CHAPTER 2

GROSS INCOME AND EXCLUSIONS

Group 1 - Multiple Choice Questions

1. C	(LO 2.1)	8. C	(LO 2.6)
2. D	(LO 2.1)	9. B	(LO 2.7)
3. A	(LO 2.1)	10. D	(LO 2.7, 2.8, 2.9, 2.10)
4. D	(LO 2.1)	11. A	(LO 2.14)
5. D	(LO 2.1)	12. E	(LO 2.14)
6. E	(LO 2.4)		
7. C	\$73.500/210 = \$	$350 \times 4 =$	\$1,400 (LO 2.5)

Group 2 - Problems

- 1. a. Excluded (LO 2.1)
 - b. Included (LO 2.1)
 - c. Included (LO 2.1)
 - d. Included (LO 2.1)
 - e. Excluded (LO 2.1)
 - f. Included (LO 2.1)
 - g. Included (LO 2.1)
 - h. Excluded (LO 2.1)
 - i. Excluded (LO 2.1)
 - j. Excluded (LO 2.1)
 - k. Included (LO 2.1)
- 2. The non-cash payment of \$6,000 for services performed is includable income to John. The tax law states that gross income is "all income from whatever source derived." There is no exception in the law for non-cash items received in exchange for services. (LO 2.1)
- 3. a. \$300. Gross income includes "all income from whatever source derived." The value of the hair styling is income to Larry for the performance of services. There is no gross income exception in the tax law for "barter" income.
 - b. **\$300.** Gross income includes "all income from whatever source derived." The value of the tax return is income to Sheila for the performance of services. There is no gross income exception in the tax law for "barter" income. (LO 2.1)
- 4. Illegal income is still taxable since there is no exception excluding it in the tax code. When there is not an explicit exception, gross income is "all income from whatever source derived." (LO 2.1)
- 5. Qualified dividends are taxed at either 0%, 15%, or 20%. The 0% rate applies for taxpayers in the ordinary income tax brackets of 10% and 15%. The 15% rate applies for taxpayers in the ordinary income tax brackets of 25% through 35%. The 20% rate applies for taxpayers in the 39.6% bracket. A 3.8% Medicare surtax on net investment income will be added to the rates for certain high-income taxpayers. (LO 2.2)
- 6. If no election is made, the interest is not included in income until the EE bond is converted to cash by the taxpayer. If the taxpayer makes an election, however, the income which increases the redemption value but is not paid in cash on the EE bond each year is included in the taxpayer's gross income. (LO 2.2)
- 7. See Schedule B on page 40. (LO 2.2)

- 8. a. (1) **\$450.**
 - **(2) \$450.**
 - b. (1) **\$0.**
 - (2) **\$425,000.** (LO 2.3)
- 9. Arlen may deduct the alimony of \$2,000 per month on his tax return. He cannot deduct the child support. Jane must report the alimony as income on her tax return. The child support is not taxable income to her. (LO 2.3)
- 10. No gain is taxable to Cindy on the transfer of the house since it is part of a property settlement related to a divorce. Allen has a basis of \$90,000 in the house for calculating tax on any future sale of the house. (LO 2.3)
- 11. a. **\$50.000.**
 - b. \$350. A non-qualified plan award may only be excluded up to \$400; thus \$350 is taxable.
 - c. \$1.000.000.
 - d. **\$50,000**. (LO 2.4)
- 12. a. **\$4,000.**
 - b. **\$14,500.**
 - c. **\$3,500.** (LO 2.4, 2.8)

SIMPLIFIED METHOD WORKSHEET 13.

- 1) Enter total amount received this year. 1) \$ 8,000 2) Enter cost in the plan at the annuity starting date. 2) \$39,900 3) Age at annuity starting date Enter 55 and under 360 56-60 310 61 - 65260 3) 210 66-70 210 71 and older 160 4) Divide line 2 by line 3. 4) \$ 190 5) Multiply line 4 by the number of monthly payments this year. If the annuity starting date was before 1987, also enter this amount on line 8; and skip lines 6 and 7. Otherwise go to line 6. 5) \$ 1,520
- 6) Enter the amount, if any, recovered tax-free in prior years
- 6) \$ 0 7) Subtract line 6 from line 2. 7) \$39,900
- 8) Enter the smaller of line 5 or 7. 8) \$ 1,520
- 9) Taxable amount this year: Subtract line 8 from line 1. Do not enter less than zero. 9) \$ 6,480 (LO 2.5)
- 14. \$56,000 = \$100,000 \$30,000 \$14,000. Since the policy was transferred for valuable consideration, the proceeds are taxable to the extent that they exceed the sum of the cash value at the time of transfer plus the premiums paid. (LO 2.6)
- 15. \$1,300. A beneficiary, who is a surviving spouse, must include the entire amount of interest received with respect to the policy proceeds in gross income; the \$5,000 principal amount may be excluded from gross income. (LO 2.6)

