TEST # 1

FORMS REQUIRED: FORM 1040EZ, FORM 1310

INFORMATION RETURNS ATTACHED: FORM W-2 (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040EZ, LINE 2: 270

STATEMENTS:

OTHER: DIRECT DEPOSIT
DEPENDENT OF ANOTHER

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: **NAME:** TEST N ERTIA **AGE:** 15 **SSN:** 400-00-1001
OCCUPATION: COOK **PRES ELEC FUND:** NO
DISABLED: NO **BLIND:** NO
DAYTIME PHONE: 305-678-9012

CHECK DIGITS FROM IRS LABEL: FY

ADDRESS: 215 LAID BACK WAY
LAZY POINT, NY 11930-2150

FILING STATUS: SINGLE
TAXPAYER DIED 10/15/2002

FORM 1310:

NAME OF DECEDENT:	TEST N ERTIA
DATE OF DEATH:	10/15/2002
DECEDENT'S SSN:	400-00-1001
NAME OF PERSON CLAIMING REFUND:	JOHN X ERTIA
PERSON CLAIMING REFUND SSN:	400-55-1001
HOME ADDRESS:	215 LAID BACK WAY
CITY, STATE, ZIP:	LAZY POINT, NY 11930-2150

PART I:
LINE C: X

PART II:
LINE 1: NO
LINE 2(A): NO
LINE 2(B): NO
LINE 3: YES

DIRECT DEPOSIT: **NAME OF INSTITUTION:** LAST SAVINGS BANK
RTN: 012456778
ACCT #: 111-222-3456
TYPE OF ACCT: SAVINGS

ETD TRANSMISSION:
FORM 4868:

LINE 4:	2
LINE 5:	300
LINE 6:	0

TEST # 2

FORMS REQUIRED: FORM 1040A, SCH 1, FORM PMT

INFORMATION RETURNS ATTACHED: FORM W-2 (2)

ENTRIES NOT REQUIRING FORMS:

STATEMENTS:

OTHER: DEPENDENT OF ANOTHER

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: **NAME:** TEST O MAPLE **AGE:** 18 **SSN:** 400-00-1002
OCCUPATION: TREE TRIMMER **PRES ELEC FUND:** YES
DISABLED: NO **BLIND:** NO
DAYTIME PHONE #: 201-555-1111

CHECK DIGITS FROM IRS LABEL: KX

ADDRESS: 7842 WEEPING WILLOW LN
AUDUBON, NJ 08106-7842

FILING STATUS: SINGLE **LINE 6d:** 0

SCHEDULE 1:
PART I:
LINE 1: FIRST SECURITY 6500
MONEY BANK 1000 (TAX-EXEMPT)
PART II:
LINE 5: DOW SMITH 3000

FORM PAYMENT: **ACH DEBIT**
RTN: 012345672
ACCT #: 1234000000
TYPE OF ACCT: CHECKING
AMOUNT OF PAYMENT: 10
REQUESTED PAYMENT DATE: 2003-04-15
TAXPAYERS DAYTIME PHONE NUMBER: 201-555-1111
TYPE OF FORM BEING FILED: 1040A

SELF-SELECT PIN INFORMATION:

JURAT/DISCLOSURE VERSION INDICATOR: E
PAID PREPARER SIGNATURE: EFIN + 28734
PRIMARY TAXPAYER SIGNATURE: 19821

AUTHENTICATION RECORD:

PRIMARY PRIOR YEAR AGI: 16500
PRIMARY DATE OF BIRTH: 04-15-1984
TAXPAYER SIGNATURE DATE: 03-21-2003

ETD TRANSMISSION:
FORM 9465:

LINE 3:	(201) 555-1003		10:00PM
LINE 4:	(201) 555-1111	(no ext)	9:00AM
LINE 5:	FIRST SECURITY 21 MAIN ST AUDUBON NJ 08106-0021		
LINE 6:	OAKLEYS YARD AND GARDEN 87 KUDZU CENTER AUDUBON NJ 08106		
LINE 7:	FORM 1040A		
LINE 8:	2002		
LINE 9:	61		
LINE 10:	10		
LINE 11:	26		
LINE 12:	1		
LINE 13(a):	012345672		
LINE 13(b):	1234000000		
LINE 13(c):	CHECKING		

TEST # 3

FORMS REQUIRED: FORM 1040, SCH EIC, FORM 2441, FORM 4970, FORM 8812

INFORMATION RETURNS ATTACHED: FORM W-2 (1), FORM 1099G (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 33a: 1200 33b: 400-55-5003
FORM 1040, LINE 33a: 2000 33b: 400-55-6003
FORM 1040, LINE 59: 500
FORM 1040, LINE 72: 500

STATEMENTS: ALIMONY RECIPIENT STATEMENT

OTHER: FORM 1040, LINE 61: 1215, LITERAL: ADT
REFUND ANTICIPATION LOAN

THIRD PARTY DESIGNEE: **NAME:** JOHN DOE
PHONE: 888-555-1111
PIN: 11122

PREPARED BY:

TAXPAYER: **NAME:** TEST Z CANASTA **AGE:** 41 **SSN:** 400-00-1003
OCCUPATION: DEALER **PRES ELEC FUND:** NO
DISABLED: NO **BLIND:** NO
DAYTIME PHONE #: 888-555-2222
CHECK DIGITS FROM IRS LABEL: PW

ADDRESS: % ROYAL FLUSH
12 QUEEN OF HEARTS BLVD
BLACKJACK, MS 39759

FILING STATUS: HEAD OF HOUSEHOLD **LINE 6d:** 3

DIRECT DEPOSIT: **NAME OF INSTITUTION:** SOUTHEAST NORTHWEST BANK
RTN: 012344589
ACCT #: LOANXXXX400001003
TYPE OF ACCT: CHECKING

DEPENDENTS:

NAME	AGE	SSN	RELATIONSHIP	# MO	CHILD TAX CREDIT
SAMUEL CANASTA	8	400-55-3003	SON	12	X
MARY CANASTA	12	400-55-4003	DAUGHTER	12	X

SCHEDULE EIC:

	(a)	(b)
LINE 1:	SAMUEL CANASTA	MARY CANASTA
LINE 2:	400-55-3003	400-55-4003
LINE 3:	1994	1990
LINE 5:	SON	DAUGHTER
LINE 6:	12	12

FORM 2441:
PART I:
LINE 1:

(a)	(b)	(c)	(d)
CARING PLACE	16 STRAIGHT ST BLACKJACK MS 39759	64-1234568	3420

PART II:
Line 2:

(a)	(b)	(c)
SAMUEL CANASTA	400-55-3003	1710
MARY CANASTA	400-55-4003	1710

LINE 3: 3420

FORM 4970:

LINE C: SOLITAIRE TRUST FUND
64 W PARKWAY
MARIETTA GA 30303
LINE D: 58-4504244
LINE E: DOMESTIC
LINE F: 06-08-1960
LINE G: 1

PART I:
LINE 1: 12000
LINE 4: 620
LINE 6: 232
LINE 8: 5
LINE 11: 5
LINE 13: **(a)** 12040 **(b)** 32150 **(c)** 31500 **(d)** 27200 **(e)** 37600
LINE 17: **(a)** 5194 **(b)** 5096 **(c)** 4451
LINE 18: **(a)** 4826 **(b)** 4729 **(c)** 4084

PREPARER NOTES:
PLEASE NOTE THAT THIS RETURN IS TO BE SENT TO THE CARE OF ROYAL FLUSH.

ETD TRANSMISSION:
FORM 4868:
LINE 4: 1715
LINE 5: 5479
LINE 6: 0

TEST # 4

FORMS REQUIRED: FORM 1040EZ, FORM 8862

INFORMATION RETURNS ATTACHED: FORM W-2 (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040EZ, LINE 2: 370

STATEMENTS:

OTHER: EIC WAS DENIED IN 2001

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: **NAME:** TEST A EAU DE TOILETTE **AGE:** 28 **SSN:** 400-00-1004
OCCUPATION: SALES CLERK **PRES ELEC FUND:** YES
DISABLED: NO **BLIND:** NO

CHECK DIGITS FROM IRS LABEL: TV

ADDRESS: 5 GOTTA SMELL GOOD ST
COLOGNE, MN 55322

FILING STATUS: SINGLE

FORM 8862:
PART I:
LINE 2: NO
PART II:
LINE 3a: 01-01-2002 to 12-31-2002

ETD TRANSMISSION:
FORM 4868:
LINE 4: 166
LINE 5: 204
LINE 6: 0

TEST # 5

FORMS REQUIRED: FORM 1040A, SCH 2, FORM 8812, FORM 8863

INFORMATION RETURNS ATTACHED: FORM W-2 (2), FORM 1099-G (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040A, LINE 17 : 1200
(TAXPAYER: 800, SPOUSE : 400)

STATEMENTS: SCH 2 - CHILD CARE PROVIDERS (2 STMS REQUIRED)
SCH 2 - QUALIFYING PERSON(S) (1 STM REQUIRED)

OTHER:

THIRD PARTY DESIGNEE: **NAME:** JOHN DOE
PHONE: 888-555-1111
PIN: 11112

PREPARED BY:

TAXPAYER: **NAME:** TEST U GRASS **AGE:** 50 **SSN:** 400-00-1005
OCCUPATION: CONSULTANT **PRES ELEC FUND:** YES
DISABLED: NO **BLIND:** YES

SPOUSE: **NAME:** MAY B GRASS **AGE:** 45 **SSN:** 400-00-2005
OCCUPATION: SALESPERSON **PRES ELEC FUND:** NO
DISABLED: NO **BLIND:** NO

CHECK DIGITS FROM IRS LABEL: XU

ADDRESS: 74131 FESCUE DR
SAINT THOMAS, VI 00802

FILING STATUS: MARRIED FILING JOINTLY **LINE 6d:** 8

DIRECT DEPOSIT: **NAME OF INSTITUTION:** SAVINGS CREDIT UNION
RTN: 253174576
ACCT #: 06542153
TYPE OF ACCT: SAVINGS

DEPENDENTS:

NAME	AGE	SSN	RELATIONSHIP	# MO	CHILD TAX CREDIT
TIMOTHY GRASS	4	400-55-3005	SON	12	X
MARY GRASS	6	400-55-4005	DAUGHTER	12	X
DAVID GRASS	8	400-55-5005	SON	12	X
SUSAN GRASS	10	400-55-6005	DAUGHTER	12	X
PHILIP GRASS	12	400-55-7005	SON	12	X
ANGELA GRASS	14	400-55-8005	DAUGHTER	12	X

SCHEDULE 2:
PART I:
LINE 1:

(a)	(b)		(c)	(d)
CHILDRENRUS	55 PLAY ST	SAINT THOMAS VI 00802	02-7777777	400
SUSAN CAREGIVER	FIRST ST NW	SAINT THOMAS VI 00802	02-6789000	800
A CHILDS PLACE	16 LEARNING WAY	SAINT THOMAS VI 00802	02-1245556	1940

PART II:
Line 2:

(a)	(b)	(c)	
TIMOTHY GRASS	400-55-3005	1040	(total paid 1340)
MARY GRASS	400-55-4005	700	(total paid 1000)
DAVID GRASS	400-55-5005	500	(total paid 800)

(Column C for each dependent is adjusted by $300 each of excluded benefits)

LINE 3: 2240

PART III:
LINE 12: 1000
LINE 13: 100

FORM 8863:
PART I:
LINE 1:

(a)	(b)	(c)
TEST U GRASS	400-00-1005	2000
MAY B GRASS	400-00-2005	1500

ETD TRANSMISSION:
PAYMENT:
ROUTING TRANSIT NUMBER: 253174576
BANK ACCOUNT NUMBER: 06542153
TYPE OF ACCOUNT: SAVINGS
AMOUNT: 500
PAYMENT DATE: 2003-03-15
DAYTIME PHONE: 888-555-1005
FORM: 0709P

TEST # 6

FORMS REQUIRED: FORM 1040, SCH B, SCH D, SCH E PG 2, FORM 8615

INFORMATION RETURNS ATTACHED:

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 63: 700
FORM 1040, LINE 67: 109

STATEMENTS:

OTHER: DEPENDENT OF ANOTHER

THIRD PARTY DESIGNEE: **NAME:** ROBERT R ROBERTS
PHONE: 775-555-1313
PIN: 15512

PREPARED BY: ROBERT R ROBERTS (SELF-EMPLOYED) **SSN:** 400-55-4006
ROBERTS ENTERPRISES **EIN:** 88-6868686
645 SALEM ST **PHONE:** 775-555-1313
NIXON, NV 89424

TAXPAYER: **NAME:** TEST D RICHARD **AGE:** 13 **SSN:** 400-00-1006
OCCUPATION: STUDENT **PRES ELEC FUND:** NO
DISABLED: NO **BLIND:** NO

CHECK DIGITS FROM IRS LABEL: BT

ADDRESS: 94022 PATRICIA CT
HAPPY JACK, AZ 86024

FILING STATUS: SINGLE **LINE 6d:** 0

SCHEDULE B:
PART I:
LINE 1: FOREFATHERS BANK 1514

PART II:
LINE 5: WIZE INVESTMENT 582

PART III:
LINE 7a: NO
LINE 8: NO

SCHEDULE D:
PART I:

LINE 1:	(a)	(b)	(c)	(d)	(e)
	100 SHS WIZE	03-24-2002	06-02-2002	1000	1800

SCHEDULE E PG 2:
PART III:
LINE 32A(a): LONG TIME GONE
LINE 32A(b): 04-5763211
LINE 32A(d): 5200

FORM 8615:
LINE A: RICHARD D RICHARD **LINE B:** 400-55-3006
LINE C: MARRIED FILING JOINTLY
LINE 6: 40100
LINE 7: 1620
LINE 10: 5419

ETD TRANSMISSION:
FORM 56:
PART I:

NAME OF PERSON FOR WHOM YOU ARE ACTING:	TEST D RICHARD
IDENTIFYING NUMBER:	400-00-1006
ADDRESS OF PERSON FOR WHOM YOU ARE ACTING:	94022 PATRICIA CT
CITY, STATE, ZIP:	HAPPY JACK, AZ 86024
FIDUCIARY'S NAME:	RICHARD D RICHARD
ADDRESS OF FIDUCIARY:	94022 PATRICIA CT
CITY, STATE, ZIP:	HAPPY JACK, AZ 86024
TELEPHONE NUMBER:	987-654-3210

PART II:
LINE 1(b)1: X
LINE 1(b)2: 05-15-2002

PART III:
LINE 2: ESTATE/TRUST
LINE 3: 1041
LINE 4: 2002 2003 2004

PART V:

NAME OF COURT:	US DISTRICT COURT, NINTH DISTRICT
ADDRESS OF COURT:	123 N SAN FRANCISCO ST, SUITE 200
CITY, STATE, ZIP:	FLAGSTAFF, AZ 86001
DATE PROCEEDING INITIATED:	04-20-2002
DOCKET NUMBER OF PROCEEDING:	123AX
DATE:	05-15-2002
TIME:	10:00 A.M.

