

## Example Tax Returns

### Exercise Number 1

**(Daycare and Earned Income Credit) Forms Included: 1040, 2441, Schedule EIC, 8867, 8812, Recovery Rebate Credit Worksheet**

#### ***Client's Social Security Number 257-00-4321***

Filing Status Head of Household

Taxpayer's Date of Birth 03/01/1978

Taxpayer is not Blind or Deceased

#### **Client's First Name, Initial, and Last Name**

Whitney M. Refund

#### **Street Address**

4175 Spring Street Zip Code 30809 (Evans, Georgia)

Daytime Telephone 706-868-0985

2nd Telephone Number for Bank Product 706-868-2985

E-Mail: whitneyrefund@yahoo.com

Taxpayer's Occupation Librarian

#### **Dependent Information**

Dependent Name Jeremy D. Refund

Dependent's Date of Birth 05/03/2012

Dependent's SSN 364-00-5654

Relationship Son

Number of Months Lived in Home 12

#### **Daycare Information**

Provider's Name Sunshine House

Provider's EIN 589632100

Address 521 Furys Ferry Road -- Evans, GA 30809

Amount Paid to Daycare Provider \$ 3800

Taxpayer has not released the claim for Jeremy to another person

**Recovery Rebate Credit:** Client does qualify for the Recovery Rebate Credit, but she has not received the payment.

**Health Insurance Information:** Taxpayer had full-year minimum essential health care coverage. Health care coverage was NOT purchased through the Exchange.

**W-2 Information**

Employer Identification Number 58-6412038

Employer Name/Address RCS 610 Ronald Reagan Drive Evans, GA 30809

Wages \$ 26263 Federal Withholding \$ 264

State GA State ID Number 28594178

State Tax Withheld \$ 564

**\*\* Answer all Due Diligence Questions so that Taxpayer qualifies for Earned Income Credit\*\***