EMPLOYER B

Form W-4 (1999)

Purpose. Complete Form W-4 so your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7, and sign the form to validate it. Your exemption for 1999 expires February 16, 2000.

Note: *You cannot claim exemption from withholding if (1) your income exceeds $700 and includes more than $250 of unearned income (e.g., interest and dividends) and (2) another person can claim you as a dependent on their tax return.*

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply. They will help you figure the number of withholding allowances you are entitled to claim. **However, you may claim fewer allowances.**

Child tax and higher education credits. For details on adjusting withholding for these and other credits, see **Pub. 919,** Is My Withholding Correct for 1999?

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line **E** below.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form 1040-ES. Otherwise, you may owe additional tax.

Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding will usually be most accurate when all allowances are claimed on the Form W-4 prepared for the highest paying job and zero allowances are claimed for the others.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your estimated total annual tax. Get Pub. 919 especially if you used the Two-Earner/Two-Job Worksheet and your earnings exceed $150,000 (Single) or $200,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 for a new social security card.

Personal Allowances Worksheet

A Enter "1" for **yourself** if no one else can claim you as a dependent . . . . . A _____

B Enter "1" if: { • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are $1,000 or less. } . . B _____

C Enter "1" for your **spouse.** But, you may choose to enter -0- if you are married and have either a working spouse or more than one job. (This may help you avoid having too little tax withheld.). . . . . C _____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . . D _____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . E _____

F Enter "1" if you have at least $1,500 of **child or dependent care expenses** for which you plan to claim a credit . . F _____

G **Child Tax Credit:** • If your total income will be between $20,000 and $50,000 ($23,000 and $63,000 if married), enter "1" for each eligible child. • If your total income will be between $50,000 and $80,000 ($63,000 and $115,000 if married), enter "1" if you have two eligible children, enter "2" if you have three or four eligible children, or enter "3" if you have five or more eligible children . . G _____

H Add lines A through G and enter total here. **Note:** This amount may be different from the number of exemptions you claim on your return. ▶ H _____

For accuracy, complete all worksheets that apply. { • If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are **single,** have **more than one job** and your combined earnings from all jobs exceed $32,000, OR if you are **married** and have a **working spouse or more than one job** and the combined earnings from all jobs exceed $55,000, see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld. • If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Cut here and give the certificate to your employer. Keep the top part for your records.

Form **W-4** Department of the Treasury Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ **For Privacy Act and Paperwork Reduction Act Notice, see page 2.**

OMB No. 1545-0010 **1999**

1 Type or print your first name and middle initial: David W. Last name: Green 2 Your social security number: 999 00 7654

Home address (number and street or rural route): 1234 Main Street 3 ☒ Single ☐ Married ☐ Married, but withhold at higher Single rate. **Note:** *If married, but legally separated, or spouse is a nonresident alien, check the Single box.*

City or town, state, and ZIP code: Middletown, WI 87654 4 If your last name differs from that on your social security card, check here. **You** must call 1-800-772-1213 for a new card . . . ▶ ☐

5 Total number of allowances you are claiming (from line H above or from the worksheets on page 2 if they apply) . 5 0

6 Additional amount, if any, you want withheld from each paycheck . . . . . 6 $

7 I claim exemption from withholding for 1999, and I certify that I meet **BOTH** of the following conditions for exemption:
• Last year I had a right to a refund of **ALL** Federal income tax withheld because I had **NO** tax liability **AND**
• This year I expect a refund of **ALL** Federal income tax withheld because I expect to have **NO** tax liability.
If you meet both conditions, write "EXEMPT" here . . . . . ▶ 7

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.

Employee's signature (Form is not valid unless you sign it) ▶ David W. Green. **Date** ▶ June 1, 2000

8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS) 9 Office code (optional) 10 Employer identification number

Cat. No. 10220Q

EMPLOYER A

Form W-4 (1999)

Purpose. Complete Form W-4 so your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7, and sign the form to validate it. Your exemption for 1999 expires February 16, 2000.

Note: *You cannot claim exemption from withholding if (1) your income exceeds $700 and includes more than $250 of unearned income (e.g., interest and dividends) and (2) another person can claim you as a dependent on their tax return.*

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply. They will help you figure the number of withholding allowances you are entitled to claim. **However, you may claim fewer allowances.**

Child tax and higher education credits. For details on adjusting withholding for these and other credits, see **Pub. 919,** Is My Withholding Correct for 1999?

