

Student First Name	Last Name	Social Security				
Solution						
U.S. Individual Income Tax Return 1999						
Your first name and initial	Last Name	Social Security				
Joesph	American	341-56-9777				
If joint return, Spouse's first	Last Name	Social Security				
Gerry	American	341-69-5543				
Home Address (number and street). If you have a P.O. box, see page 18.		Apt No.				
143 W Burton PL Condo						
City, town or post office, state and ZIP code. If you have a foreign address, see page 18.						
Chicago IL 60610	Yes	No				
Do you want \$3 to go to this fund?						
If a joint return, does your spouse want \$3 to go to this fund?						
<input type="checkbox"/>	Single					
<input checked="" type="checkbox"/>	Married Filing joint return (even if only one had income)					
<input type="checkbox"/>	Married filing separate return. Enter spouse's social security no. above and full name here----->					
<input type="checkbox"/>	Head of Household (with qualifying person). If the qualifying person is a child but not your dependent enter this child's name here----->					
<input type="checkbox"/>	Qualifying Widower					
<input checked="" type="checkbox"/>	Yourself					
<input checked="" type="checkbox"/>	Spouse					
Dependents		No. of boxes checked in 6a and 6b				
First Name	Last Name	Social Security	Relationship	If qualifying for child credit	No. of your children in 6c who:	
					Lived with you	3
					Did not live with you:	
					Dependents on 6c not entered above----->	1
Total number of exemptions claimed				Add numbers entered on lines above-->		6
Wages, salaries, tips, etc. Attach Form(s) W-2					7	196,000
Taxable interest. Attach Schedule B if required					8a	5,000
Tax-exempt interest. DO NOT include on line 8a. 8b	2500	
Ordinary dividends. Attach Schedule B if required.					9	3,000
Taxable refunds, credits, or offsets of state and local income taxes					10	
Alimony received					11	
Business income or (loss). Attach Schedule C or C-EZ.					12	
Capital gain or (loss). Attach Schedule D if required. If not required check here-->					13	
Other gains or (losses). Attach Form 4797.					14	
Total IRA distributions 15a				b Taxable Amount	15b	
Total Pensions and annuities 16a				b Taxable Amount	16b	
Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E					17	
Farm Income or (loss). Attach Schedule F					18	
Unemployment compensation					19	
Social Security benefits 20a				b Taxable Amount	20b	
Other Income. List type and amount (see page 24)				Hobby Gross Income	21	1,400
Add the amounts in the far right column for lines 7 through 21. This is your total income .-->					22	205,400
IRA Deduction (see page 26)					23	
Student loan interest deduction (see page 26)					24	
Medical savings account deduction. Attach Form 8853					25	
Moving Expenses. Attach Form 3903					26	
One-half of self-employment tax. Attach Schedule SE					27	
Self-employed health insurance deduction (see page 28)					28	
Keogh and self-employee SEP and SIMPLE plans					29	
Penalty on early withdrawal of savings					30	
Alimony Paid b Recipients SSN					31a	
Add lines 23 through 31a					32	0
Subtract line 32 from line 22. This is your adjusted gross income					33	205,400

