, transportation, books, supplies, student activity fees, athletic fees, insurance expenses, or any other expense that is not related to the course of instruction.

• Expenses for any course involving sports, games, or hobbies, unless such course is part of the student's degree program.

• Amounts used to figure any other deduction claimed by you, your spouse, or your dependent, such as on **Schedule A** or **Schedule C.**

Qualified tuition and fees must be reduced by the following nontaxable benefits.

• Excludable U.S. series EE and I savings bond interest from **Form 8815.**

• Qualified tuition program earnings.

• Qualified distributions from a Coverdell education savings account.

• Any scholarship educational assistance allowance or other payment (but **not** gifts, inheritances, etc.) excluded from income.

Qualified tuition and fees paid in 2002 for an academic period that **begins** in the first three months of 2003 can be used in figuring your 2002 deduction.

For more details, see Pub. 970.

Line 27

Archer MSA Deduction

If you made a contribution to an Archer MSA for 2002, you may be able to take this deduction. See **Form 8853.**

Line 28

Moving Expenses

If you moved in connection with your job or business or started a new job, you may be able to take this deduction. But your new workplace must be at least 50 miles farther from your old home than your old home was from your old workplace. If you had no former workplace, your new workplace must be at least 50 miles from your old home. Use TeleTax topic 455 (see page 11) or see **Form 3903.**

Line 29

One-Half of Self-Employment Tax

If you were self-employed and owe selfemployment tax, fill in **Schedule SE** to figure the amount of your deduction.

Line 30

Self-Employed Health Insurance Deduction

You may be able to deduct part of the amount paid for health insurance for yourself, your spouse, and dependents if **either** of the following applies.

• You were self-employed and had a net profit for the year or

• You received wages in 2002 from an S corporation in which you were a more-than-2% shareholder. Health insurance benefits paid for you may be shown in box 14 of your W-2 form.

Keep for Your Records

		J. J	
Before you begin:	 ✓ Complete Form 1040, lines 27 through 33a, if they apply to you. ✓ Figure any amount to be entered on the dotted line next to line 34 (see p. ✓ See the instructions for line 26 above. ✓ Be sure you have read the Exception above to see if you can use this wo instead of Pub. 970 to figure your deduction. 		<i>¥</i>
2. Enter the total of the ar amount you entered on a	Form 1040, line 22 .	1. 2. 3.	
4. Tuition and fees deduction	 line 3 is more than \$65,000 (\$130,000 if married filing jointly), stop here. You on for tuition and fees. tion. Enter the total qualified tuition and fees (defined above) you paid in 2002. \$3,000. Also, enter this amount on Form 1040, line 26	4	

Tuition and Fees Deduction Worksheet—Line 26

	•		Attach to F	orm 1040.			2002
tment of the Treasu al Revenue Service	.ry (99)		See separate		S.		Attachment Sequence No.
e(s) shown on Fo			•				I security number
	Perry a	nd Laurie Brown				000	00 7654
ore you be	gin: You nee	ed to understand the	ne following ter	ms. See I	Definitions on page	1 of the in	nstructions.
ependent C	Care Benefit	ts • Qualify	ving Person(s)	•	Qualified Expenses	6 •	Earned Inco
		nizations Who Pro			ust complete this p	oart.	
(a) Care prov name	ider's	(number, street, a	(b) Address pt. no., city, state, an	d ZIP code)	(c) Identifying m (SSN or EIN		(d) Amount paid (see instructions)
	Did	you receive	No No		 Complete only Par 	t II below.	
	depende	nt care benefits?	Yes		Complete Part III of the second se	on the back	a next.
				mployment	taxes. See the instruct	tions for For	rm 1040, line 6
		and Dependent Ca		than two	qualifying persons, se	e the instru	ictions
Information		alifying person's name			Qualifying person's social	(c) Qual	ified expenses yo
F	First		Last	(-)	security number		nd paid in 2002 fo listed in column (a
Add the am	ounts in colur	mn (c) of line 2. Do no	ot enter more than	n \$2,400 fo	r one qualifying		
		o or more persons. If			ter the amount		
from line 26							
		ne					
		rn, enter your spouse' nstructions); all others					
		e 3, 4, or 5			6		
Enter the ar	nount from F	orm 1040, line 36	7				
Enter on line	e 8 the decim	nal amount shown be	low that applies	to the amo	ount on line 7		
			If line 7 is				
If line	But not over	Decimal amount is	Over	But not over	Decimal amount is		
		.30	\$20,000-		.24		
lf line Over	60—10,000		22,000—	24,000	.23		
If line <u>Over</u> \$	60—10,000 0—12,000	.29		26,000	.22 8	,	×.
If line <u>Over</u> \$ 10,00 12,00	0—12,000 0—14,000	.28	24,000—			<u> </u>	
If line <u>Over</u> 10,00 12,00 14,00	0—12,000 0—14,000 0—16,000	.28 .27	26,000—		.21		
If line <u>Over</u> 10,00 12,00 14,00 16,00	0—12,000 0—14,000	.28			.21 .20		
If line <u>Over</u> \$ 10,00 12,00 14,00 16,00 18,00	0—12,000 0—14,000 0—16,000 0—18,000 0—20,000	.28 .27 .26 .25	26,000— 28,000—	No limit	.20		
If line <u>Over</u> \$ 10,00 12,00 14,00 16,00 18,00 Multiply line	0-12,000 0-14,000 0-16,000 0-18,000 0-20,000 e 6 by the dec	.28 .27 .26 .25 cimal amount on line	26,000	No limit 01 expense	.20 es in 2002, see		
If line <u>Over</u> \$ 10,00 12,00 14,00 16,00 18,00 Multiply line the instructi	0-12,000 0-14,000 0-16,000 0-18,000 0-20,000 e 6 by the decions	.28 .27 .26 .25 cimal amount on line	26,000— 28,000— 8. If you paid 20	No limit 01 expense	.20 es in 2002, see		

Form	n 2441 (2002)	Page 2
Pa	rt III Dependent Care Benefits	
12	Enter the total amount of dependent care benefits you received for 2002. This amount should be shown in box 10 of your W-2 form(s). Do not include amounts that were reported to you as wages in box 1 of Form(s) W-2	
13	Enter the amount forfeited, if any (see the instructions)	
14	Subtract line 13 from line 12	
15	Enter the total amount of qualified expenses incurred in 2002 for the care of the qualifying person(s) 15	
16	Enter the smaller of line 14 or 15	
17	Enter your earned income	
18	If married filing a joint return, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5); if married filing a separate return, see the instructions for the amount to enter; all others, enter the amount from line 17	
19	Enter the smallest of line 16, 17, or 18	
20	Excluded benefits. Enter here the smaller of the following:	
21	 The amount from line 19 or \$5,000 (\$2,500 if married filing a separate return and you were required to enter your spouse's earned income on line 18). Taxable benefits. Subtract line 20 from line 14. Also, include this amount on Form 1040, line 7. On the dotted line next to line 7, enter "DCB" 	
	To claim the child and dependent care credit, complete lines 22–26 below.	
22	Enter \$2,400 (\$4,800 if two or more qualifying persons)	
23	Enter the amount from line 20	
24	Subtract line 23 from line 22. If zero or less, stop. You cannot take the credit. Exception. If you paid 2001 expenses in 2002, see the instructions for line 9	
25	Complete line 2 on the front of this form. Do not include in column (c) any benefits shown on line 20 above. Then, add the amounts in column (c) and enter the total here	
26	Enter the smaller of line 24 or 25. Also, enter this amount on line 3 on the front of this form and complete lines 4–11	
	8	Form 2441 (2002)

Form	8863		Education Credits		F	OMB No. 1545-1618
	tment of the Treasury al Revenue Service	See instructions.	Attach to F	orm 1040 or Form 1040A.		Attachment Sequence No. 50
Name	e(s) shown on return	17 . 5				ocial security number
Da		ry and Laurie Brow		manua than 0 tay up an		0 00 7654
	rt I Hope Credit.	Caution: The Hope cre	edit may be claimed for no	more than 2 tax years	tor the	e same student.
1	(a) Student's name (as shown on page of your tax return) First name Last name	1 social security	(but do not enter more than \$2,000 for each colu	Enter the ler of the lount in mn (c) or 1,000	from	(f) Enter one-ha of the amount i column (e)
2	Add the amounts in	columns (d) and (f)	2			
3	Tentative Hope cred	it. Add the amounts o	n line 2, columns (d) and	(f). If you are claiming		
	the lifetime learning	credit, go to Part II; o	otherwise, go to Part III .	<u>″</u>	3	
Pai	rt II Lifetime Lear	ning Credit				[
4	Caution: You cannot take the		name (as shown on page 1 your tax return) Last name	(b) Student's social number (as shown of 1 of your tax ret	n page	(c) Qualified expenses. See instructions
	Hope credit and					
	the lifetime learning credit for the same student.					
	Student.					
5			nd enter the total		5	
6 7	Enter the smaller o	t line 5 or \$5,000 . arning credit Multiply	line 6 by 20% (.20) and	o to Part III ►	6	
-		ucation Credits				
8		credits. Add lines 3 a	and 7		8	
9	Enter: \$102,000 if r household, or qualif		51,000 if single, head of	9		
0			(or Form 1040A, line 22)*		_\////	
1			s equal to or more than			
2	Enter: \$20,000 if m	arried filing jointly; \$	ion credits 10,000 if single, head of			
3	If line 11 is equal to go to line 15. If line	or more than line 12 11 is less than line 1	2, enter the amount from 2, divide line 11 by line 1	line 8 on line 14 and 2. Enter the result as	10	
		•	es)		13	× .
4 5			4 (or Form 1040A, line 2		15	
6	Enter the total, if a	ny, of your credits fr	om Form 1040, lines 45	through 47 (or from		
7	Subtract line 16 from take any education	n line 15. If line 16 is e credits	equal to or more than line	15, stop; you cannot		
8	Education credits.	Enter the smaller o	f line 14 or line 17 here	and on Form 1040,	18	
			ing Form 2555, 2555-EZ, or 45			

For questions B-16 through B-19, use the following scenario to complete a Form 1040 through line 71a only.

Belinda Allen, age 66, is a grandmother of three children. She provides all the support for the grandchildren and will be filing as head of household. Belinda's sister keeps the children during the day, so Belinda has no child care expenses.

