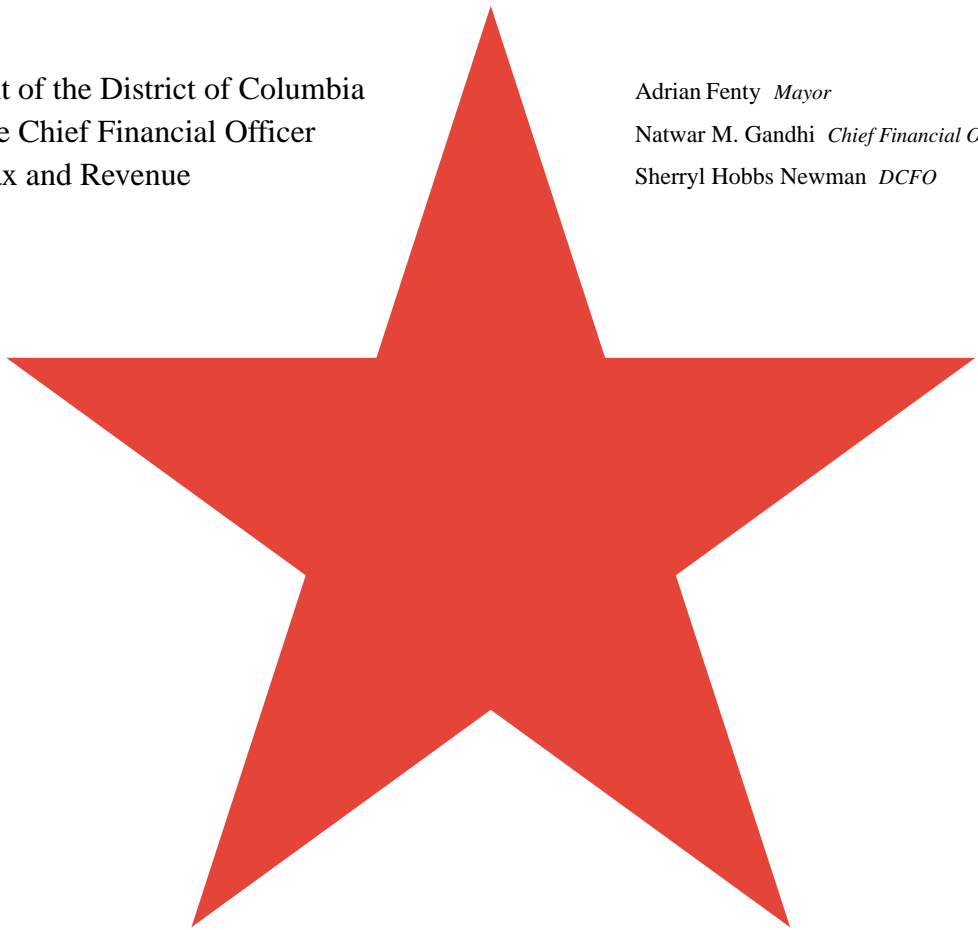




Government of the District of Columbia  
Office of the Chief Financial Officer  
Office of Tax and Revenue

Adrian Fenty *Mayor*  
Natwar M. Gandhi *Chief Financial Officer*  
Sherryl Hobbs Newman *DCFO*



# 2006 DC-1436

## District of Columbia E-File PATS Test Package, Part I

All tests based on Federal PATS scenarios  
Incorporates DC Schedules S, H, U, and I  
Includes DC Tests 1 through 6

11/28/2006

**DC TEST #1 (BASED ON FEDERAL TEST #1)**

**FORMS REQUIRED: 1040 EZ, D-40, W-2 (1)**

**TAXPAYER INFORMATION:**

**NAME:** ONE T SCENARIO

**SSN:** 400-00-7301

**ADDRESS:** P.O. BOX 9999  
WASHINGTON, DC 20033

**FILING STATUS:** DEPENDENT CLAIMED BY SOMEONE ELSE

**DIRECT DEPOSIT:**

NAME OF INSTITUTION:

RTN: 123456789

ACCOUNT #: 1221221222

ACCT TYPE: SAVINGS

## DC TEST #1

### FORMS INCLUDED: D-40, W-2 (1)

400-00-7301  
ONE T SCENARIO  
P.O.BOX 9999  
WASHINGTON, DC 20033

### D-40 INFORMATION

<b>A Wages, salaries, and/or tips</b>	<b>2200</b>
<b>3 Federal adjusted gross income</b>	<b>2620</b>
<b>7 Fed AGI and Additions</b>	<b>2620</b>
<b>16 DC adjusted gross income</b>	<b>2620</b>
<b>17 Deduction type</b>	<b>S</b>
<b>18 Deduction amount</b>	<b>1250</b>
<b>19 Number of exemptions</b>	<b>0</b>
<b>20 Exemption amount</b>	<b>0</b>
<b>21 Add lines 18 and 20</b>	<b>1250</b>
<b>22 Taxable income</b>	<b>1370</b>
<b>23 Tax</b>	<b>62</b>
<b>28 Total tax</b>	<b>62</b>
<b>32 DC income tax withheld</b>	<b>320</b>
<b>35 Total payments and refundable credits</b>	<b>320</b>
<b>36 Amount you overpaid</b>	<b>258</b>
<b>40 Refund Amount</b>	<b>258</b>

## DC TEST #1

### W-2 INFORMATION

<b>Box b: Employer identification number</b>	11-0110011
<b>Box c: Employer's name, address</b>	ONE BEAUTY SALON 1 WASHCURL AVE WASHINGTON,DC 20020
<b>Box d: Employee's SSN</b>	400-00-7301
<b>Box e: Employee's Name</b>	ONE T SCENARIO
<b>Box f: Employee's address</b>	P.O. BOX 9999 WASHINGTON, DC 20033
<b>Box 1: Wages, tips, other compensation</b>	2200
<b>Box 2: Federal income tax withheld</b>	400
<b>Box 3: Social security wages</b>	2200
<b>Box 4: Social security tax withheld</b>	136
<b>Box 5: Medicare wages and tips</b>	2200
<b>Box 6: Medicare tax withheld</b>	32
<b>Box 12a:</b>	
<b>Box 15: State</b>	DC
<b>Employer's State ID Number</b>	11-0110011
<b>Box 16: State wages, tips, etc.</b>	2200
<b>Box 17: State Income tax withheld</b>	320

DC TEST #2 (BASED ON FEDERAL TEST #4)

**TAXPAYER INFORMATION:**

**NAME:** JOHN J LAMB

**SSN:** 400-00-7304

**ADDRESS:** 839 WHITE FLEECE RD  
WASHINGTON, DC 20010

**FILING STATUS:** MARRIED FILING SEPARATELY

**DEPENDENT INFORMATION:**

<b>NAME</b>	<b>AGE</b>	<b>SSN</b>	<b>RELATIONSHIP</b>
SARAH LEE	16	900-00-7403	DAUGHTER
ANNIE POOP	70	400-11-7304	PARENT

**DC TEST #2**

**FORMS INCLUDED: D-40, SCHEDULE S, W-2 (2), 1099-R (1)**

400-00-7304  
JOHN J LAMB  
839 WHITE FLEECE RD  
WASHINGTON, DC 20010

**D-40 INFORMATION**

<b>A Wages, salaries, and/or tips</b>	<b>22300</b>
<b>3 Federal adjusted gross income</b>	<b>22400</b>
<b>7 Fed AGI and Additions</b>	<b>22400</b>
<b>16 DC adjusted gross income</b>	<b>22400</b>
<b>17 Deduction type</b>	<b>S</b>
<b>18 Deduction amount</b>	<b>1250</b>
<b>19 Number of exemptions</b>	<b>03</b>
<b>20 Exemption amount</b>	<b>4500</b>
<b>21 Add lines 18 and 20</b>	<b>5700</b>
<b>22 Taxable income</b>	<b>16700</b>
<b>23 Tax</b>	<b>921</b>
<b>28 Total tax</b>	<b>921</b>
<b>32 DC income tax withheld</b>	<b>805</b>
<b>35 Total payments and refundable credits</b>	<b>805</b>
<b>41 Tax Due</b>	<b>116</b>
<b>43 Total Amount Due</b>	<b>116</b>