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line **E** below.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form 1040-ES. Otherwise, you may owe additional tax.

Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding will usually be most accurate when all allowances are claimed on the Form W-4 prepared for the highest paying job and zero allowances are claimed for the others.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your estimated total annual tax. Get Pub. 919 especially if you used the Two-Earner/Two-Job Worksheet and your earnings exceed $150,000 (Single) or $200,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 for a new social security card.

Personal Allowances Worksheet

A Enter "1" for **yourself** if no one else can claim you as a dependent . . . . . A 1

B Enter "1" if: { • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are $1,000 or less. } . . B _____

C Enter "1" for your **spouse.** But, you may choose to enter -0- if you are married and have either a working spouse or more than one job. (This may help you avoid having too little tax withheld.). . . . . C _____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . . D _____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . E _____

F Enter "1" if you have at least $1,500 of **child or dependent care expenses** for which you plan to claim a credit . . F _____

G **Child Tax Credit:** • If your total income will be between $20,000 and $50,000 ($23,000 and $63,000 if married), enter "1" for each eligible child. • If your total income will be between $50,000 and $80,000 ($63,000 and $115,000 if married), enter "1" if you have two eligible children, enter "2" if you have three or four eligible children, or enter "3" if you have five or more eligible children . . G _____

H Add lines A through G and enter total here. **Note:** This amount may be different from the number of exemptions you claim on your return. ▶ H 1

For accuracy, complete all worksheets that apply. { • If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are **single,** have **more than one job** and your combined earnings from all jobs exceed $32,000, OR if you are **married** and have a **working spouse or more than one job** and the combined earnings from all jobs exceed $55,000, see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld. • If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Cut here and give the certificate to your employer. Keep the top part for your records.

Form **W-4** Department of the Treasury Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ **For Privacy Act and Paperwork Reduction Act Notice, see page 2.**

OMB No. 1545-0010 **1999**

1 Type or print your first name and middle initial: David W. Last name: 2 Your social security number: 999 00 7654

Home address (number and street or rural route): 1234 Main Street 3 ☒ Single ☐ Married ☐ Married, but withhold at higher Single rate. **Note:** *If married, but legally separated, or spouse is a nonresident alien, check the Single box.*

City or town, state, and ZIP code: Middletown, WI 87654 4 If your last name differs from that on your social security card, check here. **You** must call 1-800-772-1213 for a new card . . . ▶ ☐

5 Total number of allowances you are claiming (from line H above or from the worksheets on page 2 if they apply) . 5 1

6 Additional amount, if any, you want withheld from each paycheck . . . . . 6 $ 2

7 I claim exemption from withholding for 1999, and I certify that I meet **BOTH** of the following conditions for exemption:
• Last year I had a right to a refund of **ALL** Federal income tax withheld because I had **NO** tax liability **AND**
• This year I expect a refund of **ALL** Federal income tax withheld because I expect to have **NO** tax liability.
If you meet both conditions, write "EXEMPT" here . . . . . ▶ 7

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.

Employee's signature (Form is not valid unless you sign it) ▶ David W. Green. **Date** ▶ May 15, 2000

8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS) 9 Office code (optional) 10 Employer identification number

Cat. No. 10220Q

Form **1040EZ**

Department of the Treasury—Internal Revenue Service

Income Tax Return for Single and Joint Filers With No Dependents **1999** OMB No. 1545-0675

Use the IRS label here

Your first name and initial: Joseph K. Last name: Red

If a joint return, spouse's first name and initial: Last name:

Home address (number and street). If you have a P.O. box, see page 10. Apt. no.: 615 Poplar Drive

City, town or post office, state, and ZIP code. If you have a foreign address, see page 10.: Anytown, OH 45201

Your social security number: 987 00 4321

Spouse's social security number:

▲ **IMPORTANT!** ▲ You **must** enter your SSN(s) above.

Presidential Election Campaign (See page 10.)