- 16. David has received an accelerated death benefit or viatical settlement which is excluded from taxable income. (LO 2.6)
- 17. None of the payment is taxable. Life insurance proceeds are generally considered to be tax-free and specifically excluded from taxable income. (LO 2.6)
- 18. **\$7,500**. Inheritances are excluded from taxable income; however, subsequent earnings on inherited property must be included in income. (LO 2.7)
- 19. \$10,000 is taxable. This gift is clearly bonus income in a business setting so it does not qualify for tax-free gift treatment, even if Gwen's client calls the payment a gift. (LO 2.7)
- 20. None of the gift is taxable. Gifts are excluded from the taxable income of the person receiving the gift. (LO 2.7)
- 21. \$8,000 is taxable since there is no exclusion for payments made for room and board. \$12,000 is not taxable, since scholarships for tuition are specifically excluded from taxable income. (LO 2.8)
- 22. None of the cost of the insurance or amounts paid by the insurance company for surgery or treatment are taxable to Skyler. These amounts are specifically excluded from taxable income under the tax law. (LO 2.9)
- 23. **\$0**. Taxpayers may exclude the total amount received for payment or reimbursement of medical expenses. Premiums for health insurance paid by the taxpayer's employer are also excluded from the taxpayer's gross income. In addition, the \$1,500 (\$3,500 \$2,000) not paid by the insurance company is deductible as an itemized deduction on Ellen's return, subject to the medical expense deduction limitations. (LO 2.9)
- 24. a. No. The meals are furnished by the employer on the business premises of the employer during working hours because the employer limits the employee to short meal periods.
 - b. No. The meals are furnished by the employer on the business premises of the employer during working hours because the taxpayer must be available for emergency calls.
 - c. Yes. The meals are not furnished for the convenience of the employer. (LO 2.10)
- 25. **6.0**% = $4.5\% \div (100\% 25\%)$. (LO 2.11)
- 26. She will likely invest in the tax-free bond. At the 35% tax bracket, the equivalent rate of the tax-free bond is 7.69%, or 5% divided by (1 .35), which is higher than the 7% rate of return of the corporate bond. (LO 2.11)
- 27. **\$3,250**. Unemployment benefits received are included in gross income. (LO 2.12)
- 28. **\$4,850** = \$850 + \$4,000. The value of the airline tickets is excluded from gross income under the no-additional-cost services rule for employees and their families. The \$30 of personal typing is excluded under the de minimis fringe benefits rule. The \$850 worth of employee discount coupons for hotel rooms is included in gross income since the hotel division is a different line of business than that in which Linda is employed. The \$4,000 tuition payment must be included in gross income since Richard is working on a graduate degree and not providing teaching or research activities. (LO 2.13)
- 29. Yes. Tom will be better off reducing his taxable income by \$2,550 by using the medical flexible spending account. Since his income will be \$2,550 less, he will pay less tax than he would otherwise. (LO 2.13)
- 30. As calculated on the worksheet on page 41. (LO 2.14)

Group 2: Problem 7

SCHEDULE B (Form 1040A or 1040)

Interest and Ordinary Dividends

OMB No. 1545-0074 2015

Department of the Treasury Internal Revenue Service (99)

► Attach to Form 1040A or 1040. ▶ Information about Schedule B and its instructions is at www.irs.gov/scheduleb.

Attachment Sequence No. **08** Name(s) shown on return Your social security number Charles and Sally Heck Amount Part I List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions on back and list Interest this interest first. Also, show that buyer's social security number and address ▶ Porcine Bank 1,345 650 (See instructions on back and the instructions for Form 1040A, or Form 1040, line 8a.) Note: If you received a Form 1099-INT, Form 1099-OID or substitute statement from a brokerage firm, list the firm's name as the 2 1.995 Add the amounts on line 1. payer and enter Excludable interest on series EE and I U.S. savings bonds issued after 1989. the total interest 3 shown on that form. Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1,995 1040, line 8a 4 Note: If line 4 is over \$1,500, you must complete Part III. Amount List name of payer ▶ Part II 800 **Ordinary** 2,350 3,100 **Dividends** 850 (See instructions on back and the instructions for Form 1040A, or Form 1040, 5 line 9a.) Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary Add the amounts on line 5. Enter the total here and on Form 1040A, or Form dividends shown 7.100 1040. line 9a on that form. Note: If line 6 is over \$1,500, you must complete Part III. You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a Yes No foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. At any time during 2015, did you have a financial interest in or signature authority over a financial Part III account (such as a bank account, securities account, or brokerage account) located in a foreign **Foreign** country? See instructions **Accounts** If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial and Trusts Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 (See and its instructions for filing requirements and exceptions to those requirements .

For Paperwork Reduction Act Notice, see your tax return instructions.

financial account is located ▶

instructions on

back.)

