

**ALABAMA DEPARTMENT OF REVENUE  
TEST SCENARIOS FOR THE 2018  
ALABAMA INDIVIDUAL INCOME TAX RETURN**

**TEST # 5**

FORMS REQUIRED:

FORM 40 ALABAMA INDIVIDUAL INCOME TAX RETURN  
ALABAMA SCHEDULE A - ITEMIZED DEDUCTIONS  
ALABAMA SCHEDULE B - INTEREST AND DIVIDEND INCOME  
2 - ALABAMA SCHEDULE Ds: SUPPLEMENTAL INCOME AND LOSS  
**FORM 4952 A – INVESTMENT INTEREST EXPENSE DEDUCTION**  
**ALABAMA SCHEDULE AJA – ALABAMA JOBS ACT-INVESTMENT CREDIT**  
ALABAAMA SCHEDULE NTC: NET TAX CACULATOR  
FEDERAL INCOME TAX DEDUCTION WORKSHEET

RETURNS NEEDED:

4 - FEDERAL FORM W-2  
2 - FEDERAL 1099-R  
1 - FEDERAL SCHEDULE D: CAPITAL GAINS AND LOSSES  
2 - FEDERAL SCHEDULE D -1s: CONTINUATION SHEET FOR SCHEDULE D  
2 - FEDERAL FORM 2106 EZ: UNREIMBURSED EMPLOYEE BUSINESS EXPENSES

OTHER INFORMATION ABOUT THE TEST:

No Donation check-offs

10% Estimate Penalty – Failure to Make Estimate Payments

MAY IRS DISCUSS THE RETURN WITH PREPARER: NO  
MAY ALABAMA DISCUSS THE RETURN WITH PREPARER: NO

**Add ALL the applicable Authentication Header elements (including below)**

**DRIVER'S LICENSE INFORMATION**

State Issued Number, State Issued State Code, Expiration Date and Issued Date

Cell phone number

PREPARER FIRM:  
PREPARER SSN:  
PREPARER EIN:  
PREPARER PHONE:  
PREPARER SELF-EMPLOY IND: YES  
PREPARER ADDRESS:

PAID PREPARER:  
ADDRESS: SAME AS FIRM ADDRESS

TAXPAYER:  
NAME: Noah Rain  
OCCUPATION: Zoologist  
Daytime phone #:  
**AGE:**  
SSN: 400-00-7405

**ALABAMA DEPARTMENT OF REVENUE  
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**TEST # 5 OTHER INFORMATION**

SPOUSE:  
NAME: Naamah Rain  
OCCUPATION: Zoologist  
Daytime phone #:  
**AGE:**  
SSN: 400-00-7495

FILING STATUS: Married Filing Jointly  
NUMBER OF DEPENDENTS: 3  
ADDRESS:

RESIDENCY: FULL YEAR  
FILED AL RETURN PRIOR YEAR? YES  
CURRENT EMPLOYER PRIMARY TAXPAYER:  
CURRENT EMPLOYER SPOUSE:

GAIN OR LOSS FROM SALE OF REAL ESTATE, STOCKS - ETC.	<b>1700 -</b>
TAXABLE IRA DISTRIBUTIONS:	600
TAXABLE PENSIONS AND ANNUITIES:	700
OTHER INCOME: Gambling Winnings (cumulative winnings - no W-2G)	5000
PENALTY ON EARLY WITHDRAWAL OF SAVINGS:	780
COSTS TO RETROFIT OR UPGRADE HOME	1000
DEPOSITS TO A CATASTROPHE SAVING ACCOUNT	1000

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**ITEMIZED DEDUCTION INFORMATION FOR  
ALABAMA SCHEDULE A - ITEMIZED DEDUCTIONS**

MEDICAL AND DENTAL EXPENSES - Line 1:

REAL ESTATE TAXES - Line 5:

FICA TAX - Line 6: FROM W-2S

HOME MORTGAGE INTEREST REPORTED ON FEDERAL  
FORM 1098 - Line 10a:

CONTRIBUTIONS BY CASH OR CHECK - Line 15:

CONTRIBUTIONS OTHER THAN CASH OR CHECK - Line 16:

**UNREIMBURSED EMPLOYEE EXPENSES - Line 20: 2941**

Uniforms: 1400  
**2 - 2106 Ezs: 1541**

OTHER MISCELLANEOUS DEDUCTIONS - Line 25:

Gambling Losses 5000

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**DEPENDENT INFORMATION**

DEPENDENT NO. 1

DEPENDENT NAME:	Shem Rain
DEPENDENT SSN:	400-00-7485
DEPENDENT RELATIONSHIP:	Son
MORE THAN ONE-HALF OF SUPPORT?	YES
BORN:	2018

DEPENDENT NO. 2

DEPENDENT NAME:	Ham Rain
DEPENDENT SSN:	400-00-7475
DEPENDENT RELATIONSHIP:	Son
MORE THAN ONE-HALF OF SUPPORT?	YES
BORN:	2009

DEPENDENT NO. 3

DEPENDENT NAME:	Japheth Rain
DEPENDENT SSN:	400-00-7465
DEPENDENT RELATIONSHIP:	Son
MORE THAN ONE-HALF OF SUPPORT?	YES
BORN:	2012

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**INTEREST AND DIVIDEND INCOME INFORMATION**

**Taxable Interest:**

Bank A  
Bank B

**Taxable Dividends:**

Corporation K  
Corporation L

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**TEST # 5 - W-2 Information**

