#### SOLUTIONS FOR

### **QUESTIONS AND PROBLEMS**

#### CHAPTER 1

#### THE INDIVIDUAL INCOME TAX RETURN

#### **Group 1 – Multiple Choice Questions**

| 1. D | (LO 1.1)                     | 9. C (LO 1.5)                    | 18. A (LO 1.8)                  |
|------|------------------------------|----------------------------------|---------------------------------|
| 2. A | (LO 1.1)                     | 10. D (LO 1.5)                   | 19. E \$25,000 = \$280,000 -    |
| 3. D | (LO 1.2)                     | 11. E (LO 1.6)                   | (\$290,000 - \$35,000) (LO 1.8) |
| 4. B | (LO 1.2)                     | 12. A Because the daughter's in- | 20. B \$44,000 = \$47,000 -     |
| 5. C | (LO 1.3)                     | come exceeds \$4,050. (LO 1.6)   | \$3,000 (LO 1.8)                |
| 6. B | (LO 1.3)                     | 13. C (LO 1.6)                   | 21. B (LO 1.9)                  |
| 7. A | \$98,000 - \$19,000 -        | 14. B (LO 1.6)                   | 22. C (LO 1.9)                  |
|      | \$4,050 = \$74,950 (LO 1.4)  | 15. B (LO 1.7)                   | 23. B (LO 1.10)                 |
| 8. C | \$6,350 + \$4,050 = \$10,400 | 16. B (LO 1.7)                   | 24. A (LO 1.10)                 |
|      | (LO 1.4)                     | 17. D (LO 1.8)                   | 25. D (LO 1.11)                 |
|      |                              |                                  |                                 |

#### Group 2 - Problems

- 1. a. Raising revenue to operate the government.
  - b. Furthering economic goals such as reducing unemployment.
  - c. Furthering social goals such as encouraging contributions to charities. (LO 1.1)
- 2. a. \$36,700 = \$41,000 + \$700 \$5,000.
  - b. \$12,700, the greater of itemized deductions or the standard deduction of \$12,700.
  - c.  $\$15,900 = \$36,700 \$12,700 (2 \times \$4,050)$ . (LO 1.3)
- 3. a. **\$24,000**.
  - b. \$6,350, the greater of total itemized deductions or the standard deduction amount.
  - c. \$13,600 = \$24,000 \$6,350 \$4,050. (LO 1.3)
- 4. a. **\$52,300** = \$53,300 + \$1,600 + \$400 \$3,000 (\$7,000 capital loss limited to \$3,000)
  - b. **\$6,350**
  - c. \$4,050
  - d. **\$41,900** = \$52,300 \$6,350 \$4,050. (LO 1.3 and 1.8)
- 5. Gross income
  - Deductions for adjusted gross income
  - = Adjusted gross income
  - Greater of itemized deductions or standard deduction
  - Exemptions
  - = Taxable income (LO 1.3)
- 6. a. \$48,730 = \$47,230 + \$3,500 \$2,000.
  - b. \$12,700, the greater of itemized deductions or the standard deduction of \$12,700.
  - c.  $$27,930 = $48,730 $12,700 (2 \times $4,050).$
  - d. **\$3,256** (Tax Table) (LO 1.3, 1.5, 1.6, and 1.7)

| 7. Adjus | ted gross income    | \$17,400 |
|----------|---------------------|----------|
| Less:    | Itemized deductions | -2,250   |
|          | One exemption       | -4,050   |
| Taxab    | le income           | \$11,100 |

Ulysses' tax liability from the Tax Table is **\$1,203**. Note: because they are married and filing separately and Ulysses' spouse Penelope itemizes her deductions, Ulysses must also itemize his deductions, even though the itemized deductions total less than the standard deduction he would be otherwise entitled to. (LO 1.3, 1.5, 1.6, and 1.7)

| 8. Adju | sted gross income (\$13,200 + \$1,450) | \$14,650 |
|---------|--|----------|
| Less:   | Standard deduction                     | -6,350   |
|         | Exemption                              | -4,050   |
| Taxa    | ble income                             | \$4,250  |
| (LO     | 1.3. 1.5. 1.6. and 1.7)                |          |

(Note: See Chapter 6 for the tax computation for dependent college students under age 24.)

- 9. a. \$35,900 = \$46,300 \$6,350 \$4,050.
  - b. Taxpayers with income up to \$100,000 must use the tax tables.
  - c. **\$4,923**. (LO 1.3, 1.5, 1.6, and 1.7)
- 10. a. \$67,625 = \$49,500 + \$10,125 + \$5,000 + \$3,000.
  - b. **\$64,425** = \$67,625 \$3,200.
  - c. \$13,200, the greater of itemized deductions or the standard deduction of \$12,700.
  - d. 5. Two personal and three dependency exemptions.
  - e. \$30,975 = \$64,425 \$13,200 \$20,250 (5 x \$4,050).
  - f. **\$3,714** (LO 1.3, 1.5, 1.6, and 1.7)
- 11. a. **\$88,500** = \$84,600 + \$3,900.
  - b. **\$8,100** = 2 x \$4,050.
  - c. **\$67,600** = \$88,500 \$12,800 \$8,100. (LO 1.3, 1.5, 1.6, and 1.7)
- 12. Taxable income is: **\$30,350** = **\$**40,750 **\$**6,350 **\$**4,050. Tax liability from the tax tables not the tax rate schedules: **\$4,090**. (LO 1.3, 1.5, 1.6, and 1.7)
- 13. Yes. Since Nicoula owes Social Security taxes on the unreported tips, she must file an income tax return. (LO 1.4)
- 14. a. No. Income is less than the sum of the \$4,050 exemption plus the \$6,350 standard deduction.
  - b. Yes. Unearned income was more than \$1,050. Also, gross income is more than the larger of \$1,050 or \$1,900 (earned income of \$1,550 plus \$350).
  - c. No. Their income is under \$22,050, the total of personal exemptions (2 x \$4,050) and the standard deduction (\$12,700 + \$1,250 (over 65 years old)).
  - d. No. Gross income is less than \$20,800, the total of personal exemptions and the standard deduction.
  - e. Yes. His earnings exceeded the \$400 limit for self-employed persons. (*Note:* All answers can be found in the figures in LO 1.4.)

| 15. Allen | \$2,688.                 |
|-----------|--------------------------|
| Boyd      | \$3,213.                 |
| Caldwell  | \$4,434.                 |
| Dell      | \$3,454.                 |
| Evans     | <b>\$6,995.</b> (LO 1.5) |
|           |                          |