Cat. No. 17146N

Schedule B (Form 1040A or 1040) 2015

If you are required to file FinCEN Form 114, enter the name of the foreign country where the

During 2015, did you receive a distribution from, or were you the grantor of, or transferor to, a

foreign trust? If "Yes," you may have to file Form 3520. See instructions on back

Group 2: Problem 30

1.	Enter the total amount of social security income	1.	87,000
2.	Enter one-half of line 1	2.	3,500
3.	Enter the total of taxable income items on Form 1040 except social security income	3.	14,000_
4.	Enter the amount of tax exempt interest income	4.	30,000
5.	Add lines 2, 3, and 4	5.	47,500
6.	Enter all adjustments for AGI except for student loan interest, the domestic production activities deduction and the tuition and fees deduction	6.	-0-
7.	Subtract line 6 from line 5. If zero or less, stop here, none of the social security benefits are taxable	7.	47,500
8.	Enter \$25,000 (\$32,000 if married filing jointly; \$0 if married filing separately and living with spouse at any time during the year)	8.	<u> </u>
9.	Subtract line 8 from line 7. If zero or less, enter -0-	9.	22,500
Note	e: If line 9 is zero or less, stop here; none of your benefits are taxable. Otherwise, go on to line 10.		
10.	Enter \$9,000 (\$12,000 if married filing jointly; \$0 if married filing separately and living with spouse at any time during the year)	10.	9,000
11.	Subtract line 10 from line 9. If zero or less, enter -0-	11.	13,500
12.	Enter the smaller of line 9 or line 10	12.	9,000
13.	Enter one-half of line 12	13.	4,500
14.	Enter the smaller of line 2 or line 13	14.	3,500
15.	Multiply line 11 by 85% (.85). If line 11 is zero, enter -0-	15.	11,475
16.	Add lines 14 and 15	16.	14,975
17.	Multiply line 1 by 85% (.85)	17.	5,950
18.	Taxable benefits. Enter the smaller of line 16 or line 17	18.	<u>\$5,950</u>

- 31. a. **Yes.** Tax-free municipal bond income is added to AGI in the formula to determine the amount of taxable Social Security.
 - b. **Zero.** The taxpayer's income is below the threshold amount used in the formula to determine whether Social Security is taxable.
 - c. **85%.** High-income taxpayers must include 85% of Social Security receipts in taxable income. (LO 2.14)
- 32. The blank Alimony Recapture Worksheet is not reprinted here. The purpose of this problem is to familiarize the student with the Internet sites.
- 33. See the answer to Problem 7.

Group 3 - Writing Assignment

Research Solution:

Whittenburg, Gill, and Altus-Buller, CPAs San Diego, CA August 3, 20xx

Ms. Vanessa Lazo 1550 Mesa Rosa Drive San Diego, CA

Dear Professor Lazo,

Thank you for requesting my advice concerning the tax treatment of your free trip to Costa Rica. I have researched your question and am sorry to say that the free tour is taxable.

The fair market value of the tour must be reported on Form 1040, under "Other Income." In addition, any expenses that you incurred during the trip cannot be deducted.

My conclusion is based upon the facts that you have provided me. I'm sorry that the news was not more favorable. If you have any questions or would like further explanation, please do not hesitate to call.

Sincerely,

Trevor Malcolm

for Whittenburg, Gill, and Altus-Buller, CPAs

Group 4 - Comprehensive Problems

- 1. See pages 43 through 45.
- 2A. See pages 46 through 47.
- 2B. See pages 48 through 49.

Group 5 - Cumulative Software Problem

The solution to the Cumulative Software Problem is posted on the Internet site for the text at www.cengage.com/login.

