

## Example Tax Returns

### Exercise 2

**(Itemized Deductions) Forms Included: 1040, Schedule A, Schedule B, 8867**

**Client's Social Security Number** 257-00-4703

Filing Status Married Filing Joint

Taxpayer's Date of Birth 03/01/1968

Spouse's Date of Birth 06/15/1969

Neither Taxpayer nor Spouse is Blind or Deceased

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

James T. Kirk

#### **Secondary First Name, Initial, and Last Name**

Sherry S. Kirk Secondary

SSN 258-00-4704

Street Address 389 Davant Street Zip Code 32920 (Cape Canaveral, Florida)

Daytime Telephone 904-868-0985

E-Mail [jkirk@yahoo.com](mailto:jkirk@yahoo.com)

Taxpayer's Occupation Astronaut

Secondary's Occupation Nurse

#### **Dependent Information**

##### First Dependent Name

Brandon D. Kirk

Dependent's Date of Birth 05/03/2005

Dependent's SSN 345-00-5557

Relationship Son

Number of Months Lived in Home 12 Taxpayer has not released claim for Brandon to another person. (Qualifies for Child Tax Credit)

##### Second Dependent Name

Andrea D. Kirk

Dependent's Date of Birth 08/01/2005

Dependent's SSN 259-00-5588

Relationship Niece      Number of Months Lived in Home 12

#### **No Dependent Care Expenses**

Taxpayer has not released claim for Andrea to another person.

**Recovery Rebate Credit:** Client does qualify for the Recovery Rebate Credit.

**Health Care Coverage Information:**

Mr. Kirk's entire family is enrolled under employer sponsored health insurance. Health insurance was NOT purchased through the Exchange.

**W-2 Information Taxpayer**

Employer Identification Number 58-6987451

Employer Name/Address NASA 101 Cape Canaveral Way Cape Canaveral, FL 32920

Wages \$94600.00 Federal Withholding \$12100.00

State FL State ID Number None

State Tax Withheld None

**W-2 Information Spouse**

Employer Identification Number 58-6412038

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

Wages \$43500.00 Federal Withholding \$5200.00

State GA State ID Number 28-594178

State Tax Withheld \$740.00

**Schedule B Information:**

Regular Interest Payer's Name Bank of America

Interest Income from 1099 \$2420.00

Regular Dividend Payer's Name Bank of America

Total Ordinary Dividends \$315.00

**Schedule A Information:**

Medical and Dental Insurance \$14600.00

Amount Paid to Doctors/Dentists Supporting Notes Dr John Gillespie \$5100.00 Dr Frank Willingham \$2600.00

Prescriptions: \$1425.00

Medical Mileage 1200 miles

Prior Year State Taxes Paid \$4521.00

Real Estate Taxes on Personal Residence \$2100.00

Personal Property Taxes \$515.00 Supporting Notes Ad Valorem Tax - Automobile Tags

**Interest Paid**

Mortgage Interest from Wells Fargo - Form 1098 \$6985.00

Gifts to Charity Cash and Check Contributions (Church) \$3600.00

Non-Cash Contributions (clothing) \$486.00