- 16. a. D
  - b. D
  - c. A
  - d. A
  - e. B or C (LO 1.5)
- 17. a. Because their income exceeds \$100,000, the tax rate schedules must be used.
  b. \$17,727.50 = \$10,452.50 + 25% x (\$105,000 \$75,900). (LO 1.5)
- 18. They may file either as married filing joint or married filing separately. They must file married, since they were married by year-end. (LO 1.5)

- 19. Head of household. Maggie's parents meet the tests to qualify as her dependents. Maggie is single. Additionally, she provides a home for her parents. Parents are the only exception to the requirement that dependents must live in the same household as the taxpayer to qualify the taxpayer for head of household status. (LO 1.5)
- 20. Single. Unmarried with no dependent. Head of household. Single or abandoned spouse, with qualifying dependent. Qualifying widow(er). Spouse died within the past 2 years and has a qualifying dependent. (LO 1.5)
- 21. a. Yes, her son qualifies as a dependent.
  - b. No. Her son must live in the same household as Mary, so Mary cannot use the head of household filing status. (LO 1.5 and 1.6)
- 22. a. **2.** One personal and one dependency.
  - b. 2. Two personal. The sister does not qualify as a dependent, because her gross income was greater than \$4,050.
  - c. 2. One personal and one dependency.
  - d. 2. One personal and one dependency.
  - e. 2. Two personal. (LO 1.6)
- 23. \$12,150. 3 exemptions at \$4,050 each. (LO 1.6)
- 24. No. Because Charles is self-supporting, his parents may not claim him as a dependent. The self-support test is applied to both children and relatives who otherwise qualify, so Charles is disqualified either way. (LO 1.6)
- 25. No. Phillip cannot be claimed as a dependent because he is not a U.S. citizen or a resident of the U.S., Canada, or Mexico. (LO 1.6)
- 26. The standard deduction is a specific dollar amount that varies with filing status, age and vision, but not by type of individual deduction. Total itemized deductions depend on the amount and type of items, with some items having limitations based on AGI. They include medical expenses, certain taxes, certain interest expenses, charitable contributions and miscellaneous deductions

A taxpayer should claim the larger of the standard deduction or the total allowed itemized deductions to reduce the taxpayer's income subject to tax as much as possible. (LO 1.7)

| 27. <b>\$1,520</b> .   | AGI = \$240,000          |
|------------------------|--------------------------|
| Threshhold             | 200,000                  |
|                        | 40,000                   |
| Investment income      | _90,000                  |
| Lesser of above amount | \$40,000 x 3.8% (LO 1.9) |

- 28. The answer will vary depending on the date the problem is assigned and completed. The purpose of the problem is to familiarize the student with the IRS website. (LO 1.10)
- 29. The blank forms are not reproduced here. By the time the student is assigned this problem, the current year's forms should be available. (LO 1.10)
- 30. \$600 or more at a horse track (if that is 300 times your bet), \$1,200 or more at a slot machine or bingo game, and \$5,000 or more in poker tournament winnings. (LO 1.10)

#### Group 3 - Writing Assignments

#### 1. Research Solution:

Whittenburg and Gill, CPAs San Diego, CA February 20, 20xx

Mr. and Mrs. William Carson 3276 Lakeline Drive San Diego, CA

Dear William and Sheila,

Thanks for requesting my advice concerning the tax treatment of your brother Jerry. I have researched your question and am sorry to say that you cannot claim Jerry as a qualifying child.

Although Jerry meets the relationship, domicile, joint return, citizenship, and self-support test, he does not meet the age test. Even though he is a full-time student and under the age of 24, in order to be your qualifying child, he must be younger than at least one of you.

Although you can't claim him as a qualifying child, there is a possibility that you could claim Jerry as a qualifying relative if he earns less than \$4,050.

My conclusion is based upon the facts that you have provided me. I'm sorry that the news was not more favorable. If you have any questions or would like further explanation, please don't hesitate to call.

Sincerely, Trevor Malcolm for Whittenburg and Gill, CPAs

#### 2. Ethics Solution:

To: <u>JasonandMary@email.com</u> Subject: Inquiry on filing status: single v. married filing jointly

Jason and Mary,

Thanks for your e-mail regarding your filing status for 2017. Let me also say, I really enjoyed your wedding ceremony and reception. Thank you for inviting me.

Your e-mail stated that you had prepared your 2017 taxes as both single and married filing jointly and found that your refund would be larger if both of you filed as single. Unfortunately, the tax law is very clear on this issue. Individuals who are married as of the last day of the tax year are considered to be married. Married taxpayers have only two filing status options: married filing jointly or married filing separately. In order to file as single, taxpayers must be unmarried or legally separated from their spouse as of the last day of the tax year. Not only would it be unethical for you to file as single, it would be against the law.

The additional tax that married couples sometimes encounter is known as the "marriage penalty." Hope-fully you are finding that your wedded bliss outweighs the tax penalty!

Your friend, Trevor Malcolm For Whittenburg and Gill, CPAs

#### Group 4 - Comprehensive Problems

See page 31.
 See pages 32 and 33.
 See pages 34 and 35.

#### Group 5 - Cumulative Software Problem

The solution to the Cumulative Software Problem is posted on the website for the textbook at *www.cengage.com/login*.