The children's names, date of birth, and social security numbers are:

Peter	born 4/9/2000	SSN 000-00-4242
Deborah	born 11/26/1994	SSN 000-00-3232
Mary	born 7/5/1992	SSN 000-00-8541

- What is the amount on Form 1040, Line 50? B-16
 - a. 0
 - b. \$913
 - c. \$1,800
 - d. \$887
 - e. \$1,041
- B-17 What is the amount on Form 1040, Line 61?
 - a. 0
 - b. \$843
 - c. \$1,924
 - d. \$1,800
 - e. None of the above
- What is the amount on Form 1040, Line 64? B-18
 - a. 0
 - b. \$843
 - c. \$913
 - d. \$1,800
 - e. None of the above
- What is the amount on Form 1040, Line 66? B-19
 - a. \$-0-
 - b. \$913
 - c. \$ 1,800 d. \$ 887

 - e. \$759

 b Employer identification number 78-1234562 c Employer's name, address, and ZIP code Ashland Bakery 10201 N. 10th Street Omaha, NE 68108 d Employee's social security number OOO. OO. 6705 	 Wages, tips, other compensation 29,195 Social security wages 29,195 Medicare wages and tips 39,195 Social security tips Advance EIC payment 	 2 Federal income tax withheld 1,924 4 Social security tax withheld 1,810.09 6 Medicare tax withheld 423.33 8 Allocated tips 10 Dependent care benefits
Ashland Bakery 10201 N. 10th Street Omaha, NE 68108 d Employee's social security number	29,1955Medicare wages and tips29,1957Social security tips	1,810.09 6 Medicare tax withheld 423.33 8 Allocated tips
	9 Advance EIC payment	10 Dependent care benefits
000-00-6395		*
e Employee's first name and initial Last name Belinda Allen 99 S. 48th St Omaha, NE 68108	11 Nonqualified plans 13 Statutory employee Retirement plan Third-party sick pay 14 Other	12a See instructions for box 12 12b 2 2 12b 2 2 12c 2 2 12c 2 2 12d 2 2
f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax	x 18 Local wages, tips, etc.	19 Local income tax 20 Locality name
orm W-2 Wage and Tax 2002 Statement Copy B To Be Filed with Employee's FEDERAL Tax Return. (Rev. February 2002		nt of the Treasury-Internal Revenue Servic

(For	the year Jan. 1-Dec. 31, 2002, or other tax year be	ginning , 20	02, ending	,	20	0	MB No. 1545-0074	
Label	Yo	ur first name and initial	Last name					ocial security numb	ber
See L		Belinda	Allen				00	0 00 639	5
nstructions B on page 19.) E		a joint return, spouse's first name and initial	Last name					e's social security n	
Jse the IRS abel. H		me address (number and street). If you have 9 S. 48th Street	a P.O. box, see page 1	9.	Apt. no). 		Important!	
olease print E		y, town or post office, state, and ZIP code. If maha, NE 68108	you have a foreign add	lress, see	e page 19.			ou must enter our SSN(s) above.	
Presidential Section Campaigr		Note. Checking "Yes" will not change					You		
See page 19.)		Do you, or your spouse if filing a joint	return, want \$3 to ge				Yes		
Filing Status	1 2	Single Married filing jointly (even if only one	e had income)					g person). (See page : not your dependen	
Chaole only	3	Married filing separately. Enter spou			his child's nam			, ,	,
Check only one box.		and full name here.		5 🔲 🤇	Qualifying wid	low(er) wit	h depe	endent child (year	
					spouse died I	. ,		page 19.)	
	6a	Yourself. If your parent (or someo	ne else) can claim yc	ou as a d	dependent on	his or her	tax)	No. of boxes checked on	
Exemptions		return, do not check bo	ox 6a				}	6a and 6b	
	b	Spouse				· · / ·	<u></u> J	No. of children	
	С	Dependents:	(2) Dependent's		 Dependent's relationship to 	(4) ✓ if quali child for chil		on 6c who: • lived with you _	
		(1) First name Last name	social security numb	Dei	you	credit (see pa	ge 20)	• did not live with	
If more than five								you due to divorce or separation	
dependents,								(see page 20)	
see page 20.								Dependents on 6c not entered above	
								Add numbers	_
	d	Total number of exemptions alaimed						on lines	
		· · · · · · · · · · · · · · · · · · ·					7	above 🕨	
Income	7	Wages, salaries, tips, etc. Attach Form		• •			/ 8a		┢
	8a	Taxable interest. Attach Schedule B if		 8b		· · ·			⊢
Attach Forms W-2 and	ь 9	Tax-exempt interest. Do not include of				I	9		
N-2G here.	9 10	Ordinary dividends. Attach Schedule E Taxable refunds, credits, or offsets of	•	· ·		· · ·	10		┢
Also attach	11			ne laxe:	s (see paye z	2)	11		\vdash
Form(s) 1099-R If tax was	12	Business income or (loss). Attach Sch		• •			12		F
withheld.	13	Capital gain or (loss). Attach Schedule		required	· · · · ·	► <u></u>	13		\square
	14	Other gains or (losses). Attach Form 4		requiree			14		
f you did not	15a	IRA distributions 15a	· · · · · ·	 Taxable	amount (see p	 nage 23)	15b		Γ
get a W-2,	16a	Pensions and annuities 16a			amount (see p	• ·	16b		
see page 21.	17	Rental real estate, royalties, partnership				• /	17		
Enclose, but do	18	Farm income or (loss). Attach Schedul					18		
not attach, any	19	Unemployment compensation					19		
payment. Also, please use	20a	Social security benefits . 20a			amount (see p	bage 25)	20b		
Form 1040-V.	21	Other income. List type and amount (s	see page 27)				21		\vdash
	22	Add the amounts in the far right column	for lines 7 through 21	1. This is	your total ind	come 🕨	22		⊢
Adjusted	23	Educator expenses (see page xx) .		23					
Adjusted	24	IRA deduction (see page 27)		24					
Gross	25	Student loan interest deduction (see p	age 28)	25					
ncome	26	Tuition and fees deduction (see page 2	,	26					
	27	Archer MSA deduction. Attach Form 8		27					
	28	Moving expenses. Attach Form 3903		28					
	29	One-half of self-employment tax. Attac		29					
	30	Self-employed health insurance deduc	,	30					
	31	Self-employed SEP, SIMPLE, and qua		31 32					
	32	Penalty on early withdrawal of savings		32 33a			V/////		
	33a 34	Alimony paid b Recipient's SSN ►		<u> </u>		I	34		
	34	Add lines 23 through 33a					04		1

Form 1040 (2002))		Page 2
Taurand	36	Amount from line 35 (adjusted gross income)	36
Tax and Credits	37a	Check if: Tyou were 65 or older, Blind; Spouse was 65 or older, Blind.	
)	Add the number of boxes checked above and enter the total here	
Standard Deduction	b	If you are married filing separately and your spouse itemizes deductions, or	
for—		you were a dual-status alien, see page 31 and check here ► 37b	
 People who checked any 	ັ 38	Itemized deductions (from Schedule A) or your standard deduction (see left margin).	38
box on line	39	Subtract line 38 from line 36	39
37a or 37b or who can be	40	If line 36 is \$103,000 or less, multiply \$3,000 by the total number of exemptions claimed on	
claimed as a dependent,		line 6d. If line 36 is over \$103,000, see the worksheet on page 32	40
see page 31.	41	Taxable income. Subtract line 40 from line 39. If line 40 is more than line 39, enter -0-	41
All others: Single	42	Tax (see page 33). Check if any tax is from a Form(s) 8814 b Form 4972	42 43
Single, \$4,700	43	Alternative minimum tax (see page 34). Attach Form 6251	43
Head of	44	Add lines 42 and 43	
household, \$6,900	45 46		
Married filing	40	Credit for child and dependent care expenses. Attach Form 2441 Credit for the elderly or the disabled. Attach Schedule R	
jointly or Qualifying	48	Education credits. Attach Form 8863	
widow(er),	49	Retirement savings contributions credit. Attach Form 8880	
\$7,850 Married	50	Child tax credit (see page XX)	
filing	51	Adoption credit. Attach Form 8839	
separately, \$3,925	52	Credits from: a Form 8396 b Form 8859 52	
	53	Other credits. Check applicable box(es): a Form 3800	
		b Form 8801 c Specify 53	
	54	Add lines 45 through 53. These are your total credits	54
	55	Subtract line 54 from line 44. If line 54 is more than line 44, enter -0	55
Other	56	Self-employment tax. Attach Schedule SE	56 57
Taxes	57 50	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	58
	58 59	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required . Advance earned income credit payments from Form(s) W-2	59
	60	Household employment taxes. Attach Schedule H	60
	61	Add lines 55 through 60. This is your total tax	61
Payments	62	Federal income tax withheld from Forms W-2 and 1099 62	
	63	2002 estimated tax payments and amount applied from 2001 return . 63	
If you have a	ັ 64	Earned income credit (EIC)	
qualifying child, attach	65	Excess social security and tier 1 RRTA tax withheld (see page 51) 65	
Schedule EIC.	66	Additional child tax credit. Attach Form 8812	
	67	Amount paid with request for extension to file (see page 51) 67 Other payments from: a Form 2439 b Form 4136 68	
	68 69	Other payments from: a □ Form 2439 b □ Form 4136 68 Add lines 62 through 68. These are your total payments	69
Defund	70	If line 69 is more than line 61, subtract line 61 from line 69. This is the amount you overpaid	70
Refund	71a	Amount of line 70 you want refunded to you	71a
Direct deposit? See page 51	► b	Routing number Statistical to you the statis	
and fill in 71b, 71c. and 71d.	► d	Account number	
	72	Amount of line 70 you want applied to your 2003 estimated tax 72	
Amount	73	Amount you owe. Subtract line 69 from line 61. For details on how to pay, see page 52 ►	73
You Owe	74	Estimated tax penalty (see page 52)	
Third Party	Do		Complete the following.
Designee	De nar	signee's Phone Personal identific ne ▶ no. ▶ () number (PIN)	cation
Sign	Un	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, an	
Here		ef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of w	
Joint return?	Yo	ur signature Date Your occupation	Daytime phone number
See page 19. Keep a copy	_		()
for your	Sp	ouse's signature. If a joint return, both must sign. Date Spouse's occupation	
records.	-	Date	Preparer's SSN or PTIN
Paid		parer's hature Check if self-employed	
Preparer's	Fin	n's name (or EIN	<u> </u>
Use Only	you add	dress, and ZIP code Phone no.	()
			Form 1040 (2002)

Line 50—Child Tax Credit

What Is the Child Tax Credit?

This credit is for people who have a qualifying child as defined in the instructions for line 6c, column (4), on page 20. It is in addition to the credit for child and dependent care expenses on Form 1040, line 46, and the earned income credit on Form 1040, line 64.

Three Steps To Take the Child Tax Credit!

- **Step 1.** Make sure you have a qualifying child for the child tax credit. See the instructions for line 6c, column (4), on page 20.
- **Step 2.** Make sure you checked the box in column (4) of line 6c on Form 1040 for each qualifying child.
- **Step 3.** Answer the questions on this page to see if you may use the worksheet on page 38 to figure your credit or if you must use Pub. 972, Child Tax Credit. If you need Pub. 972, see page 7.

Who Must Use Pub. 972 Questions 1. Are you excluding income from Puerto Rico or are you filing any of the following forms? • Form 2555 or 2555-EZ (relating to foreign earned income) • Form 4563 (exclusion of income for residents of American Samoa) Yes. [STOP **No.** Continue You must use Pub. 972 to figure your credit. 2. Is the amount on Form 1040, line 36, more than the amount shown below for your filing status? Married filing jointly - \$110,000 Single, head of household, or qualifying widow(er) -\$75.000 Married filing separately – \$55,000 STOP 🗌 No. Continue 🥆 Yes. You must use Pub. 972 to figure your credit. 3. Are you claiming any of the following credits?

- Adoption credit, Form 8839 (see the instructions for Form 1040, line 51, on page 39)
- Mortgage interest credit, Form 8396 (see the instructions for Form 1040, line 52, on page 39)
- District of Columbia first-time homebuyer credit, Form 8859

No. Use the worksheet on page 38 to figure your child tax credit. ☐ Yes. You must use Pub. 972 to figure your child tax credit. You will also need the form(s) listed above for any credit(s) you are claiming.