Note: *Checking "Yes" will not change your tax or reduce your refund.*

Do you want $3 to go to this fund? ▶ Yes [X] No [ ]

If a joint return, does your spouse want $3 to go to this fund? ▶ Yes [ ] No [ ]

		Dollars	Cents
Income — Attach Copy B of Form(s) W-2 here. Enclose, but do not staple, any payment.	**1** Total wages, salaries, and tips. This should be shown in box 1 of your W-2 form(s). Attach your W-2 form(s). 1	2,250	00
	2 Taxable interest. If the total is over $400, you cannot use Form 1040EZ. 2		
	3 Unemployment compensation, qualified state tuition program earnings, and Alaska Permanent Fund dividends (see page 11). 3		
	4 Add lines 1, 2, and 3. This is your **adjusted gross income.** 4	2,250	00
Note: *You must check Yes or No.*	**5** Can you parents (or someone else) claim you on their return? **Yes.** Enter amount from worksheet on back. [X] **No.** If **single,** enter 7,050.00. If **married,** enter 12,700.00. See back for explanation. 5	2,500	00
	6 Subtract line 5 from line 4. If line 5 is larger than line 4, enter 0. This is your **taxable income.** ▶ 6	0	00
Payments and tax	**7** Enter your Federal income tax withheld from box 2 of your W-2 form(s). 7	30	00
	8a Earned income credit (see page 12). **b** Nontaxable earned income: enter type and amount below. Type: $ 8a		
	9 Add lines 7 and 8a. These are your **total payments.** 9	30	00
	10 Tax. Use the amount on **line 6 above** to find your tax in the tax table on pages 20–24 of the booklet. Then, enter the tax from the table on this line. 10	0	00
Refund — Have it directly deposited! See page 15 and fill in 11b, 11c, and 11d.	**11a** If line 9 is larger than line 10, subtract line 10 from line 9. This is your **refund.** 11a	30	00
	▶ **b** Routing number ▶		
	▶ **c** Type: Checking [ ] Savings [ ] **d** Account number		
Amount you owe	**12** If line 10 is larger than line 9, subtract line 9 from line 10. This is the **amount you owe.** See page 17 for details on how to pay. 12		

I have read this return. Under penalties of perjury, I declare that to the best of my knowledge and belief, the return is true, correct, and accurately lists all amounts and sources of income I received during the tax year.

Sign here ▶ Your signature: Joseph K. Red — Spouse's signature if joint return. See page 10.

Keep copy for your records. Date: 3-9-2000 — Your occupation: Gas Station Attendant — Date — Spouse's occupation

For Official Use Only: 1 2 3 4 5 / 6 7 8 9 10

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 19. Cat. No. 11329W 1999 Form 1040EZ

Use this form if

- Your filing status is single or married filing jointly.
- You do not claim any dependents.
- You do not claim a student loan interest deduction (see page 7) or an education credit.
- You had **only** wages, salaries, tips, taxable scholarship or fellowship grants, unemployment compensation, qualified state tuition program earnings, or Alaska Permanent Fund dividends, and your taxable interest income was not over $400. **But** if you earned tips, including allocated tips, that are not included in box 5 and box 7 of your W-2, you may not be able to use Form 1040EZ. See page 11. If you are planning to use Form 1040EZ for a child who received Alaska Permanent Fund dividends, see page 11.
- You did not receive any advance earned income credit payments.
- You (and your spouse if married) were under 65 on January 1, 2000, and not blind at the end of 1999.
- Your taxable income (line 6) is less than $50,000.

If you are not sure about your filing status, see page 10. If you have questions about dependents, use TeleTax topic 354 (see page 6). If you **cannot use this form,** use TeleTax topic 352 (see page 6).

Filling in your return

For tips on how to avoid common mistakes, see page 25.

Enter your (and your spouse's if married) social security number on the front. Because this form is read by a machine, please print your numbers inside the boxes like this: 9 8 7 6 5 4 3 2 1 0 Do not type your numbers. Do not use dollar signs.

If you received a scholarship or fellowship grant or tax-exempt interest income, such as on municipal bonds, see the booklet before filling in the form. Also, see the booklet if you received a Form 1099-INT showing Federal income tax withheld or if Federal income tax was withheld from your unemployment compensation or Alaska Permanent Fund dividends.

Remember, you must report all wages, salaries, and tips even if you do not get a W-2 form from your employer. You must also report all your taxable interest, including interest from banks, savings and loans, credit unions, etc., even if you do not get a Form 1099-INT.

Worksheet for dependents who checked "Yes" on line 5

(keep a copy for your records)

Use this worksheet to figure the amount to enter on line 5 if someone can claim you (or your spouse if married) as a dependent, even if that person chooses not to do so. To find out if someone can claim you as a dependent, use TeleTax topic 354 (see page 6).

