


EX-02 Baker Scenario

**Driver's License (Tax Training Only)**  
License No. 20200818120645  
Name and Address  
TARA BAKER  
17 BEACH BLVD APT 18  
JACKSON, NJ 08527  
  
Birth Date 06/15/1987  
Issue Date 05/26/2020 Expiration Date 05/26/2025

**social Security**  
**012-00-XXXX**  
THIS NUMBER HAS BEEN ESTABLISHED FOR  
TARA BAKER  
For Tax Training Purposes Only

**social Security**  
**212-00-XXXX**  
THIS NUMBER HAS BEEN ESTABLISHED FOR  
MARY THOMAS  
For Tax Training Purposes Only

TARA BAKER **1234**  
17 BEACH BLVD APT 18  
YC, YS, YZIP

PAY TO THE \_\_\_\_\_ \$ \_\_\_\_\_  
ORDER OF \_\_\_\_\_  
DOLLARS

YOUR BANK  
ADDRESS  
CITY, STATE ZIP

For \_\_\_\_\_  
325070760 987123654 **1234**

## EX-02 Baker Scenario

### Step 0

Complete Basic Information section of TaxSlayer using information from the Intake/Interview & Quality Review Sheet.

**Note:** Be sure the last 4 digits of the SSN are different than the one used last year and advise new recruits that there may be other returns in TY 2019 with the same name.

### New Jersey Return

Answer "NO" to the "Do you meet Property Tax Credit or Deduction Eligibility Requirements?"

Answer "YES" to the health insurance question


Stop the NJ return at this point by selecting "Continue". We will come back to NJ later.

### Dependents

Answer the question "Yes" and complete the dependent information

**EX-02 Baker Scenario**

**Step 1: W-2 Baptist Medical Center**

a. Employee's social security number 012-00-XXXX		Save. accurate, FAST! Use			Visit the IRS website at www.irs.gov/efile	
OMB No. 1545-0008						
b. Employer identification number (EIN) 89-6234567		1. Wages, tips, other compensation \$31,800.67		2. Federal income tax withheld \$3,400.00		
c. Employer's name, address, and ZIP code  BAPTIST MEDICAL CENTER P.O. BOX 6700 INDIANAPOLIS IN 46204-6700		3. Social security wages \$33,765.67		4. Social security tax withheld \$2,093.47		
		5. Medicare wages and tips \$33,765.67		6. Medicare tax withheld \$489.60		
		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  TARA BAKER 17 BEACH BLVD APT 18 JACKSON, NJ 08527		11. Nonqualified plans		12a. See instructions for box 12 D   \$1,965.00		
		13. Statutory Retirement Third-party Employee Plan sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b.		
		14. Other UI 125.47		12c.		
		WF/SWF 13.94		12d.		
		DI PP#6789012 55.76 FLI 26.24				
15. State NJ	Employer's state ID number 896234567000	16. State wages, tips, etc. \$32,800.67	17. State income tax 957.00	18. Local wages, tips, etc.	19. Local income tax	20. Locality name

Form **W-2 Wage and Tax Statement** **2019**  
**Copy B - To Be Filed With Employee's FEDERAL Tax Return.**  
 This information is being furnished to the Internal Revenue Service.

**Federal AGI: 31,801**

**Federal Refund: 5,730**

**NJ Refund: 1,074**

## EX-02 Baker Scenario

### Step 2: Interest – Medical Center Credit Union

<input type="checkbox"/> CORRECTED (if checked)						
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no.  <b>MEDICAL CENTER CREDIT UNION</b> <b>139 WEST CENTER AVE</b> <b>JACKSON, NJ 08527</b>		Payer's RTN (optional)  1 Interest income <p style="text-align: center; font-weight: bold;">\$615.78</p>		OMB No. 1545-0112  <p style="font-size: 2em; font-weight: bold; text-align: center;">2019</p> Form 1099-INT		<b>Interest Income</b>
PAYER'S TIN <p style="text-align: center;">67-5000256</p>		RECIPIENT'S TIN <p style="text-align: center;">012-00-XXXX</p>		2 Early withdrawal penalty <p style="text-align: center; font-weight: bold;">\$61.57</p>		<b>Copy B</b>
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code  <b>TARA BAKER</b> <b>17 BEACH BLVD APT 18</b> <b>JACKSON, NJ 08527</b>		3 Interest on US Savings Bonds and Treas. obligations  4 Federal income tax withheld  5 Investment expenses  6 Foreign Tax Paid  7 Foreign Country or US possession  8 Tax exempt interest  9 Specified private activity bond interest  10 Market Discount <p style="text-align: center; font-weight: bold;">\$55.00</p>		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		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
Account number (see instructions)		FATCA filing requirement <div style="text-align: center;"><input type="checkbox"/></div>		15 State  16 State Identification no.  17 State tax withheld		
Form <b>1099-INT</b>						

