**Intake Sheet, page 1, Shaded Area**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1: Yes – John, N- George | 2: No - All | 3: Yes-All | 4: Yes – All | 5: Yes – All |

Corrections to Intake Sheet:

See Learning Guide for changes to Intake Sheet

E-file created: Yes

AGI: 36,990

Refund/(Amount Owed): 1,141

Diagnostic:

Errors: None

Warnings:

There is a refund on the tax return and no direct deposit information has been filled in. Is this correct? (W49)

Overridden Entries:

Overridden Entry 'FIRST2' on 'NJ Dependents Information’

Overridden Entry 'LAST2' on 'NJ Dependents Information'

Overridden Entry 'SSN2' on 'NJ Dependents Information'

Overridden Entry 'BYEAR2' on 'NJ Dependents Information'

Estimated Entries: Dependent on Template used to create return

| **Form** | **Payer/Name/Line** | **Comment** |
| --- | --- | --- |
| Main Info | Email address | LARAL@MYMAIL.COM |
| Taxpayer Information | Check disability box for taxpayer |
| Presidential Election | Check You box |
| Filing Status | 4 Head of Household |
| Dependents/Nondependents | Best Practice: list in order of age, youngest first (John then George)  John is code 0: Non-dependents  George is code 1: Your child who lives with you  No need to enter dependents last name  DC box checked for both  EIC box checked for both |
| Prep Use |  | Line 11= None, Line 12= Yes, Line 13= Your Initials, Line 14= blank and red |
| St Tax Refund |  | **See Learning Guide for detail of what’s going here… (especially Line 12)** |
|  | Line 1 | 502 |
|  | Line 2 | 5a: 890; 5b: 655 |
|  | Line 4 | 0 |
|  | Line 6 | 9,145 |
|  | Line 7 | Filing status for 2013: 4 |
|  | Line 8 | 0 |
|  | Line 9 | 8950 |
|  | Line 12 | -120 (negative) (Scratch pad used to document how -120 calculated) |
|  | Line 14 | 75 |
| 1040 pg 1 | Line 7 | 22,780  If 17,380, 1099-R [Tri-State] does not have Disability box checked. |
| Box above line 10 | Yes |
| Line 10 | 75 |
| Line 11 | Optional BP: Use Scratch Pad to document Alimony Received calculation. 2,400 |
| 1040 pg 2 | Line 58 | 20 From form 4137 Allocated Tips |
|  | Line 59 | 500 From IRA Early Withdrawal |
|  | Line 61 | Full year coverage checked |
| 1040 ACA Wkt |  | Laura and George are checked FULL |
| Sch C Pg1 | Line C & Line D | blank |
|  | Line F | Cash accounting |
| Line G | Yes |
| Line I | No |
| Part I, line 1 | 12,176, 1099-MISC is linked to this line |
| Part II, line 9 | 131 from Sch C page 2 Part IV |
| Part II, line 27a | 4,798 with each item, except car expense, listed in Part V |
| Sch C Pg2 | Part IV | Line 43: 07-01-2011  Line 44: a=234, b=0, c=10,000  Line 45: Yes; 46: No; 47a: Yes; 47b: Yes |
|  | Part V [Other Expenses] | Separate line for each expense.  Note: WP Course ends up here as most advantageous alternative – See Learning Guide for comparison details |
| 1099-MISC | ACME Services | Line 7=12,176 |
|  |  | Be sure this document is linked to Sch C Line 7 |
| Sch EIC | All | Unnecessary questions unanswered e.g. 4a, 4b |
| Sch EIC Wkt | All | Unnecessary questions unanswered e.g. 4b, 9b, 9c, 9d |
| W-2  ACME Industries | Line 14 | NJSDI=55, NJSUI=56, NJFLI=15, NJSUI=6 |
|  | NJ Lines | Line 15: NJ; line 16: 14,598; line 17: 575 |
| W-2 | ACME Diner | Box next to “Please verify Federal withholding…… should be checked |
|  | Line 3 | 1944 |
|  | Line 4 | 157 |
|  | Line 6 | 37 |
|  | Line 7 | 588 |
|  | Line 8 | 250 |
|  | Lines 3-6 | Entering box 7 and box 8 adjusts boxes 3-6 without having to click the “Check to take calculations off lines 3,4,5,6” |
|  | Line 14 | NJSDIPP=72, NJSUI=11, NJFLI=3  Note: change NJSDI to NJSDIPP [Private Plan] (see also NJ-2450) |
|  | NJ Lines | Line 15: NJ; line 16: 2,532; line 17: 201 |
| 1099-R | ACME Retirement |  |
|  | Box 7 | Code=1, IRA box checked |
| 1099-R | ACME Pensions |  |
|  | Box 7 | Code 3, IRA box not checked |
|  |  | “Check if disability and taxpayer is disabled” box should be checked |
| 2441 | Line 1(c) EIN Box | Checked for ACME Day Care  Unchecked for Edna Loy |
|  | Line 2(c) | John=1,103, George=1,090  Should use Scratch Pad for each to calculate total expenses per child for all providers |
|  | Line 11 | 526 |
| 4137 | Line 3 | 588 |
|  | Line 4 | 250 |
|  | Line 13 | 20 |
| All | TSJ boxes | Either T or blank |
| All | Scratch Pads | Description has explanation of worksheet and line linked from |

**New Jersey**

|  |  |  |
| --- | --- | --- |
| **Form** | **Payer/Name/Line** | **Comment/Reference** |
| NJ 1040 Pg1 | County/Municipality code | 1801 |
| NJ 1040 Pg 2 | Gubernatorial Fund | Taxpayer: Yes |
|  | Line 13 Dependent’s information | Should show both George and John |
|  | Line 19a [Pensions, . . and IRA Withdrawals] | 5,000 [From IRA Wkt (01)] |
|  | Line 19b | 0 |
|  | Line 28 [NJ Gross Income] | 27,027 |
| NJ 1040 Page 3 | Line 37a [Total Property Taxes Paid] | 2,160 [From Worksheet F] |
|  | Line 37c [Property Tax Deduction] | 0 [From Worksheet F] |
|  | **Line 38 [NJ Taxable Income]** | **23,527** |
|  | Line 48 [Total NJ Income Tax Withheld] | 776 |
|  | Line 49 [Property tax credit] | 50 [From Worksheet F] |
|  | Line 53 [Excess NJ disability] | 7 [From NJ 2450] |
|  | **Line 66 [Refund]** | **777** |
|  | Worksheet F, Line 1, Rent you paid | 12,000 (Used Scratch Pad to document) |
| NJ Dep Wkt | Dependents Information | John added via override: First name: John Last name: Lynch SSN: 833-xx-xxxx Birth year: 2007 |
| NJ DD Wkt | Direct Deposit and Direct Debit . . . | Check to have check mailed |
| NJ 2450 | Line 1a – ACME Industries | A: 62; B: 53; C: 15 (all calculated) |
| NJ 2450 | Line 1b – Acme Diner | A: 11; B: 72 (via Scratch Pad); C: 3  Plan number: 9786654 |
|  | Line 2 | A = 73; B = 127; C = 18 |
|  | Line 5 | B=7 |
| NJ IRA Wkt (01) | Part 1, Enter the copy number of the IRA | 1  Removing the red fields from the remainder of the form is optional |