TEST # 7

FORMS REQUIRED: FORM 1040EZ

INFORMATION RETURNS ATTACHED: FORM W-2 (1), FORM 1099-G (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040EZ, LINE 2: 63

STATEMENTS:

OTHER:

THIRD PARTY DESIGNEE: **NAME:** JOHN DOE
PHONE: 888-555-1111
PIN: 11125

PREPARED BY:

TAXPAYER: **NAME:** TEST I WHY **AGE:** 35 **SSN:** 400-00-1007
OCCUPATION: TEXTILES **PRES ELEC FUND:** NO
DISABLED: NO **BLIND:** NO

SPOUSE: **NAME:** GWEN R KNOTT **AGE:** 32 **SSN:** 400-00-2007
OCCUPATION: HOMEMAKER **PRES ELEC FUND:** NO
DISABLED: NO **BLIND:** NO

CHECK DIGITS FROM IRS LABEL: HS

ADDRESS: 12457 WILSHIRE-ON-THE-HAMPTONS BLVD
WYNOT, NE 68792

FILING STATUS: MARRIED FILING JOINTLY

DIRECT DEPOSIT:
NAME OF INSTITUTION: PLAINS CREDIT UNION
RTN: 123456780
ACCT#: 02135763
TYPE OF ACCOUNT: CHECKING

ETD TRANSMISSION:
FORM 4868:
LINE 4: 0
LINE 5: 1046
LINE 6: 0

TEST # 8

FORMS REQUIRED: FORM 1040, FORM 4136, FORM 8812

INFORMATION RETURNS ATTACHED: FORM W-2 (1), FORM 1099-G (1)

ENTRIES NOT REQUIRING FORMS:

FORM 1040, LINE	8a:	290
FORM 1040, LINE	9:	76
FORM 1040, LINE	24:	1000

STATEMENTS:
OTHER: FED/STATE TEST RETURN - FULL YEAR STATE RESIDENT
TAXPAYER HAS FORM 8332 FROM CUSTODIAL PARENT TO ATTACH TO RETURN

THIRD PARTY DESIGNEE: **NAME:** IMA LUCKYONE II
PHONE: 888-555-1212
PIN: 12345

PREPARED BY:

TAXPAYER: **NAME:** TEST M LUCKY **AGE:** 39 **SSN:** 400-00-1008
OCCUPATION: GROUNDSKEEPER **PRES ELEC FUND:** YES
DISABLED: NO **BLIND:** NO

CHECK DIGITS FROM IRS LABEL: LR

ADDRESS: 13 WINNERS CIR
HORSE SHOE, NC 28742
NOTE: JOINT ELECTRONIC FILING FOR STATES OTHER THAN NORTH CAROLINA
REQUIRE CHANGING STATE/ZIP ON FORMS 1040 AND W-2 AS FOLLOWS:

ALABAMA	AL 36427	MONTANA	MT 59835
ARKANSAS	AR 71655	NEBRASKA	NE 68123
ARIZONA	AZ 85014	NEW JERSEY	NJ 07066
COLORADO	CO 80045	NEW MEXICO	NM 87035
CONNECTICUT	CT 06511	NEW YORK	NY 13802
DELAWARE	DE 19877	NORTH DAKOTA	ND 58504
GEORGIA	GA 30055	OHIO	OH 45334
HAWAII	HI 96809	OKLAHOMA	OK 73091
IDAHO	ID 83388	OREGON	OR 97899
ILLINOIS	IL 62794	PENNSYLVANIA	PA 17128
INDIANA	IN 46011	RHODE ISLAND	RI 02866
IOWA	IA 50288	SOUTH CAROLINA	SC 29913
KANSAS	KS 66109	UTAH	UT 84063
KENTUCKY	KY 45275	VERMONT	VT 05609
LOUISIANA	LA 71749	VIRGINIA	VA 24611
MARYLAND	MD 21411	WEST VIRGINIA	WV 26161
MICHIGAN	MI 48017	WISCONSIN	WI 53424
MISSISSIPPI	MS 38642	WASHINGTON	DC 20202
MISSOURI	MO 63111		

FILING STATUS: SINGLE **LINE 6d:** 3

DEPENDENTS:

NAME	AGE	SSN	RELATIONSHIP	# MO	CHILD TAX CREDIT
GOTTABE LUCKY	7	400-55-3008	SON	00	X
WANNABE DIPHERANT	5	400-55-4008	DAUGHTER	00	X

CHILDREN CLAIMED AS DEPENDENTS BUT DID NOT LIVE WITH TAXPAYER*
TAXPAYER DID NOT MEET QUALIFICATIONS FOR HEAD OF HOUSEHOLD**

FORM 4136:

LINE 1:	(c)(a)	(c)(c)
	03	560

ETD TRANSMISSION:
FORM 2688:
LINE 1: 10-15-2003
LINE 2: HAVE BEEN UNABLE TO COMPILE TAX RETURN DATA DUE TO ILLNESS
LINE 3: YES
PIN : 22222

TEST # 9

FORMS REQUIRED: FORM 1040, FORM 2120

INFORMATION RETURNS ATTACHED: FORM W-2 (1)

ENTRIES NOT REQUIRING FORMS:

STATEMENTS:

OTHER: THE TAXPAYER MUST ITEMIZE DEDUCTIONS SINCE THE SPOUSE ITEMIZES DEDUCTIONS.

THIRD PARTY DESIGNEE: NONE

PREPARED BY: TAXPAYER

TAXPAYER: **NAME:** TEST C ACAPPELLA **AGE:** 36 **SSN:** 400-00-1009
OCCUPATION: MUSICIAN **PRES ELEC FUND:** YES
DISABLED: NO **BLIND:** NO

SPOUSE: **NAME:** DUET ACAPPELLA **SSN:** 400-00-2009

CHECK DIGITS FROM IRS LABEL: QQ

ADDRESS: 4 QUARTET CTR **DAYTIME PHONE:** 314-555-1008
SOLO, MO 65564

FILING STATUS: MARRIED FILING SEPARATELY **LINE 6d:** 2

DEPENDENTS:

NAME	AGE	SSN	RELATIONSHIP	# MO	CHILD TAX CREDIT
FORTISSIMO ARIA	12	400-55-3009	DAUGHTER	00	X

SCHEDULE A:
LINE 5: 800
LINE 10: 1300

FORM 2120:
PERSON BEING CLAIMED: FORTISSIMO ARIA
INFORMATION FOR PERSON NOT CLAIMING CHILD: TRIO ARIA, 400-55-4009
3 KINGSTON TRIO STREET
SOLO, MO 65564

NOTE: ORIGINAL SIGNATURE MAINTAINED ON FILE
SIGNATURE DATE: 12-31-2002

ETD TRANSMISSION:
FORM 9465:

LINE 3:	(LEAVE BLANK)		
LINE 4:	(314) 555-1008	EXT 1245	8:00AM
LINE 5:	NONE		
LINE 6:	SOLO CITY ORCHESTRA SOLO CENTER SUITE 420 SOLO MO 65564		
LINE 7:	FORM 1040A		
LINE 8:	2002		
LINE 9:	124		
LINE 10:	89		
LINE 11:	50		
LINE 12:	1		
LINE 13:	(LEAVE BLANK)		

TEST # 10

FORMS REQUIRED: FORM 1040A, FORM 8812, FORM 8839, FORM 8863

INFORMATION RETURNS ATTACHED: FORM W-2 (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040A, LINE 8a: 390
FORM 1040A, LINE 14a: 5200
FORM 1040A, LINE 18: 135

STATEMENTS:

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: **NAME:** TEST J CAESAR **AGE:** 48 **SSN:** 400-00-1010
OCCUPATION: ACTOR **PRES ELEC FUND:** YES
DISABLED: NO **BLIND:** NO

SPOUSE: **NAME:** CLEO P CAESAR **AGE:** 45 **SSN:** 400-00-2010
OCCUPATION: UNEMPLOYED **PRES ELEC FUND:** YES
DISABLED: YES **BLIND:** NO

CHECK DIGITS FROM IRS LABEL: YC

ADDRESS: 15 IDES OF MARCH PKWY **DAYTIME PHONE:** 601-555-5430
ROME, MS 38768

FILING STATUS: MARRIED FILING JOINTLY **LINE 6d:** 4

DEPENDENTS:

NAME	AGE	SSN	RELATIONSHIP	# MO	CHILD TAX CREDIT
SALLY CAESAR	6	400-55-3010	DAUGHTER	12	X
JULIUS BRUTUS	10	900-93-4010	SON	6	X

FORM 8839:

PART I:
CHILD 1: **(a)** JULIUS BRUTUS **(b)** 1992 **(d)** X **(f)** 900-93-4010

PART II:
LINE 3: NO
LINE 5: 7800
LINE 8: 66675

PART III:
LINE 20: NO

FORM 8863:
PART II:

LINE 4:	(a)	(b)	(c)
	CLEO P CAESAR	400-00-2010	1500

ETD TRANSMISSION:
FORM 4868:

LINE 4:	0
LINE 5:	3700
LINE 6:	0

TEST # 11

FORMS REQUIRED: FORM 1040A

INFORMATION RETURNS ATTACHED: FORM W-2 (2)

ENTRIES NOT REQUIRING FORMS:

STATEMENTS:

OTHER: THE DEPENDENT SSN DISQUALIFIES EIC.

THIRD PARTY DESIGNEE: NONE

PREPARED BY: TAXPAYER

TAXPAYER: **NAME:** TEST N BLOWNAPART **AGE:** 42 **SSN:** 400-00-1011
OCCUPATION: WELDER **PRES ELEC FUND:** NO
DISABLED: NO **BLIND:** NO

CHECK DIGITS FROM IRS LABEL: CB

ADDRESS: 781 WATERLOO WAY
NAPOLEON, MI 49261

FILING STATUS: HEAD OF HOUSEHOLD **LINE 6d:** 3

DEPENDENTS:

NAME	AGE	SSN	RELATIONSHIP	# MO	CHILD TAX CREDIT
JOSEPHINE BATTLE	17	900-78-3011	DAUGHTER	12	
JACKIE CLAWS	70	400-00-4011	PARENT	12	

ETD TRANSMISSION:
FORM 2688:
LINE 1: 10-15-2003
LINE 2: DEATH IN FAMILY, TAXPAYER OUT OF COUNTRY
LINE 3: YES
PIN : 12345

TEST # 12

FORMS REQUIRED: FORM 1040A, SCH 2, SCH EIC, FORM 8812

INFORMATION RETURNS ATTACHED: FORM W-2 (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040A, LINE 19: 250
FORM 1040A, LINE 37: 412 (FROM FORM W-2)

STATEMENTS:

OTHER:

THIRD PARTY DESIGNEE: **NAME:** JANE SMITH
PHONE: 123-456-7890
PIN: 34567

PREPARED BY:

TAXPAYER: **NAME:** TEST U PHROZINTOWES **AGE:** 36 **SSN:** 400-00-1012
OCCUPATION: CLERICAL **PRES ELEC FUND:** YES
DISABLED: NO **BLIND:** NO

CHECK DIGITS FROM IRS LABEL: IA

ADDRESS: 1832 NORTH POLE LN
COLDFOOT, AK 99701

FILING STATUS: HEAD OF HOUSEHOLD **LINE 6d:** 4

DEPENDENTS:

NAME	AGE	SSN	RELATIONSHIP	# MO	CHILD TAX CREDIT
JESSICA LEE	15	400-55-3012	DAUGHTER	12	X
TAMMY TY	11	400-55-4012	FOSTERCHILD	12	X
SAMMY PHROZINTOWES	7	400-55-5012	SON	12	X

SCHEDULE EIC:

	CHILD 1	CHILD 2
LINE 1:	SAMMY PHROZINTOWES	TAMMY TY
LINE 2:	400-55-5012	400-55-4012
LINE 3:	1995	1991
LINE 5:	SON	FOSTERCHILD
LINE 6:	12	12

SCHEDULE 2:
PART I:
LINE 1:

(a)	(b)	(c)	(d)
AMANDA SANDERS	70 W MAIN ST COLDFOOT AK 99701	400-66-1234	1100

PART II:
LINE 2:

(a)	(b)	(c)
SAMMY PHROZINTOWES	400-55-5012	1100

LINE 3: 1100

ETD TRANSMISSION:
FORM 4868:
LINE 4: 412
LINE 5: 5842
LINE 6: 0

TEST # 13

FORMS REQUIRED: FORM 1040A, SCH 1, SCH 3

INFORMATION RETURNS ATTACHED: FORM 1099-R (2)

ENTRIES NOT REQUIRING FORMS: TOTAL SOCIAL SECURITY BENEFITS : 1000
FORM 1040A, LINE 40 : 500
FORM 1040A, LINE 46 : 125

STATEMENTS:

OTHER:

THIRD PARTY DESIGNEE: **NAME:** JOHN DOE
PHONE: 888-555-1111
PIN: 11122

PREPARED BY:

TAXPAYER: **NAME:** TEST P BARRELL **AGE:** 67 **SSN:** 400-00-1013
OCCUPATION: RETIRED **PRES ELEC FUND:** YES
DISABLED: NO **BLIND:** NO

CHECK DIGITS FROM IRS LABEL: NZ

ADDRESS: 25000 HAM AND BACON JUNCTION
PIG TOWN, MD 21230

FILING STATUS: QUALIFYING WIDOW(ER) **LINE 6d:** 2
YEAR SPOUSE DIED: 2001

DEPENDENTS:

NAME	AGE	SSN	RELATIONSHIP	# MO	CHILD TAX CREDIT
ROLAND BARRELL	19	400-55-3013	FOSTERCHILD	12	

SCHEDULE 1:
PART I:
LINE 1: BEST SAVINGS 5000
FORTUNE BANK 3000

SCHEDULE 3:
PART I:
LINE 1: X (OVER 65)

ETD TRANSMISSION:
FORM 4868:
LINE 4: 0
LINE 5: 700
LINE 6: 0

TEST # 14

FORMS REQUIRED: FORM 1040, SCH EIC, FORM 4137, FORM 8862

INFORMATION RETURNS ATTACHED: FORM W-2 (20)

ENTRIES NOT REQUIRING FORMS:

STATEMENTS:

OTHER: EIC WAS DENIED IN 2001

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: **NAME:** TEST T HUNTER **AGE:** 36 **SSN:** 400-00-1014
OCCUPATION: MUSICIAN **PRES ELEC FUND:** NO
DISABLED: NO **BLIND:** NO

CHECK DIGITS FROM IRS LABEL: RY

ADDRESS: 1234 LUKE THOMAS BLVD **DAYTIME PHONE:** 205-555-1020
QUINTON, AL 35130

FILING STATUS: SINGLE **LINE 6d:** 1

SCHEDULE EIC:

	(a)
LINE 1:	DEERE HUNTER
LINE 2:	400-55-3014
LINE 3:	1993
LINE 5:	SON
LINE 6:	12

***NOTE: Although Deere Hunter lived with taxpayer 12 months, he is being claimed as a dependent on another's return. Also, Test Hunter did not meet the requirements for Head of Household filing status.

FORM 4137:
NAME: TEST T HUNTER **SSN:** 400-00-1014
NAME OF EMPLOYER: MUSIC ROW CONCERTS CONCERT 2
LINE 1: 500

FORM 8862:
LINE 1: 2002
LINE 2: NO
LINE 4: YES
LINE 5a: YES
LINE 5b: 1234 LUKE THOMAS QUINTON AL 35130
LINE 5c: JACKSON ELEM
LINE 7a: NO
LINE 8a: YES

DIRECT DEPOSIT:
NAME OD INSTITUTION: MOUNTAIN STATE BANK
RTN: 053111674
ACCT #: 123-444-5678
TYPE OF ACCT: CHECKING

ETD TRANSMISSION:
FORM 4868:
LINE 4: 1324
LINE 5: 2056
LINE 6: 0

TEST # 15:

FORMS REQUIRED: FORM 1040, SCH C, SCH D, SCH SE, FORM 2555(2),
FORM 4972, FORM 6252

INFORMATION RETURNS ATTACHED: FORM 1099-R (3), FORM W-2 (1), FORM 2439

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 30: 1313

STATEMENTS: FORM 1040, LINE 21
FORM 2555, LINE 42

OTHER: TOTAL SELF-EMPLOYED HEALTH INSURANCE PAID: 1875

THIRD PARTY DESIGNEE: **NAME:** JOHN DOE
PHONE: 888-555-1111
PIN: 11122

PREPARED BY:

TAXPAYER: **NAME:** TEST A HOAGIE **AGE:** 65 **SSN:** 400-00-1015
OCCUPATION: SPORT FISHING GUIDE **PRES ELEC FUND:** YES
DISABLED: NO **BLIND:** NO

SPOUSE: **NAME:** TUNA S HOAGIE **AGE:** 55 **SSN:** 400-00-2015
OCCUPATION: WAITRESS **PRES ELEC FUND:** YES
DISABLED: NO **BLIND:** NO

CHECK DIGITS FROM IRS LABEL: VX

ADDRESS: 123 FRONT ST
PUNTA GORDA BELIZE

FILING STATUS: MARRIED FILING JOINTLY **LINE 6d:** 2

SCHEDULE C:
NAME OF PROPRIETOR: TEST A HOAGIE **SSN:** 400-00-1015
LINE A: FISHING GUIDE **LINE B:** 114110
LINE C: PUNTA GORDA SPORT FISHING ASSOCIATION
LINE E: 101 FRONT STREET
PUNTA GORDA BELIZE
LINE F: CASH
LINE G: YES

PART I:
LINE 1: 20000

PART II:
LINE 8: 500
LINE 15: 1500
LINE 22: 3000

SCHEDULE SE :
NAME: TEST A HOAGIE **SSN:** 400-00-1015
SECTION A:
LINE 2: 15000

SCHEDULE D:
PART II:
(f)
LINE 11: 2852 (From Forms 6252 and 2439)

FORM 4972:
NAME: TEST A HOAGIE **SSN:** 400-00-1015
PART I:
LINE 1: YES
LINE 2: NO
LINE 3: YES
LINE 4: NO
LINE 5a: NO
PART II:
LINE 6: 8000
PART III:
LINE 8: 35800

FORM 2555 #1:
NAME: TEST A HOAGIE
SSN: 400-00-1015

PART I: POST OF DUTY CODE: 45
LINE 1: 123 FRONT ST PUNTA GORDA BELIZE
LINE 2: SPORT FISHING GUIDE
LINE 3: PUNTA GORDA SPORT FISHING ASSOCIATION
LINE 4b: 101 FRONT ST PUNTA GORDA BELIZE
LINE 5c: X
LINE 6a: 2001
LINE 6c: NO
LINE 7: UNITED STATES
LINE 8a: NO
LINE 9: PUNTA GORDA BELIZE 02-10-1999

PART II:
LINE 10: 02-10-1999 and ended 12-31-2002
LINE 11a: X
LINE 12a: YES
LINE 12b: SPOUSE 02-10-1999 TIL 12-31-2002
LINE 13a: YES
LINE 13b: YES
LINE 15a: NONE
LINE 15b: EMPLOYMENT
LINE 15c: NO
LINE 15d: NO

FORM 2555 #1: **continued**
PART IV:
LINE 20a: 15000

PART VII:
LINE 36: 365

PART VIII:
LINE 42: 2373

FORM 2555 #2:
NAME: TUNA S HOAGIE
SSN: 400-00-2015

PART I: POST OF DUTY CODE: 45
LINE 1: 123 FRONT ST PUNTA GORDA BELIZE
LINE 2: WAITRESS
LINE 3: RONS RIB RACK ON THE RIVER
LINE 4b: 15 RIVERFRONT RD PUNTA GORDA BELIZE
LINE 5a: X
LINE 6a: 2001
LINE 6c: NO
LINE 7: UNITED STATES
LINE 8a: NO
LINE 9: PUNTA GORDA BELIZE 02-10-1999

