

## TaxSlayer Pro Example Tax Returns

### **Exercise Number Two (Itemized Deductions)**

**Forms Included:** Form 1040, Schedule A, Schedule B

*Client's Social Security Number* 400-00-4703

*Filing Status* Married Filing Joint

*Taxpayer's Date of Birth* 03/01/1967

*Spouse's Date of Birth* 06/15/1968

*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* 400-00-4704

*Street Address* 389 Davant Street

*Zip Code* 32920 (Cape Canaveral, Florida)

*Daytime Telephone* 904-868-0985

*Taxpayer's Occupation* Astronaut

*Secondary's Occupation* Nurse

#### **Dependent Information**

*First Dependent Name* Brandon D. Kirk

*Dependent's Birthday* 05/03/2001

*Dependent's SSN* 400-00-5557

*Relationship* Son

*Number of Months Lived in Home* 12

(Qualifies for Child Tax Credit)

*Second Dependent Name* Andrea D. Kirk

*Dependent's Birthday* 08/01/2003

*Dependent's SSN* 400-00-5588

*Relationship* Niece

*Number of Months Lived in Home* 12

#### **Health Care Coverage Information:**

Mr. Kirk's entire family is enrolled under employer sponsored health insurance.

Health insurance was NOT purchased through the Exchange.

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**W-2 Information**

**Taxpayer**

<i>Employer Identification Number</i>	58-6987451
<i>Employer Name/Address</i>	NASA 101 Cape Canaveral Way Cape Canaveral, FL 32920
<i>Wages</i>	94600.00
<i>Federal Withholding</i>	12000.00
<i>State</i>	FL
<i>State ID Number</i>	None
<i>State Tax Withheld</i>	None

**Spouse**

<i>Employer Identification Number</i>	58-6412038
<i>Employer Name/Address</i>	RCS 610 Ronald Reagan Drive Evans, GA 30809
<i>Wages</i>	42100.00
<i>Federal Withholding</i>	5200.00
<i>State</i>	GA
<i>State ID Number</i>	28-594178
<i>State Tax Withheld</i>	740.00

**Schedule B Information:**

**Regular Interest**

<i>Payer's Name</i>	Bank of America
<i>Interest Income from 1099</i>	2420.00

**Regular Dividend**

<i>Payer's Name</i>	Bank of America
<i>Total Ordinary Dividends</i>	315.00

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**Schedule A Information:**

<i>Medical and Dental Insurance</i>	12600.00	
<i>Amount Paid to Doctors/Dentists</i>		
<i>Supporting Notes</i>	Dr John Gillespie	5100.00
	Dr Frank Willingham	2600.00
<i>Prescriptions:</i>	1425.00	
<i>Medical Mileage</i>	1200 miles	
<i>Real Estate Taxes</i>	2100.00	
<i>Personal Property Taxes</i>	515.00	
<i>Supporting Notes</i>	Automobile Tags	
<i>Interest Paid</i>		
<i>Mortgage Interest from a 1098</i>	6200.00	
<i>Gifts to Charity</i>		
<i>Cash Contributions</i>	3600.00	
<i>Non-Cash</i>	486.00	
<i>Miscellaneous Deductions ( 2 %)</i>		
<i>Tax Return Prep</i>	350.00	
<i>Safe Deposit Box Rental</i>	240.00	
<i>Unreimbursed Employee Expenses</i>		
<i>Uniforms</i>	3620.00	
<b><i>Employee Business Expense (2106)</i></b>		
<i>Spouse's Form 2106:</i>		
<i>Type of Occupation</i>	Nurse	
 <i>Vehicle Expenses</i>		
<i>Description</i>	Atlanta Nursing Seminars	
	Date Vehicle Placed in Service: 02/01/15	
	Total Miles Driven: 15625	
	Business Miles 2175	
	Avg. Daily Commuting Miles: 20	
	Commuting Miles in Total: 5230	
 <i>Travel Expenses</i>	Amount: \$765.00	

FINAL REFUND: \$1,531