34	Amount from line 33 (adjusted gross income)				34	205,400
35a	Check if	You were =>65	Blind	Spouse=>65	Blind	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Add the number of boxes you checked above and enter total.				35a	<input type="text"/>
	If you are married filing separately and your spouse itemizes or you were a dual-status alien, see page 30 and check here				35b	
36	Enter your itemized deductions from Schedule A, line 28 or standard deduction shown on the left. But see page 30 to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent				36	28016
37	Subtract line 36 from line 34				37	177,384
38	If line 34 is \$94,975 or less, multiply \$2,750 by the total number of exemptions claimed on line 6d. If line 34 is over \$94,975, see the worksheet on page 31 for the amount to enter				38	14190
39	Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37 enter -0-				39	163194
40	Tax (see page 31). Check if any tax is from a Form (s) 6814 b form 4972				40	42104
41	Credit for child and dependent care expenses. Attach Form 2441				41	<input type="text"/>
42	Credit for the elderly or the disabled. Attach Schedule R				42	<input type="text"/>
43	Child tax credit (see page 33)				43	<input type="text"/>
44	Education credits. Attach Form 8863				44	<input type="text"/>
45	Adoption credit. Attach Form 8839				45	<input type="text"/>
46	Foreign tax credit Attach Form 1116 if required				46	<input type="text"/>
47	Other Check if from	a <input type="text"/> Form 3800	b <input type="text"/> Form 8396			
		c <input type="text"/> Form 8801	d <input type="text"/> Form (specify) _____		47	<input type="text"/>
48	Add lines 41 through 47. These are your total credits.				48	0
49	Subtract line 48 from line 40. If line 48 is more than line 40 enter -0-				49	42104
50	Self-employment tax. Attach Schedule SE				50	<input type="text"/>
51	Alternative minimum tax. Attach Form 6251				51	<input type="text"/>
52	Social security and Medicare tax on tip income not reported to employer. Attach form 4137				52	<input type="text"/>
53	Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required				53	<input type="text"/>
54	Advance earned income credit payments from Form(s) W-2				54	<input type="text"/>
55	Household employment taxes. Attach Schedule H				55	<input type="text"/>
56	Add lines 49 through 55. This is your total tax.				56	42104
57	Federal income tax withheld from Forms W-2 and 1099				57	43970
58	1999 estimated tax payments and amount applied from 1998 return				58	<input type="text"/>
59a	Earned income credit. Attach Sche. EIC if you have a qualifying child					
	b Nontaxable earned income: amount	<input type="text"/>				
	and type	<input type="text"/>			59a	<input type="text"/>
60	Additional child tax credit. Attach Form 8812				60	<input type="text"/>
61	Amount paid with request for extension to file (see page 48)				61	<input type="text"/>
62	Excess social security and RRTA tax withheld (see page 48)				62	<input type="text"/>
	Other payments.	<input type="text"/>				
63	Check if from	a <input type="text"/> Form 2439	b <input type="text"/> Form 4136		63	<input type="text"/>
64	Add lines 57, 58, 59a, and 60 through 63. These are your total payments----->				64	43970
65	If line 64 is more than line 56, subtract line 56 from line 64. This is the amount you overpaid				65	1866
66a	Amount of line 65 you want REFUNDED TO YOU.				66a	1866
	b Routing Number	c: Type	Checking	Savings		
	d Account Number	<input type="text"/>				
67	Amount of line 65 you want APPLIED TO YOUR 2000 ESTIMATED TAX.				67	<input type="text"/>
68	If line 56 is more than line 64, subtract line 64 from line 56. This is the AMOUNT YOU OWE. For details on how to pay, see page 49				68	<input type="text"/>
69	Estimated tax penalty. Also include on line 68				69	<input type="text"/>

By typing my name in the box to the right I am asserting that all work completed on this document was done independently and without help from any source other than those acceptable for the class.

NAME

Instructor

YOU MUST PUT YOUR NAME HERE

Schedule A Form 1040 <i>Simulated</i> Name(s) Shown on Form 1040		Itemized Deductions <i>Attach to Form 1040</i> See Instructions for Schedule A (Form 1040)		Student Name	1999
Joesph		American		Your Social Security Number	
Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses			
	2	\$	205,400.00		
	3	Multiply line 2 above by 7.5% (.075)		15,405	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			0
Taxes You Paid	5	State and local income taxes		5880	
	6	Real estate taxes		4500	
	7	Personal Property Taxes			
	8	Other Taxes. List type and amount >			
	9	Add line 5 through 8.			10,380
Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098.		17500	
	11	Home mortgage interest not reported to you. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number and address			
	12	Points not reported to you on Form 1098. See instructions.			
	13	Investment Interest. Attach Form 4952 if required.			
	14	Add line 10 through 13.			17,500
Gifts to Charity If you made a gift and got a benefit for it, see instructions.	15	Gifts by cash or check. If you made any gift of \$250 or more, see instructions.		2500	
	16	Other than cash or check. If any gift of \$250 or more, see instructions. You Must attach Form 8283 if over \$500			
	17	Carryover from prior year.			
	18	Add lines 15 through 17.			2,500
Casualty and Theft Losses	19	Casualty or theft loss(es). Attach Form 4684. (See Instructions.)			
Job Expenses and Most Other Miscellaneous Deductions.	20	Unreimbursed employee expenses - job travel, union dues, job education, etc. You Must attach Form 2106 or 2106-EZ if required. (See instructions).		650	
	21	Tax preparations fees.		300	
	22	Other expenses- investment, safe deposit box, etc. List type and amount. Hobby Expenses Allowed		1400	
	23	Add line 20 through 22.		2350	
	24		205,400		
	25	Multiply line 24 by 2% (.02)		4108	
	26	Subtract line 25 from line 23 enter -0- if line 25 is more than line 23.			0
Other Miscellaneous Deductions	27	Other - from list in the instructions. List type and amount _____			
Total Itemized Deductions	28 Is Form 1040, line 34, over \$126,600(over \$63,300 if married filing separately)?				
	<input type="checkbox"/>	No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 36.			
	<input checked="" type="checkbox"/>	Yes Your deduction may be limited. See instructions for the amount to enter.			28,016