**SCHEDULE S**

**Dependents**

<b>NAME</b>	<b>SSN</b>	<b>RELATIONSHIP</b>
SARAH LEE	900-00-7403	DAUGHTER
ANNIE POOP	400-11-7304	PARENT

**Calculation G – Number of Exemptions**

<b>Line a</b>	<b>1</b>
<b>Line e</b>	<b>2</b>
<b>Line i</b>	<b>3</b>

DC TEST #2

**SCHEDULE S (continued)**

**W-2 #1**

<b>Box b: Employer identification number</b>	38-3838196
<b>Box c: Employer's name, address</b>	RUGS AND MORE 7777 NAILS DR WASHINGTON,DC 20001
<b>Box d: Employee's SSN</b>	400-00-7304
<b>Box e: Employee's Name</b>	JOHN J LAMB
<b>Box f: Employee's address</b>	839 WHITE FLEECE RD WASHINGTON, DC 20010
<b>Box 1: Wages, tips, other compensation</b>	11500
<b>Box 2: Federal income tax withheld</b>	1300
<b>Box 3: Social security wages</b>	11500
<b>Box 4: Social security tax withheld</b>	713
<b>Box 5: Medicare wages and tips</b>	11500
<b>Box 6: Medicare tax withheld</b>	167
<b>Box 15: State</b>	DC
<b>Employer's State ID Number</b>	38-3838196
<b>Box 16: State wages, tips, etc.</b>	11500
<b>Box 17: State Income tax withheld</b>	805

**W-2 #2**

<b>Box b: Employer identification number</b>	38-1425336
<b>Box c: Employer's name, address</b>	PAPER BROS 4321 PEN DRIVE WASHINGTON,DC 20002

## DC TEST #2

<b>Box d: Employee's SSN</b>	400-00-7304
<b>Box e: Employee's Name</b>	JOHN J LAMB
<b>Box f: Employee's address</b>	839 WHITE FLEECE RD WASHINGTON, DC 20010
<b>Box 1: Wages, tips, other compensation</b>	10800
<b>Box 2: Federal income tax withheld</b>	1080
<b>Box 3: Social security wages</b>	10800
<b>Box 4: Social security tax withheld</b>	670
<b>Box 5: Medicare wages and tips</b>	10800
<b>Box 6: Medicare tax withheld</b>	157
<b>Box 15: State</b>	DC
<b>Employer's State ID Number</b>	38-1425336
<b>Box 16: State wages, tips, etc.</b>	10800

## FORM 1099-R

<b>Payer's name, address, etc</b>	SERENITY INSURANCE 123 BEACH ST FARAWAY FL 32522
<b>Payer's federal identification number</b>	69-9687321
<b>Recipient's SSN</b>	400-00-7304
<b>Recipient's Name</b>	JOHN J LAMB
<b>Recipient's address</b>	839 WHITE FLEECE RD WASHINGTON, DC 20010
<b>Box 1: Gross Distribution</b>	700
<b>Box 2a: Taxable Amount</b>	100
<b>Box 7: Distribution Code</b>	7
<b>Box 11: State/Payer's state no.</b>	NY 132143
<b>Box 12: State Distribution</b>	100



## DC TEST #3

**FORMS INCLUDED: D-40, SCHEDULE S, SCHEDULE I, W-2 (1), 1099-R (1)**

400-00-7305, 400-11-7305  
RONALD F BLACKBURN, MARY L BLACKBURN  
74 BUILDER DR  
WASHINGTON, DC 20021

### **D-40 INFORMATION**

<b>A Wages, salaries, and/or tips</b>	<b>28400</b>
<b>3 Federal adjusted gross income</b>	<b>58909</b>
<b>7 Fed AGI and Additions</b>	<b>58909</b>
<b>14 Other Subtractions from Sch I, Calc B</b>	<b>500</b>
<b>15 Total Subtractions</b>	<b>500</b>
<b>16 DC adjusted gross income</b>	<b>58409</b>
<b>17 Deduction type</b>	<b>I</b>
<b>18 Deduction amount</b>	<b>21272</b>
<b>19 Number of exemptions</b>	<b>08</b>
<b>20 Exemption amount</b>	<b>12000</b>
<b>21 Add lines 18 and 20</b>	<b>33272</b>
<b>22 Taxable income</b>	<b>25137</b>
<b>23 Tax</b>	<b>1509</b>
<b>24 Credit for child and dependent care expenses</b>	<b>80</b>
<b>28 Total tax</b>	<b>1429</b>
<b>32 DC income tax withheld</b>	<b>1704</b>
<b>35 Total payments and refundable credits</b>	<b>1704</b>
<b>36 Amount you overpaid</b>	<b>275</b>
<b>40 Refund Amount</b>	<b>275</b>

**DC TEST #3**

**SCHEDULE S**

**Dependents**

<b>NAME</b>	<b>SSN</b>	<b>RELATIONSHIP</b>
BILL BLACKBURN	400-22-7305	SON
BOB BLACKBURN	400-33-7305	SON
KIM BLACKBURN	400-44-7305	DAUGHTER
KATIE BLACKBURN	400-55-7305	DAUGHTER
LEAH BLACKBURN	400-66-7305	DAUGHTER
LANCE BLACKBURN	400-77-7305	SON

