

**IRSTEST #1**

**LATEST #1**

**FORMS REQUIRED: FORM 1040EZ, FORM 8879, LA IT540, STATE ONLY, AMENDED**

**INFORMATION RETURNS ATTACHED:**

W-2 (1)

**ENTRIES NOT REQUIRING FORMS:**

FORM 1040EZ, LINE 2: 420

**OTHER: DIRECT DEPOSIT**

**THIRD PARTY DESIGNEE:**

**Name:** SAUVE SHAMPOO

**Phone:** 111-555-1111

**PIN:** 10110

**PREPARED BY:** TAXPAYER

**TAXPAYER:**

**NAME:** LAONE T SCENARIO **JR**

**DOB:** 8/19/1983

**DISABLED:** NO

**DAYTIME PHONE:** 225-555-4689

**SSN:** 400-00-4301

**OCCUPATION:** HAIRDRESSER

**PRES ELEC FUND:** NO

**BLIND:** NO

**CHECK DIGITS FROM IRS LABEL:** HS

**ADDRESS:** 1 TEST SCENARIO STREET  
**BATON ROUGE LA 70807-1111**

**FILING STATUS:** SINGLE

**LA & IRS DIRECT DEPOSIT:**

**NAME OF INSTITUTION:** PERM AND STYLE CREDIT UNION

**RTN:** 123456780

**ACCT#:** 1221221222

**TYPE OF ACCOUNT:** SAVINGS

**ETD TRANSMISSION:**

**FORM 4868:**

**LINE 4:** 11

**LINE 5:** 400

**LINE 6:** 0

**LA**

**NO FEDERAL RETURN REQUIRED**

**MILITARY FAMILY ASSISTANCE FUND**

**4**

**WILDLIFE HABITAT AND NATURAL HERITAGE TRUST FUND**

**5**

**LOUISIANA CANCER TRUST FUND**

**5**

**LOUISIANA ANIMAL WELFARE COMMISSION**

**5**

**LOUISIANA HOUSING TRUST FUND**

**5**

**COMMUNITY BASED PRIMARY HEALTHCARE FUND**

**5**

**NAME CHANGE**

**ADDRESS CHANGE**

**AMENDED**

IRSTEST #1

LATEST #1

FORMS INCLUDED: FORM 1040EZ, W-2 (1), IT540

Form 1040EZ:

Taxpayer's first name, initial, last name	LAONE T SCENARIO
Taxpayer's social security number	400-00-4301
Spouse's first name, initial, last name	
Spouse's social security number	
Home address (number and street)	1 TEST SCENARIO STREET
City, state, and zip	Baton Rouge, LA 70807-1111
Filing status	SINGLE

Line 1: Wages	2620
Line 2: Taxable Interest	0
Line 4: Adjusted gross income	2620
Line 5: Can someone else claim you on their return	NO
Deduction/exemption amount	8450
Line 6: Taxable income	0
Line 7: Federal income tax withheld	0
Line 10: Total payments	0
Line 11: Tax	0
Line 12a: Refund	0
Line 12b: Routing number	123456780
Line 11c: Account type	SAVINGS
Line 11d: Account number	1221221222
Third party designee:	YES
Designee's name	SAUVE SHAMPOO
Designee's phone number	1115551111
Designee's personal identification number (PIN)	10110
Taxpayer's occupation:	HAIRDRESSER

Form W-2 #1:

Box b: Employer identification number	11-0110011
Box c: Employer's name, address, and zip code	ONE BEAUTY SALON 1 WASHCURL AVE Baton Rouge, LA 70804 400004301
Box d: Employee's social security number	400004301
Box e: Employee's first name, initial, last name	LAONE T SCENARIO
Box f: Employee's address and zip code	1 TEST SCENARIO STREET Baton Rouge, La. 70807-1111

TEST #1 (continued):

Box 1: Wages, tips, other compensation	2620
Box 2: Federal income tax withheld	0
Box 3: Social security wages	2620
Box 4: Social security tax withheld	162
Box 5: Medicare wages and tips	2620
Box 6: Medicare tax withheld	38
Box 12a:	
Box 15: State	LA
Employer's state ID number	1121761001
Box 16: State wages, tips, etc	2620
Box 17: State Income tax	79

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**Phone:** 111-555-1111

**PIN:** 10110

**PREPARED BY:** TAXPAYER

**TAXPAYER:**

**NAME:** LAONE T SCENARIO

**DOB:** 8/19/1983

**DISABLED:** NO

**DAYTIME PHONE:** NOT GIVEN

**SSN:** 400-00-4301

**OCCUPATION:** HAIRDRESSER

**PRES ELEC FUND:** NO

**BLIND:** NO

**CHECK DIGITS FROM IRS LABEL:** HS

**ADDRESS:** 1 TEST SCENARIO STREET

**BATON ROUGE LA 70807-1111**

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