A. Amount, if any, from line 1 on front 2,250.00 + 250.00 Enter total ▶	**A.**	2,250.00
B. Minimum standard deduction	**B.**	700.00
C. Enter the LARGER of line A or line B here	**C.**	2,500.00
D. Maximum standard deduction. If **single,** enter 4,300.00; if **married,** enter 7,200.00	**D.**	4,300.00
E. Enter the SMALLER of line C or line D here. This is your standard deduction	**E.**	2,500.00
F. Exemption amount. • If single, enter 0. • If married and— —both you and your spouse can be claimed as dependents, enter 0. —only one of you can be claimed as a dependent, enter 2,750.00.	**F.**	0.00
G. Add lines E and F. Enter the total here and on line 5 on the front	**G.**	2,500.00

If you checked "No" on line 5 because no one can claim you (or your spouse if married) as a dependent, enter on line 5 the amount shown below that applies to you.

- Single, enter 7,050.00. This is the total of your standard deduction (4,300.00) and your exemption (2,750.00).
- Married, enter 12,700.00. This is the total of your standard deduction (7,200.00), your exemption (2,750.00), and your spouse's exemption (2,750.00).

Mailing return

Mail your return by **April 17, 2000.** Use the envelope that came with your booklet. If you do not have that envelope, see page 28 for the address to use.

Paid preparer's use only

See page 17.

Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income received during the tax year. This declaration is based on all information of which I have any knowledge.

Preparer's signature ▶ — Date — Check if self-employed [ ] — Preparer's SSN or PTIN

Firm's name (or yours if self-employed) and address ▶ — EIN — ZIP code

Printed on recycled paper

CASE STUDY B

CASE STUDY C

Department of the Treasury—Internal Revenue Service

Form **1040EZ** **Income Tax Return for Single and Joint Filers With No Dependents** **1999** OMB No. 1545-0675

Use the IRS label here

Your first name and initial: Susan A. Last name: Black

If a joint return, spouse's first name and initial: Last name:

Home address (number and street). If you have a P.O. box, see page 10.: 601 Turnbolt Street Apt. no.:

City, town or post office, state, and ZIP code. If you have a foreign address, see page 10.: Robin, MI 48200

Your social security number: 987 00 2080

Spouse's social security number:

▲ IMPORTANT! ▲ You **must** enter your SSN(s) above.

Presidential Election Campaign (See page 10.)

Note: *Checking "Yes" will not change your tax or reduce your refund.*

Do you want $3 to go to this fund? ▶ Yes [X] No [ ]

If a joint return, does your spouse want $3 to go to this fund? ▶ Yes [ ] No [ ]

		Dollars	Cents
Income			
Attach Copy B of Form(s) W-2 here. Enclose, but do not staple, any payment.	**1** Total wages, salaries, and tips. This should be shown in box 1 of your W-2 form(s). Attach your W-2 form(s). 1	9,990	00
	2 Taxable interest. If the total is over $400, you cannot use Form 1040EZ. 2	45	00
	3 Unemployment compensation, qualified state tuition program earnings, and Alaska Permanent Fund dividends (see page 11). 3		
	4 Add lines 1, 2, and 3. This is your **adjusted gross income.** 4	10,035	00
Note: *You **must** check Yes or No.*	**5** Can your parents (or someone else) claim you on their return? **Yes.** Enter amount from worksheet on back. [ ] **No.** [X] If **single,** enter 7,050.00. If **married,** enter 12,700.00. See back for explanation. 5	7,050	00
	6 Subtract line 5 from line 4. If line 5 is larger than line 4, enter 0. This is your **taxable income.** ▶ 6	2,985	00
Payments and tax	**7** Enter your Federal income tax withheld from box 2 of your W-2 form(s). 7	745	00
	8a **Earned income credit** (see page 12). **b** Nontaxable earned income: enter type and amount below. Type: $ 8a		
	9 Add lines 7 and 8a. These are your **total payments.** 9	745	00
	10 **Tax.** Use the amount on **line 6 above** to find your tax in the tax table on pages 20–24 of the booklet. Then, enter the tax from the table on this line. 10	448	00
Refund	**11a** If line 9 is larger than line 10, subtract line 10 from line 9. This is your **refund.** 11a	297	00
Have it directly deposited! See page 15 and fill in 11b, 11c, and 11d.	▶ **b** Routing number ▶		
	▶ **c** Type: Checking [ ] Savings [ ] **d** Account number ▶		
Amount you owe	**12** If line 10 is larger than line 9, subtract line 9 from line 10. This is the **amount you owe.** See page 17 for details on how to pay. 12		

I have read this return. Under penalties of perjury, I declare that to the best of my knowledge and belief, the return is true, correct, and accurately lists all amounts and sources of income I received during the tax year.