# Comprehensive Problem 1

| Form<br><b>1040EZ</b>                 | In                 |  | ernal Revenue Service<br>rn for Single and<br>No Dependents                             |                   | 2017  |                                  | 0                | MB No. 1545-0074                                       |        |
|---------------------------------------|--------------------|--|---|-------------------|---|----------------------------------|------------------|--|--------|
| Your first name a                     |                    |  | Last name   | (99)              |   |                                  |                  | cial security num                                      | hor    |
|                                       | na mua             |  |   |                   |   |                                  |                  |  | ber    |
| Patty                                 |                    |  | Banyan  |                   |   |                                  |                  | 33 1234  |        |
|                                       |                    | rst name and initial                       | Last name   |                   |   |                                  | Spouses          | social security nu                                     | mber   |
| Home address (n                       | umber an           | d street). If you have a P.O.              | box, see instructions.  |                   |   | Apt. no.                         |                  | /lake sure the SSN                                     |        |
| 543 Spa                               |                    |  |   |                   |   |                                  |                  | above are correct                                      | t.     |
|                                       |                    | -  | ioreign address, also complete  | spaces below (se  | e instructions).                                |                                  |                  | tial Election Campa                                    | -      |
| Houstor                               | ι, ΤΧ <sup>΄</sup> | 77099                                      |   |                   |   |                                  |                  | if you, or your spouse it<br>\$3 to go to this fund. C |        |
| Foreign country r                     | name               |  | Foreign pr  | ovince/state/cou  | inty Fc   | preign postal coo                |                  | will not change your ta                                |        |
| Income                                | 1                  | Wages, salaries, and<br>Attach your Form(s | l tips. This should be sho  | own in box 1 c    | of your Form(s) W-2                             | 2.                               | 1                | 19.600   |        |
| Attach                                | <u> </u>           | Fittach your Form(s                        | ) ~ 2.  |                   |   |                                  | 1                | 10,000   |        |
| Form(s) W-2<br>here.                  | 2                  | Taxable interest. If                       | the total is over \$1,500,  | you cannot us     | e Form 1040EZ.                                  |                                  | 2                |  |        |
| Enclose, but do                       |                    |  |   |                   |   | _                                |                  |  |        |
| not attach, any                       | 3                  | Unemployment con                           | pensation and Alaska P  | ermanent Fun      | d dividends (see ins                            | tructions).                      | 3                |  |        |
| payment.                              |                    |  |   |                   |   |                                  | 4                | 19,600   |        |
|                                       | 4                  |  | 3. This is your <b>adjusted</b>   |                   |   |                                  | 4                | 19,000   |        |
|                                       | 5                  |  | m you (or your spouse if  | •                 | · ·   |                                  |                  |  |        |
|                                       |                    |  | es) below and enter the a   | inount nom u      | ie worksneet on bac                             | ж.                               |                  |  |        |
|                                       |                    | You  | Spouse  | · · , , 、         | ¢ 10 400 °C .* .                                |                                  |                  |  |        |
|                                       |                    |  | you (or your spouse if a <b>filing jointly.</b> See back                                |                   |   | gle;                             | -                | 10,400   |        |
|                                       | _                  |  |   |                   |   |                                  | 5                | 10,400   |        |
|                                       | 6                  |  | line 4. If line 5 is larger   | than line 4, e    | nter -0   |                                  | 6                | 9,200  |        |
|                                       | 7                  | This is your <b>taxable</b>                | withheld from Form(s)   | W 2 and 1000      |   | -                                | 7                |  |        |
| Payments,                             |                    |  | dit (EIC) (see instructi  |                   |   |                                  | 7<br>8a          | 2,940  |        |
| Credits,                              |                    | b Nontaxable combat                        | . , .   | ,                 | 8b  |                                  | oa               |  |        |
| and Tax                               | - 9                |  | These are your total pay  |                   |   |                                  | 9                | 2,940  |        |
|                                       | $\frac{1}{10}$     |  | it on line 6 above to find  | -                 |   |                                  | ,                | 2,340  |        |
|                                       | 10                 |  | enter the tax from the tal  | •                 |   |                                  | 10               | 923  |        |
|                                       | 11                 |  | ual responsibility (see ir  |                   | Full-year coveras                               | e X                              | 10               | 520  |        |
|                                       | $\frac{11}{12}$    |  | . This is your total tax.   | istructions)      | i un yeur coverug                               |                                  | 12               | 923  |        |
| Refund                                | 13                 |  | in line 12, subtract line   | 12 from line 9    | This is your <b>refun</b>                       | d.                               |                  | 520  |        |
|                                       |                    | If Form 8888 is atta                       |   | 7                 |   |                                  | 13a              | 2,017  |        |
| Have it directly<br>deposited! See    |                    |  |   |                   |   |                                  |                  | 2,011  |        |
| instructions and<br>fill in 13b, 13c, |                    | • Routing number                           |   |                   | <b>c</b> Type: Che                              | cking Sa                         | vings            |  |        |
| and 13d, or<br>Form 8888.             | •                  | Account number                             |   |                   |   |                                  |                  |  |        |
| Amount                                | 14                 | If line 12 is larger th                    | an line 9, subtract line 9  | from line 12.     | This is   |                                  |                  |  |        |
| You Owe                               |                    | the amount you ow                          | e. For details on how to p  | pay, see instruc  | ctions.   |                                  | 14               |  |        |
| Third Party                           | Do y               | ou want to allow anothe                    | er person to discuss this   | return with the   | IRS (see instruction                            | ns)? 🗌 Ye                        | es. Comple       | ete below.   | No     |
| Designee                              | Desig              | nee's                                      |   | Phone             |   | Personal ider                    | ntification      |  |        |
|                                       | name               |  |   | no. 🕨             |   | number (PIN                      | -                |  |        |
| Sign<br>Here                          | accu               | rately lists all amounts and               | clare that I have examined<br>sources of income I receive<br>reparer has any knowledge. | ed during the tax | to the best of my kno<br>year. Declaration of p | owledge and b<br>preparer (other | than the tax     | payer) is based  |        |
| Joint return? See instructions.       | Your               | signature                                  |   | Date              | Your occupation                                 | ndant                            | Daytime pl       | none number  |        |
|                                       | Snou               | se's signature. If a joint ret             | ım <b>both</b> must sign  | Date              | Parking Atter<br>Spouse's occupation            |                                  | If the IDC co-   | nt you an Identity Prote                               | action |
| Keep a copy for<br>your records.      | Spou               | se s signature. Il a joint ret             | um, <b>both</b> must sign.  | Dale              | opouse s occupation                             | I                                | PIN, enter it    |  | ection |
|                                       | Print/Tyr          | be preparer's name                         | Preparer's signature  |                   | Date  |                                  | here (see ins    |  |        |
| Paid                                  | i iiiv i yk        | proparer o name                            | i reparer s signature   |                   | Date  |                                  | Check self-emplo | J IT   |        |
| Preparer                              |                    |  |   |                   |   | <b>E</b> 111 N                   | Son omplo        | ,  |        |
| Use Only                              | Firm's na          |  |   |                   |   | s EIN ►                          |                  |  |        |
| For Disclosure                        | Firm's a           |  | ction Act Notice, see sepa  | rate instruction  | Phon<br>Cat N                                   | ie no.<br>Jo. 11329W             |                  | Form <b>1040EZ</b>                                     | (2017) |
| r or Disclosure, P                    | i ivaty A          | ci, and i aper work Kedu                   | cuon Act notice, see sepa   | are instruction   | o. Cal. N                                       | NO. 11529W                       |                  |  | (2017) |