**W-2 Block**

- a. Control Number:
- b. Employer's ID No:
- c. Employer's Name, Address, and Zip Code:

d. Employee SSN: 400-00-7405

e. Employee's Name, Address and Zip Code:

Noah Rain

- 1. Wages, Tips, and Other Compensation:
- 2. Federal Income Tax Withheld:
- 3. Social Security Wages:
- 4. Social Security Tax Withheld:
- 5. Medicare Wages and Tips:
- 6. Medicare Tax Withheld:
- 7. Social Security Tips: 0
- 8. Allocated Tips: 0
- 9. Advance EIC Payment: 0
- 10. Dependent Care Benefits: 0
- 11. Nonqualified Plans: 0
- 12. a, b, c, d N/A
- 13. Stat. Employee/Retirement Plan/Sick Pay Retirement Plan
- 14. Other: 414 (h) (2) \$500
- 15. State: AL
- Employer's State ID No:
- 16. State Wages 1:
- 17. State Income Tax:

Blocks 18 through 20: Not Applicable

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**W-2 Block**

- a. Control Number:
- b. Employer's ID No:
- c. Employer's Name, Address, and Zip Code:

- d. Employee SSN: 400-00-7495
- e. Employee's Name, Address and Zip Code:

Naamah Rain  
 10 Poorside Lane  
 Montgomery, AL 36132

- 1. Wages, Tips, and Other Compensation:
- 2. Federal Income Tax Withheld:
- 3. Social Security Wages:
- 4. Social Security Tax Withheld:
- 5. Medicare Wages and Tips:
- 6. Medicare Tax Withheld:
- 7. Social Security Tips: 0
- 8. Allocated Tips: 0
- 9. Advance EIC Payment: 0
- 10. Dependent Care Benefits: 0
- 11. Nonqualified Plans: 0
- 12. a, b ,c ,d N/A
- 13. Stat. Employee/Retirement Plan/Sick Pay Retirement Plan
- 14. Other: 414 (h) (2) \$500
- 15. State: AL
- Employer's State ID No:
- 16. State Wages 1:
- 17. State Income Tax:

Blocks 18 through 20: Not Applicable



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Noah Rain

- 1. Wages, Tips, and Other Compensation:
- 2. Federal Income Tax Withheld:
- 3. Social Security Wages:
- 4. Social Security Tax Withheld:
- 5. Medicare Wages and Tips:
- 6. Medicare Tax Withheld:
- 7. Social Security Tips: 0
- 8. Allocated Tips: 0
- 9. Advance EIC Payment: 0
- 10. Dependent Care Benefits: 0
- 11. Nonqualified Plans: 0
- 12. a, b, c, d N/A
- 13. Stat. Employee/Retirement Plan/Sick Pay Retirement Plan
- 14. Other: 414 (h) (2) \$1000
- 15. State: AL
- Employer's State ID No:
- 16. State Wages:
- 17. State Income Tax:

Blocks 18 through 20: Not Applicable

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- e. Employee's Name, Address and Zip Code:

Naamah Rain

- 1. Wages, Tips, and Other Compensation:
- 2. Federal Income Tax Withheld:
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- 4. Social Security Tax Withheld:
- 5. Medicare Wages and Tips:
- 6. Medicare Tax Withheld:
- 7. Social Security Tips: 0
- 8. Allocated Tips: 0
- 9. Advance EIC Payment: 0
- 10. Dependent Care Benefits: 0
- 11. Nonqualified Plans: 0
- 12. a, b ,c ,d N/A
- 13. Stat. Employee/Retirement Plan/Sick Pay Retirement Plan
- 14. Other: 414 (h) (2) \$2000
- 15. State:  
Employer's State ID No:
- 16. State Wages 1:
- 17. State Income Tax:

Blocks 18 through 20: Not Applicable

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**TEST # 5 1099-R Information**

Payers Name, street address, city, state and zip code:

Payer's Federal ID #:

Recipient's Identification number: 400-00-7405

Recipient's Name, address, city, state and zip:

Noah Rain

**1099-R Block**

1.	Gross distribution:	
2a.	Taxable amount:	
2b.	Total distribution:	yes
3.	Capital gain:	n/a
4.	Federal income tax withheld:	none
5.	Employee contributions:	none
6.	Net unrealized appreciation:	none
7.	Distribution code/IRA/SEP:	7/no
8.	Other:	none
9a-9b.	Your %/Total contributions:	n/a
12.	State tax withheld:	none
13.	State/Payer's state #:	
14.	State distribution:	

Lines 15, 16 and 17 N/A

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**TEST # 5 1099-R Information**

Payers Name, street address, city, state and zip code:

Payer's Federal ID #:

Recipient's Identification number: 400-00-7405

Recipient's Name, address, city, state and zip:

Noah Rain

**1099-R Block**

1.	Gross distribution:	
2a.	Taxable amount:	
2b.	Total distribution:	yes
3.	Capital gain:	n/a
4.	Federal income tax withheld:	none
5.	Employee contributions:	none
6.	Net unrealized appreciation:	none
7.	Distribution code/IRA/SEP:	7/yes
8.	Other:	none
9a-9b.	Your %/Total contributions:	n/a
12.	State tax withheld:	none
13.	State/Payer's state no.:	
14.	State distribution:	

Lines 15, 16 and 17 N/A