Swift FP Example Tax Returns

Exercise Number One
(Daycare and Earned Income Credit)

Forms Included: Form 1040, Form 2441, Schedule EIC

Client's Social Security Number	257-00-4321
Filing Status	Head of Household
Taxpayer's Date of Birth	03/01/1978
Taxpayer is not Blind or Deceased	
Client's First Name, Initial, and Last Name	Whitney M. Refund
Street Address	4175 Spring Street
Zip Code	30809 (Evans, Georgia)
Daytime Telephone	706-868-0985
2nd Telephone Number for Bank Product	706-868-2985
E-Mail:	whitneyrefund@yahoo.com
Taxpayer's Occupation	Librarian

Dependent Information

Dependent Name	Jeremy D. Refund
Dependent's Date of Birth	05/03/2012
Dependent's SSN	364-00-5654
Relationship	Son
Number of Months Lived in Home	12
Dependent Care Expenses	$ 3800

Taxpayer has not released the claim for Jeremy to another person

Daycare Information

Provider's Name	Sunshine House
Provider's EIN	589632100
Address	521 Furys Ferry Road -- Evans, GA 30809
Amount Paid to Daycare Provider	$ 3800

Health Insurance Information Taxpayer had full-year minimum essential health care coverage. Health care coverage was NOT purchased through the Exchange.

W-2 Information

Employer Identification Number	58-6412038
Employer Name/Address	RCS 610 Ronald Reagan Drive Evans, GA 30809
Wages	$ 26263
Federal Withholding	$ 264
State	GA
State ID Number	28594178
State Tax Withheld	$ 564

**** Answer all Due Diligence Questions so that Taxpayer qualifies for Earned Income Credit**