# Comprehensive Problem 2A

| Form<br><b>1040A</b>             |            | rtment of the Treasury—In             |                     |                              | 99)            | 201          | 7 1F                     | RS Use O           | nly—E        | Do not w  | rite or staple in this                                  | space.    |
|----------------------------------|------------|---------------------------------------|---------------------|------------------------------|----------------|--------------|--------------------------|--------------------|--------------|-----------|---|-----------|
| Your first name and init         |            |                                       | Last name           |                              | -,             |              |                          |                    |              |           | DMB No. 1545-0074                                       |           |
|                                  |            |                                       |                     |                              |                |              |                          |                    |              | Your s    | social security nun                                     | nber      |
| Leon                             |            |                                       |                     | azo                          |                |              |                          |                    |              |           | 7 7 4 4 4 5   | · .       |
| If a joint return, spouse        | 's first n | ame and initial                       | Last name           |                              |                |              |                          |                    |              |           | e's social security nu                                  |           |
| Leslie                           |            |                                       |                     | azo                          |                |              |                          | A +                |              |           | 6 47 331  |           |
| 143 Snapdra                      |            | reet). If you have a P.O. bo          | ix, see instruct    | uons.                        |                |              |                          | Apt. r             | 10.          |           | ake sure the SSN(s)<br>nd on line 6c are co             |           |
|                                  |            | d ZIP code. If you have a fore        | ian address. als    | so complete spaces b         | elow (see      | instructions | ).                       |                    |              |           | dential Election Can                                    |           |
| Reno, NV                         | 8210       | -                                     | 5                   |                              | (              |              |                          |                    |              | Check he  | ere if you, or your spouse                              | if filing |
| Foreign country name             |            | -                                     |                     | Foreign province/            | /state/cou     | unty         | Forei                    | gn postal          | code         |           | ant \$3 to go to this fund.<br>low will not change your |           |
|                                  |            |                                       |                     |                              |                |              |                          |                    |              | refund.   | X You X   |           |
| Filing                           | 1          | Single                                |                     |                              |                |              |                          |                    |              |           | person). (See instru                                    |           |
| status                           |            | X Married filing join                 |                     |                              |                |              |                          |                    |              |           | out not your depe                                       | endent,   |
| Check only one box.              | 3 [        | Married filing separation             | ately. Enter s      | spouse's SSN ab              | ove and        |              | nter this chil           |                    |              |           | ,   |           |
|                                  | 6a         | full name here. ►<br>X Yourself. If s | omoono              |                              | 00 0 d         |              | ualifying wid            |                    |              | struction | Boxes   |           |
| Exemptions                       | Ud         |                                       | x 6a.               | can claim you                | as a u         | epende       | nt, do no                | L Chec             | ĸ            | ļ         | checked on<br>6a and 6b                                 | 2         |
|                                  | b          | X Spouse                              |                     |                              |                |              |                          |                    |              |           | No. of children   |           |
|                                  | С          | Dependents:                           |                     |                              |                | (0) 5        |                          | (4) 🗸              |              |           | on 6c who:<br>• lived with                              |           |
| If more than six                 |            |                                       |                     | (2) Dependent's security num |                |              | pendent's<br>ship to you | age 17<br>child ta |              |           | you   | 1         |
| dependents, see                  |            | ()                                    | ast name            |                              |                |              | - I <b>J</b>             |                    | truction     |           | • did not live  |           |
| instructions.                    |            | Lyle La                               | azo                 | 552-52-5552                  | <u> </u>       | Son          |                          |                    | <u> </u>     |           | with you due to<br>divorce or                           |           |
|                                  |            |                                       |                     |                              |                |              |                          |                    | <u> </u>     |           | separation (see<br>instructions)                        |           |
|                                  |            |                                       |                     |                              |                |              |                          |                    | $\mathbb{H}$ |           | Dependents  |           |
|                                  |            |                                       |                     |                              |                |              |                          |                    | $\exists$    |           | on 6c not<br>entered above                              |           |
|                                  |            |                                       |                     |                              |                |              |                          |                    | Π            |           |   |           |
|                                  |            |                                       |                     | •                            |                |              |                          |                    |              |           | Add numbers<br>on lines                                 | 3         |
|                                  | d          | Total number of e                     | exemption           | s claimed.                   |                |              |                          |                    |              |           | above ►   | ப         |
| Income                           | _          |                                       |                     |                              |                |              |                          |                    |              | -         | 50 400  |           |
| Attach                           | 7          | Wages, salaries,                      | tips, etc. <i>F</i> | Attach Form(s                | ) VV-2.        |              |                          |                    |              | 7         | 50,430  |           |
| Attach<br>Form(s) W-2            | 8a         | Taxable interest.                     | Attach Sc           | chedule B if re              | auirea         | 1            |                          |                    |              | 8a        |   |           |
| here. Also                       | b          | Tax-exempt inte                       |                     |                              |                |              |                          |                    |              | ou        |   | <u> </u>  |
| attach<br>Form(s)                | 9a         | Ordinary dividend                     |                     |                              |                |              |                          |                    |              | 9a        |   |           |
| 1099-R if tax                    | b          | Qualified dividend                    |                     |                              |                | 9b           |                          |                    |              |           |   |           |
| was                              | 10         | Capital gain distri                   | butions (s          | ee instruction               | າຣ).           |              |                          |                    |              | 10        |   |           |
| withheld.                        | 11a        | IRA                                   | 11-                 |                              |                |              | axable an                |                    |              | 116       |   |           |
| If you did not<br>get a W-2, see | 12a        | distributions.<br>Pensions and        | 11a                 |                              |                | ```          | see instrue<br>axable an | /                  | •            | 11b       |   |           |
| instructions.                    | 12a        | annuities.                            | 12a                 |                              |                |              | see instru               |                    |              | 12b       |   |           |
|                                  |            | umumoon                               |                     |                              |                |              |                          |                    | · .          |           |   |           |
|                                  | 13         | Unemployment c                        | ompensat            | ion and Alask                | ka Pern        | nanent       | Fund divid               | lends.             |              | 13        |   |           |
|                                  | 14a        | Social security                       |                     |                              |                |              | axable an                |                    |              |           |   |           |
|                                  |            | benefits.                             | 14a                 |                              |                | (9           | see instru               | ctions)            |              | 14b       |   |           |
|                                  | 15         | Add lines 7 throu                     | ah 1/h (fa          | r right colum                | n) Thie        | ie vour      | total inc                | nmo                |              | 15        | 50,430  |           |
| Adjusted                         | 15         |                                       | gii i 40 (la        |                              | <i>ij.</i> mis | is your      | total mot                | Jine.              | -            | 15        | 50,450  | I         |
| Adjusted                         | 16         | Educator expense                      | es (see ins         | structions).                 |                | 16           |                          |                    |              |           |   |           |
| gross<br>income                  | 17         | IRA deduction (se                     |                     | ,                            |                | 17           |                          |                    |              |           |   |           |
|                                  | 18         | Student loan inter                    |                     |                              | uctions        | ). 18        |                          |                    |              |           |   |           |
|                                  |            |                                       |                     |                              |                |              |                          |                    |              |           |   |           |
|                                  | 19         | Reserved for futu                     |                     |                              |                | 19           |                          |                    |              |           |   |           |
|                                  | 20         | Add lines 16 thro                     | ugh 19. Th          | nese are your                | total a        | adjustm      | ients.                   |                    | _            | 20        |   |           |
|                                  | 21         | Subtract line 20 f                    | rom line 1          | 5 This is your               | r adius        | stad are     | se incon                 | 10                 |              | 21        | 50,430  |           |
| For Disclosure. P                |            | Act, and Paperwo                      |                     |                              |                |              |                          |                    | No.          |           | Form <b>1040A</b>                                       | (2017)    |