PART II:
LINE 10: 02-10-1999 and ended 12-31-2002
LINE 11a: X
LINE 12a: YES
LINE 12b: SPOUSE 02-10-1999 TIL 12-31-2002
LINE 13a: YES
LINE 13b: YES
LINE 15a: NONE
LINE 15b: EMPLOYMENT
LINE 15c: NO
LINE 15d: NO

PART IV:
LINE 19: 5000

PART VII:
LINE 36: 365

FORM 6252:
LINE 1: LAKEFRONT PROPERTY
LINE 2a: 02-20-1988
LINE 2b: 05-01-1997
LINE 3: NO

PART II:
LINE 19: 40.000
LINE 21: 2130
LINE 23: 22967

ETD TRANSMISSION:
FORM 2350:
LINE 1: 2003-06-15
LINE 2: NO
LINE 3: NO
LINE 4a: 1999-02-10
LINE 4b: 1999-02-10; 2002-12-31
LINE 4c: 123 FRONT ST PUNTA GORDA BELIZE
LINE 4d: 2003-06-10
LINE 5: 0

TEST # 16

FORMS REQUIRED: FORM 1040, SCH C(5), SCH H, SCH SE(2), FORM 4562(5),
FORM 4797, FORM 8829(5), FORM 970

INFORMATION RETURNS ATTACHED:

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 31: 750
FORM 1040, LINE 63: 7500

STATEMENTS: SCHEDULE C, PART V, OTHER EXPENSES

OTHER:

THIRD PARTY DESIGNEE: NONE

PREPARED BY: VITA

TAXPAYER: **NAME:** TEST L TONTO SR **AGE:** 45 **SSN:** 400-00-1016
OCCUPATION: SELF-EMPLOYED **PRES ELEC FUND:** NO
DISABLED: NO **BLIND:** NO

SPOUSE: **NAME:** SILVER N TONTO **AGE:** 40 **SSN:** 400-00-2016
OCCUPATION: SELF-EMPLOYED **PRES ELEC FUND:** NO
DISABLED: NO **BLIND:** YES

CHECK DIGITS FROM IRS LABEL: ZW

ADDRESS: 21 LONE RANGER CIR
SMOKE SIGNAL, AZ 86503

FILING STATUS: MARRIED FILING JOINTLY **LINE 6d:** 2

SCHEDULE C - #1:
NAME OF PROPRIETOR: TEST L TONTO SR **SSN:** 400-00-1016
LINE A: PIANO TUNING **LINE B:** 811490
LINE C: FINE TUNING
LINE F: CASH
LINE G: YES

PART I:
LINE 1: 14300

PART II:
LINE 8: 600
LINE 10: 816
LINE 13: 1240
LINE 22: 600
LINE 23: 250
LINE 24a: 197
LINE 30: 780

SCHEDULE C - #1: continued
PART III:
LINE 37: 250

PART V:

PERIODICALS	249
IVORY WHITENER	50
STRING STRAIGHTENER	60
SCRATCH FILLER	70
TUNING FORK	80
METRONOME	90
PEDAL POLISHER	100
BENCH LEVELER	110
ADJUSTING TOOLS	120
CARRYING CASE	130

SCHEDULE C - #2:
NAME OF PROPRIETOR: TEST L TONTO SR **SSN:** 400-00-1016
LINE A: CELLO LESSONS **LINE B:** 541990
LINE C: TONTOS TUNES **LINE D:** 86-7457658
LINE F: CASH
LINE G: YES

PART I:
LINE 1: 19894

PART II:
LINE 8: 750
LINE 13: 7880
LINE 22: 900
LINE 23: 298
LINE 26: 3500
LINE 30: 1223

SCHEDULE C - #3:
NAME OF PROPRIETOR: TEST L TONTO SR **SSN:** 400-00-1016
LINE A: RECORD AND CD SALES **LINE B:** 451220
LINE C: SOUNDS GALORE **LINE D:** 86-7457660
LINE E: 1615 MAIN ST
SMOKE SIGNAL AZ 86503
LINE F: CASH
LINE G: YES

PART I:
LINE 1: 82434
LINE 2: 35
LINE 6: 120

SCHEDULE C - #3: continued
PART II:
LINE 8: 1200
LINE 13: 5260
LINE 15: 800
LINE 16b: 450
LINE 21: 300
LINE 23: 765
LINE 26: 9000
LINE 30: 1553

PART III:
LINE 33: (a) COST
LINE 34: NO
LINE 35: 34566
LINE 36: 48231
LINE 38: 953
LINE 39: 172
LINE 41: 32488

SCHEDULE C - #4:
NAME OF PROPRIETOR: SILVER N TONTO
SSN: 400-00-2016
LINE A: TELEMARKETING
LINE B: 561420
LINE C: SILVER SALES
LINE D: 86-1010101
LINE F: CASH
LINE G: YES

PART I:
LINE 1: 41628

PART II:
LINE 8: 700
LINE 10: 6687
LINE 13: 7000
LINE 15: 800
LINE 20b: 2400
LINE 22: 2250
LINE 23: 323
LINE 25: 620
LINE 26: 3800
LINE 30: 578

PART III:
LINE 33b: LOWER OF COST OR MARKET
LINE 34: NO
LINE 35: 1200
LINE 38: 3240
LINE 41: 1200

SCHEDULE C - #5:
NAME OF PROPRIETOR: SILVER N TONTO **SSN:** 400-00-2016
LINE A: TUTORING **LINE B:** 812990
LINE F: CASH
LINE G: YES

PART I:
LINE 1: 16480

PART II:
LINE 8: 400
LINE 13: 720
LINE 15: 800
LINE 20b: 2200
LINE 22: 2450
LINE 23: 514
LINE 24b: 644
LINE 26: 8100
LINE 30: 686

SCHEDULE H:
EMPLOYER NAME: SILVER N TONTO **SSN:** 400-00-2016
EIN: 86-1010102
LINE A: YES
PART I:
LINE 1: 2000
LINE 3: 2000
LINE 9: NO

SCHEDULE SE #1:
NAME: TEST L TONTO SR **SSN:** 400-00-1016
SECTION A:
LINE 2: 25608

SCHEDULE SE #2:
NAME: SILVER N TONTO **SSN:** 400-00-2016
SECTION A:
LINE 2: 13518

FORM 4562 #1:
ACTIVITY: SCHEDULE C - 1

PART III:

LINE 19b:	**(c)**	**(d)**	**(e)**	**(f)**	
	6200	5	HY	200 DB	(TUNING EQUIPMENT 01-15-2002)

PART V:
LINE 24a: YES
LINE 24b: YES

	(a)	**(b)**	**(c)**
LINE 27:	AUTOMOBILE	01-23-2002	24%

LINE 30(a): 2236 (take standard mileage)
LINE 31(a): 690
LINE 32(a): 6389
LINE 34(a): YES
LINE 35(a): YES
LINE 36(a): YES

FORM 4562 #2:
ACTIVITY: SCHEDULE C – 2

PART III:
LINE 17: 2880

BACKGROUND INFORMATION:

DESCRIPTION: MUSIC CABINET
PLACED IN SERVICE: 09-12-2001
BASIS: 3500
RECOVERY PERIOD: 5
CONVENTION: HY
METHOD: 200 DB

DESCRIPTION: CELLO (SOLD 07-01-2002)
PLACED IN SERVICE: 01-01-2001
BASIS: 11000
RECOVERY PERIOD: 5
CONVENTION: HY
METHOD: 200 DB

LINE 19b:	**(c)**	**(d)**	**(e)**	**(f)**	
	25000	5	HY	200 DB	(CELLO 07-01-2002)

FORM 4562 #3:
ACTIVITY: SCHEDULE C - 3

PART III:
LINE 17: 1760

BACKGROUND INFORMATION:
DESCRIPTION: FIXTURES
PLACED IN SERVICE: 04-15-2001
BASIS: 5500
RECOVERY PERIOD: 5
CONVENTION: HY
METHOD: 200 DB

LINE 19b:

(c)	(d)	(e)	(f)	
17500	5	HY	200 DB	(LISTENING EQUIP 03-22-2002)

FORM 4562 #4:
ACTIVITY: SCHEDULE C - 4
PART I:
LINE 2: 59300
LINE 6:

(a)	(b)	(c)	
PHONE SYSTEM	7000	7000	(IN SERVICE 02-14-2002)

LINE 11: 24000
PART V:
LINE 24a: YES
LINE 24b: YES

	(a)	(b)	(c)
LINE 26:	AUTOMOBILE	06-15-1993	67%

(Vehicle is fully depreciated)
(Do not take standard mileage)
LINE 30(a): 17540
LINE 31(a): 0
LINE 32(a): 8639
LINE 34(a): YES
LINE 35(a): YES
LINE 36(a): YES

FORM 4562 #5:
ACTIVITY: SCHEDULE C - 5

PART V:
LINE 26:

(a)	(b)	(c)	(d)	(e)	(f)	(g)
COMPUTER	01-02-2002	75%	4800	3600	5	200DBHY

FORM 4797:
PART I:
LINE 2(a): CELLO
LINE 2(b): 01-01-2001
LINE 2(c): 07-01-2002
LINE 2(d): 5000
LINE 2(e): 3960
LINE 2(f): 11000

FORM 8829 #1 - SCHEDULE C - 1:
NAME OF PROPRIETOR: TEST L TONTO SR **SSN:** 400-00-1016
PART I:
LINE 1: 300
LINE 2: 3200
LINE 3: 9.38%

PART II:
LINE 10(b): 3000
LINE 11(b): 300
LINE 18(a): 320
LINE 19(a): 20

PART III:
LINE 35: 66000 (PLACED IN SERVICE 06-30-1997)
LINE 36: 12000
LINE 39: 2.5640%

FORM 8829 #2 - SCHEDULE C - 2:
NAME OF PROPRIETOR: TEST L TONTO SR **SSN:** 400-00-1016
PART I:
LINE 1: 420
LINE 2: 3200
LINE 3: 13.13%

PART II:
LINE 8: 4526
LINE 10(b): 3000
LINE 11(b): 300
LINE 18(a): 568
LINE 19(a): 40

PART III:
LINE 35: 66000 (PLACED IN SERVICE 06-30-1997)
LINE 36: 12000
LINE 39: 2.5640%

FORM 8829 #3- SCHEDULE C - 3
NAME OF PROPRIETOR: TEST L TONTO SR **SSN:** 400-00-1016
PART I:
LINE 1: 250
LINE 2: 3200
LINE 3: 7.81%

PART II:
LINE 10(b): 3000
LINE 11(b): 300
LINE 18(a): 1142
LINE 19(a): 45

PART III:
LINE 35: 66000 (PLACED IN SERVICE 06-30-1997)
LINE 36: 12000
LINE 39: 2.5640%

FORM 8829 #4- SCHEDULE C - 4
NAME OF PROPRIETOR: SILVER N TONTO **SSN:** 400-00-2016
PART I:
LINE 1: 280
LINE 2: 3200
LINE 3: 8.75%

PART II:
LINE 10(b): 3000
LINE 11(b): 300
LINE 18(a): 48
LINE 19(a): 120

PART III:
LINE 35: 66000 (PLACED IN SERVICE 06-30-1997)
LINE 36: 12000
LINE 39: 2.5640%

FORM 8829 #5- SCHEDULE C - 5
NAME OF PROPRIETOR: SILVER N TONTO **SSN:** 400-00-2016
PART I:
LINE 1: 310
LINE 2: 3200
LINE 3: 9.69%

PART II:
LINE 10(b): 3000
LINE 11(b): 300
LINE 18(a): 180
LINE 19(a): 52

PART III:
LINE 35: 66000 (PLACED IN SERVICE 06-30-1997)
LINE 36: 12000
LINE 39: 2.5640%

FORM 970:
FIRST ELECTION

PART I:
LINE A: 12-31-2003
LINE B: ALL INVENTORY ITEMS
LINE C: YES
LINE D: YES

PART II:
LINE 1: TELEMARKETING
LINE 2: LOWER OF COST OR MARKET
LINE 3: YES
LINE 5: YES
LINE 6a: NO
LINE 7a: MOST RECENT PURCHASES
LINE 8: UNIT METHOD
LINE 11: INVENTORY HAS TO BE REVALUED EACH YEAR AT THE LOWER OF COST OR MARKET VALUE.
LINE 12: NO
LINE 13: NO

ETD TRANSMISSION:
FORM 9465:

LINE 3:	(520)555-1020	1:00PM
LINE 4:	(LEAVE BLANK)	
LINE 5:	NONE	
LINE 6:	NONE	
LINE 7:	FORM 1040	
LINE 8:	2002	
LINE 9:	558	
LINE 10:	100	
LINE 11:	50	
LINE 12:	3	

TEST # 17

FORMS REQUIRED: FORM 1040, SCH A, SCH C, SCH C-EZ, SCH SE, SCH SE PG2
FORM 2106, FORM 3903, FORM 4684, FORM 6251, FORM 8839

INFORMATION RETURNS ATTACHED: FORM W-2 (2), FORM 1099G (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 63 : 500
FORM 1040, LINE 65 : 198

STATEMENTS: DEPENDENTS

OTHER: W-2 FROM FICA CIRCUS IS NON-STANDARD

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: **NAME:** TEST R DE LA HALO **AGE:** 29 **SSN:** 400-00-1017
OCCUPATION: TREE TRIMMER **PRES ELEC FUND:** NO
DISABLED: NO **BLIND:** NO

SPOUSE: **NAME:** RUBY D MONDAY **AGE:** 27 **SSN:** 400-00-2017
OCCUPATION: ANIMAL TRAINER **PRES ELEC FUND:** NO
DISABLED: NO **BLIND:** NO

CHECK DIGITS FROM IRS LABEL: DV

ADDRESS: 7 HEAVENS LN
BETHLEHEM, KY 40007

FILING STATUS: MARRIED FILING JOINTLY **LINE 6d:** 9

DEPENDENTS:

NAME	AGE	SSN	RELATIONSHIP	# MO	CHILD TAX CREDIT
ANGELA DE LA HALO	6	400-55-3017	DAUGHTER	12	X
GABRIEL DE LA HALO	9	400-55-4017	SON	12	X
MICHAEL MONDAY	10	400-55-5017	SON	12	X
LUCKY MONDAY	11	400-55-6017	DAUGHTER	12	X
ARCHIBALD DE LA HALO	12	900-93-7017	SON	12	X
DAVID SAINT	60	400-55-8017	PARENT	0	
MARY SAINT	58	400-55-9017	PARENT	0	

SCHEDULE A:

LINE 1:	7500	
LINE 5:	1273	
LINE 6:	97	
LINE 7:	186	
LINE 10:	3500	
LINE 15:	2000	
LINE 20:	1978	(FORM 2106)
LINE 21:	150	

SCHEDULE C:
NAME OF PROPRIETOR: TEST R DE LA HALO **SSN:** 400-00-1017
LINE A: LAWN SERVICES **LINE B:** 561730
LINE C: HALO LAWN SERVICES
LINE E: 12 GREENWAY LN
LOS ANGELES CA 90075
LINE F: CASH
LINE G: YES

PART I:
LINE 1: 16780

PART II:
LINE 15: 2216
LINE 21: 1502
LINE 22: 1800

SCHEDULE C-EZ:
NAME OF PROPRIETOR: RUBY D MONDAY **SSN:** 400-00-2017
PART I:
LINE A: ANIMAL TRAINING **LINE B:** 812910
LINE C: RUBYS RULES

PART II:
LINE 1: 1667
LINE 2: 768

PART III:
LINE 4: 01-25-2002
LINE 5a: 860 **(b)** 200 **(c)** 16700
LINE 6: YES
LINE 7: YES
LINE 8a: YES
LINE 8b: YES

SCHEDULE SE #1: (PAGE 1)
NAME : TEST R DE LA HALO **SSN:** 400-00-1017
SECTION A:
LINE 2: 11262

SCHEDULE SE #2: (PAGE 2)
NAME : RUBY D MONDAY **SSN:** 400-00-2017
SECTION B:
PART I:
LINE 2: 899

FORM 2106:
NAME: RUBY D MONDAY **SSN:** 400-00-2017
OCCUPATION: ANIMAL TRAINER
PART I:
LINE 1A: 1888
LINE 2A: 45
LINE 5B: 190
LINE 7B: 100

PART II:
SECTION A:
LINE 11(a): 05-01-1999
LINE 12(a): 4000
LINE 13(a): 3000
LINE 15(a): 2
LINE 16(a): 520
LINE 18: YES
LINE 19: N/A
LINE 20: YES
LINE 21: YES

SECTION C:
LINE 23(a): 742
LINE 27(a): 557
LINE 28(a): 1331

SECTION D:
LINE 30(a): 18000
LINE 32(a): 13500
LINE 33(a): 200 DB 11.52%

FORM 3903:
MILEAGE FROM OLD HOME TO NEW WORKPLACE: 1100
MILEAGE FROM OLD HOME TO OLD WORKPLACE: 12
LINE 1: 500
LINE 2: 763
LINE 4: 1000 (from W-2)

FORM 4684:
INCIDENT DATE: 07-04-2002
SECTION A:

LINE 1:	**TYPE**	**LOCATION**	**DATE ACQUIRED**
PROPERTY A:	JEWELRY	7 HEAVENS LN	12-24-1999

LINE 2A: 14000
LINE 3A: 4400
LINE 5A: 14800
LINE 6A: 0

FORM 8839:
PART I:

LINE 1:	**(a)**	**(b)**	**(e)**	**(f)**
CHILD 1:	ARCHIBALD DE LA HALO	1990	X	900-93-7017

PART II:
LINE 5: 5000
LINE 8: 92560

ETD TRANSMISSION:
FORM 4868:
LINE 4: 3447
LINE 5: 11576
LINE 6: 0

TEST # 18

FORMS REQUIRED: FORM 1040, SCH C, FORM 5329, FORM 8859

INFORMATION RETURNS ATTACHED: FORM W-2 (1), FORM W-2G (1), FORM 1099-R (1)

ENTRIES NOT REQUIRING FORMS:

STATEMENTS:

OTHER: NOTE: TAXPAYER LIVES IN DISTRICT OF COLUMBIA, FORM W-2 FROM GEORGIA
STATUTORY EMPLOYEE
DIRECT DEPOSIT

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST T ISLANDER **AGE:** 42 **SSN:** 400-00-1018
OCCUPATION: INSURANCE BROKER **PRES ELEC FUND:** YES
DISABLED: NO **BLIND:** NO

CHECK DIGITS FROM IRS LABEL: JU

ADDRESS: 123 PLAY HERE ST
WASHINGTON, DC 20011

FILING STATUS: HEAD OF HOUSEHOLD **LINE 6d:** 1
QUALIFYING NAME: MICHAEL ISLANDER **SSN:** 400-55-3018

DIRECT DEPOSIT INFO:
NAME OF INSTITUTION: NINTH BANK OF DESTIN
ROUTING TRANSIT NUMBER: 024567891
ACCOUNT NUMBER: ABC-123-4567890
TYPE OF ACCOUNT: SAVINGS

SCHEDULE C:
NAME OF PROPRIETOR: TEST T ISLANDER **SSN:** 400-00-1018
LINE A: INSURANCE SALES **LINE B:** 524290
LINE D: 65-7044337
LINE F: CASH
LINE G: YES

PART I:
LINE 1: 28900 STATUTORY EMPLOYEE BOX = X

PART II:
LINE 18: 640
LINE 22: 4065
LINE 23: 820
LINE 26: 8300

FORM 5329:
NAME: TEST T ISLANDER **SSN:** 400-00-1018
PART I:
LINE 1: 3000
LINE 2 EXCEPTION #: 05 **AMOUNT:** 1500

FORM 8859:
PART I:
LINE B: 12B
LINE C: 1474
LINE D: 02-12-2002

PART II:
LINE 1: 5000
LINE 2: 23075

ETD TRANSMISSION:
FORM 4868:
LINE 4: 150
LINE 5: 3500
LINE 6: 0

TEST # 19

FORMS REQUIRED: FORM 1040, SCH A, SCH B, SCH D, FORM 6251, FORM 8801

INFORMATION RETURNS ATTACHED:

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 63: 6300

STATEMENTS: SCH B (2)

OTHER:

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: **NAME:** TEST O OLYMPICS **AGE:** 48 **SSN:** 400-00-1019
OCCUPATION: INVESTMENT SPECIALIST **PRES ELEC FUND:** YES
DISABLED: NO **BLIND:** NO

CHECK DIGITS FROM IRS LABEL: OT

ADDRESS: 121 TORCH ST **DAYTIME PHONE:** 404-555-1020
ATLANTA, GA 30301

FILING STATUS: QUALIFYING WIDOW(ER) **LINE 6d:** 2
SPOUSE DIED 2001

DEPENDENTS:

NAME	AGE	SSN	RELATIONSHIP	# MO	CHILD TAX CREDIT
WENDY OLYMPICS	9	400-55-3019	DAUGHTER	12	X

SCHEDULE A:
LINE 1: 18000
LINE 5: 1500
LINE 6: 1750
LINE 7: 500
LINE 10: 9300
LINE 12: 2500
LINE 15: 5200
LINE 21: 825
LINE 22: 100 (SAFE DEPOSIT BOX)
1200 (INVESTMENT EXPENSE)

SCHEDULE B:
PART I:
LINE 1:

PAYER NAME	AMOUNT	
LAST CITIZENS	950	(ACCRUED)
CBA BANK	3200	(NOMINEE)
MYPLACE	1255	(TAX-EXEMPT)
AMERICAN FINANCE	1770	(OID ADJUSTMENT)
MUNICIPAL INT	2444	(TAX-EXEMPT)
PAB	32000	(TAX-EXEMPT FROM PAB AFTER 08/07/1986)
MIDDLE UNION	2575	
NOWBANK	7800	
FIRST BANK	1200	
SECOND BANK	2600	
THIRD BANK	3650	
SIXTH BANK	4160	
SEVENTH BANK	63	
EIGHTH BANK	44	
NINTH BANK	129	
TENTH BANK	261	

PART II:
LINE 5:

PAYER NAME	AMOUNT	
ABC CORP	1450	
DEF CORP	1475	
GHI CORP	1260	
JKL CORP	1850	
MNO CORP	2500	
PQR CORP	550	
STU CORP	425	
VWX CORP	350	
YZZ CORP	575	
1ST CO	555	
2ND CO	933	
3RD CO	975	
4TH CO	125	
5TH CO	28	
6TH CO	290	
7TH CO	390	
8TH CO	599	
9TH CO	47	
KIDDIE INVESTMENTS	430	(NOMINEE)
MULTI INVESTORS	1789	

PART III:
LINE 7a: NO
LINE 8: NO

SCHEDULE D:
PART I:

LINE 1: (a)	(b)	(c)	(d)	(e)
ABC	01-25-2002	01-31-2002	5000	2000
DEF	03-24-2001	02-05-2002	10000	3000
GHI	02-28-2002	07-16-2002	10000	9000
JKL	04-29-2002	11-17-2002	7000	4000
MNO	05-23-2001	01-12-2002	15000	13000
STOCK OPTION	12-15-2001	10-31-2002	EXPIRED	1325

PART II:

LINE 8: (a)	(b)	(c)	(d)	(e)
PQR	12-02-1999	03-16-2002	16000	16600
STU	08-14-1998	06-17-2002	1575	2000
50 SHS WERGONE	VARIOUS	BANKRUPT	-0-	2500
STAMPS	INHERIT	06-27-2002	8100	8500
RUG	03-27-1984	08-15-2002	25000	3000

(THE RUG IS CONSIDERED A COLLECTIBLE AND THEREFORE SHOULD BE TAXED AT THE 28% RATE GAIN)

LINE 13: (f)	(g)
515	16

SCHEDULE D WORKSHEET FOR LINE 40 - LINE 7: 99
(UNRECAPTURED SECTION 1250 GAIN)

FORM 6251:
LINE 11: 32000

FORM 8801:
PART I:
LINE 1: 35000
LINE 2: 34100
LINE 14: 4500

PART II:
LINE 16: 3000

ETD TRANSMISSION:
FORM 4868:
LINE 4: 6446
LINE 5: 6300
LINE 6: 146
LINE 7: 1500
LINE 9: 1646

TEST # 20

FORMS REQUIRED: FORM 1040, SCH D, SCH F, SCH J, SCH R, SCH SE, FORM 2210-F, FORM 4255, FORM 4562, FORM 4797, FORM 8828, FORM PMT

INFORMATION RETURNS ATTACHED:

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 63: 3000 (ALL PAID BY 1-15-2003)

STATEMENTS:

OTHER: TOTAL SOCIAL SECURITY BENEFITS RECEIVED: 2200

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: **NAME:** TEST T LIVINGWATERS **AGE:** 71 **SSN:** 400-00-1020
OCCUPATION: RETIRED **PRES ELEC FUND:** YES
DISABLED: NO **BLIND:** YES

SPOUSE: **NAME:** ISABEL H LIVINGWATERS **AGE:** 67 **SSN:** 400-00-2020
OCCUPATION: FARMER **PRES ELEC FUND:** YES
DISABLED: NO **BLIND:** NO

CHECK DIGITS FROM IRS LABEL: WH

ADDRESS: 341 RONALD RD
HULL, IL 62343

FILING STATUS: MARRIED FILING JOINTLY **LINE 6d:** 2

SCHEDULE D:

LINE 8:	**(a)**	**(b)**	**(c)**	**(d)**	**(e)**
	ANTIQUES	05-21-1982	09-13-2002	4500	3500

(THE ANTIQUES ARE CONSIDERED A COLLECTIBLE AND THEREFORE SHOULD BE TAXED AT THE 28% RATE GAIN)

SCHEDULE F:
NAME OF PROPRIETOR: ISABEL H LIVINGWATERS **SSN:** 400-00-2020
LINE A: WHEAT **LINE B:** 111100
LINE C: ACCRUAL **LINE D:** 37-3012345
LINE E: YES

SCHEDULE F: (continued)
PART II:
LINE 12: 2500
LINE 13: 500
LINE 15: 250
LINE 16: 10633
LINE 17: 1562
LINE 19: 800
LINE 20: 1020
LINE 21: 4000
LINE 22: 1200
LINE 23a: 1890
LINE 24: 12400
LINE 26a: 1500
LINE 27: 750
LINE 28: 644
LINE 29: 1200
LINE 30: 1980
LINE 31: 1054
LINE 32: 2518
LINE 34a: SUBSCRIPTIONS 95

PART III:
LINE 38: 60030
LINE 39a: 1400
LINE 39b: 1400
LINE 40a: 230
LINE 40b: 230
LINE 42: 350
LINE 43: 1400
LINE 44: 980
LINE 46: 16010
LINE 47: 4400
LINE 49: 19655

SCHEDULE J:
SPECIAL NOTE: FILING STATUS FOR 2001 WAS 3-MARRIED FILING SEPARATELY. 2000 AND 1999 WERE 2-MARRIED FILING JOINTLY.

SPECIAL NOTE: SCHEDULE D WAS NOT FILED IN 1999, 2000, OR 2001. USE THE TAX RATE SCHEDULES TO COMPUTE THE TAX FOR THOSE YEARS.

LINE 2: 3516
LINE 5: 200
LINE 9: 2005
LINE 13: (2000)
LINE 18: 32
LINE 19: 302
LINE 20: 0

SCHEDULE R:
PART I:
BOX 3: X

SCHEDULE SE (PAGE 1):
NAME : ISABEL H LIVINGWATERS **SSN:** 400-00-2020
SECTION A:
LINE 1: 17139

FORM 2210-F:
SPECIAL NOTE: FORM 2210-F TAX INCLUDES SELF EMPLOYMENT TAX, SCHEDULE J TAX USES INCOME TAX ONLY.

PART I:
LINE 1b: X

PART II:
LINE 13: 3270

PART III:
LINE 17: 04-15-2003

FORM 4255:
PROPERTY A: SOLAR POWER COLLECTOR
LINE 1A: 10%
LINE 2A: 25000
LINE 4A: 04-01-2001
LINE 5A: 04-15-2002
LINE 7A: 80%

FORM 4562 :
ACTIVITY: SCHEDULE F - 1

PART III:
LINE 17: 8383

BACKGROUND INFORMATION:

DESCRIPTION: FARM EQUIPMENT
PLACED IN SERVICE: 01-24-2000
BASIS: 30000
RECOVERY PERIOD: 5
CONVENTION: HY
METHOD: 150 DB

DESCRIPTION: SOLAR POWER COLLECTOR
(SOLD 04-15-2002)
PLACED IN SERVICE: 04-01-2001
BASIS: 23750
(cost of 25000 less 1/2 original ITC)
RECOVERY PERIOD: 5
CONVENTION: HY
METHOD: 150 DB

LINE 19b:	(c)	(d)	(e)	(f)	
	15000	5	HY	150 DB	(TRACTOR 6-15-2002)

PART V:
LINE 24a: YES
LINE 24b: YES

	(a)	(b)	(c)
LINE 26:	TRUCK	03-18-1994	100%
	(truck has been fully depreciated)		

LINE 30(a): 11000 (do not take mileage expense)
LINE 31(a): 0
LINE 32(a): 0
LINE 37(a): NO
LINE 35(a): YES
LINE 36(a): YES

FORM 4797:
PART III:

LINE 19A:	**(a)**	**(b)**	**(c)**
	SOLAR POWER COLLECTOR	04-01-2001	04-15-2002
PROPERTY TYPE:	1245		

LINE 20: 21747
LINE 21: 25000
LINE 22: 6591

FORM 8828:
PART I:
LINE 1: 128 SOUTH MACON AVE HULL IL 62343
LINE 2b: X
LINE 3: IL ALAMANCE FMHA
LINE 4: SECOND BANK
255 MONEY LENDING ST HULL IL 62343
LINE 5: 10-25-1998
LINE 6: 04-25-2002
LINE 7: 3 YRS 6 MOS
LINE 8: 04-25-2002

PART II:
LINE 9: 180000
LINE 10: 9000
LINE 12: 69700
LINE 15: 20266
LINE 16: 18000
LINE 19: 3750
LINE 20: 20%

PAYMENT:
ROUTING TRANSIT NUMBER: 012456778
BANK ACCOUNT NUMBER: 111-333-6543
TYPE OF ACCOUNT: CHECKING
AMOUNT: 2108
PAYMENT DATE: 2003-04-15
DAYTIME PHONE: 618-555-1020
FORM: 1040E (for ETD transmission, Form type is: 4868E)

PREPARER NOTES:
THE TAXPAYER IS ELECTING OUT OF THE ADDITIONAL DEPRECIATION FOR FIVE YEAR MACRS PROPERTY PLACED IN SERVICE AFTER SEPTEMBER 11, 2001.

ETD TRANSMISSION:
FORM 4868:
LINE 4: 5105
LINE 5: 3000
LINE 6: 2105
LINE 9: 2105

TEST # 21

FORMS REQUIRED: FORM 1040, SCH A, SCH D, SCH E, SCH E PG2, FORM 2106 (2), FORM 4562, FORM 8271, FORM 8582, FORM 8606 (2), FORM 8814 (3)

INFORMATION RETURNS ATTACHED: FORM W-2 (2)

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 23: 210
FORM 1040, LINE 33(a): 400-66-2021
AMOUNT: 1200
FORM 1040, LINE 33(a): SUB-PAY TRA
AMOUNT: 400
FORM 1040, LINE 63 : 200

STATEMENTS: SCHEDULE A, LINE 20

OTHER:

THIRD PARTY DESIGNEE: NONE

PREPARED BY: TAXPAYER

TAXPAYER: **NAME:** TEST L CHARITY **AGE:** 42 **SSN:** 400-00-1021
OCCUPATION: TEACHER **PRES ELEC FUND:** NO
DISABLED: NO **BLIND:** NO

SPOUSE: **NAME:** MARY B CHARITY **AGE:** 41 **SSN:** 400-00-2021
OCCUPATION: REAL ESTATE PROFESSIONAL **PRES ELEC FUND:** NO
DISABLED: NO **BLIND:** NO

CHECK DIGITS FROM IRS LABEL: AF

ADDRESS: 923 HOPE ST
FAITH, NC 28041-0923

FILING STATUS: MARRIED FILING JOINTLY **LINE 6d:** 5

DEPENDENTS:

NAME	AGE	SSN	RELATIONSHIP	# MO	CHILD TAX CREDIT
JEFFREY CHARITY	8	400-55-3021	SON	12	X
SAMUEL CHARITY	10	400-55-4021	SON	12	X
SANDRA CHARITY	11	400-55-5021	DAUGHTER	12	X

SCHEDULE A:
LINE 5: 1595 (INCLUDING $600 OF STATE ESTIMATED TAXES)
LINE 7: 800
LINE 10: 1700
LINE 15: 400
LINE 20: 1896 FORM 2106
2580 FORM 2106
75 UNION DUES

SCHEDULE D:

PART II:

LINE 8:	**(a)**	**(b)**	**(c)**	**(d)**	**(e)**
	5 SHS ACME	02-03-1999	06-15-2002	620	580

LINE 13(f): 25
LINE 13 LITERAL: FORM 8814

SCHEDULE E:

PART I:
LINE 1A: CONDOMINIUMS (REAL ESTATE PROFESSIONAL PROPERTY)
24 ROSEANNE ST FAITH NC
LINE 2A: NO
LINE 3A: 72500
LINE 5A: 4900
LINE 6A: 4662
LINE 7A: 9763
LINE 8A: 5200
LINE 9A: 7644
LINE 10A: 1200
LINE 11A: 800
LINE 12A: 4255
LINE 13A: 618
LINE 14A: 3204
LINE 15A: 509
LINE 16A: 8411
LINE 17A: 2870
LINE 18A: 200 (DUES & SUBSCRIPTIONS)
1860 (PEST CONTROL)
(Property is fully depreciated - no depreciation taken.)

SCHEDULE E PG2:
PART II:
LINE 27A(a): CHARITY & COMPANY
LINE 27A(b): P
LINE 27A(d): 56-0124344
LINE 27A(e): X
LINE 27A(h): 3240
LINE 27B(a): FAITH CITY PARTNERS
LINE 27B(b): P
LINE 27B(d): 56-9485555
LINE 27B(e): X
LINE 27B(g): 3240
LINE 27C(a): SHELTERS, LTD
LINE 27C(b): S
LINE 27C(d): 56-4712345
LINE 27C(e): X
LINE 27C(k): 52
(Total loss from FAITH CITY PARTNERS is 4162 - see Form 8582.)