Need more information or forms? See page 7.

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x Credit Work	sheet—Line 50		Keep for Your R
Do not use thi Instead, use P	s worksheet if you answered "Yes" tub. 972.	to question 1, 2, or 3 on page	37.
1. N	Jumber of qualifying children:	× \$600. Enter the result	. 1
2. E	Enter the amount from Form 1040, line	14. 2	
L	add the amounts from Form 1040:	000	
	.ine 46 + .ine 47 + .ine 48 +		
- 4. A	are the amounts on lines 2 and 3 the sar	me?	
	Yes. (STOP) You cannot take this credit because the the TIP below before completing the p		see
	No. Subtract line 3 from line 2.		4
5. Is	 s the amount on line 1 more than the an Yes. Enter the amount from line 4. Also, see the TIP below. 	nount on line 4? This is your child tax credit.	5
	No. Enter the amount from line 1.	J	Enter this amount Form 1040, line 5
			1040
	You may be able to take to n Form 1040, line 66, if to r line 5 above.	the additional child tax credit you answered "Yes" on line 4	_ F
	• First, complete your Fo	orm 1040 through line 65.	
	 Then, use Form 8812 t tax credit. 	o figure any additional child	

Form 1040-Line 64

Line 64 Earned Income Credit (EIC)

What Is the EIC?

The EIC is a credit for certain people who work. The credit may give you a refund even if you do not owe any tax.

To Take the EIC:

- Follow the steps below.
- Complete the worksheet that applies to you or let the IRS figure the credit for you.
- If you have a qualifying child, complete and attach Schedule EIC.



If you take the EIC even though you are not eligible and it is determined that your error is due to reckless or intentional disregard of the EIC rules, you will not be allowed to take the credit for 2 years even if you are otherwise eligible to do so. If you fraudulently take the EIC,

you will not be allowed to take the credit for 10 years. You may also have to pay penalties.

Step 1 All Filers

- 1. If, in 2002:
 - 2 children lived with you, is the amount on Form 1040, line 36, less than \$33,178 (\$34,178 if married filing jointly)?

No.

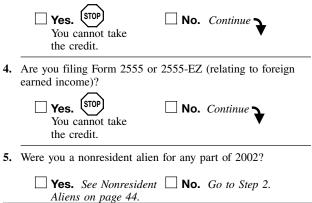
- 1 child lived with you, is the amount on Form 1040, line 36, less than \$29,201 (\$30,201 if married filing jointly)?
- No children lived with you, is the amount on Form 1040, line 36, less than \$11,060 (\$12,060 if married filing jointly)?

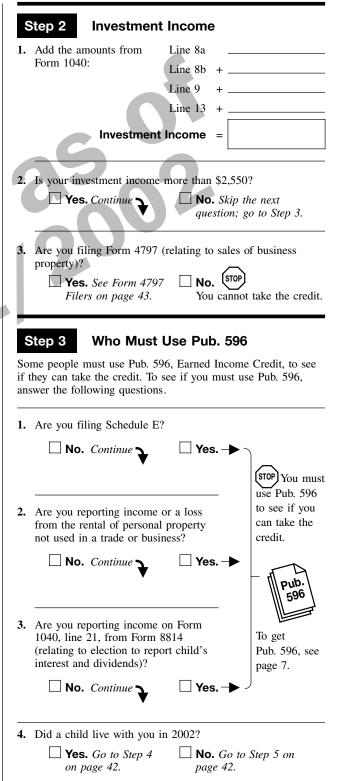
Yes. Continue You cannot take the credit. 2. Do you, and your spouse if filing a joint return, have a social security number that allows you to work or is valid for EIC purposes (see page 44)?

> Ses. Continue You cannot take the credit. Put "No" on the dotted line next to line 64.

STOP

3. Is your filing status married filing separately?



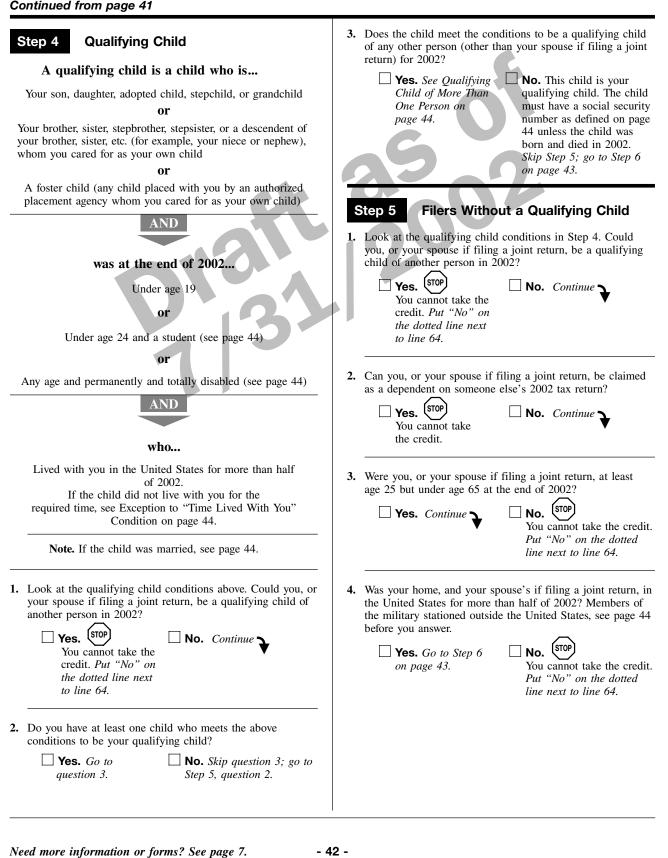


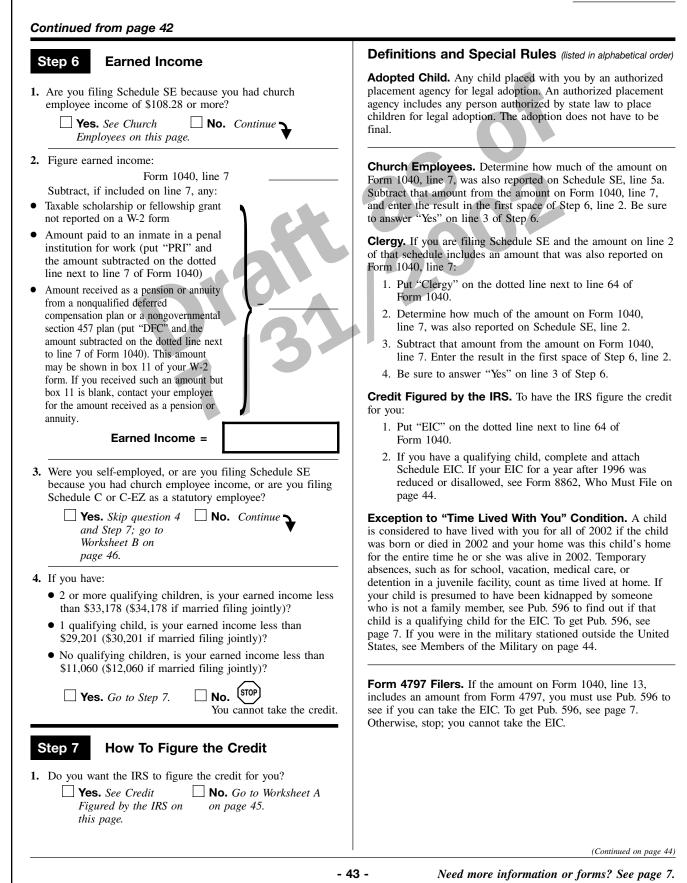
Need more information or forms? See page 7.

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Continued from page 41





		Form 1040—Line 64
Vorksheet A_{-}	Earned Income Credit (EIC)—Line 64	Zeep for Your Records
Before you begin	Be sure you are using the correct worksheet. Do not use this worksheet if you were self-employed, or you are filing Schedule SE because you had church employee income, or you are filing Schedule C or C-EZ as a statutory employee. Instead, use Worksheet B on page 46.	,¢!
Part 1	1. Enter your earned income from Step 6 on page 43.]
All Filers Using Worksheet A	2. Look up the amount on line 1 above in the EIC Table on pages 48–53 to find the credit. Be sure you use the correct column for your filing status and the number of children you have. Enter the credit here.	2
	If line 2 is zero, You cannot take the credit. Put "No" on the dotted line next to line 64.	-
	3. Enter the amount from Form 1040, line 36.	
	4. Are the amounts on lines 3 and 1 the same?	
	\Box Yes. Skip line 5; enter the amount from line 2 on line 6.	
	\Box No. Go to line 5.	
Part 2	 5. If you have: No qualifying children, is the amount on line 3 less than \$6,150 (\$7,150 if married filing jointly)? 	
Filers Who Answered	• 1 or more qualifying children, is the amount on line 3 less than \$13,550 (\$14,550 if married filing jointly)?	
"No" on Line 4	Yes. Leave line 5 blank; enter the amount from line 2 on line 6.	
	No. Look up the amount on line 3 in the EIC Table on pages 48–53 to find the credit. Be sure you use the correct column for your filing status and the number of children you have. Enter the credit here. Look at the amounts on lines 5 and 2. Then, enter the smaller amount on line 6.	5
Part 3	6. This is your earned income credit.	6
Your Earned		Enter this amount on Form 1040, line 64.
Income Credit	Reminder — If you have a qualifying child, complete and attach Schedule EIC.	1040
	If your EIC for a year after 1996 was reduced or disallowed, a page 44 to find out if you must file Form 8862 to take the creation for 2002.	
	- 45 - Need more information	or forms? See page 7.