**Federal AGI:32,410**

**Federal Refund: 5,570**

**NJ Refund: 1,026**

## EX-02 Baker Scenario

### Step 3: 1099-R (Baptist Medical Center)

<input type="checkbox"/> CORRECTED (if checked)			<b>2019</b>		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>	
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no.  BAPTIST MEDICAL CENTER PO BOX 6700 INDIANAPOLIS IN 46204-6700			1 Gross distribution \$895.00	2a Taxable amount \$895.00		<b>Copy B</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
PAYER'S TIN 22-9876543			2b Taxable amount not determined. <input type="checkbox"/>		4 Federal income tax withheld \$90.00	
RECIPIENT'S TIN 012-00-XXXX			5 Employee contributions/ Designated Roth contributions or		6 Net unrealized appreciation in employer's securities	
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal TARA BAKER 17 BEACH BLVD APT 18 JACKSON, NJ 08527			7 Distribution Code(s) 3	IRA/ SEP/ SIMPLE <input type="checkbox"/>	8 Other %	
10 Amount allocable to IRR within 5 years			11 1st year of desig. Roth contrib.		12 State tax withheld	
11 1st year of desig. Roth contrib.			FATCA filing requirement <input type="checkbox"/>		13 State/Payer's state no. NJ 229876543	
14 State distribution \$895.00			15 Local tax withheld		16 Name of locality	
17 Local distribution			18 State distribution		19 Local distribution	
Form 1099-R			Date of payment		20 Total Employee Contributions	

**Federal AGI: 33,305**

**Federal Refund: 5,408**

**NJ Refund: 970**

### Step 4: Alimony

**Federal AGI: 35,105**

**Federal Refund: 4,905**

**NJ Refund: 826**

## EX-02 Baker Scenario

### Step 5: Gambling Winnings

<input type="checkbox"/> CORRECTED (if checked)		OMB No 1545-0238	
PAYER'S name, street address, city or town, state or province, country, ZIP or Foreign Postal Code  <b>GAMBLER'S ROW CASINO</b> 34 WEST MAIN STREET ATLANTIC CITY, NJ 08401		1. Reportable winnings \$2,500.00	2. Date won 06/15/2019
		3. Type of wager SLOTS	4. Federal income tax withheld \$.00
		5. Transaction	6. Race
PAYER'S Federal identification number 22-4567890		Payer's Telephone number 609-464-9000	
WINNER'S name, street address, city or town, state or province, country, ZIP or Foreign Postal Code  <b>TARA BAKER</b> 17 BEACH BLVD APT 18 JACKSON, NJ 08527		7. Winnings from identical wagers	8. Cashier
		9. Winner's taxpayer identification no. 012-00-XXXX	10. Window
		11. First I.D.	12. Second I.D.
		13. State/Payer's state identification no.	14. State Winnings
		15. State income tax withheld	16. Local Winnings
		17. Local income tax withheld	18. Name of locality
Under penalty of perjury, I declare that, to the best of my knowledge and belief, the name, address, taxpayer identification number that I furnished correctly identify me as the recipient of this payment and any payment from identical wagers, and no other person is entitled to any part of these payments.			
Signature >		Date >	
Form <b>W-2G</b>			

2019

Form W2-G

Certain Gambling Winnings

This information is being furnished to the Internal Revenue Service

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.

**Federal AGI: 37,605**

**Federal Refund: 4,205**

**NJ Refund: 670**

### Step 6: Cancellation of Credit Card Debt

<input type="checkbox"/> CORRECTED (if checked)		OMB No. 1545-1424	
CREDITOR'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no.  <b>MEDICAL CENTER CREDIT UNION</b> 139 WEST CENTER AVENUE JACKSON, NJ 08527		1 Date of Identifiable Event 12/01/2019	<b>2019</b>  Form 1099-C
		2 Amount of debt discharged \$1,675.49	
		3 Interest if included in Box 2 \$256.98	
CREDITOR'S TIN 67-5012345		DEBTOR'S TIN 012-00-XXXX	
DEBTOR'S name Street address (including apt.no) City or town, state or province, country, ZIP or foreign postal code  <b>TARA BAKER</b> 17 BEACH BLVD APT 18 JACKSON, NJ 08527		4 Debt description MASTERCARD	
		5 If checked, the debtor was personally liable for repayment of this debt . . . . . > <input checked="" type="checkbox"/>	
Account number (see instructions)		6 Identifiable Event Code	7 Fair market value of property
Form <b>1099-C</b>			

Cancellation of Debt

Copy B For Debtor

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 taxable income results from this transaction and the IRS determines that it has not been reported.