| orm 1040A (                       | 2017)<br><b>22</b> | Enter the amount from line 2   | 21 (adjusto                         | d aross inco     | me)               |                  |          | 22                         | Pag<br>50,430          |
|-----------------------------------|--------------------|--|-------------------------------------|------------------|-------------------|------------------|----------|----------------------------|------------------------|
| ax, credits,<br>and               | 22<br>23a          |  |                                     |                  |                   | ooxes            |          | 1                          | 50,450                 |
|                                   | 200                | if: Spouse was born be   |                                     |                  |                   |                  | L        |                            |                        |
| ayments                           | b                  | If you are married filing sepa   |                                     |                  |                   | 200              |          | -                          |                        |
| tandard                           |                    | deductions, check here   | and only and                        | your opened      | 0 100111200       | ► 23b            |          |                            |                        |
| eduction <sup>L</sup>             | 24                 | Enter your standard deduc  | tion                                |                  |                   | F 200            |          | 24                         | 12,700                 |
| or-<br>People who                 | 25                 | Subtract line 24 from line 22  |                                     | is more than     | line 22 en        | ter -0-          | _        | 25                         | 37,730                 |
| heck any                          | 26                 | Exemptions. Multiply \$4,05  |                                     |                  |                   |                  | -        | 26                         | 12,150                 |
| ox on line<br>3a or 23b <b>or</b> | 27                 | Subtract line 26 from line 25  |                                     |                  |                   | tor 0            |          | 20                         | 12,150                 |
| /ho can be<br>laimed as a         | 21                 | This is your taxable income  |                                     | is more that     | 11116 23, 611     | lei -0           |          | 27                         | 25,580                 |
| ependent,                         | 28                 |  |                                     | (aaa inatrusti   | 202               | 0.004            |          | 21                         | 25,500                 |
| ee<br>Istructions.                | 20                 | Tax, including any alternative r   |                                     |                  |                   | 2,904            |          | -                          |                        |
| All others:                       | 29                 | Excess advance premium ta  | ax credit re                        | payment. At      | 29                |                  |          |                            |                        |
| ingle or                          |                    | Form 8962.   |                                     |                  | 29                |                  |          |                            | 2 004                  |
| larried filing parately,          | 30                 | Add lines 28 and 29.   |                                     |                  |                   |                  |          | 30                         | 2,904                  |
| 6,350                             | 31                 | Credit for child and depend  | ent care ex                         | penses. Atta     |                   |                  |          |                            |                        |
| larried filing<br>intly or        |                    | Form 2441.   |                                     |                  | 31                |                  |          | _                          |                        |
| ualifying<br>vidow(er),           | 32                 | Credit for the elderly or the  | disabled. A                         | ttach            |                   |                  |          |                            |                        |
| 12,700                            |                    | Schedule R.  | 0000                                |                  | 32                |                  | <u> </u> |                            |                        |
| ead of<br>ousehold,               | 33                 | Education credits from Form  |                                     |                  | 33                |                  |          | -                          |                        |
| 9,350                             | 34                 | Retirement savings contributi  |                                     |                  |                   |                  |          |                            |                        |
|                                   | 35                 | Child tax credit. Attach Sch   |                                     |                  |                   |                  |          |                            |                        |
| ]                                 | 36                 | Add lines 31 through 35. Th  |                                     |                  |                   |                  |          | 36                         |                        |
|                                   | 37                 | Subtract line 36 from line 30  |                                     |                  | ,                 |                  |          | 37                         | 2,904                  |
|                                   | 38                 | Health care: individual respon   |                                     |                  | s). Full-yeai     | r coverage       | X        | 38                         |                        |
|                                   | 39                 | Add line 37 and line 38. This  | s is your <b>to</b>                 | tal tax.         |                   |                  |          | 39                         | 2,904                  |
|                                   | 40                 | Federal income tax withheld  | from Form                           | s W-2 and 1      | 099. 40           | 4,540            |          |                            |                        |
| you have                          | 41                 | 2017 estimated tax paymen  | ts and amo                          | ount applied     |                   | ,                |          |                            |                        |
| qualifying                        |                    | from 2016 return.  |                                     |                  | 41                |                  |          |                            |                        |
| hild, attach                      | 42a                | Earned income credit (EIC  | ).                                  |                  | 42a               |                  |          | _                          |                        |
| chedule                           | b                  | Nontaxable combat pay elec   | tion. 42b                           |                  |                   |                  |          | -                          |                        |
| )                                 | 43                 | Additional child tax credit. A   | ttach Sche                          | edule 8812.      | 43                |                  |          |                            |                        |
|                                   | 44                 | American opportunity credit  | from Form                           | n 8863, line 8   | 3. 44             |                  |          | -                          |                        |
|                                   | 45                 | Net premium tax credit. Atta   |                                     |                  | 45                |                  |          | -                          |                        |
|                                   | 46                 | Add lines 40, 41, 42a, 43, 44  |                                     |                  | our total pay     | /ments.          |          | 46                         | 4,540                  |
|                                   | 47                 | If line 46 is more than line 39  |                                     |                  |                   |                  |          | -                          | .,                     |
| lefund                            |                    | This is the amount you over  |                                     |                  |                   |                  |          | 47                         | 1,636                  |
| irect                             | 48a                | Amount of line 47 you want ref   |                                     | u. If Form 888   | 38 is attached    | , check here     |          | 48a                        | 1,636                  |
| eposit?                           |                    |  | · · · · · ·                         |                  |                   |                  |          | 100                        | 1,030                  |
| ee                                | ▶ b                | Routing number   |                                     | • c Type: 🗌      | Checking          | Savings          |          |                            |                        |
| structions<br>nd fill in          |                    |  |                                     |                  |                   |                  |          |                            |                        |
| 3b, 48c,                          | ▶ d                | Account number   |                                     | $          \top$ |                   |                  |          |                            |                        |
| nd 48d or<br>orm 8888.            | 49                 | Amount of line 47 you want   | annlied to                          | vour             |                   |                  | 1        | -                          |                        |
|                                   |                    | 2018 estimated tax.  | applied to                          | your             | 49                |                  |          |                            |                        |
|                                   | 50                 | Amount you owe. Subtract   | ling 16 fro                         | m line 20 Er     | -                 | how to por       | /        |                            |                        |
| mount                             | 50                 | see instructions.  | 1116 40 110                         | 111 III 0 39. FC | or details of     | now to pay       | ∕,<br>►  | 50                         |                        |
| ou owe                            | 51                 |  | potructions                         | .)               | <b>51</b>         |                  | -        | 50                         |                        |
|                                   | -                  | Estimated tax penalty (see i   |                                     | /                | 51                |                  |          |                            |                        |
| hird party                        | Do                 | you want to allow another person to  | o discuss this                      | return with the  | IKS (see instru   | ictions)? 🗌 Ye   | es. Coi  | mplete th                  | ne following.          |
| esignee                           |                    | signee's   |                                     | Phone            |                   |                  |          | ntification                |                        |
| 0                                 | nar                |  |                                     | no.              | omponie           |                  | er (PIN) |                            | boot of row line -     |
| ign                               | and                | der penalties of perjury, I declare that I ha<br>I belief, they are true, correct, and accura<br>n the taxpayer) is based on all information | ave examined the ately list all amo | ounts and source | s of income I rec | eived during the | tax ye   | and to the<br>ar. Declar   | ation of preparer (    |
| ere                               |                    |  | n of which the p                    | 1                |                   |                  |          |                            |                        |
| oint return?                      | Yo                 | ur signature   |                                     | Date             | Your occupation   |                  | Da       | lytime pho                 | one number             |
| e instructions.                   |                    |  |                                     |                  | Butche            |                  |          |                            |                        |
| eep a copy                        |                    | ouse's signature. If a joint return, <b>both</b> mu  | ıst sign.                           | Date             | Spouse's occup    |                  |          | ne IRS sent<br>I, enter it | you an Identity Protec |
| r your records.                   |                    |  |                                     |                  | Homer             | naker            |          | e (see inst.)              |                        |
|                                   | Pri                | nt/Type preparer's name  | Preparer's                          | s signature      |                   | Date             | Chec     | k ▶ 🗌 if                   | PTIN                   |
| aid                               |                    |  |                                     |                  |                   | 1                |          |                            | 1                      |
|                                   |                    |  |                                     |                  |                   |                  | self-e   | employed                   |                        |
| aid<br>reparer<br>se only         | Fin                | n's name ▶   |                                     |                  |                   |                  | -        | mployed<br>s EIN ►         |                        |