Comprehensive Problem 1

Form 1040A		rtment of the Treasury – 3. Individual I I			(00)	201	5	IDC Hoo (Only D)o not u	wita ay atanla in thi	
Your first name and init		3. IIIdividuai ii	Last name	ix netuiii	(99)	201	<u> </u>	ino use (Jilly — L		rite or staple in this	
									}		ocial security nur	
Ken			Ha	ije						46	5 57 9 9	3 4
If a joint return, spouse	's first n	ame and initial	Last name								e's social security n	
Bev			Hair	ic						46	5 74 3 3	21
3567 River S	treet							Apt.	no.		ake sure the SSN(s nd on line 6c are co	
		d ZIP code. If you have a fo	oreign address, als	o complete space	s below (see	instruction	ns).				dential Election Car	
_Springfield, 1	M O	63126		1							re if you, or your spouse ant \$3 to go to this fund.	
Foreign country name				Foreign provin	ce/state/co	unty	Foi	reign posta	l code	a box bel refund.	ow will not change your	
Filing.	1.	Single				4	Llood of hou	sobold (uith au	_	You V	
Filing		Married filing jo	intly (even if	only one had	Lincome)						person). (See instr out not your depe	
status Check only	3	Married filing sep					enter this ch				out not your dept	criacii,
one box.		full name here. ▶		, , , , , , , , , , , , , , , , , , , ,			Qualifying w	idow(er) v	vith de	pender	t child (see instru	ctions)
Exemptions	6a	Yourself. If	someone c	an claim yo	u as a d		, ,	. ,		<u> </u>	Boxes	
			ox 6a.							}	checked on 6a and 6b	2
	b	∠ Spouse									No. of children on 6c who:	
	C	Dependents:		(2) Depender	nt's social	(3) D	ependent's		if child qualifyi		 lived with 	
If more than six		(d) First same	1	security n			nship to you	u child	tax credi	t (see	you	
dependents, see instructions.		(1) First name	Last name					l in:	struction	s)	 did not live with you due to 	
instructions.									Н		divorce or separation (see	
									H		instructions)	
									П		Dependents	
											on 6c not entered above	
											Add numbers	
											on lines	2
	<u>d</u>	Total number of	exemption	s claimed.							above ►	2
Income	7	Magaa adarias	tina ata /	ttooh Form	(a) M/ Q					7	E2 07E	
Attach	_7_	Wages, salaries	, tips, etc. F	Milacii Foiiii	(5) ۷۷-2.					-/	<i>52,875</i>	
Form(s) W-2	8a	Taxable interes	t. Attach So	hedule B if	requirec	ł.				8a	643	
here. Also	b	Tax-exempt int) 1	000			070	
attach Form(s)	9a	Ordinary divider								9a	301	
1099-R if tax	b	Qualified divide	nds (see ins	tructions).		9k) ;	301				
was	10	Capital gain dis	tributions (s	ee instruction	ons).					10		
withheld.	11a	IRA				11b	Taxable a					
If you did not get a W-2, see	10-	distributions. Pensions and	11a			406	(see instr			11b		
instructions.	128	annuities.	12a				Taxable a (see instr			12b		
		armanics.	124				(300 11311	dottorio	·/·	120		
	13	Unemployment	compensat	ion and Ala	ska Perr	nanent	Fund div	ridends		13	1,825	
	14a	Social security				14b	Taxable a	amount			.,	
		benefits.	14a				(see instr	uctions	s).	14b		
		A 1 1 11 7 11	1 441 /6		\ T							
	15	Add lines 7 thro	ugh 14b (fa	r right colur	nn). This	is you	ir total in	come.	•	15	<i>55,644</i>	
Adjusted	16	Reserved				10	,					
gross	16 17	IRA deduction (see instruct	ions)		16						
income	18	Student loan into			tructions							
				(2000	2.2	,						
	19	Reserved				19)					
	20	Add lines 16 thr	ough 19. Th	nese are you	ur total a	adjusti	ments.			20		
	•	0.1.					_				EE 111	
For Disclosure P	21	Subtract line 20							>	21	55,644 Form 10404	(0.0.1.5)

Comprehensive Problem 1, cont.

Form 1040A (2	2015)							Р	age 2
Tax, credits,	22	Enter the amount from line 21	(adjuste	d gross ince	ome).		22	55,644	
and	23a	Check [You were born before	January 2	2, 1951, 🔲 I	Blind ן Total b	oxes			
payments		if: Spouse was born before	re January	2, 1951, 🔲 I	3lind ∫check e	ed ▶ 23a			
paymonto	b	If you are married filing separa	ately and	your spous	e itemizes				
Standard		deductions, check here				▶ 23b			
Deduction for—	24	Enter your standard deduction	on.				24	12,600	
• People who	25	Subtract line 24 from line 22.	If line 24	is more tha	n line 22, ent	er -0	25	43,044	
check any box on line	26	Exemptions. Multiply \$4,000	by the nu	umber on lir	ne 6d.		26	8.000	
23a or 23b or who can be	27	Subtract line 26 from line 25.				er -0		,,,,,,,	
claimed as a		This is your taxable income.					▶ 27	35,044	
dependent, see	28	Tax, including any alternative min	nimum tax	(see instruc	tions). 28	4,286		•	
instructions. • All others:	29	Excess advance premium tax	credit re	payment. A	ttach	,			
Single or		Form 8962.			29				
Married filing	30	Add lines 28 and 29.	4 1				30	4,286	
separately, \$6,300	31	Credit for child and depender	nt care ex	penses. Att	ach				
Married filing		Form 2441.			31				
jointly or Qualifying	32	Credit for the elderly or the di	sabled. A	ttach					
widow(er), \$12,600		Schedule R.			32				
Head of	33	Education credits from Form	8863, line	19.	33				
household, \$9,250	34	Retirement savings contribution							
	35	Child tax credit. Attach Sched	lule 8812	, if required	. 35				
	36	Add lines 31 through 35. Thes					36		
	37	Subtract line 36 from line 30.	If line 36	is more tha	n line 30, ent	er -0	37	4,286	
	38	Health care: individual respons	ibility (see	e instruction	s). Full-year	coverage	38	,	
	39	Add line 37 and line 38. This i	s your to	tal tax.			39	4.286	
	40	Federal income tax withheld fr	om Form	s W-2 and	1099. 40	5,500		,	
If you have	41	2015 estimated tax payments	and amo	ount applied	d	,			
a qualifying		from 2014 return.			41				
child, attach Schedule	42a	Earned income credit (EIC).			42a				
EIC.	b								
	43	Additional child tax credit. Att			43				
	44	American opportunity credit f							
	45	Net premium tax credit. Attac			45				
	46	Add lines 40, 41, 42a, 43, 44,				ments.	▶ 46	5,500	
Refund	47	If line 46 is more than line 39,		line 39 fron	n line 46.				
		This is the amount you overp					47	1,214	
Direct	48a	Amount of line 47 you want refur	ided to yo	u. If Form 88	888 is attached	l, check here	▶ <u>48a</u>	1,214	
deposit? See	▶ b	Routing		c Type:	Checking	Savings			
instructions and fill in		number		<i>,</i> , –	- ,	_			
48b, 48c,	▶ d	Account							
and 48d or Form 8888.	49	Amount of line 47 you want a	anliad to	WOUR			_		
	49	2016 estimated tax.	ppiieu io	your	49				
	50	Amount you owe. Subtract li	ne 46 fro	m line 30 F		how to nav			Τ
Amount	00	see instructions.	110 40 110		or details on	now to pay	' ▶ 50		
you owe	51	Estimated tax penalty (see ins	tructions	3	51		50		-
Third party		you want to allow another person to d		,		ctions)? \(\begin{array}{c} arra	s Complete	the following.	□ No
Third party			1130433 11113		5 II 10 (300 II 1311 u	ĺ		•	
designee		esignee's me ►		Phone no. ►		numbe	nal identificati er (PIN)	on ▶	
<u> </u>		nder penalties of perjury, I declare that I have							
Sign		d belief, they are true, correct, and accurate an the taxpayer) is based on all information of				eived during the	tax year. Dec	claration of prepare	er (othe
here		our signature		Date	Your occupation		Daytime	ohone number	
Joint return? See instructions.					Student				
Keep a copy	S	oouse's signature. If a joint return, both must	sign.	Date	Spouse's occup	ation		ent you an Identity Pro	tection
for your records.					Accounta	ent	PIN, enter i here (see in		
Paid	P	int/type preparer's name	Preparer's	signature		Date	Check ▶ □	if PTIN	
							self-employ		
preparer	Fi	m's name ▶				1	Firm's EIN	• ·	
use only	Fi	m's address ►					Phone no.		
								Earm 1040A	(2015

