



Exercise 5: Elaine Edwards

Interview Notes

- Elaine's husband, Erik, died suddenly on November 8 of the tax year. She has not remarried.
- Elaine's children lived with her all year.
- Elaine is a full-time high school art teacher. Her teaching budget fell short of her needed expenses, and she purchased \$450 worth of art supplies for her students to use in class.
- Upon Erik's death, Elaine rolled Erik's Roth 401(K) into a Roth IRA of her own.
- Elaine and Erik received a \$5,200 Economic Impact Payment. Erik was still alive at the time the first payment was received, but he was deceased when the second payment was issued.
- The family's insurance was provided through Elaine's job.

Driver's License (Tax Training Only)		Driver's License (Tax Training Only)	
License No. 20201129161942		License No. 20201129161942	
Name and Address		Name and Address	
ELAINE EDWARDS		ERIK EDWARDS	
467 KENTWOOD LN		467 KENTWOOD LN	
APT C-25		APT C-25	
YOUR CITY, YS YOUR ZIP	YOUR CITY, YS YOUR ZIP	YOUR CITY, YS YOUR ZIP	
Birth Date 03/05/1983		Birth Date 08/12/1982	
Issue Date 02/14/2020		Issue Date 07/23/2020	
Expiration Date 03/05/2025		Expiration Date 08/12/2025	

Social Security

352-00-4633

THIS NUMBER HAS BEEN ESTABLISHED FOR

ELAINE EDWARDS

For Tax Training Purposes Only


Social Security


374-00-5339

THIS NUMBER HAS BEEN ESTABLISHED FOR

ERIK EDWARDS

For Tax Training Purposes Only

a. Employee's social security number 352-00-4633		Save. accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile	
b. Employer identification number (EIN) 26-8689262		1. Wages, tips, other compensation \$35,404.55		2. Federal income tax withheld \$2,957.17			
c. Employer's name, address, and ZIP code COUNTY BOARD OF SCHOOL COMMISSIONERS PO BOX 724665 YOUR CITY, YS YOUR ZIP		3. Social security wages \$37,528.82		4. Social security tax withheld \$2,326.79			
		5. Medicare wages and tips \$37,538.82		6. Medicare tax withheld \$544.31			
		7. Social security tips		8. Allocated tips			
d. Control number		9.		10. Dependant care benefits			
e. Employee's first name and initial Last name Suff. Employee's address and ZIP code ELAINE EDWARDS 467 KENTWOOD LN APT C-25 YOUR CITY, YS YOUR ZIP		11. Nonqualified plans		12a. See instructions for box 12 DD \$12,390.00			
		13. Statutory Employee Retirement Plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b.			
		14. Other		12c.			
				12d.			
15. State YS	Employer's state ID number 2666477466	16. State wages, tips, etc. \$37,528.82	17. State income tax 1,824.88	18. Local wages, tips, etc.	19. Local income tax	20. Locality name	
Form W-2 Wage and Tax Statement 2020 Copy B - To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.							

a. Employee's social security number 374-00-5339		Save. accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile	
b. Employer identification number (EIN) 72-2625984		1. Wages, tips, other compensation \$19,825.54		2. Federal income tax withheld \$1,221.86			
c. Employer's name, address, and ZIP code PC ANALYTICS, LLC. 4100 PEACHTREE ST. S. ATLANTA, GA 30313		3. Social security wages \$1,985.54		4. Social security tax withheld \$123.10			
		5. Medicare wages and tips \$19,825.54		6. Medicare tax withheld \$287.47			
		7. Social security tips		8. Allocated tips			
d. Control number		9.		10. Dependant care benefits			
e. Employee's first name and initial Employee's address and ZIP code ERIK EDWARDS 467 KENTWOOD LN APT C-25 YOUR CITY, YS YOUR ZIP		11. Nonqualified plans		12a. See instructions for box 12 AA \$793.02			
		13. Statutory Retirement Third-party Employee Plan sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b.			
		14. Other		12c.			
				12d.			
15. State YS	Employer's state ID number 0000275521	16. State wages, tips, etc. \$19,825.54	17. State income tax 911.81	18. Local wages, tips, etc.	19. Local income tax	20. Locality name	
<p>Form W-2 Wage and Tax Statement 2020</p> <p>Copy B - To Be Filed With Employee's FEDERAL Tax Return.</p> <p>This information is being furnished to the Internal Revenue Service.</p>							

CORRECTED (if checked)

PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. MOUNTAIN BANK P.O. BOX 2743 ASHEVILLE, NC 28776		Payer's RTN (optional)	OMB No. 1545-0112 2020 Form 1099-INT		Interest Income				
PAYER'S TIN 66-8682462		RECIPIENT'S TIN 352-00-4633		Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported					
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code ELAINE EDWARDS 467 KENTWOOD LN APT C-25 YOUR CITY, YS YOUR ZIP		1 Interest income \$2,500.00			2 Early withdrawal penalty \$250.00				
FATCA filing requirement <input type="checkbox"/>		3 Interest on US Savings Bonds and Treas. obligations		4 Federal income tax withheld		5 Investment expenses			
Account number (see instructions)		6 Foreign Tax Paid		7 Foreign Country or US possession		8 Tax exempt interest		9 Specified private activity bond interest	
10 Market Discount		11 Bond Premium		12 Bond premium on Treasury obligations		13 Bond Premium on tax-exempt bond		14 Tax-exempt and tax credit bond CUSIP no.	
15 State		16 State Identification no.		17 State tax withheld		18 State tax withheld		19 State tax withheld	
Form 1099-INT									

<input type="checkbox"/> CORRECTED (if checked)						Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. RETIREMENT INVESTMENT SOLUTIONS PO BOX 667 HOUSTON, TX 77002			1 Gross distribution <div style="text-align: right; font-size: 1.2em;">\$8,995.24</div>		<div style="font-size: 2em; font-weight: bold;">2020</div> Form 1099-R		
			2a Taxable amount <div style="text-align: right; font-size: 1.2em;">\$.00</div>				
PAYER'S TIN <div style="text-align: center;">73-8473636</div>			2b Taxable amount not determined. <input type="checkbox"/>		Total Distribution <input checked="" type="checkbox"/>		
			3 Capital gain (included in box 2a).		4 Federal income tax withheld		
PAYER'S TIN <div style="text-align: center;">73-8473636</div>			RECIPIENT'S TIN <div style="text-align: center;">352-00-4633</div>		5 Employee contributions/ Designated Roth contributions or		
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal ELAINE EDWARDS 467 KENTWOOD LN APT C-25 YOUR CITY, YS YOUR ZIP			6 Net unrealized appreciation in employer's securities		Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS		
			7 Distribution Code(s) <div style="font-size: 1.2em;">H</div>				8 Other <div style="text-align: center;"> <input type="checkbox"/> % </div>
9a Your percentage of total distribution <div style="text-align: center;">%</div>		9b Total Employee Contributions					
10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib.		FATCA filing requirement <input type="checkbox"/>			
12 State tax withheld		13 State/Payer's state no. <div style="text-align: center;">YS/0000876588</div>		14 State distribution			
Account number (see instructions)			Date of payment		15 Local tax withheld		
					16 Name of locality		
					17 Local distribution		
Form 1099-R							

<input type="checkbox"/> CORRECTED (if checked)						Student Loan Interest Statement	
RECIPIENT'S/LENDER'S name Street address City or town, state or province, country, ZIP or Foreign Postal Code Telephone number STUDENT LOAN CORP. PO BOX 8466 LAS VEGAS, NV 98108			OMB. 1545-1576 <div style="font-size: 2em; font-weight: bold;">2020</div> Form 1098-E		Copy B For Borrower This important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for student loan interest.		
							RECIPIENT'S federal identification no. <div style="text-align: center;">78-8336856</div>
BORROWER'S name Street address (including apt. no.) City or town, state or province, country, ZIP or Foreign Postal Code ELAINE EDWARDS 467 KENTWOOD LN APT C-25 YOUR CITY, YS YOUR ZIP			1 Student loan interest received by lender <div style="text-align: right; font-size: 1.2em;">\$2,995.00</div>				
Account number (see instructions) <div style="text-align: center;">26026771672</div>			2 If checked box 1 does not include loan origination fees and/or capitalized interest for loans made before September, 1 2004. <input type="checkbox"/>				
Form 1098-E							

ELAINE EDWARDS		1234
467 KENTWOOD LN APT C-25		_____
YOUR CITY, YS YOUR ZIP		
PAY TO THE _____		\$ _____
ORDER OF _____		DOLLARS
MOUNTAIN BANK		
1011 CANKTON RD		
YOUR CITY, YS YOUR ZIP		
For _____		
066882461	1339273710	1234

Practice Questions

1. Since Erik died during the tax year, what is Elaine's most advantageous filing status?
 - A. Married Filing Jointly
 - B. Married Filing Separately.
 - C. Qualifying Widow(er) with Dependent Child
 - D. Head of Household
 - E. Single

2. What is the total amount of adjustments on Elaine's return?
 - A. \$3,695
 - B. \$3,445
 - C. \$3,000
 - D. Because of her filing status, Elaine is not eligible for any adjustments.