PART V:
LINE 42: 16404

FORM 2106 #1:
NAME: TEST L CHARITY **SSN:** 400-00-1021
OCCUPATION: TEACHER
PART I:
LINE 3A: 1600
LINE 4A: 460
LINE 7A: 329 (FROM FORM W-2)

LINE 5B: 350
LINE 7B: 21 (FROM FORM W-2)

FORM 2106 #2:
NAME: MARY B CHARITY **SSN:** 400-00-2021
OCCUPATION: REAL ESTATE PROFESSIONAL
PART I:
LINE 1A: 1365
LINE 3A: 890
LINE 4A: 325
LINE 7A: 414 (FROM FORM W-2)
LINE 5B: 988
LINE 7B: 161 (FROM FORM W-2)

PART II:
SECTION A:
LINE 11a: 12-01-1998
LINE 12a: 18000
LINE 13a: 3740 (take standard mileage rate)
LINE 15a: 5
LINE 16a: 520
LINE 18: YES
LINE 19: YES
LINE 20: YES
LINE 21: YES

FORM 4562:
BUSINESS OR ACTIVITY: SCHEDULE E - 1
PART V:
LINE 24a: YES
LINE 24b: YES
LINE 27: **(a)** **(b)** **(c)**
AUTOMOBILE 06-01-1999 38%
LINE 30(a): 12773 (take standard mileage rate)
LINE 31(a): 2600
LINE 32(a): 18536
LINE 34: YES
LINE 35: YES
LINE 36: YES

FORM 8271:
NAME: TEST L. & MARY B. CHARITY **SSN:** 400-00-1021
TAX YEAR ENDED: 12-31-2002
LINE 1: **(a)** **(b)** **(c)**
SHELTERS, LTD. APPLIED FOR 56-4712345
NAME OF PERSON WHO APPLIED: SAMUEL SHIELDS

FORM 8582:
PART I:
LINE 3a: 3240 (GAIN FROM CHARITY & COMPANY)
LINE 3b: 4162 (TOTAL LOSS FROM FAITH CITY PARTNERS)

FORM 8606 #1:
NAME: TEST L CHARITY **SSN:** 400-00-1021
PART I:
LINE 1: 1280 (TOTAL CONTRIBUTIONS = 3000)
LINE 2: 11800

FORM 8606 #2:
NAME: MARY B CHARITY **SSN:** 400-00-2021
PART I:
LINE 1: 1280 (TOTAL CONTRIBUTIONS = 3000)
LINE 2: 18940

FORM 8814 #1:
LINE A: JEFFREY CHARITY
LINE B: 400-55-3021
LINE C: X
PART I:
LINE 1a: 600
LINE 1a LITERAL: TAX-EXEMPT INTEREST 32
LINE 1b: 32
LINE 2: 330

FORM 8814 #2:
LINE A: SAMUEL CHARITY
LINE B: 400-55-4021
LINE C: X
PART I:
LINE 1a: 860
LINE 2: 750
LINE 3: 120
LINE 6 LITERAL: CGD 16

FORM 8814 #3:
LINE A: SANDRA CHARITY
LINE B: 400-55-5021
LINE C: X
PART I:
LINE 1a: 2948
LINE 1a LITERAL: TAX-EXEMPT INTEREST 420
LINE 1b: 420
LINE 2: 180
LINE 3: 17
LINE 6 LITERAL: CGD 9

ETD TRANSMISSION:
FORM 4868:
LINE 4: 2106
LINE 5: 1670
LINE 6: 436
LINE 9: 436

TEST # 22

FORMS REQUIRED: FORM 1040, SCH A, SCH C-EZ, SCH E (5), SCH E PG2,
SCH SE, FORM 8283

INFORMATION RETURNS ATTACHED:

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 37b: X
FORM 1040, LINE 63: 2000
FORM 1040, LINE 67: 300

STATEMENTS:

OTHER: SPOUSE ITEMIZES DEDUCTIONS

THIRD PARTY DESIGNEE: **NAME:** JOHN DOE
PHONE: 888-555-1111
PIN: 11122

PREPARED BY:

TAXPAYER: **NAME:** TEST T THOMAS **AGE:** 45 **SSN:** 400-00-1022
OCCUPATION: ENTREPRENEUR **PRES ELEC FUND:** YES
DISABLED: NO **BLIND:** NO

SPOUSE: **NAME:** CLARA THOMAS **SSN:** 400-00-2022

CHECK DIGITS FROM IRS LABEL: FD

ADDRESS: 511 JONATHAN CAROL BLVD
JEWELL, OH 43530

FILING STATUS: MARRIED FILING SEPARATELY **LINE 6d:** 1

SCHEDULE A:
LINE 5: 280
LINE 7: 300
LINE 10: 1200
LINE 16: 580

SCHEDULE C-EZ:
PART I:
LINE A: CATERING SERVICE **LINE B:** 311900
LINE C: THOMS TASTY TREATS
LINE E: 30 COOK ST
JEWELL OH 43530

PART II:
LINE 1: 1800
LINE 2: 821

PART III:
LINE 4: 06-01-2002
LINE 5:(a) 700 **(b)** 200 **(c)** 12600
LINE 6: NO **LINE 8a:** YES
LINE 7: YES **LINE 8b:** YES

*****SPECIAL NOTE FOR ALL SCHEDULE E RENTAL PROPERTIES:**
ALL ARE ACTIVE PARTICIPATION, ALL AMTS ARE AT RISK, ALL ARE FULLY DEPRECIATED, AND NONE OF THE PROPERTIES QUALIFY AS REAL ESTATE PROFESSIONAL PROPERTY.

SCHEDULE E #1:
PART I:
LINE 1A: TOWNHOUSE A
201 FRANKLIN RD JEWELL OH
LINE 2A: NO
LINE 3A: 5200
LINE 5A: 250
LINE 7A: 400
LINE 9A: 300
LINE 14A: 180
LINE 16A: 270
LINE 17A: 600

LINE 1B: TOWNHOUSE B
202 FRANKLIN RD JEWELL OH
LINE 2B: NO
LINE 3B: 4100
LINE 5B: 250
LINE 6B: 225
LINE 7B: 500
LINE 10B: 150
LINE 11B: 125
LINE 16B: 450
LINE 17B: 1600

LINE 1C: TOWNHOUSE C
203 FRANKLIN RD JEWELL OH
LINE 2C: NO
LINE 3C: 5300
LINE 5C: 450
LINE 7C: 130
LINE 9C: 490
LINE 12C: 895
LINE 14C: 140
LINE 15C: 430
LINE 16C: 620

SCHEDULE E #2:
PART I:
LINE 1A: TOWNHOUSE D
204 FRANKLIN RD JEWELL OH
LINE 2A: NO
LINE 3A: 4400
LINE 5A: 260
LINE 6A: 180
LINE 7A: 495
LINE 8A: 220
LINE 9A: 1204
LINE 14A: 600
LINE 16A: 300
LINE 18A: 120 (PEST CONTROL)

SCHEDULE E #2: continued

LINE 1B: TOWNHOUSE E
205 FRANKLIN RD JEWELL OH
LINE 2B: NO
LINE 3B: 5300
LINE 5B: 450
LINE 7B: 180
LINE 9B: 630
LINE 11B: 125
LINE 14B: 400
LINE 16B: 380
LINE 17B: 260
LINE 18B: 160 (PEST CONTROL)

LINE 1C: TOWNHOUSE F
206 FRANKLIN RD JEWELL OH
LINE 2C: NO
LINE 3C: 6200
LINE 5C: 500
LINE 7C: 280
LINE 8C: 630
LINE 9C: 720
LINE 14C: 1850
LINE 15C: 204
LINE 16C: 680
LINE 18C: 260 (PEST CONTROL)

SCHEDULE E #3:
PART I:

LINE 1A: CONDO 1
600A W FIRST ST JEWELL OH
LINE 2A: NO
LINE 3A: 8300
LINE 5A: 690
LINE 6A: 522
LINE 7A: 360
LINE 9A: 1090
LINE 10A: 400
LINE 12A: 1800
LINE 14A: 620
LINE 16A: 660
LINE 18A: 100 (DUES)

LINE 1B: CONDO 2
600C W FIRST ST JEWELL OH
LINE 2B: NO
LINE 3B: 5600
LINE 5B: 260
LINE 7B: 180
LINE 8B: 500
LINE 9B: 925
LINE 12B: 1800
LINE 16B: 660
LINE 18B: 100 (DUES)

SCHEDULE E #3: (continued)
LINE 1C: CONDO 3
600E W FIRST ST JEWELL OH
LINE 2C: NO
LINE 3C: 6870
LINE 5C: 600
LINE 7C: 180
LINE 9C: 1096
LINE 10C: 1244
LINE 12C: 1800
LINE 15C: 200
LINE 16C: 660
LINE 18C: 100 (DUES)

SCHEDULE E #4:
PART I:
LINE 1A: CONDO 4
600G W FIRST ST JEWELL OH
LINE 2A: NO
LINE 3A: 6300
LINE 5A: 150
LINE 7A: 819
LINE 9A: 1044
LINE 10A: 860
LINE 12A: 1800
LINE 14A: 3960
LINE 16A: 660
LINE 18A: 100 (DUES)

LINE 1B: 3 BR HOME
180 MOCKINGBIRD LN JEWELL OH
LINE 2B: NO
LINE 3B: 4500
LINE 5B: 160
LINE 7B: 520
LINE 9B: 884
LINE 10B: 605
LINE 12B: 1480
LINE 15B: 650
LINE 16B: 340
LINE 17B: 1406
LINE 18B: 600 (PEST CONTROL)

LINE 1C: MOBILE HOME LOT
1400 ROUNDOFF CIR JEWELL OH
LINE 2C: NO
LINE 3C: 1800
LINE 10C: 120
LINE 16C: 206

SCHEDULE E #5:
PART I:
LINE 1A: OIL PROPERTIES
LINE 4A: 1603

LINE 1B: MINERAL PROPERTIES
LINE 4B: 640

SCHEDULE E PG2:
PART II:
LINE 27A(a): THOMAS CATERING LTD
LINE 27A(b): S
LINE 27A(d): 31-4295477
LINE 27A(e): X
LINE 27A(k): 3400

LINE 27B(a): THOMAS BROTHERS LTD
LINE 27B(b): S
LINE 27B(d): 31-4243544
LINE 27B(e): X
LINE 27B(i): 604

LINE 27C(a): THOMAS AND THOMAS
LINE 27C(b): P
LINE 27C(d): 31-0422233
LINE 27C(e): X
LINE 27C(k): 4365
(Partnership Self Employment income)

SCHEDULE SE:
NAME : TEST T THOMAS **SSN:** 400-00-1022
SECTION A:
LINE 2: 5344 (from C-EZ, and K-1 income)

FORM 8283:
SECTION A:
PART I:
LINE 1A(a): BEST WILL
JEWELL OH 43530
LINE 1A(b): FURNITURE
LINE 1A(c): 11-10-2002
LINE 1A(d): 06-1996
LINE 1A(e): PURCHASED
LINE 1A(f): 1800
LINE 1A(g): 580
LINE 1A(h): THRIFT SHOP VALUE

ETD TRANSMISSION:
FORM 9465:
LINE 3: (614)555-1021 6:30PM
LINE 4: (LEAVE BLANK)
LINE 5: NONE
LINE 6: NONE
LINE 7: FORM 1040
LINE 8: 2002
LINE 9: 566
LINE 10: 31
LINE 11: 25
LINE 12: 10
LINE 13: (LEAVE BLANK)

TEST # 23

FORMS REQUIRED: FORM 1040, SCH B, SCH D, SCH E PG2, FORM 1116 (8),
FORM 4972, FORM 6781, FORM 8275

INFORMATION RETURNS ATTACHED: FORM W-2 (1), FORM 1099-R (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 63: 1500
FORM 1040, LINE 26: 2000

STATEMENTS:

OTHER:

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: **NAME:** TEST F STILES **AGE:** 28 **SSN:** 400-00-1023
OCCUPATION: STOCK BROKER **PRES ELEC FUND:** NO
DISABLED: NO **BLIND:** NO

CHECK DIGITS FROM IRS LABEL: KC

ADDRESS: 4664 COUSINS PL
TILLAMOOK, OR 97141

FILING STATUS: SINGLE **LINE 6d:** 1

SCHEDULE B:
PART I:
LINE 1: FIRST BANK OF MEXICO 4300

PART II:
LINE 5: AMERICAN INVESTMENTS 3650
ACME 80
WIZE INV 220
INSIDER 650
FINE ARTS COUNCIL 260
ITALIAN INVESTMENTS 1330

PART III:
LINE 7A: YES
LINE 7B: MEXICO
LINE 8: NO

SCHEDULE D:
PART I:

LINE 1:	**(a)**	**(b)**	**(c)**	**(d)**	**(e)**
	100 SHS ACME	04-25-2002	07-15-2002	5700	3970

PART II:

LINE 8:	**(a)**	**(b)**	**(c)**	**(d)**	**(e)**
	60 SHS WIZE INV	02-13-1993	12-15-2002	1260	624
	15 SHS INSIDER	03-12-1999	05-22-2002	150	330

SCHEDULE E PG2:
PART II:
LINE 27A(a): ARGENTINIAN CRUISE LINES
LINE 27A(b): P
LINE 27A(c): X
LINE 27A(d): 04-5763210
LINE 27A(e): X
LINE 27A(h): 4100
LINE 27B(a): IRISH-AMERICA EXPORTS LTD
LINE 27B(b): S
LINE 27B(d): 99-4243000
LINE 27B(e): X
LINE 27B(h): 9200
LINE 27C(a): ISRAELI SALES INC
LINE 27C(b): S
LINE 27C(d): 99-1234455
LINE 27C(e): X
LINE 27C(k): 7500
LINE 27D(a): FRENCH FINANCIAL SERVICES
LINE 27D(b): S
LINE 27D(d): 99-1010112
LINE 27D(e): X
LINE 27D(h): 2400

FORM 1116 #1:
INCOME CATEGORY: **(a)** X
LINE k: UNITED STATES

PART I:	**(A)**
LINE l:	ITALY
LINE 1: DIVIDENDS	1330
LINE 3a:	4700
LINE 3d:	1330
LINE 3e:	52276

PART II:

LINE A:	**(m)**	**(o)**	**(t)**
	X	12-31-2002	120

FORM 1116 #2:
INCOME CATEGORY: **(b)** X
LINE k: UNITED STATES

PART I:	**(A)**
LINE l:	MEXICO
LINE 1: INTEREST	4300
LINE 3a:	4700
LINE 3d:	4300
LINE 3e:	52276

PART II:

LINE A:	**(m)**	**(o)**	**(v)**
	X	12-31-2002	430

FORM 1116 #3:
INCOME CATEGORY: (c) X
LINE k: UNITED STATES

PART I:		**(A)**
LINE l:		FRANCE
LINE 1:	BANKING	2400
LINE 3a:		4700
LINE 3d:		2400
LINE 3e:		52276

PART II:

LINE A:	**(m)**	**(o)**	**(w)**
	X	03-12-2002	380

FORM 1116 #4:
INCOME CATEGORY: (d) X
LINE k: UNITED STATES

PART I:		**(A)**
LINE l:		ARGENTINA
LINE 1:	SHIP LEASES	4100
LINE 3a:		4700
LINE 3d:		4100
LINE 3e:		52276

PART II:

LINE A:	**(m)**	**(o)**	**(w)**
	X	12-05-2002	80

FORM 1116 #5:
INCOME CATEGORY: (e) X
LINE k: UNITED STATES

PART I:		**(A)**
LINE l:		IRELAND
LINE 1:	EXPORT LEASING	9200
LINE 3a:		4700
LINE 3d:		9200
LINE 3e:		52276

PART II:

LINE A:	**(m)**	**(o)**	**(u)**
	X	12-15-2002	120

FORM 1116 #6:
INCOME CATEGORY: (f) X
LINE k: UNITED STATES

PART I:		**(A)**
LINE l:		ISRAEL
LINE 1:	EXPORT SALES	7500
LINE 3a:		4700
LINE 3d:		7500
LINE 3e:		52276

PART II:

LINE A:	**(m)**	**(o)**	**(w)**
	X	06-18-2002	700

FORM 1116 #7:
INCOME CATEGORY: (g) X
LINE k: UNITED STATES

PART II:

LINE A:	**(m)**	**(o)**	**(w)**
	X	12-31-2002	420

PART III:
LINE 21 LITERAL: LSD

FORM 1116 #8:
INCOME CATEGORY: (j) X
LINE k: UNITED STATES

PART I:		**(A)**
LINE l:		MEXICO
LINE 1:	WAGES	17400
LINE 3a:		4700
LINE 3d:		17400
LINE 3e:		52276

PART II:

LINE A:	**(m)**	**(o)**	**(w)**
	X	12-31-2002	1600

FORM 4972:
NAME: TEST F STILES **SSN:** 400-00-1023

PART I:
LINE 1: YES
LINE 2: NO
LINE 3: YES
LINE 4: NO
LINE 5a: NO
LINE 5b: NO

PART III:
LINE 8: 7600
LINE 9: 5000
LINE 29 LITERAL: MRD

FORM 6781
PART I:
LINE 1(a): FORM 1099-B PORKBELLIES R US
LINE 1(c): 1000

PART II, SECTION A:
LINE 10(a): ABC 1299CAL LG
LINE 10(b): 06-30-2002
LINE 10(c): 10-15-2002
LINE 10(d): 10000
LINE 10(e): 15000

PART II, SECTION B:
12(a): ABC 1299PUT LG
12(b): 06-30-2002
12(c): 10-15-2002
12(d): 15000
12(e): 12000

FORM 8275:
PART I:
LINE 1(a): 274(M)3
LINE 1(b): FROM PASS-THROUGH ENTITY
LINE 1(c): SHAREHOLDER'S SPOUSE CRUISE SHIP TRAVEL EXP
LINE 1(d): E
LINE 1(e): 27B
LINE 1(f): 3000

PART II:
LINE 1: SPOUSE OF SHAREHOLDER, WHO IS ALSO A COMPANY EMPLOYEE, TRAVELED ON OVERSEAS CRUISE IN ORDER TO HELP SHAREHOLDER ENTERTAIN CLIENTS ON THE SHIP.