# Comprehensive Problem 2A, cont.

Go to www.irs.gov/Form1040A for instructions and the latest information.

Form 1040A (2017)

# Comprehensive Problem 2B

| Form<br><b>1040A</b>      |                  | rtment of the Treasury—Ir<br>6. Individual In |                    |                        |             | 2017              | IB                 | IS Use Or       | nlv—D               | lo not w         | vrite or staple in this                                 | space     |
|---------------------------|------------------|---|--------------------|------------------------|-------------|-------------------|--------------------|-----------------|---------------------|------------------|---|-----------|
| Your first name and init  |                  |   | Last name          |                        | /           |                   |                    |                 | , 2                 |                  | OMB No. 1545-007  | <u> </u>  |
|                           |                  |   |                    |                        |             |                   |                    |                 | ł                   |                  | social security nun                                     |           |
| Abigail                   |                  |   | B                  | oxer                   |             |                   |                    |                 |                     | 67               | 6 73 3311   |           |
| If a joint return, spouse | 's first n       | name and initial                              | Last name          |                        |             |                   |                    |                 |                     | Spous            | e's social security n                                   | umber     |
|                           |                  |   |                    | -                      |             |                   |                    |                 |                     |                  |   |           |
|                           |                  | reet). If you have a P.O. be                  | ox, see instruct   | ions.                  |             |                   |                    | Apt. n          | 0.                  |                  | ake sure the SSN(s)<br>nd on line 6c are co             |           |
| 3456 Alamo                |                  | d ZIP code. If you have a for                 | eian address, als  | o complete spaces hel  | ow (see ins | tructions)        |                    |                 | _                   |                  | idential Election Can                                   |           |
| San Antonio,              |                  |   | sigir addicos, aid |                        | 000 110     | autonoj.          |                    |                 |                     | Check he         | ere if you, or your spouse                              | if filing |
| Foreign country name      | 173              |   |                    | Foreign province/st    | tate/count  | у                 | Foreig             | gn postal o     | code                |                  | ant \$3 to go to this fund.<br>low will not change your |           |
|                           |                  |   |                    |                        |             |                   |                    |                 |                     | refund.          |   | Spouse    |
| Filing                    | 1                | Single  |                    |                        | 4           | K X Head          | of house           | ehold (wi       | th qu               | alifying         | ) person). (See instr                                   | uctions.) |
| status 🔼                  | 2                | Married filing joir                           |                    |                        |             |                   |                    |                 |                     |                  | out not your depe                                       | endent,   |
| Check only one box.       | 3 [              | Married filing separe                         | ately. Enter s     | pouse's SSN abo        |             |                   |                    | d's nam         |                     |                  | ,   |           |
|                           | 6a               | full name here. ►                             |                    |                        | 5           |                   | <u> </u>           | ow(er) (se      |                     | truction         | ns)<br>Boxes  |           |
| Exemptions                | Ua               |   | x 6a.              | an claim you a         |             | Jenuent, i        |                    |                 | `                   |                  | checked on<br>6a and 6b                                 | 1         |
|                           | b                | Spouse  |                    |                        |             |                   |                    |                 |                     | J                | No. of children   |           |
|                           | С                | Dependents:                                   |                    | (2) Dependent's s      |             | (3) Depend        | lont's             | (4) 🗸           |                     |                  | on 6c who:<br>• lived with                              |           |
| If more than six          |                  |   |                    | security numb          |             | relationship      |                    | age 17 child ta | qualifyi<br>x credi | ng for<br>t (see | you   | _1_       |
| dependents, see           |                  | 、 <i>,</i>                                    | _ast name          |                        |             |                   |                    | inst            | ruction             | s)               | <ul> <li>did not live<br/>with you due to</li> </ul>    |           |
| instructions.             |                  | Helen   | Boxer              | 676-73-331             | 12          | Daughter          |                    |                 | <u> </u>            |                  | divorce or  |           |
|                           |                  |   |                    |                        |             |                   |                    |                 | $\square$           |                  | separation (see<br>instructions)                        |           |
|                           |                  |   |                    |                        |             |                   |                    |                 | H                   |                  | Dependents  |           |
|                           |                  |   |                    |                        |             |                   |                    |                 |                     |                  | on 6c not<br>entered above                              |           |
|                           |                  |   |                    |                        |             |                   |                    |                 |                     |                  | Add numbers   |           |
|                           |                  |   |                    |                        |             |                   |                    |                 |                     |                  | on lines  | 2         |
| -                         | d                | Total number of                               | exemption          | s claimed.             |             |                   |                    |                 |                     |                  | above 🕨   |           |
| Income                    | 7                | Wages, salaries,                              | tins etc. A        | ttach Form(s)          | W-2         |                   |                    |                 |                     | 7                | 42,780  |           |
| Attach                    |                  | Wages, salariss,                              | 100, 010.7         |                        |             |                   |                    |                 |                     | '                | 42,700  |           |
| Form(s) W-2               | 8a               | Taxable interest.                             | Attach Sc          | hedule B if rec        | quired.     |                   |                    |                 |                     | 8a               | 280   |           |
| here. Also<br>attach      | b                | Tax-exempt inte                               |                    |                        |             | 8b                |                    | 125             |                     |                  |   |           |
| Form(s)                   | 9a               | Ordinary dividend                             |                    |                        | equirec     |                   |                    |                 |                     | 9a               |   |           |
| 1099-R if tax             |                  | Qualified dividen                             | ``                 | ,                      |             | 9b                |                    |                 |                     | 10               |   |           |
| was<br>withheld.          | <u>10</u><br>11a | Capital gain distr                            | ibutions (s        |                        | /           | <b>1b</b> Taxa    | ble an             | nount           |                     | 10               |   |           |
| If you did not            | ma               | distributions.                                | 11a                |                        |             |                   |                    | ctions)         |                     | 11b              |   |           |
| get a W-2, see            | 12a              | Pensions and                                  |                    |                        | 1           |                   | ble an             | /               |                     |                  |   |           |
| instructions.             |                  | annuities.                                    | 12a                |                        |             | (see              | instruc            | ctions)         |                     | 12b              |   |           |
|                           | 40               | Union 1                                       |                    |                        | D           |                   |                    |                 |                     | 10               |   |           |
|                           | 13               | Unemployment of<br>Social security            | ompensat           | ion and Alaska         |             |                   | d divic<br>ible an |                 |                     | 13               |   |           |
|                           | 144              | benefits.                                     | 14a                |                        |             |                   |                    | ctions)         |                     | 14b              |   |           |
|                           |                  | bonontoi                                      | i iu               |                        |             | 000)              | motrat             | stionioj        | -                   | 110              |   | +         |
|                           | 15               | Add lines 7 throu                             | gh 14b (fa         | r right column)        | . This is   | s your <b>tot</b> | al inco            | ome.            |                     | 15               | 43,060  |           |
| Adjusted                  |                  |   |                    |                        |             |                   |                    |                 |                     |                  |   |           |
| gross                     | 16               | Educator expens                               |                    | /                      |             | 16                |                    |                 |                     |                  |   |           |
| income                    | 17               | IRA deduction (s                              |                    |                        | ationa)     | 17                |                    |                 |                     |                  |   |           |
|                           | 18               | Student loan inte                             | est deddC          | uon (see instruc       | suons).     | 18                |                    |                 |                     |                  |   |           |
|                           | 19               | Reserved for futu                             | ire use.           |                        |             | 19                |                    |                 |                     |                  |   |           |
|                           | 20               | Add lines 16 thro                             |                    | nese are your <b>t</b> | otal ad     |                   | s.                 |                 |                     | 20               |   |           |
|                           |                  |   |                    |                        |             | -                 |                    |                 |                     |                  | 10.000  |           |
|                           | 21               | Subtract line 20                              |                    |                        |             |                   |                    |                 |                     | 21               | 43,060  |           |
| For Disclosure, P         | rivacy           | y Act, and Paperwo                            | ork Reducti        | on Act Notice,         | see sep     | arate inst        | ructior            | IS. Cat.        | No. 1               | 1327A            | Form <b>1040A</b>                                       | (2017)    |