**Federal AGI: 39,280**

**Federal Refund: 3,744**

**NJ Refund: 567**

EX-02 Baker Scenario

Step 7: Itemized Deductions

Step 7a: Medical

Federal AGI: 39,280

Federal Refund: 3,744

NJ Refund: 580

Step 7b: Taxes Paid (NJ tax paid 2018 NJ Return – Sales Tax)

Federal AGI: 39,280

Federal Refund: 3,744

NJ Refund: 580

Step 7c: Charitable Contributions

Federal AGI: 39,280

Federal Refund: 3,744

NJ Refund: 580

Step 8: Dependent Care Credit

<b>RECEIPT</b>	Clark County After School Program 14 Learning Way Jackson, NJ 08527 616-456-1289	56-2000752 December 12, 2019	XXXXXX 12, 2018
	Received from <u>Tara Baker</u>		\$ <u>1,800.00</u>
	<u>Eighteen Hundred and <sup>NO</sup>/<sub>100</sub></u>		Dollars
	For <u>After school daycare for Mary Baker</u>		
	Amount of account <input type="text"/>	<input type="checkbox"/> Cash	
	This payment <input type="text"/>	<input type="checkbox"/> Check	
	Balance due <input type="text"/>	<input type="checkbox"/> Money Order	
		<i>Linda Johnson</i>	

Federal AGI: 39,280

Federal Refund: 4,140

NJ Refund: 699

Step 9: Retirement Savings Credit

Federal AGI: 39,280

Federal Refund: 4,140

NJ Refund: 699

## EX-02 Baker Scenario

### Step 10: Child Tax Credit

Federal AGI: 39,280

Federal Refund: 4,140

NJ Refund: 699

### Step 11: Earned Income Credit Credit

Federal AGI: 39,280

Federal Refund: 4,140

NJ Refund: 699



## EX-02 Baker Scenario

### Step 12: Federal Health Insurance

Form <b>1095-A</b> Department of the Treasury Internal Revenue Service	<b>Health Insurance Marketplace Statement</b> > Do not attach to your tax return. Keep for your records. <input type="checkbox"/> VOID > Go to <a href="http://www.irs.gov/Form1095A">www.irs.gov/Form1095A</a> for instructions and the latest information. <input type="checkbox"/> CORRECTED	OMB No. 1545-2232 <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">2019</div>		
<b>Part I Recipient Information</b>				
1 Marketplace Identifier 12-0024321	2 Marketplace-assigned policy number 539836	3 Policy issuer's name METLIFE		
4 Recipient's name TARA BAKER	5 Recipient's SSN 012-00-XXXX	6 Recipient's date of birth 06/15/1987		
7 Recipient's spouse's name	8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth		
10 Policy start date 01/01/2019	11 Policy termination date 12/31/2019	12 Street address (including apartment number) 17 BEACH BLVD APT 18		
13 City or town, State or province, Country and ZIP or foreign postal code JACKSON, NJ 08527				
<b>Part II Covered Individuals</b>				
A Covered individual name	B Covered individual SSN	C. Date of birth	D. Coverage start date	E. Coverage termination date
16 TARA BAKER	012-00-XXXX	06/15/1987	01/01/2019	12/31/2019
17 MARY THOMAS	212-00-XXXX	09/14/2011	01/01/2019	12/31/2019
18				
19				
20				
<b>Part III Coverage Information</b>				
Month	A Monthly Enrollment Premiums	B Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit	
21 January	\$277.85	\$356.12	\$100.00	
22 February	\$277.85	\$356.12	\$100.00	
23 March	\$277.85	\$356.12	\$100.00	
24 April	\$277.85	\$356.12	\$100.00	
25 May	\$277.85	\$356.12	\$100.00	
26 June	\$277.85	\$356.12	\$100.00	
27 July	\$277.85	\$356.12	\$100.00	
28 August	\$277.85	\$356.12	\$100.00	
29 September	\$277.85	\$356.12	\$100.00	
30 October	\$277.85	\$356.12	\$100.00	
31 November	\$277.85	\$356.12	\$100.00	
32 December	\$277.85	\$356.12	\$100.00	
<b>33 Annual Totals</b>	<b>\$3,334.20</b>	<b>\$4,273.44</b>	<b>\$1,200.00</b>	
Form: 1095-A				

**Federal AGI: 39,280**

**Federal Refund: 4,102**

**NJ Refund: 699**

### Step 12a: Itemized Deductions - Medical – Add Marketplace Health Insurance

**Federal AGI: 39,280**

**Federal Refund: 4,102**

**NJ Refund: 776**

**EX-02 Baker Scenario**

**Step 13: New Jersey Return**

**Step 13A: NJ Property Tax Credit or Deduction**

Federal AGI: 39,280

Federal Refund: 4,102

NJ Refund: 826

**Step 13B: NJ Health Insurance**

Federal AGI: 39,280

Federal Refund: 4,102

NJ Refund: 826

**Step 13C: NJ Basic Information**

Federal AGI: 39,280

Federal Refund: 4,102

NJ Refund: 844

**Step 13D: NJ Income Subject to Tax**

Federal AGI: 39,280

Federal Refund: 4,102

NJ Refund: 839

**Step 13E: NJ Subtractions from Income**

Federal AGI: 39,280

Federal Refund: 4,102

NJ Refund: 857

**Step 13F: Payments**

Federal AGI: 39,280

Federal Refund: 4,102

NJ Refund: 857

**Step 14: E-File**

Federal AGI: 39,280

Federal Refund: 4,102

NJ Refund: 857