PART III:
LINE 1: IRISH AMERICAN EXPORTS LTD
500 MAIN ST
TILLAMOOK, OR 97141
LINE 2: 99-4243000
LINE 3: 01/01/2002 TO 12/31/2002
LINE 4: OGDEN, UT

ETD TRANSMISSION:
FORM 9465:
LINE 3: (503)555-1254 7:00PM
LINE 4: (LEAVE BLANK)
LINE 5: (LEAVE BLANK)
LINE 6: NONE
LINE 7: FORM 1040
LINE 8: 2002
LINE 9: 262
LINE 10: 158
LINE 11: 50
LINE 12: 26

TEST # 24

FORMS REQUIRED: FORM 1040, SCH A, SCH E PG2, SCH F, SCH SE, FORM 2210-F,
FORM 4562, FORM 4684 PG2, FORM 4797, FORM 4835(2),
FORM 4952, FORM 8283, FORM 8396, FORM PMT

INFORMATION RETURNS ATTACHED:

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 8a: 390

STATEMENTS: WAIVER EXPLANATION FOR FORM 2210-F
OPTION NOT TO USE ADDITIONAL 30% DEPRECIATION

THIRD PARTY DESIGNEE: **NAME:** JOHN DOE
PHONE: 888-555-1111
PIN: 11122

PREPARED BY:

TAXPAYER: **NAME:** TEST E RATT **AGE:** 53 **SSN:** 400-00-1024
OCCUPATION: FARMER **PRES ELEC FUND:** YES
DISABLED: NO **BLIND:** NO

SPOUSE: **NAME:** WHARF B RATT **AGE:** 49 **SSN:** 400-00-2024
OCCUPATION: FARMER **PRES ELEC FUND:** YES
DISABLED: NO **BLIND:** NO

CHECK DIGITS FROM IRS LABEL: PB

ADDRESS: 452 MOUSETRAP CT
CHEESETOWN, PA 17201

FILING STATUS: MARRIED FILING JOINTLY **LINE 6d:** 2

SCHEDULE A:
LINE 1: 2119
LINE 5: 480
LINE 7: 120
LINE 10: 1217 (TOTAL MTG INTEREST PAID 1352)
LINE 11: JAMES BOWLIN
PO BOX 123 FRANKLIN PA 17304
400-44-3024
AMOUNT PAID: 360
LINE 12: 100
LINE 13: 71
LINE 15: 300
LINE 16: 6000 (LIMITED BY AGI TO 5933)

SCHEDULE E PG2:
PART V:
LINE 41: 16060

SCHEDULE F:
NAME OF PROPRIETOR: TEST E RATT **SSN:** 400-00-1024
LINE A: VEGETABLES **LINE B:** 111210
LINE C: ACCRUAL
LINE E: YES

PART II:
LINE 12: 400
LINE 13: 963
LINE 15: 120
LINE 16: 5835
LINE 19: 1496
LINE 20: 3950
LINE 21: 4303
LINE 22: 1900
LINE 23a: 1200
LINE 23b: 300
LINE 24: 8200
LINE 26a: 1010
LINE 26b: 1200
LINE 27: 3044
LINE 28: 2690
LINE 29: 5854
LINE 30: 231
LINE 31: 842
LINE 32: 1800
LINE 34a: 1105 (TRACTOR TIRES)

PART III:
LINE 38: 60101
LINE 39a: 1800
LINE 39b: 1500
LINE 40a: 400
LINE 40b: 400
LINE 42: 200
LINE 43: 500
LINE 44: 325
LINE 46: 4308
LINE 47: 6790
LINE 49: 3601

SCHEDULE SE:
NAME : TEST E RATT **SSN:** 400-00-1024
SECTION A:
LINE 1: 9086

FORM 2210-F:
PART I:
LINE 1a: X

PART II:
LINE 13: 1795

PART III:
LINE 17: 04-15-2003
LINE 19: LITERAL: AMOUNT WAIVED 15

LITERAL FOR WAIVER STATEMENT: FINANCIAL HARDSHIP DUE TO MAJOR TORNADO DAMAGE

FORM 4562:
ACTIVITY: SCHEDULE F - 1
PART I:
LINE 2: 22750
LINE 6(a): TILLER
LINE 6(b): 150
LINE 6(c): 150

PART III:
LINE 17: 2295

BACKGROUND INFORMATION:

PROPERTY:	TRACTOR
PLACED IN SERVICE:	08-01-2001
BASIS:	18000
RECOVERY PERIOD:	5
CONVENTION:	HY
METHOD:	150 DB

LINE 19:

(c)	(d)	(e)	(f)
22600	5	HY	150 DB (TRACTOR AND PLOW 06-15-2002)

PART V:
LINE 24a: YES
LINE 24b: YES

LINE 26:

(a)	(b)	(c)
TRUCK	03-21-1999	100%

(truck is fully depreciated)
(do not take mileage expense)

LINE 30(a): 1800
LINE 31(a): 0
LINE 32(a): 0
LINE 34(a): NO
LINE 35(a): YES
LINE 36(a): YES

FORM 4684 PG 2:
INCIDENT DATE: 06-24-2002
SECTION B:
PART I:
LINE 19A: SILO-DESTROYED BY TORNADO CHEESETOWN PA 03-24-2002
LINE 20A: 12640
LINE 21A: 8000
LINE 23A: 12640
LINE 24A: 0
(ACQUIRED: 03-24-2002)

PART II:
LINE 29:

(a)	(b)(i)
SILO-DESTROYED BY TORNADO	4640

FORM 4797:
PART II:
LINE 14: -4640

PART III:

LINE 19A:	**(a)**	**(b)**	**(c)**
	TRACTOR	08-01-2001	12-31-2002

PROPERTY TYPE: 1245
LINE 20A: 17730
LINE 21A: 18000
LINE 22A: 4995

FORM 4835 #1:
LINE A: NO

PART I:
LINE 1: 12460

PART II:
LINE 19a: 1460
LINE 27: 260

FORM 4835 #2:
LINE A: YES

PART I:
LINE 1: 3600

PART II:
LINE 18: 750
LINE 19a: 2100
LINE 27: 632

FORM 4952
PART I:
LINE 1: 60
LINE 2: 11

FORM 8283:
SECTION B:
PART I:
LINE 4: ART (CONTRIBUTION OF LESS THAN $20,000)
LINE 5A(a): PAINTING
LINE 5A(b): EXCELLENT
LINE 5A(c): 6000
LINE 5A(d): 02-1986
LINE 5A(e): PURCHASED
LINE 5A(f): 5100
PART IV:
DATE: 09-12-2002
DOES THE ORGANIZATION INTEND TO USE PROPERTY FOR UNRELATED USE: NO
NAME OF CHARITABLE ORGANIZATION: CHEESETOWN MUSEUM
ADDRESS: MAIN ST CHEESETOWN PA 17201
EIN: 23-1421452

FORM 8396:
ADDRESS: 1644 FELINE DR
CHEESETOWN PA 17201
PART I:
LINE 1: 1352
LINE 2: 10%
LINE 6: 120

FORM PAYMENT: **ACH DEBIT**
RTN: 012345699
ACCT #: 12345678999
TYPE OF ACCT: CHECKING
AMOUNT OF PAYMENT: 487
REQUESTED PAYMENT DATE: 2003-04-15
TAXPAYERS DAYTIME PHONE NUMBER: 814-555-1023
TYPE OF FORM BEING FILED: 1040

ETD TRANSMISSION:
FORM 9465:
LINE 3: (814)555-1024 1:00PM
LINE 4: (LEAVE BLANK)
LINE 5: NONE
LINE 6: (LEAVE BLANK)
LINE 7: FORM 1040
LINE 8: 2002
LINE 9: 1487
LINE 10: 145
LINE 11: 300
LINE 12: 16

TEST # 25

FORMS REQUIRED: FORM 1040, SCH B, SCH C(5), SCH E(2), SCH F,
FORM 3903(2), FORM 4562(8), FORM 6198(5),
FORM 8815, FORM 8863

INFORMATION RETURNS ATTACHED: FORM W-2 (2)

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 10: 180
FORM 1040, LINE 11: 12000
FORM 1040, LINE 13: (X) 25
FORM 1040, LINE 25: 131
FORM 1040, LINE 32: 26

STATEMENTS: OPTION NOT TO USE ADDITIONAL 30% DEPRECIATION

OTHER:

THIRD PARTY DESIGNEE: **NAME:** JOHN DOE
PHONE: 888-555-1111
PIN: 11122

PREPARED BY:

TAXPAYER: **NAME:** TEST J CADEN **AGE:** 39 SSN: 400-00-1025
OCCUPATION: SAILOR **PRES ELEC FUND:** YES
DISABLED: NO **BLIND:** NO

CHECK DIGITS FROM IRS LABEL: TA

ADDRESS: USS ROBERT E LEE
FPO, AP 96222

FILING STATUS: HEAD OF HOUSEHOLD **LINE 6d:** 2

DEPENDENTS:

NAME	AGE	SSN	RELATIONSHIP	# MO	CHILD TAX CREDIT
JASMINE CADEN	19	400-55-3025	DAUGHTER	12	

SCHEDULE B:
PART I:
LINE 1: SAMUEL LIVINGSTON 400-44-1025 415
16 WALLINGTON RD FRANKLIN NC 28734
RIDGECREST SAVINGS BANK 610
US SAVINGS BOND 180
US S & L 80 (TAX-EXEMPT)
OFFSPRING BANK 39 (NOMINEE DIST)
FIRST ISSUE 47 (OID ADJUSTMENT)
A TO Z BROKERS 67 (ACCRUED INTEREST)
LINE 3: 180

PART II:
LINE 5: A & B CORP 120
ABC CORP 44 (NOMINEE DIST)

PART III:
LINE 7a: NO
LINE 8: NO

SCHEDULE C - #1:
NAME OF PROPRIETOR: TEST J CADEN **SSN:** 400-00-1025
LINE A: PAINTING **LINE B:** 235210
LINE C: QUALITY HOUSE PAINTING
LINE E: 16 MAIN ST
WILMINGTON NC 28403
LINE F: CASH
LINE G: YES
LINE H: X (BUSINESS WAS ACQUIRED DURING 2002)

PART I:
LINE 1: 1980

PART II:
LINE 13: 1300
LINE 22: 760
LINE 32b: X (SOME NOT AT RISK)

SCHEDULE C - #2:
NAME OF PROPRIETOR: TEST J CADEN **SSN:** 400-00-1025
LINE A: VENDING MACHINES **LINE B:** 454210
LINE C: CADENS SNACKS
LINE E: 16 MAIN ST
WILMINGTON NC 28403
LINE F: CASH
LINE G: YES

PART I:
LINE 1: 2955

PART II:
LINE 10: 473
LINE 13: 968
LINE 15: 118
LINE 22: 26
LINE 23: 120
LINE 32b: X (SOME NOT AT RISK)

PART III:
LINE 33(a): X
LINE 34: NO
LINE 35: 415
LINE 36: 1623
LINE 41: 659

SCHEDULE C - #3:
NAME OF PROPRIETOR: TEST J CADEN **SSN:** 400-00-1025
LINE A: FLEA MARKET **LINE B:** 454390
LINE C: CADENS BARGAINS
LINE E: 22 MAIN ST
WILMINGTON NC 28403
LINE F: CASH
LINE G: YES
LINE H: X (business was acquired during 2002)

PART I:
LINE 1: 420

PART II:
LINE 13: 80
LINE 22: 206
LINE 32b: X (SOME NOT AT RISK)

PART III:
LINE 33(a): X
LINE 34: NO
LINE 36: 300
LINE 38: 120

SCHEDULE C - #4:
NAME OF PROPRIETOR: TEST J CADEN **SSN:** 400-00-1025
LINE A: BAKERY **LINE B:** 311800
LINE C: CADENS COOKIES
LINE E: 22 MAIN ST
WILMINGTON NC 28403
LINE F: CASH
LINE G: YES

PART I:
LINE 1: 1946

PART II:
LINE 8: 120
LINE 10: 255
LINE 13: 623
LINE 18: 76
LINE 22: 196
LINE 23: 100
LINE 25: 400
LINE 32b: X (SOME NOT AT RISK)

PART III:
LINE 38: 1165

SCHEDULE C - #5:
NAME OF PROPRIETOR: TEST J CADEN **SSN:** 400-00-1025
LINE A: VARIOUS ENDEAVORS **LINE B**: 421990
LINE C: ODDS & ENDS
LINE E: 16 MAIN ST
WILMINGTON NC 28403
LINE F: CASH
LINE G: YES
LINE H: X (business was acquired during 2002)

PART I:
LINE 1: 400

PART II:
LINE 13: 200
LINE 22: 180
LINE 23: 50
LINE 32b: X (SOME NOT AT RISK)

PART V:
OTHER EXPENSES:
MISCELLANEOUS 60

****** SPECIAL NOTE FOR SCHEDULE E PROPERTIES: ALL AMOUNTS AT RISK, *****
***** TAXPAYER DID MATERIALLY PARTICIPATE IN THE RENTAL ACTIVITIES. *****
************ TAXPAYER IS NOT A REAL ESTATE PROFESSIONAL. ****************

SCHEDULE E #1:
PART I:
LINE 1A: MOBILE HOME
1800 S MAPLE ST WILMINGTON NC
LINE 2A: NO
LINE 3A: 1200
LINE 9A: 320
LINE 12A: 480
LINE 16A: 100
LINE 17A: 60
LINE 20A: 355

LINE 1B: MOBILE HOME
1802 S MAPLE ST WILMINGTON NC
LINE 2B: NO
LINE 3B: 800
LINE 5B: 25
LINE 7B: 44
LINE 9B: 200
LINE 16B: 122

LINE 1C: MOBILE HOME
1804 S MAPLE ST WILMINGTON NC
LINE 2C: NO
LINE 3C: 1300
LINE 9C: 342
LINE 12C: 480
LINE 16C: 209

SCHEDULE E #2:

PART I:
LINE 1A: MOBILE HOME
1806 S MAPLE ST WILMINGTON NC
LINE 2A: NO
LINE 3A: 850
LINE 5A: 50
LINE 9A: 360
LINE 14A: 15
LINE 16A: 167
LINE 20A: 567

SCHEDULE F:
NAME OF PROPRIETOR: TEST J CADEN **SSN:** 400-00-1025
LINE A: EMU **LINE B:** 112900
LINE C: CASH
LINE E: YES

PART I:
LINE 4: 4200

PART II:
LINE 16: 525
LINE 18: 600
LINE 22: 180
LINE 24: 1500
LINE 26b: 1200
LINE 33: 100

FORM 3903 #1:
MILEAGE FROM OLD HOME TO NEW WORKPLACE: 1200
MILEAGE FROM OLD HOME TO OLD WORKPLACE: 15
LINE 1: 160
LINE 2: 309

FORM 3903 #2:
LITERAL: MILITARY MOVE
MILEAGE FROM OLD HOME TO NEW WORKPLACE: 600
MILEAGE FROM OLD HOME TO OLD WORKPLACE: 22
LINE 1: 605
LINE 2: 233
LINE 4: 500 (FROM FORM W-2)

FORM 4562 #1:
ACTIVITY: SCHEDULE C - 1

PART III:

LINE 19b:	**(c)**	**(d)**	**(e)**	**(f)**	
	1200	5	HY	200 DB	(TOOLS 03-15-2002)

PART V:
LINE 24a: YES
LINE 24b: YES

	(a)	(b)	(c)	(d)	(e)	(f)	(g)
LINE 26:	VAN	06-15-2002	100%	5300	5300	5	200DBHY

LINE 30(a): 2000 (do not take mileage expense)
LINE 31(a): 0
LINE 32(a): 0
LINE 34(a): NO
LINE 35(a): YES
LINE 36(a): YES

FORM 4562 #2:
ACTIVITY: SCHEDULE C - 2

PART III:
LINE 17: 768

BACKGROUND INFORMATION:
PROPERTY: VENDING MACHINES
PLACED IN SERVICE: 01-01-2000
BASIS: 4000
RECOVERY PERIOD: 5
CONVENTION: HY
METHOD: 200 DB

LINE 19b:

(c)	(d)	(e)	(f)	
1000	5	HY	200 DB	(VENDING MACHINE 03-16-2002)

PART V:
LINE 24a: YES
LINE 24b: YES

	(a)	(b)	(c)
LINE 26:	TRUCK	01-01-1998	100%

LINE 30(a): 1296 (use std mileage rate)
LINE 31(a): 0
LINE 32(a): 0
LINE 34(a): NO
LINE 35(a): YES
LINE 36(a): YES

FORM 4562 #3:
ACTIVITY: SCHEDULE C - 3
PART III:
LINE 19b:

(c)	(d)	(e)	(f)	
400	5	HY	200 DB	(TABLES 03-12-2002)

FORM 4562 #4:
ACTIVITY: SCHEDULE C - 4
PART III:
LINE 17: 553

BACKGROUND INFORMATION:
PROPERTY: COMMERCIAL OVEN
PLACED IN SERVICE: 01-12-1998
BASIS: 4800
RECOVERY PERIOD: 5
CONVENTION: HY
METHOD: 200 DB