**Calculation G – Number of Exemptions**

<b>Line a</b>	<b>1</b>
<b>Line e</b>	<b>6</b>
<b>Line f</b>	<b>1</b>
<b>Line i</b>	<b>8</b>

**Additional Information from Federal 1040 Schedule A**

<b>Line b</b>	<b>4204</b>
<b>Line c</b>	<b>7000</b>
<b>Line d</b>	<b>6250</b>

**SCHEDULE I**

**Calculation B – Subtractions**

<b>Line 6</b>	<b>500</b>
<b>Line 13</b>	<b>500</b>

**W-2 #1**

<b>Box b: Employer identification number</b>	80-1435678
<b>Box c: Employer's name, address</b>	JOHN WASHINGTON STEAKHOUSE 424 N WASHINGTON ST WASHINGTON,DC 20001
<b>Box d: Employee's SSN</b>	400-00-7305
<b>Box e: Employee's Name</b>	RONALD F BLACKBURN

**DC TEST #3**

**FORM W-2 (continued)**

<b>Box f: Employee's address</b>	74 BUILDER DR WASHINGTON, DC 20012
<b>Box 1: Wages, tips, other compensation</b>	28400
<b>Box 2: Federal income tax withheld</b>	4260
<b>Box 3: Social security wages</b>	28400
<b>Box 4: Social security tax withheld</b>	1760
<b>Box 5: Medicare wages and tips</b>	28400
<b>Box 6: Medicare tax withheld</b>	412
<b>Box 15: State</b>	DC
<b>Employer's State ID Number</b>	80-1435678
<b>Box 16: State wages, tips, etc.</b>	28400
<b>Box 17: State Income tax withheld</b>	1704

**FORM 1099-R**

<b>Payer's name, address, etc</b>	USDA 3000 N DAKOTA ST WASHINGTON DC 20006
<b>Payer's federal identification number</b>	57-8888875
<b>Recipient's SSN</b>	400-00-7305
<b>Recipient's Name</b>	RONALD F BLACKBURN
<b>Recipient's address</b>	74 BUILDER DR WASHINGTON, DC 20012
<b>Box 1: Gross Distribution</b>	40509
<b>Box 2a: Taxable Amount</b>	30509
<b>Box 2b: Total Distribution</b>	X
<b>Box 6: Net Unrealized</b>	0
<b>Box 7: Distribution Code</b>	2

DC TEST #4 (BASED ON FEDERAL TEST #6)

**TAXPAYER INFORMATION:**

**NAME:** JENNIFER BROWN

**SSN:** 400-00-7306

**ADDRESS:** 13540 LORD BALTIMORE PL  
WASHINGTON, DC 20004

**PHONE:** (202) 555-0606

**FILING STATUS:** HEAD OF HOUSEHOLD

**DEPENDENT INFORMATION:**

<b>NAME</b>	<b>AGE</b>	<b>SSN</b>	<b>RELATIONSHIP</b>
JOHN BROWN JR.	7	400-11-7306	SON

**DIRECT DEPOSIT:**

NAME OF INSTITUTION:

RTN: 924567781

ACCOUNT #: 1112225555

ACCT TYPE: CHECKING

## DC TEST #4

### FORMS INCLUDED: D-40, SCHEDULE S, SCHEDULE H, W-2 (1)

400-00-7306  
JENNIFER BROWN  
13540 LORD BALTIMORE PL  
WASHINGTON, DC 20004

#### D-40 INFORMATION

<b>A Wages, salaries, and/or tips</b>	<b>17850</b>
<b>3 Federal adjusted gross income</b>	<b>17850</b>
<b>7 Fed AGI and Additions</b>	<b>17850</b>
<b>16 DC adjusted gross income</b>	<b>17850</b>
<b>17 Deduction type</b>	<b>S</b>
<b>18 Deduction amount</b>	<b>2500</b>
<b>19 Number of exemptions</b>	<b>03</b>
<b>20 Exemption amount</b>	<b>4500</b>
<b>21 Add lines 18 and 20</b>	<b>7000</b>
<b>22 Taxable income</b>	<b>10850</b>
<b>23 Tax</b>	<b>511</b>
<b>28 Total tax</b>	<b>511</b>
<b>29 DC Earned Income Tax Credit</b>	<b>790</b>
<b>29a Qualified EITC Children</b>	<b>01</b>
<b>30 Property Tax Credit</b>	<b>23</b>
<b>32 DC income tax withheld</b>	<b>630</b>
<b>35 Total payments and refundable credits</b>	<b>1443</b>
<b>36 Amount you overpaid</b>	<b>932</b>
<b>40 Refund Amount</b>	<b>932</b>