Comprehensive Problem 1, cont.

Qualified Dividends and Capital Gain Tax Worksheet—Line 28

Keep for Your Records



*

1. Enter the amount from Form 1040A, line 27	135,044	
2. Enter the amount from Form 1040A, line 9b		
3. Enter the amount from Form 1040A, line 10		
4. Add lines 2 and 3	4 <i>301</i>	
5. Subtract line 4 from line 1. If zero or less, enter -0-	5. <i>34,743</i>	
6. Enter the smaller of:	,	
• The amount on line 1, or		
• \$37,450 if single or married filing separately,	6. <i>35,044</i>	
\$74,900 if married filing jointly or qualifying widow(er), or		
\$50,200 if head of household.	24.742	
7. Enter the smaller of line 5 or line 6	7. <i>34,743</i>	
8. Subtract line 7 from line 6. This amount is taxed at 0%	8301	_
9. Enter the smaller of line 1 or line 4	9 <i>301</i>	-
0. Enter the amount from line 8	10 <i>301</i>	_
1. Subtract line 10 from line 9	110	
2. Multiply line 11 by 15% (0.15)		120
3. Use the Tax Table to figure the tax on the amount on line 5. Enter the tax here		13. 4,286
4. Add lines 12 and 13		14. <i>4,286</i>
5. Use the Tax Table to figure the tax on the amount on line 1. Enter the tax here		15. <i>4,331</i>
6. Tax on all taxable income. Enter the smaller of line 14 or line 15 here and on Form 1040A,		4,286

^{*} Note: This worksheet does not apply for high-income taxpayers under the ACA or ATRA provisions (See LO 1.9).