Student First Name	Last Name	Social Security				
U.S. Individual Income Tax Return 1999						
Your first name and initial	Last Name	Social Security				
Joesph	American	341-56-9777				
If joint return, Spouse's first	Last Name	Social Security				
Gerry	American	341-69-5543				
Home Address (number and street). If you have a P.O. box, see page 18.		Apt No.				
143 W Burton PL Condo						
City, town or post office, state and ZIP code. If you have a foreign address, see page 18.						
Chicago IL 60610	Yes	No				
Do you want \$3 to go to this fund?						
If a joint return, does your spouse want \$3 to go to this fund?						
<input type="checkbox"/>	Single					
<input checked="" type="checkbox"/>	Married Filing joint return (even if only one had income)					
<input type="checkbox"/>	Married filing separate return. Enter spouse's social security no. above and full name here----->					
<input type="checkbox"/>	Head of Household (with qualifying person). If the qualifying person is a child but not your dependent enter this child's name here----->					
<input type="checkbox"/>	Qualifying Widower					
<input checked="" type="checkbox"/>	Yourself					
<input type="checkbox"/>	Spouse					
Dependents		No. of boxes checked in 6a and 6b				
First Name	Last Name	Social Security	Relationship	If qualifying for child credit	No. of your children in 6c who:	
					Lived with you	2
					Did not live with you:	
					Dependents on 6c not entered above----->	3
Total number of exemptions claimed					Add numbers entered on lines above-->	6
Wages, salaries, tips, etc. Attach Form(s) W-2					7	196,000
Taxable interest. Attach Schedule B if required					8a	5,000
Tax-exempt interest. DO NOT include on line 8a.					8b	2500
Ordinary dividends. Attach Schedule B if required.					9	3,000
Taxable refunds, credits, or offsets of state and local income taxes					10	
Alimony received					11	
Business income or (loss). Attach Schedule C or C-EZ.					12	
Capital gain or (loss). Attach Schedule D if required. If not required check here-->					13	
Other gains or (losses). Attach Form 4797.					14	
Total IRA distributions 15a					b Taxable Amount	15b
Total Pensions and annuities 16a					b Taxable Amount	16b
Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E					17	
Farm Income or (loss). Attach Schedule F					18	
Unemployment compensation					19	
Social Security benefits 20a					b Taxable Amount	20b
Other Income. List type and amount (see page 24)					21	
Add the amounts in the far right column for lines 7 through 21. This is your total income .-->					22	204,000
IRA Deduction (see page 26)					23	
Student loan interest deduction (see page 26)					24	
Medical savings account deduction. Attach Form 8853					25	
Moving Expenses. Attach Form 3903					26	
One-half of self-employment tax. Attach Schedule SE					27	
Self-employed health insurance deduction (see page 28)					28	
Keogh and self-employee SEP and SIMPLE plans					29	
Penalty on early withdrawal of savings					30	
Alimony Paid b Recipients SSN					31a	
Add lines 23 through 31a					32	0
Subtract line 32 from line 22. This is your adjusted gross income					33	204,000