| 1  |           | r roblem 2D, cont.  |  |  |                                 |                  |   | Page                                   |
|--|-----------|---|--|--|---------------------------------|------------------|---|--|
| Form 1040A (   | ,         | Enter the amount from line  | 01 (adjusto                              | d groop inco                           | mal                             |                  | 22  | Page<br>43,060                         |
| Tax, credits,  | 22<br>23a | Enter the amount from line<br>Check ( <b>You</b> were born bef                          |  |  | Blind ) <b>Total k</b>          |                  |   | 43,000                                 |
| and  | 200       | if: Spouse was born b   |  |  |                                 |                  |   |  |
| payments   | h         |   |  |  |                                 | eu 🕨 23a         |   |  |
| Otana dana   | b         | If you are married filing sep   | barately and                             | your spouse                            | e iternizes                     | N 00h            |   |  |
| Standard<br>Deduction  | 0.4       | deductions, check here  |  |  |                                 | ► 23b            |   | 0.050                                  |
| for—   | 24        | Enter your standard deduc   |  |  |                                 | 0                | 24  | 9,350                                  |
| <ul> <li>People who<br/>check any</li> </ul>   | 25        | Subtract line 24 from line 2  |  |  |                                 | er -0            | 25  | 33,710                                 |
| box on line  | 26        | Exemptions. Multiply \$4,05   |  |  |                                 |                  | 26  | 8,100                                  |
| 23a or 23b <b>or</b><br>who can be   | 27        | Subtract line 26 from line 2  |  | is more than                           | n line 25, ent                  | er -0            |   |  |
| claimed as a dependent,  |           | This is your taxable incom  |  |  |                                 |                  | ▶ 27  | 25,610                                 |
| see  | 28        | Tax, including any alternative  |  |  |                                 | 3,176            |   |  |
| <ul> <li>All others:</li> </ul>  | 29        | Excess advance premium t  | ax credit re                             | payment. At                            | tach                            |                  |   |  |
| Single or  |           | Form 8962.  |  |  | 29                              |                  |   |  |
| Married filing   | 30        | Add lines 28 and 29.  |  |  |                                 |                  | 30  | 3,176                                  |
| separately,<br>\$6,350   | 31        | Credit for child and depend   | dent care ex                             | penses. Atta                           | ach                             |                  |   |  |
| Married filing   | _         | Form 2441.  |  |  | 31                              |                  |   |  |
| jointly or<br>Qualifying   | 32        | Credit for the elderly or the   | disabled. A                              | ttach                                  |                                 |                  |   |  |
| widow(er),<br>\$12,700   |           | Schedule R.   |  |  | 32                              |                  |   |  |
| Head of  | 33        | Education credits from For  | m 8863. line                             | e 19.                                  | 33                              |                  |   |  |
| household,<br>\$9,350  | 34        | Retirement savings contribut  |  |  |                                 |                  |   |  |
| φ <del>9</del> ,350  | 35        | Child tax credit. Attach Sch  |  |  |                                 |                  |   |  |
|  | 36        | Add lines 31 through 35. Th   |  |  |                                 |                  | 36  |  |
| )  | 37        | Subtract line 36 from line 3  |  |  |                                 | er -0-           | 37  |  |
|  | 38        | Health care: individual respo   |  |  |                                 |                  | X 38  |  |
|  | 39        | Add line 37 and line 38. Thi  |  |  | 5). Tan you                     | ooverage         | 39  | 3,176                                  |
|  | 40        | Federal income tax withheld   |  |  | 099. 40                         | 4,250            | 55  | 5,170                                  |
|  | 40        |   |  |  |                                 | 4,230            |   |  |
| If you have  | 41        | 2017 estimated tax paymer   | nts and and                              | bunt applied                           |                                 |                  |   |  |
| a qualifying [<br>child, attach  | 40-       | from 2016 return.   | 2)                                       |  | 41                              |                  |   |  |
| Schedule   |           | Earned income credit (EIC   |  |  | 42a                             |                  |   |  |
| EIC.   | b         | Nontaxable combat pay ele   |  |  |                                 |                  | 1   |  |
|  | 43        | Additional child tax credit.  |  |  | 43                              |                  |   |  |
|  | 44        | American opportunity credi  |  |  |                                 |                  |   |  |
|  | 45        | Net premium tax credit. Att   |  |  | 45                              |                  |   |  |
|  | 46        | Add lines 40, 41, 42a, 43, 4  | 4, and 45.                               | These are yo                           | our <b>total pay</b>            | ments.           | ▶ 46  | 4,250                                  |
| Refund   | 47        | If line 46 is more than line 3  |  | line 39 from                           | line 46.                        |                  |   |  |
| neruna   |           | This is the amount you ove  |  |  |                                 |                  | 47  | 1,074                                  |