## DC TEST #4

### SCHEDULE S

#### Dependents

NAME	SSN	RELATIONSHIP
JOHN BROWN JR	400-11-7306	SON

#### Calculation G – Number of Exemptions

Line a	1
Line b	1
Line e	1
Line i	3

### SCHEDULE H

#### Section A – Credit based on rent paid

Line 1	17850
Line 2	720 (rent paid = 4800)
Line 3	23
Line 5	23

#### Calculation of total household gross income

Line a	17850
Line v	17850
Line w	17850

## DC TEST #4

### W-2 #1

<b>Box b: Employer identification number</b>	52-6784767
<b>Box c: Employer's name, address</b>	PIZZA HUT 123 OCEANSIDE ST WASHINGTON,DC 20032
<b>Box d: Employee's SSN</b>	400-00-7306
<b>Box e: Employee's Name</b>	JENNIFER BROWN
<b>Box f: Employee's address</b>	13540 LORD BALTIMORE WASHINGTON, DC 20004
<b>Box 1: Wages, tips, other compensation</b>	17850
<b>Box 2: Federal income tax withheld</b>	1785
<b>Box 3: Social security wages</b>	17850
<b>Box 4: Social security tax withheld</b>	1107
<b>Box 5: Medicare wages and tips</b>	17850
<b>Box 6: Medicare tax withheld</b>	259
<b>Box 15: State</b>	DC
<b>Employer's State ID Number</b>	52-6784767
<b>Box 16: State wages, tips, etc.</b>	17850
<b>Box 17: State Income tax withheld</b>	630

DC TEST #5 (BASED ON FEDERAL TEST #7)

**TAXPAYER INFORMATION:**

**NAME:** TESS L LUCKY

**SSN:** 400-00-7307

**ADDRESS:** 456 WALNUT GROVE  
WASHINGTON, DC 20020

**PHONE:** (202) 555-0707

**FILING STATUS:** SINGLE

DC TEST #5

**FORMS INCLUDED: D-40, SCHEDULE S, W-2 (1), W-2G (1), 1099-R (1)**

400-00-7307  
TESS L LUCKY  
456 WALNUT GROVE  
WASHINGTON, DC 20020

**D-40 INFORMATION**

<b>A Wages, salaries, and/or tips</b>	<b>40565</b>
<b>C Capital gain or loss</b>	<b>8000</b>
<b>3 Federal adjusted gross income</b>	<b>94465</b>
<b>7 Fed AGI and Additions</b>	<b>94465</b>
<b>16 DC adjusted gross income</b>	<b>94465</b>
<b>17 Deduction type</b>	<b>I</b>
<b>18 Deduction amount</b>	<b>15055</b>
<b>19 Number of exemptions</b>	<b>01</b>
<b>20 Exemption amount</b>	<b>1500</b>
<b>21 Add lines 18 and 20</b>	<b>16555</b>
<b>22 Taxable income</b>	<b>77910</b>
<b>23 Tax</b>	<b>5849</b>
<b>28 Total tax</b>	<b>5849</b>
<b>32 DC income tax withheld</b>	<b>2028</b>
<b>35 Total payments and refundable credits</b>	<b>2028</b>
<b>41 Tax Due</b>	<b>3821</b>
<b>43 Total Amount Due</b>	<b>3821</b>



**W-2G**

	<b>Payer's Name</b>	TAJ MAHAL CASINO
	<b>Payer's Address</b>	321 ATLANTIC DR
	<b>Payer's City, State, Zip</b>	ATLANTIC CITY, NJ 08401
	<b>Federal Identification Number</b>	30-7654321
	<b>Telephone Number</b>	6094416000
<b>Box 1:</b>	<b>Gross Winnings</b>	10000
<b>Box 2:</b>	<b>Federal income tax withheld</b>	2800
<b>Box 3:</b>	<b>Type of wager</b>	SLOTS
<b>Box 4:</b>	<b>Date won</b>	01/31/2006
<b>Box 9:</b>	<b>Winner's Taxpayer ID no</b>	400-00-7307
	<b>Winner's name</b>	TESS L LUCKY
	<b>Winner's street address</b>	456 WALNUT GROVE
	<b>Winner's city, state, zip</b>	WASHINGTON, DC 20020
<b>Box 13:</b>	<b>State/Payer's State ID no</b>	NJ 0543789