LINE 19b: **(c)** **(d)** **(e)** **(f)**
350 5 HY 200 DB (MIXER - 03-24-2002)

PART V:
LINE 24a: YES
LINE 24b: YES
(a) **(b)** **(c)**
LINE 27: AUTO 01-24-1997 6%
LINE 30(a): 699 (use std mileage rate)
LINE 31(a): 250
LINE 32(a):10175
LINE 34(a): YES
LINE 35(a): YES
LINE 36(a): YES

FORM 4562 #5:
ACTIVITY: SCHEDULE C - 5

PART III:
LINE 19b: **(c)** **(d)** **(e)** **(f)**
1000 5 HY 200 DB (EQUIPMENT 04-16-2002)

FORM 4562 #6:
ACTIVITY: SCHEDULE E - 1

PART III:
LINE 19h: **(b)** **(c)**
06-2002 18000 (PROPERTY A: MOBILE HOME)

FORM 4562 #7:
ACTIVITY: SCHEDULE E - 2

PART III:
LINE 19h: **(b)** **(c)**
04-2002 22000 (PROPERTY A: MOBILE HOME)

FORM 4562 #8:
ACTIVITY: SCHEDULE F - 1

PART III:
LINE 19b: **(c)** **(d)** **(e)** **(f)**
3500 5 HY 150 DB (INCUBATOR 02-25-2002)

FORM 6198 #1:
DESCRIPTION: PAINTING
PART II:
LINE 6: 0
LINE 7: 1000
LINE 9: 500

FORM 6198 #2:
DESCRIPTION: VENDING MACHINES
PART II:
LINE 6: 4000
LINE 9: 300

FORM 6198 #3:
DESCRIPTION: FLEA MARKET
PART II:
LINE 6: 0
LINE 7: 200

FORM 6198 #4:
DESCRIPTION: BAKERY
PART II:
LINE 6: 4600
LINE 9: 2000

FORM 6198 #5:
DESCRIPTION: VARIOUS ENDEAVORS
PART II:
LINE 6: 0
LINE 7: 500

FORM 8815:
LINE 1(a): JASMINE CADEN
LINE 1(b): SMALLTOWN JUNIOR COLLEGE
1800 LEARNING WAY
SMALLTOWN NC 28455
LINE 2: 8960
LINE 3: 1000
LINE 5: 1180
LINE 6: 180
LINE 9: 38158

FORM 8863:
PART I:
LINE 1:

(a)	(b)	(c)
JASMINE CADEN	400-55-3025	2000

ETD TRANSMISSION:
FORM 9465:

LINE 3:	(503)555-1023)	11:00AM
LINE 4:	(LEAVE BLANK)	
LINE 5:	NONE	
LINE 6:	US NAVY 1100 MILITARY AVE WASHINGTON DC 20222-1643	
LINE 7:	FORM 1040	
LINE 8:	2002	
LINE 9:	32	
LINE 10:	96	
LINE 11:	200	
LINE 12:	5	

TEST # 26

FORMS REQUIRED: FORM 1040, SCH B, FORM 2555-EZ, FORM 5329, FORM 8853

INFORMATION RETURNS ATTACHED: FORM W-2 (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 21: 80 LITERAL: MSA
FORM 1040, LINE 21: -62000 LITERAL: 2555-EZ
FORM 1040, LINE 63: 100

STATEMENTS: SCHEDULE B SELLER-FINANCED MORTGAGE

OTHER: FORM 1040, LINE 61: LITERAL: MSA 12

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: **NAME:** TEST M EDGEWOOD **AGE:** 50 **SSN:** 400-00-1026
OCCUPATION: CHEMIST **PRES ELEC FUND:** NO
DISABLED: NO **BLIND:** NO

TAXPAYER: **NAME:** ROSEANNE G EDGEWOOD **AGE:** 49 **SSN:** 400-00-2026
OCCUPATION: HOMEMAKER **PRES ELEC FUND:** YES
DISABLED: NO **BLIND:** NO

CHECK DIGITS FROM IRS LABEL: XZ

ADDRESS: 86 OUTSIDE CIR
PERIMETERSCENTERSVILLE, GA 30555-0086

FILING STATUS: MARRIED FILING JOINTLY **LINE 6d:** 2

SCHEDULE B:
PART I:
LINE 1: SALLY ROCKINGHAM **SSN:** 400-22-4026 **(SELLER-FINANCED)**
PO BOX 676 FRANKLIN NC 28744 120
JAMES STONEBROOK **SSN:** 400-22-5026 **(SELLER-FINANCED)**
24 W QUARRY RD ATLANTA GA 30301 206
AURORA S & L 6240
WEEDS AND SEEDS CU 9044

PART II:
LINE 5: MONY MUTUAL 429

PART III:
LINE 7A: NO
LINE 8: NO

FORM 2555-EZ:
PART I:
LINE 1a: YES
LINE 1b: 10-01-1994 CONTINUES
LINE 3: YES

PART II: **POST OF DUTY CODE:** 54
LINE 4: 4700 GRANDE AVE LIMA PERU
LINE 5: CHEMIST
LINE 6: WEEDS AND SEEDS INC
LINE 7: 88 DANDELION DR
PASTURELAND NY 14818
LINE 8: 960 BURDOCK HILL
LIMA PERU
LINE 9a: X
LINE 10a: 2001
LINE 10c: NO
LINE 11a: 4700 GRANDE AVE LIMA PERU 10-01-1995
LINE 11b: UNITED STATES

PART III:
LINE 12a: 12-15-2002
LINE 12b: 12-28-2002

PART IV:
LINE 14: 365
LINE 17: 62000

FORM 5329:
PART VI:
LINE 39: 900

FORM 8853:
ANNUAL DEDUCTIBLE: 3200 **NUMBER OF MONTHS IN PLAN:** 8

PART I:
LINE 1a: Yes
LINE 1b. No
LINE 1c. Family
LINE 2a: NO

PART II:
LINE 3a: NO
LINE 4: 2500
LINE 6: 62000

PART III:
LINE 8a: 380
LINE 9: 300

ETD TRANSMISSION:
FORM 9465:

LINE 3:	(404) 555-1803		10:00AM
LINE 4:	(404) 555-1911	(no ext)	9:00PM
LINE 5:	NONE		
LINE 6:	WEEDS AND SEEDS INC 88 DANDELION DR PASTURELAND NY 14818		
LINE 7:	FORM 1040		
LINE 8:	2002		
LINE 9:	32		
LINE 10:	6		
LINE 11:	26		
LINE 12:	10		

TEST # 27

FORMS REQUIRED: FORM 1040, SCH B, SCH E, SCH E PG.2, FORM 3800, FORM 4562, FORM 6251, FORM 8582-CR, FORM 8586, FORM 8609, FORM 8609A, FORM 8611, FORM 8830

INFORMATION RETURNS ATTACHED:

ENTRIES NOT REQUIRING FORMS:

OTHER:

THIRD PARTY DESIGNEE: NONE

STATEMENTS:

PREPARED BY:

TAXPAYER: **NAME:** TEST L PARTNER **AGE:** 50 **SSN:** 400-00-1027
OCCUPATION: PROPERTY MANAGER **PRES ELEC FUND:** NO
DISABLED: NO **BLIND:** NO

CHECK DIGITS FROM IRS LABEL: BY

ADDRESS: 123 FRIGID LN
STARKWEATHER, ND 58377

FILING STATUS: SINGLE **LINE 6d:** 1

SCHEDULE B:
PART I:
LINE 1:

PAYER NAME	AMOUNT
FIRST BANK	7500 (ACCRUED)

PART II:
LINE 5:

PAYER NAME	AMOUNT
GATEWAY	2000

PART III:
LINE 7A: NO
LINE 8: NO

SCHEDULE E: *(DID NOT ACTIVELY PARTICIPATE)*
PART I:
LINE 1A: Rental House
Springwater, ND 58377
LINE 2: No
LINE 3: 10545
LINE 20: 4545

SCHEDULE E, PAGE 2:

PART II:
LINE 27A(a): NATURAL DISCOVERIES
LINE 27A(b): P
LINE 27A(d): 45-0000827
LINE 27A(e): X
LINE 27A(h): 2500
LINE 27B(A): ACQUIRED PROPERTIES
LINE 27A(b): P
LINE 27A(d): 45-0000828
LINE 27A(e): X
LINE 27A(h): 2500

FORM 4562
ACTIVITY: SCHEDULE E
LINE 17: 4545

FORM 8582-CR:
LINE 3A: 625
LINE 4A: 1500
LINE 6: 533
LINE 35: 533

FORM 8586:
PART I:
LINE 1: 1
LINE 2: 250000
LINE 3A: 125000
LINE 3B: NO

FORM 8609:
LINE A: 150 Helpful Heights
Springwater, ND 58377
LINE B: Housing Credit Authority
100 Main Street
Bismarck, ND 58505
LINE C: Test L Partner
123 FRIGID LANE STARKWEATHER, ND 58377
400-00-1027
LINE D: 987654000
LINE E: 123143150
LINE 1A: 12/15/2002
LINE 1B: 10413
LINE 2: 8.33
LINE 3A: 125000
LINE 5: 01/01/2001
LINE 6B: X

FORM 8609A:
LINE A: Test L Partner
LINE C: 123143150
LINE 1: 250000
LINE 2: .5000
LINE 3: 125000
LINE 5: .0833
LINE 9: .0278
LINE 14: 9788
LINE 16: 625

FORM 8611
LINE C: 123 HELPFUL HEIGHTS
SPRINGWATER ND 58377
LINE D: 123143145
LINE E: 05-05-1995
LINE 8: 560 (FROM 1065 K1 LINE 24A)
LINE 11: SECTION 42(j)(5)

FORM 8830
PART I:
LINE 3: 1500 (PASSIVE)

ETD TRANSMISSION:
FORM 4868:
LINE 4: 560
LINE 5: 0
LINE 6: 560

TEST # 28

FORMS REQUIRED: FORM 1040, SCH F, SCH SE, FORM 3468, FORM 3800, FORM 4562, FORM 5884, FORM 6251, FORM 6478, FORM 8824, FORM 8835, FORM 8845, FORM 8861

INFORMATION RETURNS ATTACHED: FORM W-2 (2)

ENTRIES NOT REQUIRING FORMS:

STATEMENTS: FORM 4562, LINE 19C

OTHER:

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: **NAME:** TEST O MACDONALD **AGE:** 50 **SSN:** 400-00-1028
OCCUPATION: TRUCK DRIVER **PRES ELEC FUND:** NO
DISABLED: NO **BLIND:** NO

TAXPAYER: **NAME:** DAISY MACDONALD **AGE:** 50 **SSN:** 400-00-2028
OCCUPATION: FARMER **PRES ELEC FUND:** NO
DISABLED: NO **BLIND:** NO

CHECK DIGITS FROM IRS LABEL: DX

ADDRESS: 1 FIRST STREET APT 3
SUNSHINE, IA 52544

FILING STATUS: MARRIED FILING JOINT **LINE 6d:** 4

DEPENDENTS:

NAME	AGE	SSN	RELATIONSHIP	# MO	CHILD TAX CREDIT
JETHRO MACDONALD	18	400-55-3028	SON	12	
ELLIE MAE MACDONALD	17	400-55-4028	DAUGHTER	12	

SCHEDULE F:
NAME OF PROPRIETOR: DAISY MACDONALD
LINE A: PRODUCE
LINE B: 111210
LINE C: CASH
LINE E: YES

PART I:
LINE 4: 40000

PART II:
LINE 13: 2500
LINE 16: 2038
LINE 19 2500
LINE 21: 4500
LINE 24: 25000
LINE 31: 500

SCHEDULE SE:
NAME: DAISY MACDONALD
SECTION A:
LINE 1: 2962

FORM 8861:
LINE 1a: 1429
LINE 1b: 1000

FORM 8824:
PART I:
LINE 1: 99 MASSEY TRACTOR
LINE 2: 99 JOHN DEERE TRACTOR
LINE 3: 12-01-2000
LINE 4: 10-12-2002
LINE 5: 09-18-2002
LINE 6: 10-12-2002
LINE 7C: X

PART III:
LINE 16: 5000
LINE 18: 3728

FORM 8835
PART I:
LINE 4a: 29412
LINE 5: 0

FORM 3468:
LINE 2a: 2632

FORM 4562:
ACTIVITY: SCHEDULE F-1

PART II:
LINE 14: 750

PART III:
LINE 17: 750

BACKGROUND INFORMATION:
DESCRIPTION: 99 MASSEY TRACTOR
PLACED IN SERVICE: 12-01-2000
BASIS: 6000
RECOVERY PERIOD: 7
CONVENTION: MQ
METHOD: 150 DB

	(c)	(d)	(e)	(f)	
LINE 19b:	1750	5	MQ	150 DB	(SOLAR ENERGY PANELS 04-15-2002 COST OF 2632 LESS ½ OF ORIGINAL ITC) (ADJUSTED DEPRECIABLE BASIS OF 2500 LESS 30% SPECIAL DEPREC ALLOWANCE OF 750)

	(c)	(d)	(e)	(f)	
LINE 19c:	3728	7	MQ	150 DB	(99 JOHN DEERE TRACTOR 10-12-2002)

FORM 5884:
LINE 1A: 1250

FORM 6478:
LINE 2A(a): 2000
LINE 4(a): 4000
LINE 7B(a): 6000
LINE 7B(b): >= 10% ETHANOL

FORM 8845:
PART I:
LINE 1: 5500
LINE 2: 3000

ETD TRANSMISSION:
FORM 4868:
LINE 4: 418
LINE 5: 749
LINE 6: 0

TEST # 29

FORMS REQUIRED: FORM 1040, SCH C, SCH SE, FORM 2210, FORM 3800, FORM 6251, FORM 6765, FORM 8820, FORM 8834

INFORMATION RETURNS ATTACHED:

ENTRIES NOT REQUIRING FORMS:

STATEMENTS: FORM 6765, LINE 16

OTHER:

THIRD PARTY DESIGNEE: **NAME:** JOHN DOE
PHONE: 888-555-1111
PIN: 11122

PREPARED BY:

TAXPAYER: **NAME:** TEST G HERBALIST **AGE:** 37 **SSN:** 400-00-1029
OCCUPATION: CHEMIST **PRES ELEC FUND:** YES
DISABLED: NO **BLIND:** NO

CHECK DIGITS FROM IRS LABEL: LW

ADDRESS: 50 FEEL GOOD AVENUE
GREEN VALLEY LAKE, CA 92341

FILING STATUS: SINGLE **LINE 6d:** 1

FORM 2210: (WILL BE FILED ON THE DUE DATE)
PART I:
LINE 1b: X

PART II:
LINE 13: 25000

SCHEDULE AI:
PART I:
LINE 1a: 10000
LINE 1b: 20000
LINE 1c: 35000
LINE 16a: 0
LINE 16b: 0
LINE 16c: 0
LINE 16d: 4276

PART II:
LINE 26(a): 9937
LINE 26(b): 19874
LINE 26(c): 34780
LINE 26(d): 70925

SCHEDULE C:
LINE A: DRUG RESEARCH **EIN:** 95-0505020
LINE B: 325900
LINE C: POTIONS, TINCTURES, AND WHAT NOT
LINE F: CASH
LINE G: YES

SCHEDULE C: (CONTINUED)
PART I:
LINE 1: 87800
LINE 6: 4000

PART II:
LINE 15: 1500
LINE 22: 4250
LINE 25: 250
LINE 26: 9000

SCHEDULE SE:
NAME: TEST G HERBALIST **SSN:** 400-00-1029
LINE 2: 76800

FORM 3800:
ALL TAXABLE INCOME IS ATTRIBUTABLE TO THE SOLE PROPRIETORSHIP
THAT GENERATED THE RESEARCH ACTIVITIES CREDIT

FORM 6765:
PART I:
LINE 4: 8000
LINE 5: 3000
LINE 9: 3%
START DATE: 5-01-2001
LINE 10: 16150
LINE 16: SCHEDULE C LINE 22 SUPPLIES - TOTAL AMOUNT OF SUPPLIES WAS 4550
AND WAS REDUCED BY 300 OF THE 6765 LINE 16 CR.
SCHEDULE C LINE 26 WAGES – TOTAL AMOUNT OF WAGES WAS 9800 AND
WAS REDUCED BY 800 OF THE 6765 LINE 16 CR.