Sign here ▶ Keep copy for your records.

Your signature: Susan A. Black

Date: 4-03-00 Your occupation: Receptionist

Spouse's signature if joint return. See page 10.

Date: Spouse's occupation:

For Official Use Only: 1 2 3 4 5 / 6 7 8 9 10

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 19. Cat. No. 11329W 1999 Form 1040EZ

Form **1040A** Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return 1999

IRS Use Only—Do not write or staple in this space. OMB No. 1545-0085

Label (See page 19.) **Use the IRS label.** Otherwise, please print or type.

LABEL HERE

Your first name and initial	Last name	Your social security number
Eric H.	Gray	059 00 3212
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see page 19.	Apt. no.	
514 Tenth Street		
City, town or post office, state, and ZIP code. If you have a foreign address, see page 19.		
Bryan, KY 54612		

▲ **IMPORTANT!** ▲ You **must** enter your SSN(s) above.

Presidential Election Campaign Fund (See page 20.)

	Yes	No
Do you want $3 to go to this fund?	X	
If a joint return, does your spouse want $3 to go to this fund?		

Note: *Checking "Yes" will not change your tax or reduce your refund.*

Filing status Check only one box.

1 ☒ Single
2 ☐ Married filing joint return (even if only one had income)
3 ☐ Married filing separate return. Enter spouse's social security number above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See page 21.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19). (See page 22.)

Exemptions

6a ☐ **Yourself.** If your parent (or someone else) can claim you as a dependent on his or her tax return, **do not** check box 6a.
b ☐ **Spouse**

No. of boxes checked on 6a and 6b 0

c **Dependents:** If more than seven dependents, see page 22.

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qualifying child for child tax credit (see page 23)
			☐
			☐
			☐
			☐
			☐
			☐
			☐

No. of your children on 6c who:
• **lived with you** ___
• **did not live with you due to divorce or separation (see page 24)** ___
Dependents on 6c not entered above ___

d Total number of exemptions claimed. **Add numbers entered on lines above** 0

Income Attach Copy B of your Forms W-2 here. Also attach Form 1099-R if tax was withheld. If you did not get a W-2, see page 25. Enclose, but do not staple, any payment.

7	Wages, salaries, tips, etc. Attach Form(s) W-2.	7	
8a	**Taxable** interest. Attach Schedule 1 if required.	8a	3200 00
b	**Tax-exempt** interest. DO NOT include on line 8a. 8b		
9	Ordinary dividends. Attach Schedule 1 if required.	9	910 00
10a	Total IRA distributions. 10a — **10b** Taxable amount (see page 25).	10b	
11a	Total pensions and annuities. 11a — **11b** Taxable amount (see page 26).	11b	
12	Unemployment compensation, qualified state tuition program earnings, and Alaska Permanent Fund dividends.	12	
13a	Social security benefits. 13a — **13b** Taxable amount (see page 29).	13b	
14	Add lines 7 through 13b (far right column). This is your **total income.** ▶	14	4100 00

Adjusted gross income

15	IRA deduction (see page 30). 15		
16	Student loan interest deduction (see page 31). 16		
17	Add lines 15 and 16. These are your **total adjustments.**	17	
18	Subtract line 17 from line 14. This is your **adjusted gross income.** ▶	18	4100 00

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 54. Cat. No. 11327A **1999 Form 1040A**

Taxable income

19	Enter the amount from line 18.	19	4100 00
20a	Check if: ☐ You were 65 or older ☐ Blind; ☐ Spouse was 65 or older ☐ Blind — **Enter number of boxes checked** ▶ 20a		
b	If you are married filing separately and your spouse itemizes deductions, see page 32 and check here ▶ 20b ☐		
21	Enter the **standard deduction** for your filing status. **But** see page 33 if you checked any box on line 20a or 20b **OR** if someone can claim you as a dependent. • Single—$4,300 • Married filing jointly or Qualifying widow(er)—$7,200 • Head of household—$6,350 • Married filing separately—$3,600	21	3450 00
22	Subtract line 21 from line 19. If line 21 is more than line 19, enter -0-.	22	660 00
23	Multiply $2,750 by the total number of exemptions claimed on line 6d.	23	
24	Subtract line 23 from line 22. If line 23 is more than line 22, enter -0-. This is your **taxable income.** ▶	24	660 00