**FORM 1099-R**

<b>Payer's name, address, etc</b>	RELAXING RETIREMENT 5289 TAKE IT EASY WAY WALDORF MD 20603
<b>Payer's federal identification number</b>	50-9876543
<b>Recipient's SSN</b>	400-00-7307
<b>Recipient's Name</b>	TEST L LUCKY
<b>Recipient's address</b>	7456 WALNUT GROVE WASHINGTON, DC 20020
<b>Box 1: Gross Distribution</b>	43800
<b>Box 2a: Taxable Amount</b>	43800
<b>Box 3: Capital Gain</b>	8000
<b>Box 7: Distribution Code</b>	7A
<b>Box 11: State/Payer's state number</b>	MD

DC TEST #6 (BASED ON FEDERAL TEST #15)

**TAXPAYER INFORMATION:**

**NAME:** TEST DAVID KELLER                      **SSN:** 400-00-7315

**ADDRESS:** 1012 DODGE BALL DR  
WASHINGTON, DC 20012

**PHONE:** (202) 555-0707

**SPOUSE NAME:** SANDRA KELLER      **SSN:** 400-11-7315

**FILING STATUS:** MARRIED FILING SEPARATE ON SAME RETURN

**DEPENDENT INFORMATION:**

<b>NAME</b>	<b>AGE</b>	<b>SSN</b>	<b>RELATIONSHIP</b>
BECKY KELLER	17	400-22-7315	DAUGHTER
JONATHAN KELLER	14	400-33-7315	SON
JAMES KELLER	12	400-44-7315	SON

## DC TEST #6

### FORMS INCLUDED: D-40, SCHEDULE S, SCHEDULE U

400-00-7315, 400-11-7315  
TEST DAVID KELLER, SANDRA KELLER  
1012 DODGE BALL DR  
WASHINGTON, DC 20012

#### D-40 INFORMATION

<b>A Wages, salaries, and/or tips</b>	<b>98000</b>
<b>B Business income or loss</b>	<b>25450</b>
<b>3 Federal adjusted gross income</b>	<b>121652</b>
<b>7 Fed AGI and Additions</b>	<b>121652</b>
<b>16 DC adjusted gross income</b>	<b>121652</b>
<b>17 Deduction type</b>	<b>I</b>
<b>18 Deduction amount</b>	<b>45660</b>
<b>19 Number of exemptions</b>	<b>05</b>
<b>20 Exemption amount</b>	<b>7500</b>
<b>21 Add lines 18 and 20</b>	<b>53160</b>
<b>22 Taxable income</b>	<b>68492</b>
<b>23 Tax</b>	<b>4499</b>
<b>28 Total tax</b>	<b>4499</b>
<b>41 Total payments and refundable credits</b>	<b>4499</b>
<b>42 Amount you overpaid</b>	<b>10</b>
<b>43 Total amount due</b>	<b>4509</b>

**DC TEST #6**

**SCHEDULE S**

**Dependents**

<b>NAME</b>	<b>SSN</b>	<b>RELATIONSHIP</b>
BECKY KELLER	400-22-7315	DAUGHTER
JONATHAN KELLER	400-33-7315	SON
JAMES KELLER	400-44-7315	SON

**Calculation G – Number of Exemptions**

<b>Line a</b>	<b>1</b>
<b>Line e</b>	<b>3</b>
<b>Line f</b>	<b>1</b>
<b>Line i</b>	<b>5</b>

**Calculation J – Tax computation for married filing separately on same return**

	<b>PRIMARY TP</b>	<b>SECONDARY TP</b>
<b>Line a</b>	<b>98000</b>	<b>23652</b>
<b>Line c</b>	<b>98000</b>	<b>23652</b>
<b>Line e</b>	<b>98000</b>	<b>23652</b>
<b>Line f</b>	<b>40000</b>	<b>5660</b>
<b>Line g</b>	<b>6000</b>	<b>1500</b>
<b>Line h</b>	<b>46000</b>	<b>7160</b>
<b>Line i</b>	<b>52000</b>	<b>16492</b>
<b>Line j</b>	<b>3596</b>	<b>903</b>
<b>Line k</b>		<b>4499</b>

**SCHEDULE U**

**Part II - Contributions**

<b>Line 1</b>	<b>10</b>
<b>Line 5</b>	<b>10</b>