

TaxSlayer Practice Lab Example Tax Returns

Exercise Number One – Basic Competencies

BASIC INFORMATION

Client's Social Security Number 400-zero zero-4702

Filing Status Married; has not lived with spouse in over 2 years; TP paid all costs of keeping up the home

Client's First Name, Initial, and Last Name Whitney M. Jackson

Taxpayer's Date of Birth 3/1/1977

Taxpayer's Occupation Teacher

Taxpayer has been blind since birth

Street Address 4175 Spring Street
Zip Code 30809 (Evans, Georgia)
Daytime Telephone 706-868-4982

Dependent Information

Name Jeremy D. Jackson
Date of Birth 3/1/2010
SSN 400-zero zero-5654
Number of Months Lived in Home 12

Non-dependent Information

Name Jeffrey Jackson
Date of Birth 4/6/1978
SSN 400-zero zero-4703
Number of Months Lived in Home 12
Relationship Brother

*Totally and permanently disabled, provides more than 50% of his own support

FEDERAL SECTION

W-2 Information

Employer Identification Number 58-6412038
Employer Name/Address RCS
610 Ronald Reagan Drive
Evans, GA 30809

Wages \$ 26263
Federal Withholding \$ 1826
Box 12, Code D \$ 2000
State GA
State ID Number 28594178
State Tax Withheld \$ 564

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W-2G Information

<i>Payer Identification Number</i>	58-6412040
<i>Payer Name/Address</i>	Always a Winner 5225 Slots Ave Evans, GA 30809
<i>Gross Winnings</i>	\$ 3000
<i>Federal Withholding</i>	\$ 300
<i>Type of Wager</i>	Slots
<i>Date Won</i>	9/19/2019

Educator Expenses \$ 250

Daycare Information

<i>Provider's Name</i>	Sunshine House
<i>Provider's EIN</i>	58-9632100
<i>Address</i>	521 Furys Ferry Road Evans, GA 30809
<i>Amount Paid to Daycare Provider</i>	\$ 3100

Taxpayer would like to purchase a \$1000 savings bond in her name and deposit the remaining refund into her checking account.

<i>Routing Number</i>	1110000twofive
<i>Account Number</i>	12345678nine