SCHEDULE EIC					
(Form 1040A or 1040)	Earned Ir		1040A		OMB No. 1545-0074
	Qualifying Ch				2002
Department of the Treasury Internal Revenue Service (99)			have a qualifying child.		Attachment Sequence No. 43
Name(s) shown on return Beli	nda Allen				our social security number
Before you be			A, line 41, or Form 1040 ou have a qualifying chil		sure that
	ke the EIC even though y ars. See back of scheduk		igible, you may not b	e allowed to tak	e the credit for up
	ke us longer to process yo qualifying child.	our return an	d issue your refund if	you do not fill i	n all lines that apply
social se EIC. If tl	the child's name on line 1 ecurity card. Otherwise, at he name or SSN on the cl tration at 1-800-772-1213	t the time we hild's social s	process your return,	we may reduce	or disallow your
Qualifying Child	d Information		Child 1	(Child 2
	two qualifying children, you o get the maximum credit.	First name	Last name	First name	Last name
of the Form 1040A ins Form 1040 instructions died in 2002. If your c and did not have an SS	n SSN as defined on page 42 structions or page 44 of the s unless the child was born and hild was born and died in 2002 SN, enter "Died" on this line he child's birth certificate.				
3 Child's year of I	birth	Year If born afte and 4b; go		Year If born after 1 and 4b; go to	1983, skip lines 4a line 5.
	born before 1984— Ider age 24 at the end udent?	Go to line :	□ No.	Go to line 5.	No. Continue
	ermanently and totally any part of 2002?	Continue	No. The child is not a qualifying child.	Continue	No. The child is not a qualifying child.
5 Child's relations (for example, son, dau foster child, etc.)					
	ths child lived with d States during 2002				
 If the child lived wi 2002 but less than 7 	th you for more than half of 'months, enter "7".				
home was the child	n or died in 2002 and your s home for the entire time he ing 2002, enter "12".	Do not ente	months more than 12 months.	Do not enter i	months more than 12 months.
TIP claimed	y also be able to take the additional and the additional set of the set of th	of Form 1040A	or Form 1040, and (c) is		
For Paperwork Reduction or 1040 instructions.	n Act Notice, see Form 1040A	C	at. No. 13339M	Schedule EIC (Fo	orm 1040A or 1040) 2002

orm	8812	Additional Child Tax Credit	омв №. 1545-1620 20 02
	tment of the Treasury al Revenue Service	Complete and attach to Form 1040 or Form 1040A.	Attachment Sequence No. 47
ame	e(s) shown on return		social security number
			00 00 6395
Pai	rt I All File	rs	
1 2	or page 37 of the worksheet on page 37 of the worksheet on page 37 of the worksheet on page 30 of the worksheet on page 30 of the worksheet of the worksheet on page 30 of the worksheet of the worksheet on page 30 of the worksheet and 30 of the worksheet on page 30 of the worksheet	th from line 1 of your Child Tax Credit Worksheet on page 38 of the Form 1040 instructions the Form 1040A instructions. If you used Pub. 972, enter the amount from line 8 of the ge 3 of the publication	
3	Subtract line 2 f	from line 1. If zero, stop ; you cannot take this credit	
4 5	Is the amount of No. Leav	taxable earned income. See the instructions on back 4 n line 4 more than \$10,350? ve line 5 blank and enter -0- on line 6. ract \$10,350 from the amount on line 4. Enter the result . 5	
6	Next. Do you has \Box No. If line	hount on line 5 by 10% (.10) and enter the result	
		ne 6 is equal to or more than line 3, skip Part II and enter the amount from line 3 on 13. Otherwise, go to line 7.	
Pai	rt II Certair	n Filers Who Have Three or More Qualifying Children	
7	W-2, boxes 4 and	the withheld social security and Medicare taxes from Form(s) d 6. If married filing jointly, include your spouse's amounts ou worked for a railroad, see the instructions on back	
8	1040 filers:	Enter the total of the amounts from Form 1040, lines 29 and 57, plus any uncollected social security and Medicare or tier 1 RRTA taxes included on line 61.	
	1040A mers.		
))		8	
	2 t	Enter the total of the amount from Form 1040A, line 41, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 43 (see the instructions on back).	
1	Subtract line 10	from line 9. If zero or less, enter -0	
2	Enter the larger	• of line 6 or line 11 here	2
	Next, enter the	smaller of line 3 or line 12 on line 13.	
Pa	rt III Your A	dditional Child Tax Credit	
3	This is your a	dditional child tax credit	•
		F M	Enter this amount on Form 1040, line 66, or

PART C – Pension Earner

- C-1 The social security benefits worksheet uses all of the following items to compute taxable social security except:
 - a. Student loan interest deduction
 - b. Tax-exempt interest
 - c. Capital gain/loss
 - d. IRA deduction
 - e. None of the above
- C-2 Albert and Sharon are both 56 years old and file a joint return. They have owned and lived in their main home for 16 years. In 2002, they sold their home for \$475,000. The adjusted basis in the home sold was \$105,000. They purchased another home for \$310,000. They did not receive a Form 1099-S for the sale. How do they treat the sale of this home?
 - a. They must report the sale on Schedule D and show the exclusion amount.
 - b. They must report the sale on Schedule D because they are over 55.
 - c. They do not have to report the sale and gain on their home.
 - d. None of the above
 - e. Report sale on Form 2119 Sale of Home
- C-3 Benjamin received a Form 1099-R with \$16,433 in Box 1 and \$38,900 in Box 9b. Benjamin is single and was 65 years old in November 2000 when he retired. When you complete his Simplified Method Worksheet, what is the number you put on line 3 of the worksheet?
 - a. 260
 - b. 240
 - c. 310
 - d. 300
 - e. None of the above
- C-4 Which statement best describes the Form 1040, Schedule R?
 - a. A credit for persons over 65 with low incomes
 - b. A credit reduced by taxable social security or taxable railroad retirement benefits
 - c. A credit for a single person, under 65 on disability
 - d. A credit for persons 65 or older or persons under 65 and totally and permanently disabled
 - e. None of the above

- C-5 Lester paid \$3,400 for 75 shares of QRM stock (including commission). Later, Lester received 10 additional shares from the company as a stock dividend. In 2002, he sold 20 shares and kept the rest. What is the total cost basis of the stock he sold?
 - a. \$0
 - b. \$740
 - c. \$800
 - d. \$906
 - e. None of the above
- C-6 John hands you a Form 1099-DIV from ABC Insurance Company showing proceeds from the sale of stock of \$1,840 and withholding of \$368. He tells you he never bought stock in this company but does have a life insurance policy through them that he took out three years ago. A note on the form says "Demutualization." Which statements are true?
 - a. His holding period in this transaction is short term.
 - b. His holding period in this transaction is long term.
 - c. His cost basis is 20% of the premiums paid before the stock was sold.
 - d. His cost basis is zero.
 - e. Both b and d

For question C-7, complete the Form 1040, Simplified Method Worksheet using the following scenario.

Arliss Drake is age 62 and single. He received his first pension check for \$2,000 on July 1, 2002, and the same amount each month thereafter. His cost in the plan was \$32,500.

- C-7 What amount will be shown on his Form 1040, Line 16b?
 - a. \$9,250
 - b. \$11,190
 - c. \$11,250
 - d. \$13,250
 - e. -0-

Form 1040—Lines 16a and 16b



Attach Form(s) 1099-R to Form 1040 if any Federal income tax was withheld.

Fully Taxable Pensions and Annuities

If your pension or annuity is fully taxable, enter it on line 16b; **do not** make an entry on line 16a. Your payments are fully taxable if **either** of the following applies.

• You did not contribute to the cost (see page 25) of your pension or annuity or

Simplified Method Worksheet—Lines 16a and 16b

• You got your entire cost back tax free before 2002.

Fully taxable pensions and annuities also include military retirement pay shown on Form 1099-R. For details on military disability pensions, see **Pub. 525.** If you received a **Form RRB-1099-R**, see **Pub. 575** to find out how to report your benefits.

Partially Taxable Pensions and Annuities

Enter the total pension or annuity payments you received in 2002 on line 16a. If your

Form 1099-R does not show the taxable amount, you must use the General Rule explained in **Pub. 939** to figure the taxable part to enter on line 16b. But if your annuity starting date (defined on page 25) was **after** July 1, 1986, see page 25 to find out if you must use the Simplified Method to figure the taxable part.

You can ask the IRS to figure the taxable part for you for an \$85 fee. For details, see Pub. 939.

(Continued on page 25)

Keep for Your Records

before Augus	e beneficiary of a deceased employee or former t 21, 1996, see Pub. 939 to find out if you are ion of up to \$5,000. If you are, include the ex te 2 below	e entitled to a death
Note. If you had more than one partially taxable taxable parts on Form 1040, line 16b. Enter the	e pension or annuity, figure the taxable part of	each separately. Enter the total of the 2002 on Form 1040, line 16a.
 Enter the total pension or annuity payments line 16a. Enter your cost in the plan at the annuity star Enter the appropriate number from Table 1 be was after 1997 and the payments are for yy enter the appropriate number from Table 2 b Divide line 2 by the number on line 3 . Multiply line 4 by the number of months for w If your annuity starting date was before 198 amount on line 8. Otherwise, go to line 6 . Enter the amount, if any, recovered tax free in 7. Subtract line 6 from line 2 Enter the smaller of line 5 or line 7 	rting date 2. elow. But if your annuity starting date 2. our life and that of your beneficiary, 3. oelow 3.	
9. Taxable amount. Subtract line 8 from line 1. on Form 1040, line 16b. If your Form 1099-1		nter this amount this line instead
9. Taxable amount. Subtract line 8 from line 1. on Form 1040, line 16b. If your Form 1099-1	Enter the result, but not less than zero. Also, er R shows a larger amount, use the amount on t	hter this amount his line instead 9.
9. Taxable amount. Subtract line 8 from line 1. on Form 1040, line 16b. If your Form 1099-1	Enter the result, but not less than zero. Also, er R shows a larger amount, use the amount on t	hter this amount his line instead 9.
 9. Taxable amount. Subtract line 8 from line 1. on Form 1040, line 16b. If your Form 1099-0 of the amount from Form 1099-R IF the age at annuity starting date 	Enter the result, but not less than zero. Also, er R shows a larger amount, use the amount on t Table 1 for Line 3 Above AND your annuity st before November 19, 1996,	tarting date was— after November 18, 1996,
 9. Taxable amount. Subtract line 8 from line 1. on Form 1040, line 16b. If your Form 1099-of the amount from Form 1099-R IF the age at annuity starting date (see page 25) was 	Enter the result, but not less than zero. Also, er R shows a larger amount, use the amount on t Table 1 for Line 3 Above AND your annuity st before November 19, 1996, enter on line 3	tarting date was— after November 18, 1996, enter on line 3
 9. Taxable amount. Subtract line 8 from line 1. on Form 1040, line 16b. If your Form 1099-of the amount from Form 1099-R IF the age at annuity starting date (see page 25) was 55 or under 	Enter the result, but not less than zero. Also, er R shows a larger amount, use the amount on t Table 1 for Line 3 Above AND your annuity st before November 19, 1996, enter on line 3 300	tarting date was— after November 18, 1996, enter on line 3 360
 9. Taxable amount. Subtract line 8 from line 1. on Form 1040, line 16b. If your Form 1099- of the amount from Form 1099-R IF the age at annuity starting date (see page 25) was 55 or under 56-60 	Enter the result, but not less than zero. Also, er R shows a larger amount, use the amount on the Table 1 for Line 3 Above AND your annuity st before November 19, 1996, enter on line 3 300 260	tarting date was— after November 18, 1996, enter on line 3 360 310
 9. Taxable amount. Subtract line 8 from line 1. on Form 1040, line 16b. If your Form 1099-of the amount from Form 1099-R IF the age at annuity starting date (see page 25) was 55 or under 56-60 61-65 	Enter the result, but not less than zero. Also, er R shows a larger amount, use the amount on t Table 1 for Line 3 Above AND your annuity st before November 19, 1996, enter on line 3 300 260 240	tarting date was— after November 18, 1996, enter on line 3 360 310 260
 9. Taxable amount. Subtract line 8 from line 1. on Form 1040, line 16b. If your Form 1099-of the amount from Form 1099-R IF the age at annuity starting date (see page 25) was 55 or under 56-60 61-65 66-70 	Enter the result, but not less than zero. Also, er R shows a larger amount, use the amount on t Table 1 for Line 3 Above AND your annuity st before November 19, 1996, enter on line 3 300 260 240 170	tarting date was— after November 18, 1996, enter on line 3 360 310 260 210
 9. Taxable amount. Subtract line 8 from line 1. on Form 1040, line 16b. If your Form 1099-of the amount from Form 1099-R IF the age at annuity starting date (see page 25) was	Enter the result, but not less than zero. Also, er R shows a larger amount, use the amount on the Table 1 for Line 3 Above AND your annuity st before November 19, 1996, enter on line 3 300 260 240 170 120 Table 2 for Line 3 Above	tarting date was— after November 18, 1996, enter on line 3 360 310 260 210
 9. Taxable amount. Subtract line 8 from line 1. on Form 1040, line 16b. If your Form 1099- of the amount from Form 1099-R IF the age at annuity starting date (see page 25) was 55 or under 56-60 61-65 66-70 71 or older IF the combined ages at annuity starting 	Enter the result, but not less than zero. Also, er R shows a larger amount, use the amount on t Table 1 for Line 3 Above AND your annuity st before November 19, 1996, enter on line 3 300 260 240 170 120 Table 2 for Line 3 Above THEN enter	the this amount this line instead 9. tarting date was— after November 18, 1996, enter on line 3 360 310 260 210 160 160
 9. Taxable amount. Subtract line 8 from line 1. on Form 1040, line 16b. If your Form 1099- of the amount from Form 1099-R IF the age at annuity starting date (see page 25) was	Enter the result, but not less than zero. Also, er R shows a larger amount, use the amount on t Table 1 for Line 3 Above AND your annuity st before November 19, 1996, enter on line 3 300 260 240 170 120 Table 2 for Line 3 Above <u>THEN enter</u> 4	the this amount this line instead 9. tarting date was— after November 18, 1996, enter on line 3 360 310 260 210 160 160
 9. Taxable amount. Subtract line 8 from line 1. on Form 1040, line 16b. If your Form 1099- of the amount from Form 1099-R IF the age at annuity starting date (see page 25) was 55 or under 56-60 61-65 66-70 71 or older IF the combined ages at annuity starting date (see page 25) were 110 or under 	Enter the result, but not less than zero. Also, er R shows a larger amount, use the amount on the Table 1 for Line 3 Above AND your annuity st before November 19, 1996, enter on line 3 300 260 240 170 120 Table 2 for Line 3 Above <u>THEN enter</u> 4 3	the this amount this line instead 9. tarting date was— after November 18, 1996, enter on line 3 360 310 260 210 10 160
 9. Taxable amount. Subtract line 8 from line 1. on Form 1040, line 16b. If your Form 1099- of the amount from Form 1099-R IF the age at annuity starting date (see page 25) was 55 or under 56-60 61-65 66-70 71 or older IF the combined ages at annuity starting date (see page 25) were 110 or under 111-120 	Enter the result, but not less than zero. Also, er R shows a larger amount, use the amount on the Table 1 for Line 3 Above AND your annuity state before November 19, 1996, enter on line 3 300 260 240 170 120 Table 2 for Line 3 Above THEN enter 4 3 3 3	the enter this amount this line instead 9. tarting date was— after November 18, 1996, enter on line 3 360 310 260 210 10 160