Comprehensive Problem 2A

E 1040		ent of the Treasury-Internal	·	⁽⁹⁾ 201	5 0MB	No. 1545-0074	IRS Use On	nly—Do	not write or staple in this	s space.
For the year Jan. 1-De	c. 31, 2015	5, or other tax year beginning		, 2015,	ending	, 2	20	See	separate instruction	ons.
Your first name and	initial		Last name		-			You	r social security num	nber
Ray			Gomez					4	69 21 5523	•
If a joint return, spou	use's first	name and initial	Last name					Spot	se's social security nu	umber
Maria			Gomez					4	44 65 9912	
Home address (num	1	street). If you have a P.O.					Apt. no.		Make sure the SSN(s) and on line 6c are co	
		nd ZIP code. If you have a fo	oreign address, also comp	lete spaces below (see instruction	s)		Dro	sidential Election Cam	
Mc Allen, T		78701	oroigir address, also comp	iote apadeo bolow (occ mondonom	5).			here if you, or your spouse	
Foreign country nam	•	10/01	Foreig	n province/state/c	ounty	Foreign	oostal code	jointly,	want \$3 to go to this fund.	Checkir
Toroign oodini y nan	10		loloig	1 province/state/e	ounty	T oroigin	Josiai Code	a box refund	pelow will not change your t	
Filing Status	1 2	Single Married filing jointle	y (aven if only one ha	od incomo)					erson). (See instruction of your dependent, ent	ns.) If
Check only one	3		rately. Enter spouse'			nild's name here.		Dut III	ot your dependent, em	tei tilis
OOX.	3	and full name here		s SSIN above		ualifying widow		enend	ent child	
	6a	Yourself. If some		as a dependent			(OI) WILLI GO)	Boxes checked	
Exemptions	b							. }	on 6a and 6b	2
		Dependents:	(2) Deper	_) Dependent's	(4) ✓ if child	under age 17	÷′	No. of children on 6c who:	
	C (1) Firet		aggiel agguri		tionship to you	qualifying for o	hild tax credit		 lived with you 	_
	(1) First	Hallie Last Hall	ie			(see instr	1	-	did not live with you due to divorce	
f more than four						 	1		or separation (see instructions)	
dependents, see						+ +]	-	Dependents on 6c	
nstructions and						+ +]	-	not entered above	_
check here ►	d	Total number of exer	motions claimed				J	_	Add numbers on	2
			•		· · ·		· · ·	·	lines above ►	누
ncome	7	Wages, salaries, tips					· ·	7	62,170	+-
	8a	Taxable interest. Att		•				8a	603	+
Attach Form(s)	b	Tax-exempt interest			8b					
V-2 here. Also	9a	Ordinary dividends.		•				9a		+
ttach Forms	b				9b					
V-2G and 099-R if tax	10	Taxable refunds, cre			ome taxes		-	10		+
vas withheld.	11	Alimony received .					-	11		-
	12	Business income or	. ,					12		₩
f you did not	13	Capital gain or (loss)				check here		13		₩
get a W-2,	14	Other gains or (losse	· 1 1	· · · · · ·			_	14		₩
see instructions.	15a	IRA distributions .	15a		b Taxable		_	15b		₩
	16a	Pensions and annuitie			b Taxable		_	16b		₩
	17	Rental real estate, ro		•				17		₩
	18	Farm income or (loss	s). Attach Schedule F				-	18		
	19	Unemployment com					_	19		₩
	20a	Social security benefit	ts 20a		b Taxable	_ ,,,		20b		
	21	Other income. List ty				exas lottery		21	4,000	₩
	22	Combine the amounts	in the far right column	or lines 7 through		our total incom	e ▶	22	<i>66,773</i>	₩
Adjusted	23	Reserved			23					
Adjusted Gross	24	Certain business expen		•						
ncome		fee-basis government of	officials. Attach Form 21	06 or 2106-EZ	24					
IICOIII C	25	Health savings accor	unt deduction. Attach	ı Form 8889 .			\perp			
	26	Moving expenses. At	ttach Form 3903 .		26					
	27	Deductible part of self-	employment tax. Attac	n Schedule SE .	27		\perp			
	28	Self-employed SEP,	•	•			$\perp \perp \parallel$			
	29	Self-employed health	n insurance deductio	n	29					
	30	Penalty on early with			30		\perp			
	31a	Alimony paid b Rec			31a	5,400				
	32	IRA deduction			32	•				
	33	Student loan interest	deduction		33					
	34	Reserved			34					
	35	Domestic production a	activities deduction. At	tach Form 8903	35					
	00	Add lines 00 through	05					36	5,400	1
	36	Add lines 23 through	35				L	30	61,373	

Comprehensive Problem 2A, cont.

Form 1040 (2015	5)			Page 2
	38	Amount from line 37 (adjusted gross income)	38	61,373
T	39a	Check \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		- 07,070
Tax and		if: Spouse was born before January 2, 1951, ☐ Blind. Checked ▶ 39a		
Credits	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b		
Standard	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,600
Deduction for—	41	Subtract line 40 from line 38	41	48.773
People who	42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	42	8.000
check any	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	40 773
box on line 39a or 39b or	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c	44	5 194
who can be claimed as a	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
dependent, see	46	Excess advance premium tax credit repayment, Attach Form 8962	46	
instructions.	47	Add lines 44, 45, and 46	47	5.194
All others:	48	Foreign tax credit. Attach Form 1116 if required		
Single or Married filing	49	Credit for child and dependent care expenses. Attach Form 2441		
separately, \$6,300	50	Education credits from Form 8863, line 19		
Married filing	51	Retirement savings contributions credit. Attach Form 8880 51		
jointly or Qualifying	52	Child tax credit. Attach Schedule 8812, if required 52		
widow(er),	53	Residential energy credit. Attach Form 5695 53		
\$12,600 Head of	54	Other credits from Form: a 3800 b 8801 c 54		
household,	55	Add lines 48 through 54. These are your total credits	55	
\$9,250	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0	56	5,194
	57	Self-employment tax. Attach Schedule SE	57	
Other	58	Unreported social security and Medicare tax from Form: a 4137 b 8919	58	
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
Taxes	60a	Household employment taxes from Schedule H	60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage 📈	61	
	62	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)	62	
	63	Add lines 56 through 62. This is your total tax	63	5.194
Payments	64	Federal income tax withheld from Forms W-2 and 1099 64 9 520		,
	65	2015 estimated tax payments and amount applied from 2014 return 65		
If you have a qualifying	66a	Earned income credit (EIC)		
child, attach	b	Nontaxable combat pay election 66b		
Schedule EIC.	67	Additional child tax credit. Attach Schedule 8812 67		
	68	American opportunity credit from Form 8863, line 8 68		
	69	Net premium tax credit. Attach Form 8962 69		
	70	Amount paid with request for extension to file		
	71	Excess social security and tier 1 RRTA tax withheld		
	72	Credit for federal tax on fuels. Attach Form 4136		
	73	Credits from Form: a 2439 b Reserved c 8885 d 73		
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	9,520
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	4,326
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	76a	4,326
Direct deposit? See	► b	Routing number		
instructions.	► d	Account number 2010 11 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
Amount	77 78	Amount of line 75 you want applied to your 2016 estimated tax ▶ 77 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶	70	
You Owe	79	Estimated tax penalty (see instructions)	78	
			Comp	elete below. No
Third Party Designee		righter's Phone Personal iden		_
Designee		me ▶ no. ▶ number (PIN)		>
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the		
Here		by are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer of the transpayer of the proparation of which preparer of the proparer of the proparation of which preparer of the proparation of which preparer of the proparation of the preparer of	1	ny knowledge. ne phone number
Joint return? See		Oil worker		
instructions. Keep a copy for	Sp		If the IRS	S sent you an Identity Protection
your records.	,	City omployor	PIN, ente	erit 📉 💮
D-:-I	Pri	ouse's signature. If a joint return, both must sign. Date Spouse's occupation City employee nt/Type preparer's name Preparer's signature Date		PTIN
Paid			Check self-em	
Preparer	Fire	m's name ▶	Firm's I	
Use Only		m's address ▶	Phone	
www.irs.gov/for				Form 1040 (2015)