Tax, credits, and payments

25	Find the tax on the amount on line 24 (see page 33).			25	99 00
26	Credit for child and dependent care expenses. Attach Schedule 2.	26			
27	Credit for the elderly or the disabled. Attach Schedule 3.	27			
28	Child tax credit (see page 35).	28			
29	Education credits. Attach Form 8863.	29			
30	Adoption credit. Attach Form 8839.	30			
31	Add lines 26 through 30. These are your **total credits.**			31	
32	Subtract line 31 from line 25. If line 31 is more than line 25, enter -0-.			32	99 00
33	Advance earned income credit payments from Form(s) W-2.			33	
34	Add lines 32 and 33. This is your **total tax.** ▶			34	99 00
35	Total Federal income tax withheld from Forms W-2 and 1099.	35	145 00		
36	1999 estimated tax payments and amount applied from 1998 return.	36			
37a	**Earned income credit.** Attach Schedule EIC if you have a qualifying child.	37a			
b	Nontaxable earned income: amount ▶ and type ▶				
38	Additional child tax credit. Attach Form 8812.	38			
39	Add lines 35, 36, 37a, and 38. These are your **total payments.** ▶			39	145 00

Refund Have it directly deposited! See page 48 and fill in 41b, 41c, and 41d.

40	If line 39 is more than line 34, subtract line 34 from line 39. This is the amount you **overpaid.**	40	46 00
41a	Amount of line 40 you want **refunded to you.**	41a	46 00
▶ b	Routing number ▶ c Type: ☐ Checking ☐ Savings		
▶ d	Account number		
42	Amount of line 40 you want **applied to your 2000 estimated tax.** 42		

Amount you owe

43	If line 34 is more than line 39, subtract line 39 from line 34. This is the **amount you owe.** For details on how to pay, see page 49.	43	
44	Estimated tax penalty (see page 49). 44		

Sign here Joint return? See page 20. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature	Date	Your occupation	Daytime telephone number (optional)
Eric H. Gray	1-15-2000	Clerk	( )
Spouse's signature. If joint return, BOTH must sign.	Date	Spouse's occupation	

Paid preparer's use only

Preparer's signature	Date	Check if self-employed ☐	Preparer's SSN or PTIN
Firm's name (or yours if self-employed) and address			EIN
			ZIP code

CASE STUDY D

Schedule 1 (Form 1040A) Department of the Treasury—Internal Revenue Service

Interest and Ordinary Dividends for Form 1040A Filers **1999**

OMB No. 1545-0085

Name(s) shown on Form 1040A: Eric H. Grey

Your social security number: 059 :00: 3212

Part I **Interest** (See pages 24 and 56.)

Note: *If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, enter the firm's name and the total interest shown on that form.*

		Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page 56 and list this interest first. Also, show that buyer's social security number and address. Bryan National Bank	910 00
2	Add the amounts on line 1.	910 00
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989 from Form 8815, line 14. You **must** attach Form 8815 to Form 1040A.	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040A, line 8a.	910 00

Part II **Ordinary dividends** (See pages 24 and 56.)

Note: *If you received a Form 1099-DIV or substitute statement from a brokerage firm, enter the firm's name and the ordinary dividends shown on that form.*

		Amount
5	List name of payer	
6	Add the amounts on line 5. Enter the total here and on Form 1040A, line 9.	

For Paperwork Reduction Act Notice, see Form 1040A Instructions. Cat. No. 12075R **1999 Schedule 1 (Form 1040A)**

Standard Deduction Worksheet for Dependents—Line 21

Keep for Your Records

CAUTION

Use this worksheet ONLY if someone can claim you (or your spouse if married filing jointly) as a dependent.

1. Add $250 to the amount from Form 1040A, line 7. Enter the total 1. 3450 00
2. Minimum standard deduction 2. 700.00
3. Enter the **larger** of line 1 or line 2 . . . . . 3. 3450 00
4. Enter the amount shown below for your filing status:
   - Single, enter $4,300
   - Married filing separately, enter $3,600
   - Married filing jointly or Qualifying widow(er), enter $7,200
   - Head of household, enter $6,350

   . . . . . 4. 4300 00
5. **Standard deduction.**
   - **a.** Enter the **smaller** of line 3 or line 4. If under 65 and not blind, stop here and enter this amount on Form 1040A, line 21. Otherwise, go to line 5b 5a. 3450 00
   - **b.** If 65 or older or blind, multiply the number on Form 1040A, line 20a, by $1,050 if single or head of household; $850 if married filing jointly or separately, or qualifying widow(er) . . . . . 5b. _____
   - **c.** Add lines 5a and 5b. Enter the total here and on Form 1040A, line 21 . . . . . 5c. _____