For guestion C-8 through C-10, complete Form 1040 through Line 20b using the scenario below. Do not complete the rest of the return.

Paul Birch, (born 11/26/1931) and Susan Birch (born 8/26/1939) are retired and filing a joint tax return. They are both retired and receive pensions from their former employers as well as social security benefits.

They received \$4,689.26 interest from Hastings Savings Bank. They also received \$500 in tax-exempt interest from a Kansas City, Missouri, municipal bond. They have no other adjustments to income.

- C-8 How much taxable pension income will be reported on Form 1040. Line 16b?
 - a. \$16,451
 - b. \$18,916
 - c. \$25,842
 - d. \$35,367
 - e. None of the above
- What amount is on the Social Security Benefits Worksheet, Line 5? C-9
 - a. \$40,056
 - b. \$50,172
 - c. \$50,672
 - d. \$60,288
 - e. \$40,556
- How much of their combined Social Security benefits will be taxable on Form 1040, Line C-10 20b?
 - a. \$11,171
 - b. \$11,671
 - c. \$16,677 d. \$17,197

 - e. None of the above

PAYER'S name, street address,		ECTE	Ð		
	city, state, and ZIP code	1	Gross distribution	OMB No. 1545-0119	Distributions From
		¢	18,916		Pensions, Annuities, Retirement or
			Taxable amount	2002	Profit-Sharing Plans, IRAs,
		\$	18,916	Form 1099-R	Insurance Contracts, etc.
		21	Taxable amount	Total distribution	Copy A For
PAYER'S Federal identification number	RECIPIENT'S identification number	3	Capital gain (included in box 2a)	4 Federal income tax withheld	Internal Revenue Service Center
78-4567891	000-00-3002	\$		\$ 1,400	File with Form 1096.
RECIPIENT'S name		5	Employee contributions	6 Net unrealized	For Privacy Act
Paul Birch			or insurance premiums	appreciation in employer's securit	es and Paperwork
		\$		\$	Reduction Act Notice, see the
Street address (including apt. n	o.)	7	Distribution IRA/	8 Other	2002 General
123 Green St Claremont CA 9171			code SEP/ SIMPLE	\$	Instructions for Forms 1099, <u>%</u> 1098, 5498,
City, state, and ZIP code		9a	Your percentage of total distribution %	9b Total employee contribu \$	
Account number (optional)		10	State tax withheld	11 State/Payer's state	
		\$			<u>\$</u> \$
		13	Local tax withheld	14 Name of locality	15 Local distribution
		\$			\$
Form 1099-R		\$			\$
		ECT	<u>-</u> U		
PAYER'S name, street address	, city, state, and ZIP code	1 \$	Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance
PAYER'S name, street address	, city, state, and ZIP code	1 \$ 2; \$	Gross distribution 16,451 Taxable amount 16,451	20 02 Form 1099-R	Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S name, street address	, city, state, and ZIP code	1 \$ 2; \$	Gross distribution 16,451 Taxable amount	2002	Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance
PAYER'S name, street address, PAYER'S Federal identification number	, city, state, and ZIP code RECIPIENT'S identification number	1 \$ 2: \$ 2!	Gross distribution 16,451 Taxable amount 16,451 Taxable amount	20 02 Form 1099-R	Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy A For
PAYER'S Federal identification number	RECIPIENT'S identification number	1 \$ 2: \$ 2! 3	Gross distribution 16,451 Taxable amount 16,451 Taxable amount not determined Capital gain (included	2002 Form 1099-R Total distribution [4 Federal income tax withheld	Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy A For Internal Revenue Service Center
PAYER'S Federal identification	RECIPIENT'S identification	1 \$ 2: \$ 2!	Gross distribution 16,451 Taxable amount 16,451 Taxable amount not determined Capital gain (included in box 2a) Employee contributions	Form 1099-R Total distribution [4 Federal income tax	Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy A For Internal Revenue Service Center File with Form 1096.
PAYER'S Federal identification number 78-1246789	RECIPIENT'S identification number	1 \$ 2: \$ 2! 3 \$	Gross distribution 16,451 Taxable amount 16,451 Taxable amount not determined Capital gain (included in box 2a)	2002 Form 1099-R Total distribution [4 Federal income tax withheld \$ 1,250	Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act
PAYER'S Federal identification number '78-1246'789 RECIPIENT'S name	RECIPIENT'S identification number	1 \$ 22 \$ 21 3 3 \$ 5	Gross distribution 16,451 Taxable amount 16,451 Taxable amount not determined Capital gain (included in box 2a) Employee contributions	2002 Form 1099-R Total distribution [4 Federal income tax withheld \$ 1,250 6 Net unrealized appreciation in employer's securit	Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act
PAYER'S Federal identification number 78-1246789 RECIPIENT'S name Susan Birch	RECIPIENT'S identification number 000-00-3022	1 \$ 22 \$ 21 3 3 \$ 5 \$	Gross distribution 16,451 Taxable amount 16,451 Taxable amount not determined Capital gain (included in box 2a) Employee contributions or insurance premiums	2002 Form 1099-R Total distribution [4 Federal income tax withheld \$ 1,250 6 Net unrealized appreciation in employer's securit \$	Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork
PAYER'S Federal identification number 78-1246789 RECIPIENT'S name Susan Birch Street address (including apt. n 123 Green St	RECIPIENT'S identification number 000-00-3022	1 \$ 22 \$ 21 3 3 \$ 5 \$	Gross distribution 16,451 Taxable amount 16,451 Taxable amount 16,451 Taxable amount Capital gain (included in box 2a) Employee contributions or insurance premiums Distribution Cape Line Line Line Line Line Line Line Lin	2002 Form 1099-R Total distribution [4 Federal income tax withheld \$ 1,250 6 Net unrealized appreciation in employer's securit	Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2002 General Instructions for
PAYER'S Federal identification number 78-1246789 RECIPIENT'S name Susan Birch Street address (including apt. n	RECIPIENT'S identification number 000-00-3022	1 \$ 22 \$ 21 3 3 \$ 5 \$	Gross distribution 16,451 Taxable amount 16,451 Taxable amount 16,451 Taxable amount Capital gain (included in box 2a) Employee contributions or insurance premiums Distribution IBA	2002 Form 1099-R Total distribution [4 Federal income tax withheld \$ 1,250 6 Net unrealized appreciation in employer's securit \$	Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2002 General
PAYER'S Federal identification number 78-1246789 RECIPIENT'S name Susan Birch Street address (including apt. n 123 Green St	RECIPIENT'S identification number 000-00-3022	1 \$ 22 \$ 21 3 3 \$ 5 \$	Gross distribution 16,451 Taxable amount 16,451 Taxable amount 16,451 Taxable amount Capital gain (included in box 2a) Employee contributions or insurance premiums Distribution Cape Line Line Line Line Line Line Line Lin	2002 Form 1099-R Total distribution [4 Federal income tax withheld \$ 1,250 6 Net unrealized appreciation in employer's securit \$ 8 Other \$ 9b Total employee contribu \$	Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2002 General Instructions for Forms 1099, 1098, 5498, and W-2G.
PAYER'S Federal identification number 78-1246789 RECIPIENT'S name Susan Birch Street address (including apt. n 123 Green St Claremont CA 9171	RECIPIENT'S identification number 000-00-3022	1 \$ 22 3 \$ 5 5 5 5 7 9a 10	Gross distribution 16,451 Taxable amount 16,451 Taxable amount 16,451 Taxable amount O Taxable amount not determined Capital gain (included in box 2a) Employee contributions or insurance premiums Distribution code 7 Your percentage of total	2002 Form 1099-R Total distribution [4 Federal income tax withheld \$ 1,250 6 Net unrealized appreciation in employer's securit \$ 8 Other \$ 9b Total employee contribu	Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2002 General Instructions for Forms 1099, 1098, 5498, and W-2G.
PAYER'S Federal identification number '78-1246'789 RECIPIENT'S name Susan Birch Street address (including apt. n 123 Green St Claremont CA 91'71 City, state, and ZIP code	RECIPIENT'S identification number 000-00-3022	1 \$ 22 \$ 21 3 \$ 5 5 5 5 \$ 7 9 a 10 \$	Gross distribution 16,451 Taxable amount 16,451 Taxable amount 16,451 Taxable amount O Taxable amount not determined Capital gain (included in box 2a) Employee contributions or insurance premiums Distribution code 7 Your percentage of total distribution %	2002 Form 1099-R Total distribution [4 Federal income tax withheld \$ 1,250 6 Net unrealized appreciation in employer's securit \$ 8 Other \$ 9b Total employee contribu \$	Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2002 General Instructions for Forms 1099, 1098, 5498, and W-2G.
PAYER'S Federal identification number '78-1246'789 RECIPIENT'S name Susan Birch Street address (including apt. n 123 Green St Claremont CA 91'71 City, state, and ZIP code	RECIPIENT'S identification number 000-00-3022	1 \$ 24 \$ 21 3 3 \$ 5 5 \$ 7 9a 10 \$ \$ 13	Gross distribution 16,451 Taxable amount 16,451 Taxable amount 16,451 Taxable amount O Taxable amount not determined Capital gain (included in box 2a) Employee contributions or insurance premiums Distribution code 7 Your percentage of total distribution %	2002 Form 1099-R Total distribution [4 Federal income tax withheld \$ 1,250 6 Net unrealized appreciation in employer's securit \$ 8 Other \$ 9b Total employee contribu \$ 11 State/Payer's state 14 Name of locality	Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2002 General Instructions for Forms 1099, 1098, 5498, and W-2G.
PAYER'S Federal identification number '78-1246'789 RECIPIENT'S name Susan Birch Street address (including apt. n 123 Green St Claremont CA 91'71 City, state, and ZIP code	RECIPIENT'S identification number 000-00-3022	1 \$ 22 \$ 21 3 \$ 5 5 5 5 \$ 7 9 a 10 \$ \$	Gross distribution 16,451 Taxable amount 16,451 Taxable amount 16,451 Taxable amount Tot determined Capital gain (included in box 2a) Employee contributions or insurance premiums Distribution Code 7 Vour percentage of total distribution % State tax withheld	2002 Form 1099-R Total distribution [4 Federal income tax withheld \$ 1,250 6 Net unrealized appreciation in employer's securit \$ 8 Other \$ 9b Total employee contribu \$ 11 State/Payer's state	Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2002 General Instructions for Forms 1099, 1098, 5498, and W-2G.