Comprehensive Problem 2B

1040		ent of the Treasury—Internal F		(99) Return	201	5	OMB No	1545-0074	IRS Use	Only—Do	not write or staple in this	s space.
For the year Jan. 1-De		5, or other tax year beginning			, 2015,			, 2		_	separate instruction	
Your first name and		.,	Last name		, ==,			,-	-		r social security nun	
Carl			1	Conch						1 8	35 21 5423	3
If a joint return, spou	use's first	name and initial	Last name	Concor							use's social security no	
Maru				Daval						1 6	33 65 7912	
	ber and s	street). If you have a P.O. b	oox, see instru						Apt. no.	A	Make sure the SSN(s)	
1234 Mallo	iru Sal	uare							64		and on line 6c are co	
City, town or post office	ce, state, a	and ZIP code. If you have a fo	reign address, a	also complete s	oaces below (see instru	uctions).			Pr	esidential Election Can	npaign
Key West.	FL	33040									here if you, or your spouse	
Foreign country nan	ne			Foreign pro	vince/state/c	ounty		Foreign p	ostal cod		, want \$3 to go to this fund. below will not change your	
										refund	1. You	Spous
Filing Status	1	Single				4	Head o	f household	(with qua	alifying p	erson). (See instructio	ns.) If
illing Otatus	2	Married filing jointly	(even if only	one had inc	come)		the qua	lifying perso	on is a ch	ild but n	ot your dependent, en	iter this
Check only one	3	☐ Married filing separ	ately. Enter:	spouse's SS	N above		child's	name here.	-			
box.		and full name here.	>			5	Qualify	ing widow	(er) with	depend		
Exemptions	6a	X Yourself. If some	one can cla	im you as a d	dependent,	do no	t check b	ox 6a .		. }	Boxes checked on 6a and 6b	2
	b	Spouse									No. of children	
	С	Dependents:		(2) Dependent's) Depende	, ,	4) ✓ if child ualifying for c	under age i hild tax cre	17 dit	on 6c who: • lived with you	
	(1) First	name Last nam	e so	cial security num	ber rela	tionship t	o you	(see instr			 did not live with 	
If mare than faur											you due to divorce or separation	
If more than four dependents, see										_	(see instructions) Dependents on 6c	
instructions and											not entered above	
check here ►											Add numbers on	2
	d	Total number of exen									lines above ►	1
Income	7	Wages, salaries, tips,		` '						7	67,500	-
	8a	Taxable interest. Atta								8a	302	
Attach Form(s)	b	Tax-exempt interest.				8b					4	
W-2 here. Also	9a	Ordinary dividends. A			ired					9a	175	
attach Forms	b	Qualified dividends				9b		0				
W-2G and 1099-R if tax	10	Taxable refunds, cred	,			ome tax	kes .			10		
was withheld.	11	•								11		
	12	Business income or (I	•						· 👝	12		+
If you did not	13 14	Capital gain or (loss).					ea, cnec	k nere 🕨	Ш	13 14		
get a W-2,		Other gains or (losses		m 4/9/ .			· ·			-		
see instructions.	15a	IRA distributions .	15a				xable amo			15b 16b		
	16a 17	Pensions and annuities Rental real estate, roy		orobino C o	rnorations		xable amo		 	17		
	18	Farm income or (loss)							ule E	18		
	19	Unemployment comp								19	2,700	
	20a	Social security benefits					xable amo		•	20b	2,700	
	21	Other income. List typ		ınt		J Iu	D /	le prize		21	800	
	22	Combine the amounts in			es 7 through	21. Thi			e ▶	22	71.477	
	23	Reserved				23					,,,,,,	
Adjusted	24	Certain business expens	ses of reservis	sts, performing	artists. and							
Gross		fee-basis government of				24						
Income	25	Health savings accou				25						
	26	Moving expenses. At										
	27	Deductible part of self-e				_						
	28	Self-employed SEP, S	SIMPLE, and	d qualified pla	ans							
	29	Self-employed health	insurance d	leduction		29						
	30	Penalty on early with	drawal of sav	vings		30						
	31a	Alimony paid b Reci	pient's SSN	>		31a						
	32	IRA deduction				32						
	33	Student loan interest				33						
	34	Reserved				34						
	35	Domestic production a	ctivities dedu	ction. Attach	Form 8903	35						
	36	Add lines 23 through	35			•				36		
	30	Add lines 25 through								00		

