

## Practice Return 5

Summary:

1. Enter 1099R income;
2. Disability pension;
3. Complete EIC and EIC worksheet;

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- Betty Langston wishes to file her tax return and claim her son Aaron as a dependent.
  - Her only income was a disability pension from her employer, Sanders Concrete.
  - She became disabled in an accident at work on May 16 of last year.
  - Her date of birth is July 14, 1960.
  - Aaron's is April 15, 1990.

Social Security Card

BETTY RENAE LANGSTON

105-XX-XXXX

Social Security Card

AARON LEWIS LANGSTON

106-XX-XXXX

## Return 5, Lesson 1

PAYER'S name, street address, city, state, and ZIP code  <b>Sanders Concrete 1545 Hwy 411 Cave Springs, GA 30124</b>		1 Gross distribution <b>\$ 15,423.00</b>		OMB No. 1545-0119  <b>20XX</b>  Form 1099-R	<b>Distributions Form Pensions, Annuities, Retirement or Profit-Sharing Plans, IRA's, Insurance Contracts, etc.</b>
		2a Taxable amount <b>\$ 15,423.00</b>			
		2b Taxable amount not determined		Total Distribution	
PAYER'S federal identification no.  <b>01-7XXXXXX</b>	RECIPIENT'S identification no.  <b>105-XX-XXXX</b>	3 Capital gain (included in box 2a)  \$		4 Federal income tax withheld  \$	
RECIPIENT'S name  <b>Betty Langston</b>		5 Employee contributions or insurance premiums  \$		6 Net unrealized appreciation in employer's securities  \$	
Street address (including apt. no.)  <b>1545 Martha Berry Blvd</b>		7 Distribution code  <b>03</b>	IRS/SEP /SIMPLE	8 Other  \$	%
City, state, and ZIP code <b>Armuchee, GA 30105</b>		9a Your percentage of total distribution %		9b Total employee contributions	
Account number (optional)		10 State tax withheld \$ \$		11 State/Payer's state no. \$ \$	
		13 Local tax withheld \$ \$		14 Name of locality	
				15 Local distribution \$ \$	

Form **1099-R**    Cat. No. 14436Q    Department of the Treasury – Internal Revenue Service Center