FORM SSA-1099 – SOCIAL SEC	URITY BENEFIT STATEMENT
2002 PART OF YOUR SOCIAL SECURITY BEN SEE THE REVERSE FOR MORE INFORM	NEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. MATION.
Box 1. Name E Paul J. Birch E Box 3. Benefits Paid in 2002 Box 4. Benefits Repaid to SSA in 10,988.00	Box 2. Beneficiary's Social Security Number 000-00-3002 in 2002 Box 5. Net Benefits for 2002 (Box 3 minus Box 4) 10,988.00
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or direct deposit \$10,388.00 Medicare premiums deducted <u>600.00</u> Total \$10,988.00	DESCRIPTION OF AMOUNT IN BOX 4 NONE Box 6. Voluntary Federal Income Tax Withholding 0 Box 7. Address 123 Green Street Claremont, CA 91711 Box 8. Claim Number (Use this number if you need to contact SSA.)
Form SSA-1099-SM (1-2002) DO NOT RETURN THIS F	ORM TO SSA OR IRS

LUUL • SEE TH	E REVERSE FOR MORE INFOR	MATION.	
Box 1. Name		Box 2. Be	neficiary's Social Security Number
Susan Birch			000-00-3022
Box 3. Benefits Paid in 2002 9,244.00	Box 4. Benefits Repaid to SSA	in 2002	Box 5. Net Benefits for 2002 (Box 3 minus Box 4) 9,244.00
	raft 3 1 3 3	Box 7. Ad	NONE NONE Intervention of the second streng

	For	the year Jan. 1-Dec. 31, 2002, or other tax year beg	ginning , 2 ^y	002, endir	g ,	20	0	MB No. 1545-0074
_abel (Ir first name and initial	Last name	,				ocial security numb
See L	P	aul	Birch				00	00 00 300
nstructions A B	lf a	joint return, spouse's first name and initial	Last name					e's social security n
on page 19.)	S	isan	Birch				00	00 00 3022
Jse the IRS habel.		me address (number and street). If you have	a P.O. box, see page	19.	Apt. no).		Important!
Otherwise, E		23 Green Street						-
or type.		, town or post office, state, and ZIP code. If	you have a foreign ad	dress, se	ee page 19.			ou must enter our SSN(s) above.
Presidential	C.	aremont, CA 91711				$ \longrightarrow $	Yo	.,
Election Campaign		Note. Checking "Yes" will not change						
See page 19.)	<u> </u>	Do you, or your spouse if filing a joint	return, want \$3 to g				∐ Yes	
iling Status	1			4 🗆				person). (See page
ining otatus	2 L	Married filing jointly (even if only one			the qualitying pe		niia but	not your dependent
Check only	3	_ Married filing separately. Enter spou and full name here. ►	se's SSN above					
one box.				. 5 🖵	spouse died	. ,		endent child (year page 19.)
	6a	Yourself. If your parent (or someo	ne else) can claim v	ou as a	•	/		No. of boxes
Exemptions		return, do not check bo					}	checked on 6a and 6b
	b	Spouse	6			/.	J	No. of children
	с	Dependents:	(2) Dependent's		(3) Dependent's relationship to	(4)√ if qual child for chil		on 6c who: • lived with you _
		(1) First name Last name	social security num	nber	you	credit (see pa		 did not live with
6								you due to divorce or separation
f more than five dependents,								(see page 20)
see page 20.								Dependents on 6c
								not entered above _ Add numbers
								on lines
	d	Total number of exemptions claimed						above 🕨 🖿
ncome	7	Wages, salaries, tips, etc. Attach Forn		• •			7 8a	
liteonie	8a	Taxable interest. Attach Schedule B if	•	 8b		· · ·		
Attach Forms W-2 and	b	Tax-exempt interest. Do not include					9	
V-2G here.	9	Ordinary dividends. Attach Schedule E	•	· ·		••••	10	
Also attach	10 11	Taxable refunds, credits, or offsets of Alimony received		me taxe	es (see page 2	2)	11	
Form(s) 1099-R f tax was	12	Business income or (loss). Attach Sch		• •	• • • •	•••	12	
withheld.	13	Capital gain or (loss). Attach Schedule				► <u></u>	13	
	14	Other gains or (losses). Attach Form 4	•	require			14	
f you did not	15a	IRA distributions 15a		 h Taxah	le amount (see p	 age 23)	15b	
get a W-2,	16a	Pensions and annuities 16a			le amount (see p	• /	16b	
see page 21.	17	Rental real estate, royalties, partnershi			· · ·	0 /	17	
Enclose, but do	18	Farm income or (loss). Attach Schedul					18	
not attach, any	19	Unemployment compensation					19	
bayment. Also, blease use	20a	Social security benefits 20a			le amount (see p	age 25)	20b	
Form 1040-V.	21	Other income. List type and amount (s					21	
	22	Add the amounts in the far right column	1 for lines 7 through 2		is your total inc	ome ►	22	
Adjusted	23	Educator expenses (see page xx) .		23				
Adjusted Gross	24	IRA deduction (see page 27)		24				
	25	Student loan interest deduction (see p		25				
ncome	26	Tuition and fees deduction (see page	,	26				
	27	Archer MSA deduction. Attach Form 8		27				
	28	Moving expenses. Attach Form 3903		28				
	29	One-half of self-employment tax. Attac		29				
	30	Self-employed health insurance deduc		30 31				
	31 22	Self-employed SEP, SIMPLE, and qua		32				
	32 33a	Penalty on early withdrawal of savings Alimony paid b Recipient's SSN ►		33a				
	33a 34	Add lines 23 through 33a				I	34	
	U T							