Comprehensive Problem 2B, cont.

Form 1040 (2015	i)			Page 2
	38	Amount from line 37 (adjusted gross income)	38	71,477
Tax and	39a	Check { You were born before January 2, 1951, Blind. } Total boxes		
		if: Spouse was born before January 2, 1951, ☐ Blind. checked ▶ 39a		
Credits	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b		
Standard	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,600
Deduction for—	41	Subtract line 40 from line 38	41	58,877
People who	42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	42	8.000
check any	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	50 877
box on line 39a or 39b or	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c	44	6.709
who can be claimed as a	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
dependent, see	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
instructions.	47	Add lines 44, 45, and 46	47	6,709
All others:	48	Foreign tax credit. Attach Form 1116 if required		
Single or Married filing	49	Credit for child and dependent care expenses. Attach Form 2441 49		
separately, \$6,300	50	Education credits from Form 8863, line 19 50		
Married filing	51	Retirement savings contributions credit. Attach Form 8880 51		
jointly or	52	Child tax credit. Attach Schedule 8812, if required 52		
Qualifying widow(er),	53	Residential energy credit. Attach Form 5695		
\$12,600	54	Other credits from Form: a 3800 b 8801 c 54		
Head of household,	55	Add lines 48 through 54. These are your total credits	55	
\$9,250	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	6 700
	57	Self-employment tax. Attach Schedule SE	57	6,709
0.11	58	Unreported social security and Medicare tax from Form: a 4137 b 8919	58	
Other		Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
Taxes	59 60a	· · · · · · · · · · · · · · · · · · ·	60a	
	60a	Household employment taxes from Schedule H		
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage 2	61	
	62	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)	62	
	63	Add lines 56 through 62. This is your total tax	63	6,709
Payments	64	Federal income tax withheld from Forms W-2 and 1099 64 9, 726		
If you have a	65	2015 estimated tax payments and amount applied from 2014 return 65		
qualifying	66a	Earned income credit (EIC)		
child, attach	b	Nontaxable combat pay election 66b		
Schedule EIC.	67	Additional child tax credit. Attach Schedule 8812		
	68	American opportunity credit from Form 8863, line 8 68		
	69	Net premium tax credit. Attach Form 8962 69		
	70	Amount paid with request for extension to file		
	71 72	Excess social security and tier 1 RRTA tax withheld		
		Credit for federal tax on fuels. Attach Form 4136		
	73	Credits from Form: a 2439 b Reserved c 8885 d 73		0.700
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	9,726
Refund	75 76-	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	3,017
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here . ▶ ☐	76a	3,07/
Direct deposit? See	► b	Routing number		
instructions.	► d	Account number		
Amount	77 78	Amount of line 75 you want applied to your 2016 estimated tax ▶ 77 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶	70	
You Owe	79	i i i i i i i i i i i i i i i i i i i	78	
		Estimated tax penalty (see instructions) 79		
Third Party		by you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Phone Personal ident		lete below.
Designee		me ► no. ► number (PIN)	1	•
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the		
Here		y are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepar		
Joint return? See	10	ur signature Date Your occupation	Dayum	e phone number
instructions.		Factory worker	16.15 . 100	Secretaria de la Contra de la C
Keep a copy for your records.	Spi	ouse's signature. If a joint return, both must sign. Date Spouse's occupation	PIN, ente	
		Homemaker	here (see	e inst.)
Paid	Pri	nt/Type preparer's name	Check	
Preparer				nployed
Use Only	Firr	m's name ▶	Firm's I	EIN ►
	Firr	m's address ▶	Phone	
www.irs.gov/forr	m1040			Form 1040 (2015)

Key Number Tax Return Summary

Chapter 2

Comprehensive Problem 1

Adjusted Gross Income (Line 21)	55,644
Taxable Income (Line 27)	35,044
Tax Liability (Line 39)	4,286
Tax Overpaid (Line 47)	1,214
Comprehe	ensive Problem 2A
Adjusted Gross Income (Line 37)	61,373
Taxable Income (Line 43)	40,773
Tax Liability (Line 63)	5,194
Tax Overpaid (Line 75)	4,326
Comprehe	ensive Problem 2B
Adjusted Gross Income (Line 37)	71,477
Taxable Income (Line 43)	50,877
Tax Liability (Line 63)	6,709
Tax Overpaid (Line 75)	3,017