| Direct   | 48a       | Amount of line 47 you want re   | funded to yo                             | ou. If Form 888                        | 88 is attached                  | I, check here    | ▶ <u>48a</u>  | 1,074                                  |
| deposit?<br>See  | ⊾ b       | Routing   |  | • c Type:                              | Checking                        | Savings          |   |  |
| instructions   |           | number  |  | c Type.                                | Onecking                        | Oavings          |   |  |
| and fill in  | ⊾ d       | Account   |  | 1 1 1 1                                |                                 |                  |   |  |
| 48b, 48c,<br>and 48d or  | <b>u</b>  | number  |  |  |                                 |                  |   |  |
| Form 8888.   | 49        | Amount of line 47 you want  | t applied to                             | your                                   |                                 |                  |   |  |
|  |           | 2018 estimated tax.   |  |  | 49                              |                  |   |  |
| Amount   | 50        | Amount you owe. Subtrac   | t line 46 fro                            | m line 39. Fo                          | or details on                   | how to pay       | <i>ι</i> ,  |  |
|  |           | see instructions.   |  |  |                                 |                  | ▶ 50  |  |
| you owe  | 51        | Estimated tax penalty (see  | instructions                             | s).                                    | 51                              |                  |   | I                                      |
| Third party  | Do        | you want to allow another person t  | to discuss this                          | return with the                        | IRS (see instru                 | ctions)? 🗌 Ye    | s. Complet  | e the following.                       |
|  |           | signee's  |  | Phone                                  | ,                               | , i              | nal identificat                                     | 6 _                                    |
| designee   | nar       |   |  | no.                                    |                                 |                  | er (PIN)  |  |
|  | Un        | der penalties of perjury, I declare that I h  | nave examined th                         | his return and acc                     | companying sche                 | dules and stater | nents, and to                                       | the best of my knowled                 |
| <b>a</b> t   | and       | belief, they are true, correct, and accur<br>n the taxpayer) is based on all informatic | rately list all amo<br>on of which the n | ounts and source<br>preparer has any k | s ot income l rec<br>knowledae. | eived during the | tax year. De  | claration of preparer (ot              |
|  | tha       | ur signature  |  | Date                                   | Your occupation                 |                  | Daytime   | phone number                           |
|  |           |   |  |  | Account                         |                  |   | -                                      |
| here<br>Joint return?  |           |   |  |  |                                 |                  | If the IRS o  | sent you an Identity Protectio         |
| <b>here</b><br>Joint return?<br>See instructions.  | Yo        | use's signature. If a joint return, both m  | ust sign                                 | Date                                   | Spouse's occurs                 |                  |   |  |
| here<br>Joint return?<br>See instructions.<br>Keep a copy  | You<br>Sp | buse's signature. If a joint return, <b>both</b> m                                      | nust sign.                               | Date                                   | Spouse's occup                  | ation            | PIN, enter  | it i i i i i i i i i i i i i i i i i i |
| here<br>Joint return?<br>See instructions.<br>Keep a copy<br>for your records.                             | You<br>Sp |   | _  |  | Spouse's occup                  |                  | PIN, enter<br>here (see i                           | it<br>nst.)                            |
| here<br>Joint return?<br>See instructions.<br>Keep a copy<br>for your records.                             | You<br>Sp | ouse's signature. If a joint return, <b>both</b> m<br>nt/Type preparer's name           | _  | Date<br>s signature                    | Spouse's occup                  | Date             | PIN, enter<br>here (see i<br>Check ►                | it<br>nst.)                            |
| Sign<br>here<br>Joint return?<br>See instructions.<br>Keep a copy<br>for your records.<br>Paid<br>preparer | Prin      | nt/Type preparer's name   | _  |  | Spouse's occup                  |                  | PIN, enter<br>here (see i<br>Check ►<br>self-employ | it<br>nst.) PTIN<br>red                |
| here<br>Joint return?<br>See instructions.<br>Keep a copy<br>for your records.<br>Paid                     | Prin      |   | _  |  | Spouse's occup                  |                  | PIN, enter<br>here (see i<br>Check ►                | it<br>nst.) PTIN<br>red                |

# Comprehensive Problem 2B, cont.

Go to www.irs.gov/Form1040A for instructions and the latest information.

# Key Number Tax Return Summary

# Chapter 1

# **Comprehensive Problem 1**

| Adjusted Gross Income (Line 4) | 19,600 |
|--------------------------------|--------|
| Taxable Income (Line 6)        | 9,200  |
| Total Tax (Line 12)            | 923    |
| Tax Refund (Line 13a)          | 2,017  |

# **Comprehensive Problem 2A**

| Adjusted Gross Income (Line 21) | 50,430 |
|---------------------------------|--------|
| Standard Deduction (Line 24)    | 12,700 |
| Exemptions (Line 26)            | 12,150 |
| Total Tax (Line 39)             | 2,904  |
| Amount Overpaid (Line 47)       | 1,636  |

### **Comprehensive Problem 2B**

| Adjusted Gross Income (Line 21) | 43,060 |
|---------------------------------|--------|
| Standard Deduction (Line 24)    | 9,350  |
| Exemptions (Line 26)            | 8,100  |
| Total Tax (Line 39)             | 3,176  |
| Amount Overpaid (Line 47)       | 1,074  |