Paul and Susan Birch 000:000:000 000:000:000 Schedule B—Interest and Ordinary Dividends Stepare the sequence to the propert is a personal residence, see page B-1 and its the interest first. Also, show that buyer's social security number and address > Amount See page B-1 and its the propert is a personal residence, see page B-1 and its the interest first. Also, show that buyer's social security number and address > Amount Note: if you more all properts is personal residence, see page B-1 and its the interest first. Also, show that buyer's social security number and address > Image: Comparison of the interest in the set of the interest in the interest in the interest in the interest in the set of the interest in the set of the interest in t	Schedules A&B (For		OMB No. 1545-0074 Page
Schedule B—Interest and Ordinary Dividends Attachment pressures No. Part I Interest: 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address } Amount See page B-1 and the first. Also, show that buyer's social security number and address } Image: Comparison of the presence of the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address } Image: Comparison of the presence of the presence of the presence of the presence of the substitution ab colorage time, as the paper and enter the total interest of the first. Also, show that buyer's social security number and address } Image: Comparison of the presence of the substitution ab socketule of the presence of the substitution ab colorage time, as the first. Also, show that buyer's social security number and address } Image: Comparison of the substitution ab socketule of the presence of the substitution as from time 2. The the result have and on Form 1040, line 8 ab the presence of the payer. Include end on form 1040, line 8 bb substitution as from time 2. Their the result have and on Form 1040, line 8 bb substitution as from time 2. The the result have and on Form 1040, line 13 bb more from 1040, line 9 the over 5400, you must complete Part III. Amount Note. If you constrained the thing at you constrained the thing at you ab socketarge firm, las the firms and t		-	Your social security number
Scheenke. Sequence ke. Sequence	Paul and		· · ·
Part II 1 List name of payer. If any interest is from a seler-innanced mortage and use this interest frist. Also, show that buyer's social security number and address > more solution in the toor payer. If any interest is from a seler-innanced mortage is an use the property as a personal residence, see page II-1 and list is interest frist. Also, show that buyer's social security number and address > more solution. isse page II-1 and list is interest frist. Also, show that buyer's social security number and address > more solution. Image II-1 and list is interest frist. Also, show that buyer's social security number and address > more solution. isse page II-1 and list is interest frist. form and its isse interest frist. Also, show that buyer's social security number and address > more solution. Image II-1 and list isse interest frist. Also, show that buyer's social security number and address > more solution. isse page II-1 and list isse page II-1 and list issue issue isse II and II. Image III and IIII and IIIII and IIII and IIIII and IIIIIIIIII		Schedule B—Interest and Ordinary Dividends	Sequence No. 0
Vote. If you service a form that the firms are as the many service and on form 1040, line 8 ≥ 4 Part II Dridinary Dividends for many service E and I U.S. savings bonds issued after 1989 if non Form 8815, line 14. You must attach Form 8815. 4 See page B-1 and the firms are of payer. Include only ordinary dividends. If you received any capital gain distributions, see the instructions for Form 1040, line 8a ≥ 4 Vote. If you service E and I U.S. savings bonds issued after 1989 if on the 2. Enter the result here and on Form 1040, line 8a ≥ 4 Vote. If you service E and I U.S. savings bonds issued after 1989 if on the 2. Enter the result here and on Form 1040, line 8a ≥ 4 Vote. If in a 6 is over \$400, you must complete Part III. 5 4 Vote. If in a 6 is over \$400, you must complete Part III. 5 6 Vote. If in a 6 is over \$400, you must complete Part III. 5 6 Vote. If in a 6 is over \$400, you must complete Part III. 5 6 Vote. If in a 6 is over \$400, you must complete Part III. 7 6 Vote. If in a 6 is over \$400, you must complete Part III. 7 6 Vote. If in a 6 is over \$400, you must complete Part III. 7 7 A tary time during 2002, did you have an interest or ordinary dividends; (b) had a count? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1. Yee N	nterest See page B-1 and the nstructions for Form 1040,	buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address ►	
2 Add the amounts on line 1 2 3 Excludable interest on series EE and I U.S. savings bonds issued atter 1986 from Form 8815. 3 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶ 4 Part II Ordinary Dividends 5 List name of payer. Include only ordinary dividends. If you received any capital gain distributions, see the instructions for Form 1040, line 13 ▶ Amount See page B-1 nd the 5 List name of payer. Include only ordinary dividends. If you received any capital gain distributions, see the instructions for Form 1040, line 13 ▶ 5 Iote. If you acceived a Form 090-DN or om 1040, ne 9. 5 5 Iote. If you acceived a Form 090-DN or outstitute tatement from brokerage firm, at the firm's ame as the sager and enter he ordinary lividends shown in that form. 6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9. 6 You must complete this part if you (a) had over \$400, you must complete Part III. You must complete The and if a dover \$400 or faxable interest or ordinary dividends: (b) had a from forgin account; or (c) received a distribution from, or were a grantor of, or a transferrot o, a foreign frust. You must complete The and if using 14 over \$400 over \$400 or 400 o	eceived a Form 099-INT, Form 099-OID, or ubstitute tatement from brokerage firm, st the firm's name as the payer and enter		
3 Excludence inferes to in series EE and 10.5. savings bottos issues 1.4. 3 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶ 4 Note. If line 4 is over \$400, you must complete Part III. 5 List name of payer. Include only ordinary dividends. If you received any capital gain distributions, see the instructions for Form 1040, line 13 ▶ Amount See page B-1 and the instructions for Form 1040, line 13 ▶ 5			2
4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 3a ▶ 4 Note. If line 4 is over \$400, you must complete Part III. 5 List name of payer. Include only ordinary dividends. If you received any capital gain distributions, see the instructions for Form 1040, line 13 ▶ Amount See page B-1 and the Instructions for Form 1040, line 13 ▶ 5 5 5 Note. If you eceived a Form 09-DIV or ubstitute tatement from to brokerage firm, at the firm's and enter he ordinary dividends shown on that form. 5 5 5 6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9	orm.		3
Part II 5 List name of payer. Include only ordinary dividends. If you received any capital gain distributions, see the instructions for Form 1040, line 13 ▶ Amount Dividends See page B-1 and the instructions for form 1040, line 13 ▶ Image: See page B-1 and the instructions for form 1040, line 13 ▶ Image: See page B-1 and the instructions for form 1040, line 13 ▶ Note. If you exclude a form 1040, ine 9.) Image: See page B-1 and the instructions for form 1040, ine 9.) Image: See page B-1 and the instructions for form 1040, line 9 and the instructions for form 1040, ine 9.) Image: See page B-1 and the instructions for form 1040, line 9 and the instruction form, or were a grantor of, or a transferor to, a foreign trust. Image: See See See See See See See See See S		4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ►	4
Part II gain distributions, see the instructions for Form 1040, line 13 ▶ Dividends gain distributions, see the instructions for Form 1040, line 13 ▶ See page B-1 not the structions for form 1040, line 13 ▶ Image: See Top			Amount
acceived a Form 099-DIV or ubstitute tatement from brokerage firm, st the firm's ame as the ayer and enter ne ordinary lividends shown in that form. Image: Construction of the first of the fir	Dividends See page B-1 nd the instructions for form 1040,		
6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9 ▶ 6 Note. If line 6 is over \$400, you must complete Part III. Part III You must complete this part if you (a) had over \$400 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. Yes N Foreign Accounts and Trusts Ya At any time during 2002, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1 Image: West of the foreign country account is the foreign country account? See age B-2.) 8 During 2002, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See page B-2 Image: West of the foreign country is the foreign country is the foreign trust?	eceived a Form 099-DIV or ubstitute tatement from brokerage firm, st the firm's ame as the ayer and enter ne ordinary ividends shown		5
Part III foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. Foreign 7a At any time during 2002, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1		6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9 . ► Note. If line 6 is over \$400, you must complete Part III.	
foreign trust? If "Yes," you may have to file Form 3520. See page B-2	Foreign Accounts and Trusts Gee	 foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, 7a At any time during 2002, did you have an interest in or a signature or other authority account in a foreign country, such as a bank account, securities account, or account? See page B-2 for exceptions and filing requirements for Form TD F 90- b If "Yes," enter the name of the foreign country ▶ 8 During 2002, did you receive a distribution from, or were you the grantor of, or 	a foreign trust.
or experiment sequence on the second se	or Pananwork F		

Before you begin:	 ✓ Complete Form 1040, lines 21, 23, 24, and 27 through 33a, if the to you. ✓ Even any event to be extend on the detted line part to be 	
	Figure any amount to be entered on the dotted line next to line 2 page 30).	
	\checkmark If you are married filing separately and you lived apart from yo for all of 2002, enter "D" to the right of the word "benefits" on	
	\checkmark Be sure you have read the Exception on page 25 to see if you c worksheet instead of a publication to find out if any of your ben taxable.	
	t from box 5 of all your Forms SSA-1099 and	
	1 . 1	2.
	orm 1040, lines 7, 8a, 9 through 14, 15b, 16b, 17 through 19, and 21	
Do not include amount	ts from box 5 of Forms SSA-1099 or RRB-1099	3
Lenter the amount, if an	ny, from Form 1040, line 8b	4
		5
	rm 1040, lines 23, 24, and 27 through 33a, and any amount you entered	
	to line $34 \ldots \ldots$	6
-	6 less than the amount on line 5?	
\smile	your social security benefits are taxable.	
	6 from line 5	7
and you lived apart fi	e, head of household, qualifying widow(er), or married filing separately rom your spouse for all of 2002; \$32,000 if married filing jointly; -0- ately and you lived with your spouse at any time in 2002.	
	8 less than the amount on line 7?	
	your social security benefits are taxable. You do not have to enter any on lines 20a or 20b of Form 1040. But if you are married filing	
separate	ly and you lived apart from your spouse for all of 2002, enter -0- or b. Be sure you entered "D" to the right of the word "benefits" on	l
Yes. Subtract line	8 from line 7	9
	, head of household, qualifying widow(er), or married filing separately rom your spouse for all of 2002; \$12,000 if married filing jointly; -0-	
÷ .	ately and you lived with your spouse at any time in 2002	10
	line 9. If zero or less, enter -0	11
	ne 9 or line 10	12.
	12	13 14
	% (.85). If line 11 is zero, enter -0	14
	% (.63). If fine 11 is zero, enter -0	16.
		10
	y benefits. Enter the smaller of line 16 or line 17	18.
	om line 1 above on Form 1040, line 20a.	
• Enter the amount from		

Need more information or forms? See page 7.

For questions C-11 and C-12, complete a Capital Loss Carryover Worksheet using the completed Schedule D and information below.

Form 1040, Line 39, is \$(1,900.00)

- C-11 What is the Short Term Capital Loss Carryover to 2003, if any (Worksheet Line 8)?
 - a. 0
 - b. \$600
 - c. \$800
 - d. None of the above
 - e. \$1900
- C-12 What is his Long Term Capital Loss Carryover to 2003, if any (Worksheet Line 13).
 - a. 0
 - b. \$1,900
 - c. \$2,100
 - d. \$2,700
 - e. None of the above

SCł			Capital (Gains and	1 L	nsses			0	MB No. 1545-007	4
(For	rm 1040)	Attach to For	-	See Instructio			(Form 1	040).		2002	
	tment of the Treasury al Revenue Service (99)		nedule D-1 to list				•	0-10,1		ttachment equence No. 12	
	e(s) shown on Form 1040						1 44112		Your so	cial security num	
		gy Brown		· · · · ·					000	0 00 541	2
Par		n Capital Gains		-Assets Hele (d) Sales price		ne Year or (e) Cost or othe	u la satal			×/////////////////////////////////////	77777
	(a) Description of propert (Example: 100 sh. XYZ Co	^{Ly} acquired	(C) Date sold (Mo., day, yr.)	(see page D-5 the instruction	5 of	(see page D-5 instruction	of the	(f) Gain o ubtract (e)			
1											
2	Enter your short- Schedule D-1, line	2	2								
3	Total short-term Add lines 1 and 2 i	in column (d)									
4	Short-term gain fro 6781, and 8824						4				
5	Net short-term gain from Schedule(s) K		nerships, S corp				5				
6	Short-term capital 2001 Capital Loss			•		•	6 (60	0)		
7 Par	Net short-term ca	pital gain or (loss n Capital Gains a		Ů.		()	7 ne Yea	(600 r))		
I en	(a) Description of propert	ty (b) Date	(c) Date sold	(d) Sales prid	ce	(e) Cost or othe	r basis	f) Gain o	r (loss)	(g) 28% rate gai	n or
	(Example: 100 sh. XYZ Co		(Mo., day, yr.)	(see page D-5 the instruction		(see page D-5 instruction	or the	ubtract (e)		(loss) * (see instr. below	w)
8											
											—
											—
9	Enter your long-t Schedule D-1, line										
10	Total long-term Add lines 8 and 9 i										
11	Gain from Form 47 long-term gain or (I	797, Part I; long-te	erm gain from I		and	6252; and	11				
12	Net long-term gain from Schedule(s) K	or (loss) from partr	erships, S corp	orations, esta	ites,	and trusts	12				
13	Capital gain distrib	utions See page [l-1 of the instru	otions			13				
14	Long-term capital I any, from line 13 of	loss carryover. Ente	er in both colum	nns (f) and (g)			14 (210	0)	()
15	Combine lines 8 th		-	I WOINGHOOD,	•		15			\	
15	Net long-term car	C	(0)	s 8 through 1	4 in	column (f)		(2100))		
*	Next: Go to Part III	I on the back.									
the e	% rate gain or loss eligible gain on quali	ified small business	s stock (see pag	ge D-4 of the	instr	uctions).			,		
For F	Paperwork Reduction	ACT NOTICE, SEE FOI	m 1040 instructi	ons.		Cat. No. 11338H	1	SC	nequie i	D (Form 1040) 2	2002

ble Gain or Deductible Loss		Page
es 7 and 16 and enter the result. If a los	s, go to line 18. If a gain, enter the	gain on
ine 13, and complete Form 1040 throug		17 (2,700)
oth lines 16 and 17 are gains and Form	1040, line 41, is more than zero, c	complete
t IV below. erwise, skip the rest of Schedule D and	complete Form 10/0	
erwise, skip the rest of Schedule D and	complete i onni 1040.	
a loss, enter here and on Form 1040 or, if married filing separately, (\$1,500)).		
3 1 3 1 3		
ne loss on line 17 is more than the loss n zero, skip Part IV below and complet		
page D-6 of the instructions before con		
erwise, skip Part IV below and comple	e the rest of Form 1040.	
Computation Using Maximum Cap	vital Gains Rates	
nrecaptured section 1250 gain,		
ne 17 of the worksheet on		
the instructions		
ine 19 is more than zero, complete th		
the instructions to figure the amount t 40 below, and skip all other lines be		
).	ow. Otherwise,	
xable income from Form 1040, line 41		
naller of line 16 or line 17 of		
deducting investment interest		
Form 4952, enter the amount 52, line 4e. Otherwise, enter -0- 22		
52, line 4e. Otherwise, enter -0- 22 22 from line 21. If zero or less, enter -0	- 23	
23 from line 20. If zero or less, enter -0		
on the amount on line 24. Use the Tax Ta		er applies 25
aller of:		
nt on line 20 or		
married filing jointly or qualifying widow	(er); 26	
single; head of household; or	<pre></pre>	
married filing separately		
5 T ,		
reater than line 24, go to line 27. Other	wise, skip lines	
33 and go to line 34.		
ount from line 24		
27 from line 26. If zero or less, enter -0-	and go to line 34 28	
alified 5-year gain, if any, from worksheet on page D-8 29		
aller of line 28 or line 29	30	
30 by 8% (.08)		31
30 from line 28		
32 by 10% (.10)		
nts on lines 23 and 28 are the same, s	kip lines 34 through 37 and go to	o line 38.
aller of line 20 or line 23	34	
ount from line 28 (if line 28 is blank, en		
35 from line 34	· · · · · · · · · · · · · · · · · · ·	
36 by 20% (.20)		
, 31, 33, and 37		38
on the amount on line 20. Use the Tax Ta		
xable income (including capital gains) 1040, line 42		

s a loss and (a) that loss is a do not have any carryovers. . 1. . 2. . 3. . 4.
. 3
. 3
. 3
. 4
. 5
. 7
. 8
. 9
. 12
. 13

For questions C-13 through C-15, complete a Schedule D, to include the Qualified 5-Year Gain Worksheet, using information from the scenario below.