1999 Form 1040A page 2

Taxable income

19	Enter the amount from line 18.	19	2767 00
20a	Check if: ☐ You were 65 or older ☐ Blind ☐ Spouse was 65 or older ☐ Blind — Enter number of boxes checked ▶ 20a		
b	If you are married filing separately and your spouse itemizes deductions, see page 32 and check here ▶ 20b ☐		
21	Enter the **standard deduction** for your filing status. **But** see page 33 if you checked any box on line 20a or 20b **OR** if someone can claim you as a dependent. • Single—$4,300 • Married filing jointly or Qualifying widow(er)—$7,200 • Head of household—$6,350 • Married filing separately—$3,600	21	2200 00
22	Subtract line 21 from line 19. If line 21 is more than line 19, enter -0-.	22	567 00
23	Multiply $2,750 by the total number of exemptions claimed on line 6d.	23	
24	Subtract line 23 from line 22. If line 23 is more than line 22, enter -0-. This is your **taxable income.** ▶	24	567 00

Tax, credits, and payments

25	Find the tax on the amount on line 24 (see page 33).		25	84 00
26	Credit for child and dependent care expenses. Attach Schedule 2.	26		
27	Credit for the elderly or the disabled. Attach Schedule 3.	27		
28	Child tax credit (see page 35).	28		
29	Education credits. Attach Form 8863.	29		
30	Adoption credit. Attach Form 8839.	30		
31	Add lines 26 through 30. These are your **total credits.**		31	
32	Subtract line 31 from line 25. If line 31 is more than line 25, enter -0-.		32	84 00
33	Advance earned income credit payments from Form(s) W-2.		33	
34	Add lines 32 and 33. This is your **total tax.**		▶ 34	84 00
35	Total Federal income tax withheld from Forms W-2 and 1099.	35	12 00	
36	1999 estimated tax payments and amount applied from 1998 return.	36		
37a	**Earned income credit.** Attach Schedule EIC if you have a qualifying child.	37a		
b	Nontaxable earned income: amount ▶ and type ▶			
38	Additional child tax credit. Attach Form 8812.	38		
39	Add lines 35, 36, 37a, and 38. These are your **total payments.**		▶ 39	12 00

Refund

Have it directly deposited! See page 48 and fill in 41b, 41c, and 41d.

40	If line 39 is more than line 34, subtract line 34 from line 39. This is the amount you **overpaid.**		40
41a	Amount of line 40 you want **refunded to you.**		41a
▶ b	Routing number ▶ c Type: ☐ Checking ☐ Savings		
▶ d	Account number		
42	Amount of line 40 you want **applied to your 2000 estimated tax.**	42	

Amount you owe

43	If line 34 is more than line 39, subtract line 39 from line 34. This is the **amount you owe.** For details on how to pay, see page 49.		43 72 00
44	Estimated tax penalty (see page 49).	44	

Sign here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Joint return? See page 20. Keep a copy for your records.

Your signature	Date	Your occupation	Daytime telephone number (optional)
Lisa M. White	4-12-2000	Clerk	( )
Spouse's signature. If joint return, BOTH must sign.	Date	Spouse's occupation	

Paid preparer's use only

Preparer's signature ▶	Date	Check if self-employed ☐	Preparer's SSN or PTIN
Firm's name (or yours if self-employed) and address ▶			EIN / ZIP code

Printed on recycled paper

Form **1040A** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return 1999** IRS Use Only—Do not write or staple in this space. OMB No. 1545-0085

Label (See page 19.) **Use the IRS label.** Otherwise, please print or type.

LABEL HERE

Your first name and initial: Lisa M	Last name: White	Your social security number: 821 00 1234
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see page 19.: 215 Rogers Street	Apt. no.	▲IMPORTANT!▲ You **must** enter your SSN(s) above.
City, town or post office, state, and ZIP code. If you have a foreign address, see page 19.: Garden, LA 64132		

Presidential Election Campaign Fund (See page 20.)

	Yes	No
Do you want $3 to go to this fund?		X
If a joint return, does your spouse want $3 to go to this fund?		

Note: *Checking "Yes" will not change your tax or reduce your refund.*

Filing status Check only one box.