Amount from line 33 (adjusted gross income)		34	204,000
Check if You were =>65	Blind	Spouse=>65	Blind
Add the number of boxes you checked above and enter total		35a	
If you are married filing separately and your spouse itemizes or you were a dual-status alien, see page 30 and check here		35b	
Enter your itemized deductions from Schedule A, line 28 or standard deduction shown on the left. But see page 30 to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent		36	28058
Subtract line 36 from line 34		37	175,942
If line 34 is \$94,975 or less, multiply \$2,750 by the total number of exemptions claimed on line 6d. If line 34 is over \$94,975, see the worksheet on page 31 for the amount to enter		38	14520
Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37 enter -0-		39	161422
Tax (see page 31). Check if any tax is from a Form (s) 6814 b form 4972		40	41466
Credit for child and dependent care expenses. Attach Form 2441		41	
Credit for the elderly or the disabled. Attach Schedule R		42	
Child tax credit (see page 33)		43	
Education credits. Attach Form 8863		44	
Adoption credit. Attach Form 8839		45	
Foreign tax credit Attach Form 1116 if required		46	
Other Check if from a Form 3800	b Form 8396		
c Form 8801	d Form (specify)	47	
Add lines 41 through 47. These are your total credits.		48	0
Subtract line 48 from line 40. If line 48 is more than line 40 enter -0-		49	41466
Self-employment tax. Attach Schedule SE		50	
Alternative minimum tax. Attach Form 6251		51	
Social security and Medicare tax on tip income not reported to employer. Attach form 4137		52	
Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required		53	
Advance earned income credit payments from Form(s) W-2		54	
Household employment taxes. Attach Schedule H		55	
Add lines 49 through 55. This is your total tax.		56	41466
Federal income tax withheld from Forms W-2 and 1099		57	43970
1999 estimated tax payments and amount applied from 1998 return		58	
Earned income credit. Attach Sche. EIC if you have a qualifying child			
Nontaxable earned income : amount			
and type		59a	
Additional child tax credit. Attach Form 8812		60	
Amount paid with request for extension to file (see page 48)		61	
Excess social security and RRTA tax withheld (see page 48)		62	
Other payments.			
Check if from a Form 2439	b Form 4136	63	
Add lines 57, 58, 59a, and 60 through 63. These are your total payments----->		64	43970
If line 64 is more than line 56, subtract line 56 from line 64. This is the amount you overpaid		65	2504
Amount of line 65 you want REFUNDED TO YOU.		66a	2504
Routing Number	c: Type	Checking	Savings
Account Number			
Amount of line 65 you want APPLIED TO YOUR 2000 ESTIMATED TAX.		67	
If line 56 is more than line 64, subtract line 64 from line 56. This is the AMOUNT YOU OWE.		68	
For details on how to pay, see page 49			
Estimated tax penalty. Also include on line 68		69	

By typing my name in the box to the right I am asserting that all work completed on this document was done independently and without help from any source other than those acceptable for the class.

NAME _____
Instructor

YOU MUST PUT YOUR NAME HERE

Schedule A Form 1040 Simulated <small>Name(s) Shown on Form 1040</small>	Itemized Deductions Attach to Form 1040 <small>See Instructions for Schedule A (Form 1040)</small>	Student Name Your Social Security Number	<div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">1999</div>
<p>Caution: Do not include expenses reimbursed or paid by others.</p>			
Medical and Dental Expenses	1 Medical and dental expenses 2 amount from 1040, line 34 204,000.00 3 Multiply line 2 above by 7.5% (.075) 15,300 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	1 2 3 4	0
Taxes You Paid	5 State and local income taxes 6 Real estate taxes 7 Personal Property Taxes 8 Other Taxes. List type and amount > ----- 9 Add line 5 through 8. 10,380	5 5880 6 4500 7 8 9	10,380
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098. 17,500 Home mortgage interest not reported to you. If paid to the person from whom you bought the 11 home, see instructions and show that person's name, identifying number and address 12 Points not reported to you on Form 1098. See instructions. 13 Investment Interest. Attach Form 4952 if required. 14 Add line 10 through 13 17,500	10 17500 11 12 13 14	17,500
Gifts to Charity <small>If you made a gift and got a benefit for it, see instructions.</small>	15 Gifts by cash or check. If you made any gift of \$250 or more, see instructions 2,500 Other than cash or check. If any gift of \$250 or more, 16 see instructions. You Must attach Form 8283 if over \$500 17 Carryover from prior year..... 18 Add lines 15 through 17 2,500	15 2500 16 17 18	2,500
Casualty and Theft Losses	19 Casualty or theft loss(es). Attach Form 4684. (See Instructions.) 0	19	0
Job Expenses and Most Other Miscellaneous Deductions.	20 Unreimbursed employee expenses - job travel, union dues, job education, etc. You Must attach Form 2106 or 2106-EZ if required. (See instructions). 650 21 Tax preparations fees. 300 22 Other expenses- investment, safe deposit box, etc. List type and amount. ----- 23 Add line 20 through 22 950 24 Enter amount from Form 1040 line 34. 204,000 25 Multiply line 24 by 2% (.02) 4080 26 Subtract line 25 from line 23 enter -0- if line 25 is more than line 23. 0	20 650 21 300 22 23 950 24 204,000 25 4080 26	0
Other Miscellaneous Deductions	27 Other - from list in the instructions. List type and amount -----	27	
Total Itemized Deductions	28 Is Form 1040, line 34, over \$126,600 (over \$63,300 if married filing separately)? <input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 36. <input checked="" type="checkbox"/> Yes. Your deduction may be limited. See instructions for the amount to enter.	28	28,058