Donna Embry's (SSN 000-00-2554) only income is from interest, dividends and the sale of stock.

Donna's Substitute Form 1099-DIV from Oakwood Investments shows:

Ordinary Dividends (Box 1): \$4,739.00 Total capital gain distr. (Box 2a): \$1,995.18 Qualified 5-year gain (Box 2c): \$621.92

Donna's Substitute Form 1099-B from Sterling Brokerage has the following entries: (Purchase data penciled in by taxpayer)

Quantity/Stock	Date Sold	Proceeds	Purchase D	ate and Cost
100 sh. RRN Co.	9/01/2002	\$2650.00	2/12/1998	\$3800.00
100 sh. LKV Co.	4/30/2002	6000.00	6/10/2001	2400.00
300 sh. EGR Co.	11/22/2002	9900.00	1/20/1985	3000.00

Assume her taxable income, including these items, is \$8,384 on Form1040, Line 41.

C-13 What is on Schedule D, Line 17?

a. 0 b. \$7,745 c. \$10,500 d. \$11,345 e. None of the above

- C-14 What is on Line 7 of the Qualified 5-year Gain Worksheet?
 - a. 0
 - b. \$5,750
 - c. \$6,900
 - d. \$7,522
 - e. None of the above

C-15 What is on Schedule D., Line 40?

- a. \$688
- b. \$701
- c. \$842
- d. \$956
- e. None of the above

	SCHEDULE D Capital Gains and Losses						OMB No. 1545-0074
•	rm 1040)	Attach to Form 1040. See Instructions for Schedule				D (Form 1040).	
	Department of the Treasury Internal Revenue Service (99) Use Schedule D-1 to list additional transactions for lines 1 and				1 and 8.	Attachment Sequence No. 12	
Name	e(s) shown on Form 1040	Tiles la					Your social security number
Pa	Doni rt Short-Term	na Embry Capital Gains a	nd Losses_	-Assets Held (One Year or	Less	000 00 2554
ı a	(a) Description of property	(b) Date	(c) Date sold	(d) Sales price	(e) Cost or oth	er basis (f) Gai	n or (loss)
	(Example: 100 sh. XYZ Co.)		(Mo., day, yr.)	(see page D-5 of the instructions)	(see page D-5 instruction	of the Subtract	: (e) from (d)
1							
2	Enter your short-te	erm totals, if any	, from				
	Schedule D-1, line 2		2				
3	Total short-term						
4	Add lines 1 and 2 in Short-term gain from			n or (loss) from E	 orms 4684		
-		· · · · · · ·				4	
5	Net short-term gain					E	
6	from Schedule(s) K-					5	
0	Short-term capital lo 2001 Capital Loss C					6 (
7							
7 Pai	Net short-term cap	Capital Gains ar				7 Dne Year	
	(a) Description of property	(b) Date	(c) Date sold	(d) Sales price (see page D-5 of	(e) Cost or oth (see page D-5	er basis (f) Gai	n or (loss) (g) 28% rate gain or (loss) *
	(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.)	the instructions)	instruction		t (e) from (d) (see instr. below)
8							
9	Enter your long-te						
10	Schedule D-1, line 9 Total long-term		· · · –				
10	Add lines 8 and 9 in						
11	Gain from Form 479					11	
12	long-term gain or (lo Net long-term gain o				and truete		
12	from Schedule(s) K-					12	
						10	
13 14	Capital gain distribut				· · · ·	13	
14	any, from line 13 of					14 () ()
			,				
15	Combine lines 8 thro	ough 14 in column	(g)			15	
16	Net long-term capi		Combine line	s 8 through 14 ir	n column (f)	16	
	Next: Go to Part III		-	, ,			
*28% rate gain or loss includes all "collectibles gains and losses" (as defined on page D-6 of the instructions) and up to 50% of							
	the eligible gain on qualified small business stock (see page D-4 of the instructions). For Paperwork Reduction Act Notice, see Form 1040 instructions. Cat. No. 11338H Schedule D (Form 1040) 2002						
For	Paperwork Reduction A	ACT NOTICE, SEE Form	n 1040 instruct	ions.	Cat. No. 11338	Н	Schedule D (Form 1040) 2002

	dule D (Form 1040) 2002 rt III Taxable Gain or Deductible Loss	Page
17	Combine lines 7 and 16 and enter the result. If a loss, go to line 18. If a gain, enter the gain on Form 1040, line 13, and complete Form 1040 through line 41	17
	Next: • If both lines 16 and 17 are gains and Form 1040, line 41, is more than zero, complete Part IV below.	
	Otherwise, skip the rest of Schedule D and complete Form 1040.	
18	If line 17 is a loss, enter here and on Form 1040, line 13, the smaller of (a) that loss or (b) (\$3,000) (or, if married filing separately, (\$1,500)). Then complete Form 1040 through line 39	18 (18 (
	 Next: • If the loss on line 17 is more than the loss on line 18 or if Form 1040, line 39, is less than zero, skip Part IV below and complete the Capital Loss Carryover Worksheet on page D-6 of the instructions before completing the rest of Form 1040. • Otherwise, skip Part IV below and complete the rest of Form 1040. 	
Ра	rt IV Tax Computation Using Maximum Capital Gains Rates	
19	Enter your unrecaptured section 1250 gain,	
	if any, from line 17 of the worksheet on	
	page D-7 of the instructions 19	
	If line 15 or line 19 is more than zero, complete the worksheet on	
	page D-9 of the instructions to figure the amount to enter on lines	
	22, 29, and 40 below, and skip all other lines below. Otherwise, go to line 20.	
~~		
20		
21	Enter the smaller of line 16 or line 17 of Schedule D	
~~		
22	If you are deducting investment interest expense on Form 4952, enter the amount	
	from Form 4952, line 4e. Otherwise, enter -0-	
23	Subtract line 22 from line 21. If zero or less, enter -0	
24	Subtract line 23 from line 20. If zero or less, enter -0	
25	Figure the tax on the amount on line 24. Use the Tax Table or Tax Rate Schedules, whichever applies	25
26	Enter the smaller of:	
	The amount on line 20 or	
	• \$46,700 if married filing jointly or qualifying widow(er);	
	\$27,950 if single;	
	\$37,450 if head of household; or	
	\$23,350 if married filing separately	
	If line 26 is greater than line 24, go to line 27. Otherwise, skip lines	
	27 through 33 and go to line 34.	
27	Enter the amount from line 24	
28	Subtract line 27 from line 26. If zero or less, enter -0- and go to line 34	
29	Enter your qualified 5-year gain, if any, from	
	line 7 of the worksheet on page D-8 29	
30	Enter the smaller of line 28 or line 29	
31	Multiply line 30 by 8% (.08)	31
32	Subtract line 30 from line 28	
33	Multiply line 32 by 10% (.10)	33
	If the amounts on lines 23 and 28 are the same, skip lines 34 through 37 and go to line 38.	
34	Enter the smaller of line 20 or line 23	
34 35	Enter the amount from line 28 (if line 28 is blank, enter -0-)	
35 36	Subtract line 35 from line 34	
37	Multiply line 36 by 20% (.20)	37
38	Add lines 25, 31, 33, and 37	38
39	Figure the tax on the amount on line 20. Use the Tax Table or Tax Rate Schedules, whichever applies	39
40	Tax on all taxable income (including capital gains). Enter the smaller of line 38 or line 39 here	
	and on Form 1040, line 42	40

John and Carol Maple have total qualified 5-year gain of \$3,000 figured on the Qualified 5-Year Gain Worksheet as follows. They enter \$2,300 from items 2 and 5 on line 1. To complete line 2, the Maples first determine that the amount on their Form 4797, line 7, is \$100, consisting of the \$5,300 gain from item 6 and the \$5,200 loss from item 7. Because Form 4797, line 7, is more than zero, they include the \$5,300 gain from item 6 and the \$400 gain from item 7, or \$5,700, on line 2. The Maples enter zero on lines 3 and 4. They enter \$900 from item 4 and \$200 from item 7, or \$1,100, on line 5. The Maples add lines 1 through 5 of the worksheet and enter \$9,100 on line 6. On line 7, they include the \$1,800 gain from item 5 because it is 28% rate gain from the sale of a collectible and \$4,300 from item 6 because it is included on line 6 of the Unrecaptured Section 1250 Gain Worksheet. (The Maples entered \$4,300 on line 1 of the Unrecaptured Section 1250 Gain Worksheet, zero on line 2, and \$4,300 on lines 3 and 6.) The Maples subtract the \$6,100 on line 7 of the worksheet from the \$9,100 on line 6. They enter the result, \$3,000 on line 8 of the worksheet and on Schedule D, line 29.

Qualified 5-Year Gain Worksheet—Line 29

1.	Enter the total of all gains that you reported on line 8, column (f), of Schedules D and D-1 fr dispositions of property held more than 5 years. Do not reduce these gains by any losses	
2.	Enter the total of all gains from dispositions of property held more than 5 years from Form 4797, F I, but only if Form 4797, line 7, is more than zero. Do not reduce these gains by any losses	
3.	Enter the total of all gains from dispositions of property held more than 5 years from Form 4684, l 4, but only if Form 4684, line 15, is more than zero. Do not reduce these gains by any losses	ine . 3
4.	Enter the total of all capital gains from dispositions of property held more than 5 years from Fo 6252; Form 6781, Part II; and Form 8824. Do not reduce these gains by any losses	
5.	Enter the total of any qualified 5-year gain reported to you on:	
	• Form 1099-DIV, box 2c;	
	• Form 2439, box 1c; and	
	• Schedule K-1 from a partnership, S corporation, estate, or trust (do not include gains from section 1231 property; take them into account on line 2 above, but only if Form 4797, line 7, is more than zero).	. 5
6.	Add lines 1 through 5	6.
	Enter the part, if any, of the gain on line 6 that is:	-
••	• Attributable to 28% rate gain or	
	 Included on line 6, 10, 11, or 12 of the Unrecaptured 	. 7
	Section 1250 Gain Worksheet on page D-7.	
8.	Qualified 5-year gain. Subtract line 7 from line 6. Enter the result here and on Schedule D, line 2	9 8

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Keen for Your Records

D-8