1 ☒ Single
2 ☐ Married filing joint return (even if only one had income)
3 ☐ Married filing separate return. Enter spouse's social security number above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See page 21.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19). (See page 22.)

Exemptions

6a ☐ **Yourself.** If your parent (or someone else) can claim you as a dependent on his or her tax return, **do not** check box 6a.
b ☐ **Spouse**

No. of boxes checked on 6a and 6b: 0

c **Dependents:** If more than seven dependents, see page 22.

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qualifying child for child tax credit (see page 23)
			☐
			☐
			☐
			☐
			☐
			☐
			☐

No. of your children on 6c who: • lived with you ___ • did not live with you due to divorce or separation (see page 24) ___ Dependents on 6c not entered above ___

d Total number of exemptions claimed. Add numbers entered on lines above: 0

Income Attach Copy B of your Forms W-2 here. Also attach Form 1099-R if tax was withheld. If you did not get a W-2, see page 25. Enclose, but do not staple, any payment.

7	Wages, salaries, tips, etc. Attach Form(s) W-2.		7	1950 00
8a	**Taxable** interest. Attach Schedule 1 if required.		8a	817 00
b	**Tax-exempt** interest. DO NOT include on line 8a.	8b		
9	Ordinary dividends. Attach Schedule 1 if required.		9	
10a	Total IRA distributions.	10a	10b Taxable amount (see page 25). 10b	
11a	Total pensions and annuities.	11a	11b Taxable amount (see page 26). 11b	
12	Unemployment compensation, qualified state tuition program earnings, and Alaska Permanent Fund dividends.		12	
13a	Social security benefits.	13a	13b Taxable amount (see page 29). 13b	
14	Add lines 7 through 13b (far right column). This is your **total income.**		▶ 14	2767 00

Adjusted gross income

15	IRA deduction (see page 30).	15		
16	Student loan interest deduction (see page 31).	16		
17	Add lines 15 and 16. These are your **total adjustments.**		17	
18	Subtract line 17 from line 14. This is your **adjusted gross income.**		▶ 18	2767 00

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 54. Cat. No. 11327A **1999 Form 1040A**

Schedule 1 (Form 1040A) Department of the Treasury—Internal Revenue Service
Interest and Ordinary Dividends for Form 1040A Filers **1999**
OMB No. 1545-0085

Name(s) shown on Form 1040A: Lisa M. White
Your social security number: 821 :00: 1234

Part I Interest (See pages 24 and 56.)

Note: *If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, enter the firm's name and the total interest shown on that form.*

		Amount
1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page 56 and list this interest first. Also, show that buyer's social security number and address.		
Garden National Bank	1	817 00
2 Add the amounts on line 1.	2	817 00
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989 from Form 8815, line 14. You **must** attach Form 8815 to Form 1040A.	3	
4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, line 8a.	4	817 00

Part II Ordinary dividends (See pages 24 and 56.)

Note: *If you received a Form 1099-DIV or substitute statement from a brokerage firm, enter the firm's name and the ordinary dividends shown on that form.*

		Amount
5 List name of payer	5	
6 Add the amounts on line 5. Enter the total here and on Form 1040A, line 9.	6	

For Paperwork Reduction Act Notice, see Form 1040A Instructions. Cat. No. 12075R **1999 Schedule 1 (Form 1040A)**

Standard Deduction Worksheet for Dependents—Line 21

Keep for Your Records

Use this worksheet ONLY if someone can claim you (or your spouse if married filing jointly) as a dependent.

1. Add $250 to the amount from Form 1040A, line 7. Enter the total	1.	2200 00
2. Minimum standard deduction	2.	700.00
3. Enter the **larger** of line 1 or line 2	3.	2200 00
4. Enter the amount shown below for your filing status: • Single, enter $4,300 • Married filing separately, enter $3,600 • Married filing jointly or Qualifying widow(er), enter $7,200 • Head of household, enter $6,350	4.	4300 00
5. Standard deduction.		
a. Enter the **smaller** of line 3 or line 4. If under 65 and not blind, stop here and enter this amount on Form 1040A, line 21. Otherwise, go to line 5b	5a.	2200 00
b. If 65 or older or blind, multiply the number on Form 1040A, line 20a, by $1,050 if single or head of household; $850 if married filing jointly or separately, or qualifying widow(er)	5b.	
c. Add lines 5a and 5b. Enter the total here and on Form 1040A, line 21	5c.	

NOTES