FORM 8820:
PART I:
LINE 1: 5800

FORM 8834:
PART I:
LINE 1a: 11-16-2002
LINE 2a: 28000
(NOTE: PURCHASED DATE 11/16/2002)

ETD TRANSMISSION:
FORM 9465

LINE 3:	(805) 555-1222		8:00PM
LINE 4:	(805) 555-2121	(no ext)	9:00AM
LINE 5:	NONE		
LINE 6:	(LEAVE BLANK)		
LINE 7:	FORM 1040		
LINE 8:	2002		
LINE 9:	20782		
LINE 10:	10000		
LINE 11:	700		
LINE 12:	12		
LINE 13(a):	012345672		
LINE 13(b):	58592310		
LINE 13(c):	CHECKING		

TEST # 30

FORMS REQUIRED: FORM 1040, SCH A, SCH C, SCH SE, FORM 2106-EZ, FORM 3800, FORM 4562, FORM 6251, FORM 8826, FORM 8844, FORM 8846, FORM 8866

INFORMATION RETURNS ATTACHED: FORM W-2 (1)

ENTRIES NOT REQUIRING FORMS:

STATEMENTS: FORM 4562, LINE 19C

OTHER:

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: **NAME:** TEST A LOTT **AGE:** 50 **SSN:** 400-00-1030
OCCUPATION: SELF-EMPLOYED **PRES ELEC FUND:** YES
DISABLED: NO **BLIND:** NO

SPOUSE: **NAME:** EDNA K LOTT **AGE:** 50 **SSN:** 400-00-2030
OCCUPATION: BANKER **PRES ELEC FUND:** NO
DISABLED: NO **BLIND:** NO

CHECK DIGITS FROM IRS LABEL: UK

ADDRESS: 45020 GREEN WAY
DALLAS, TX 75202

FILING STATUS: MARRIED FILING JOINT **LINE 6d:** 2

SCHEDULE A:
PART I:
LINE 6: 19000
LINE 7: 700
LINE 15: 117500
LINE 20: 3750 (FORM 2106-EZ)
LINE 21: 1000

SCHEDULE C:
PROPRIETOR: TEST A LOTT **SSN:** 400-00-1030
LINE A: RECORDING STUDIO **EIN:** 76-1188111
LINE B: 512200
LINE C: GOOD VIBES
LINE E: 453 PALM TREE BLVD
DALLAS TX 75258
LINE F: CASH
LINE G: YES

PART I:
LINE 1: 738000

SCHEDULE C: CONTINUED
PART II:
LINE 8: 8000
LINE 9: 19900
LINE 13: 127847
LINE 15: 15000
LINE 16(a): 83000
LINE 17: 1700
LINE 18: 180
LINE 20(a): 25000
LINE 21: 12100
LINE 23: 240
LINE 25: 12500
LINE 26: 170000

PART III:
LINE 33A: X
LINE 34: NO
LINE 35: 35000
LINE 36: 60000
LINE 38: 20000
LINE 39: 3000
LINE 41: 65000

PART V: CONTRACT MUSICIANS: 39000

SCHEDULE SE:
NAME: TEST A LOTT
SECTION A:
LINE 2: 170533

FORM 3800:
LINE 1h: 4275
LINE 1k: 15

FORM 2106-EZ:
NAME: EDNA K LOTT **SSN:** 400-00-2030
OCCUPATION: BANKER
PART I:
LINE 2: 275
LINE 3: 2800
LINE 4: 600
LINE 5(a): 150
LINE 5(b): 75

FORM 4562:
ACTIVITY: SCHEDULE C-1

PART II:
LINE 16: 126175
BACKGROUND INFORMATION:
DESCRIPTION: RECORDING EQUIPMENT
PLACED IN SERVICE: 06-06-1999
BASIS: 875000
RECOVERY PERIOD: 5
CONVENTION: HY
METHOD: INCOME FORECAST – 14.42%

PART III:
LINE 19C:

(c)	(d)	(e)	(f)	
7800	7	HY	200 DB	(FURNITURE AND FIXTURES 04-15-2002)
3900	7	HY	200 DB	(FURNITURE AND FIXTURES 12-31-2002)

FORM 6251:
LINE 17: 419

FORM 8826:
PART I:
LINE 1: 8800

FORM 8844:
PART I: QUALIFIED EMPOWERMENT ZONE WAGES: 25000

FORM 8846:
PART I:
LINE 1:200

FORM 8866:	**(a)**	**(b)**	**(c)**
LINE 1:	991128	704994	1222641
LINE 2:	80500	72625	111125
LINE 4:	397648	280605	493545
LINE 5:	365648	251846	450096
LINE 7:	6959	3708	2617

ETD TRANSMISSION:
FORM 9465:
LINE 6: THIRD REGIONAL BANK
ONE TOWER SQUARE
DALLAS TX 75266
LINE 7: FORM 1040
LINE 8: 2002
LINE 9: 70333
LINE 10: 10333
LINE 11: 10000
LINE 12: 10

TEST # 31

FORMS REQUIRED: FORM 1040A, FORM 8880

INFORMATION RETURNS ATTACHED: FORM W-2 (1), FORM 1099-G (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040A, LINE 9: 100
FORM 1040A, LINE 10: 2500 (CAPITAL GAINS 1099DIV)
FORM 1040A, LINE 17: 2000
FORM 1040A, LINE 16: 225

STATEMENTS:

OTHER: DIRECT DEPOSIT

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: **NAME:** TEST T BEHAVIOR **AGE:** 39 **SSN:** 400-00-1031
OCCUPATION: COUNSELOR **PRES ELEC FUND:** NO
DISABLED: NO **BLIND:** NO

CHECK DIGITS FROM IRS LABEL: YJ

ADDRESS: 1215 LONG ST
MORGAN, GA 31766

FILING STATUS: HEAD OF HOUSEHOLD **LINE 6d:** 1
QUALIFYING NAME: DARRELL BEHAVIOR **SSN:** 400-55-3031

DIRECT DEPOSIT: **NAME OF INSTITUTION:** FIRST SAVINGS BANK
RTN: 012456778
ACCT #: 111-222-5555
TYPE OF ACCT: CHECKING

FORM 8880:
LINE 1: 1000

ETD TRANSMISSION:
FORM 4868:
LINE 4: 0
LINE 5: 750
LINE 6: 0

TEST # 32

FORMS REQUIRED: FORM 1040EZ

INFORMATION RETURNS ATTACHED: FORM W-2 (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040EZ, LINE 2: 370

STATEMENTS:

OTHER: State Only return

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: **NAME:** TEST A EAU DE TOILETTE **AGE:** 28 **SSN:** 400-00-1032
OCCUPATION: SALES CLERK **PRES ELEC FUND:** YES
DISABLED: NO **BLIND:** NO

CHECK DIGITS FROM IRS LABEL: TV

ADDRESS: 5 GOTTA SMELL GOOD ST
COLOGNE, MO 64188

FILING STATUS: SINGLE

ETD TRANSMISSION:
FORM 4868:
LINE 4: 166
LINE 5: 879
LINE 6: 0

TEST # 33 **EFIN:**999998

FORMS REQUIRED: FORM 1040A, SCH 1

INFORMATION RETURNS ATTACHED: FORM 1099R (2)

ENTRIES NOT REQUIRING FORMS: FORM 1040A, LINE 14a: 23000
(TAXPAYER 12000, SPOUSE 11000)
FORM 1040A, LINE 48: 41 (2210 not required)

STATEMENTS:

OTHER: 2001 FEDERAL TAX 1705
TAX RETURN FOR 2002 FILED AND PAID ON 04-15-2003

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: **NAME:** TEST Y INSIGHTFUL **AGE:** 64 **SSN:** 400-00-1033
OCCUPATION: RETIRED **PRES ELEC FUND:** NO
DISABLED: NO **BLIND:** NO

SPOUSE: **NAME:** IRENE K INSIGHTFUL **AGE:** 66 **SSN:** 400-00-2033
OCCUPATION: RETIRED **PRES ELEC FUND:** NO
DISABLED: NO **BLIND:** YES

CHECK DIGITS FROM IRS LABEL: CI

ADDRESS: 512 HOWARD DR
WINTER PARK, FL 32789

FILING STATUS: MARRIED FILING JOINT **LINE 6d:** 2

SCHEDULE 1:
PART 1:
LINE1: CORPORATE BONDS 12000

ETD TRANSMISSION:
FORM 4868:
LINE 4: 1028
LINE 5: 0
LINE 6: 1028
LINE 9: 1028

SELF-SELECT PIN INFORMATION:
JURAT/DISCLOSURE VERSION INDICATOR: F
PAID PREPARER SIGNATURE: EFIN + 28734
PRIMARY TAXPAYER SIGNATURE: 19360
SPOUSE SIGNATURE: 19340

AUTHENTICATION RECORD:
PRIMARY PRIOR YEAR AGI: 26500
PRIMARY DATE OF BIRTH: 03-15-1938
SPOUSE PRIOR YEAR AGI: 26500
SPOUSE DATE OF BIRTH: 05-12-1936
TAXPAYER SIGNATURE DATE: 02-12-2003

TEST # 34 **EFIN:**999999

FORMS REQUIRED: FORM 1040, SCH E PG2, SCH H, FORM 2441, FORM 8379, FORM 8606, FORM 8812, FORM 8880, FORM 8275-R

INFORMATION RETURNS ATTACHED: FORM W-2 (2)
FORM 1099R (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 20a: 13000 (SPOUSE)
FORM 1040, LINE 24: 1000 (TAXPAYER)
1000 (SPOUSE)

STATEMENTS:

OTHER:

THIRD PARTY DESIGNEE: **NAME:** JOHN DOE
PHONE: 888-555-1111
PIN: 11112

PREPARED BY:

TAXPAYER: **NAME:** TEST T HAMMER **AGE:** 65 **SSN:** 400-00-1034
OCCUPATION: CONSTRUCTION **PRES ELEC FUND:** YES
DISABLED: NO **BLIND:** NO

SPOUSE: **NAME:** MARY B HAMMER **AGE:** 40 **SSN:** 400-00-2034
OCCUPATION: BANK TELLER **PRES ELEC FUND:** NO
DISABLED: NO **BLIND:** NO

CHECK DIGITS FROM IRS LABEL: IH

ADDRESS: 74 BUILDER DR
GREENVILLE, SC 29601

FILING STATUS: MARRIED FILING JOINT **LINE 6d:** 8

DEPENDENTS:

NAME	AGE	SSN	RELATIONSHIP	# MO	CHILD TAX CREDIT
BILL HAMMER	19	400-55-3034	SON	12	
BOB HAMMER	12	400-55-4034	SON	12	X
KIM HAMMER	10	400-55-5034	DAUGHTER	12	X
KATIE HAMMER	9	400-55-6034	DAUGHTER	12	X
LEAH HAMMER	6	400-55-7034	DAUGHTER	12	X
LANCE HAMMER	4	400-55-8034	SON	12	X

SCHEDULE E PG2:
PART II: (SPOUSE)
LINE 27A(a): BD PARTNERSHIP
LINE 27A(b): P
LINE 27A(d): 57-1111117
LINE 27A(e): X
LINE 27A(h): 6000

SCHEDULE H:
EIN: 57-1212123
LINE A: YES
LINE 1: 2200
LINE 3: 2200
LINE 9: YES

PART II:
LINE 10: YES
LINE 11: YES
LINE 12: YES
LINE 13: SC
LINE 14: 3745452
LINE 15: 136
LINE 16: 2200
LINE 28: YES

FORM 2441:
PART I:
LINE 1:

(a)	(b)	(c)	(d)
KINDERCARE	12 FUN ST GREENVILLE, SC 29601	57-4322211	3000

PART II:
LINE 2:

(a)	(b)	(c)
LANCE HAMMER	400-55-8034	2000 (total paid 3000)

(Column C for dependent is adjusted by $1000 of excluded benefits)

LINE 3: 1400

PART III:
LINE 12: 3400

FORM 8275-R:
PART I:
LINE 1(a): U.S. CITE AS 84 AFTR 2d 99-5187
LINE 1(b): FROM PASS-THROUGH ENTITY
LINE 1(c): RACE CAR OPERATING EXPENSES
LINE 1(d): E
LINE 1(e): 27A
LINE 1(f): 5000

PART II:
LINE 1: RACE CAR OPERATING EXPENSES WITH COMPANY ADVERTISING. RACE CAR HAS COMPANY LOGO ON THE SIDE.

PART III:
LINE 1: BD PARTNERSHIP
1000 MAIN ST
GREENVILLE, SC 29601
LINE 2: 57-1111117
LINE 3: 01/01/2002 TO 12/31/2002
LINE 4: ATLANTA, GA

FORM 8379:
LINE 1: **NAME:** TEST T HAMMER **SSN:** 400-00-1034
NAME: MARY B HAMMER **SSN:** 400-00-2034 (INJURED SPOUSE)
LINE 2: 2002

FORM 8379: (continued)
LINE 3: 74 BUILDER DR
GREENVILLE SC 29601
LINE 4: NO
LINE 5: YES
LINE 6: NO
LINE 7A(a): 27400
LINE 7A(b): 1000
LINE 7A(c): 26400
LINE 7B(a): 500 (TAXABLE PENSIONS)
6000 (SCHEDULE E INCOME)
3200 (SOCIAL SECURITY)
LINE 7B(b): 6000
3200
LINE 7B(c): 500

LINE 8:	**(A)**	**(B)**	**(C)**
	2000	1000	1000

LINE 9(a): 8750
LINE 9(b): 4375
LINE 9(c): 4375
LINE 11A(a): 8
LINE 11A(b): 4
LINE 11A(c): 4
LINE 12(a): 2149
LINE 12(b): 1075
LINE 12(c): 1074
LINE 13(a): 355
LINE 13(b): 178
LINE 13(c): 177
LINE 14(a): 500
LINE 14(c): 500

FORM 8606:
NAME: TEST T HAMMER **SSN:** 400-00-1034
PART III:
LINE 19: 1000
LINE 20: 500

FORM 8880:
LINE 1(a): 1000
LINE 1(b): 1000

ETD TRANSMISSION:
FORM 4868:
LINE 4: 355
LINE 5: 2413
LINE 6: 0

TEST # 35 – TO BE USED ONLY FOR ON-LINE FILING TESTING **EFIN:** 999999

FORMS REQUIRED: FORM 1040A, SCH 1

INFORMATION RETURNS ATTACHED: FORM W-2 (2)

ENTRIES NOT REQUIRING FORMS:

STATEMENTS:

OTHER: DEPENDENT OF ANOTHER

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: **NAME:** TEST O MAPLE **AGE:** 18 **SSN:** 400-00-1035
OCCUPATION: TREE TRIMMER **PRES ELEC FUND:** YES
DISABLED: NO **BLIND:** NO
DAYTIME PHONE #: 201-555-1111

CHECK DIGITS FROM IRS LABEL: KX

ADDRESS: 7842 WEEPING WILLOW LN
AUDUBON, NJ 08106-7842

FILING STATUS: SINGLE **LINE 6d:** 0

SCHEDULE 1:
PART I:
LINE 1: FIRST SECURITY 6500
MONEY BANK 1000 (TAX-EXEMPT)
PART II:
LINE 5: DOW SMITH 3000

ON-LINE SELF-SELECT PIN INFORMATION WITH DIRECT DEBIT:
JURAT/DISCLOSURE VERSION INDICATOR: E
PAID PREPARER SIGNATURE: EFIN + 28734
PRIMARY TAXPAYER SIGNATURE: 19821

AUTHENTICATION RECORD:
PRIMARY PRIOR YEAR AGI: 16500
PRIMARY DATE OF BIRTH: 04-15-1984
TAXPAYER SIGNATURE DATE: 03-21-2003

TRANA DATA: SEQ 0170: TRANSMISSION TYPE CODE: O
SUMMARY RECORD DATA: **SEQ 0190: IP ADDRESS:** 123.456.789.000
SEQ 0200: IP DATE: 20030321
SEQ 0210: IP TIME: 1107
SEQ 0220: E-MAIL INDICATOR: Y

TEST # 36– TO BE USED ONLY FOR ON-LINE FILING TESTING

FORMS REQUIRED: FORM 1040A, SCH 1

INFORMATION RETURNS ATTACHED: FORM 1099R (2)

ENTRIES NOT REQUIRING FORMS: FORM 1040A, LINE 14a: 23000
(TAXPAYER 12000,SPOUSE 11000)
FORM 1040A, LINE 14b: 1800
FORM 1040A, LINE 48: 41 (2210 not required)

STATEMENTS:

OTHER: 2001 FEDERAL TAX $1705
TAX RETURN FOR 2002 FILED AND PAID ON 04-15-2003

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: **NAME:** TEST Y INSIGHTFUL **AGE:** 64 **SSN:** 400-00-1036
OCCUPATION: RETIRED **PRES ELEC FUND:** NO
DISABLED: NO **BLIND:** NO

SPOUSE: **NAME:** IRENE K INSIGHTFUL **AGE:** 66 **SSN:** 400-00-2036
OCCUPATION: RETIRED **PRES ELEC FUND:** NO
DISABLED: NO **BLIND:** YES

CHECK DIGITS FROM IRS LABEL: CI

ADDRESS: 512 HOWARD DR
WINTER PARK, FL 32789

FILING STATUS: MARRIED FILING JOINT **LINE 6d:** 2

SCHEDULE 1:
PART 1:
LINE1: CORPORATE BONDS 12000

ETD TRANSMISSION:
FORM 4868:
LINE 4: 1028
LINE 5: 0
LINE 6: 1028
LINE 9: 1028

ON-LINE SELF-SELECT PIN INFORMATION:
JURAT/DISCLOSURE VERSION INDICATOR: B
PAID PREPARER SIGNATURE: EFIN + 28734
PRIMARY TAXPAYER SIGNATURE: 19360
SPOUSE SIGNATURE: 19340

AUTHENTICATION RECORD:
PRIMARY PRIOR YEAR AGI: 26500
PRIMARY DATE OF BIRTH: 03-15-1938
SPOUSE PRIOR YEAR AGI: 26500
SPOUSE DATE OF BIRTH: 05-12-1936
TAXPAYER SIGNATURE DATE: 02-12-2003

TRANA DATA: SEQ 0170: TRANSMISSION TYPE CODE: O
SUMMARY RECORD DATA: **SEQ 0190: IP ADDRESS:** 123.456.789.999
SEQ 0200: IP DATE: 20020212
SEQ 0210: IP TIME: 1107
SEQ 0220: E-MAIL INDICATOR: Y