

Swift FP Example Tax Returns

Exercise Number Two (Itemized Deductions)

Forms Included: Form 1040, Schedule A, Schedule B

Client's Social Security Number 257-00-4703

Filing Status Married Filing Joint

Taxpayer's Date of Birth 03/01/1967

Spouse's Date of Birth 06/15/1968

Neither Taxpayer nor Spouse is Blind or Deceased

Client's First Name, Initial, and Last Name James T. Kirk

Secondary First Name, Initial, and Last Name Sherry S. Kirk

Secondary SSN 258-00-4704

Street Address 389 Davant Street

Zip Code 32920 (Cape Canaveral, Florida)

Daytime Telephone 904-868-0985

E-Mail jkirk@yahoo.com

Taxpayer's Occupation Astronaut

Secondary's Occupation Nurse

Dependent Information

First Dependent Name Brandon D. Kirk

Dependent's Birthday 05/03/2004

Dependent's SSN 345-00-5557

Relationship Son

Number of Months Lived in Home 12

Taxpayer has not released claim for Brandon to another person.
(Qualifies for Child Tax Credit)

Second Dependent Name Andrea D. Kirk

Dependent's Birthday 08/01/2004

Dependent's SSN 259-00-5588

Relationship Niece

Number of Months Lived in Home 12

No Dependent Care Expenses

Taxpayer has not released claim for Andrea to another person.

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Health Care Coverage Information: Mr. Kirk's entire family is enrolled under employer sponsored health insurance.

Health insurance was NOT purchased through the Exchange.

W-2 Information

Taxpayer

<i>Employer Identification Number</i>	58-6987451
<i>Employer Name/Address</i>	NASA 101 Cape Canaveral Way Cape Canaveral, FL 32920
<i>Wages</i>	94600.00
<i>Federal Withholding</i>	12100.00
<i>State</i>	FL
<i>State ID Number</i>	None
<i>State Tax Withheld</i>	None

Spouse

<i>Employer Identification Number</i>	58-6412038
<i>Employer Name/Address</i>	RCS 610 Ronald Reagan Drive Evans, GA 30809
<i>Wages</i>	43500.00
<i>Federal Withholding</i>	5200.00
<i>State</i>	GA
<i>State ID Number</i>	28-594178
<i>State Tax Withheld</i>	740.00

Schedule B Information:

Regular Interest

<i>Payer's Name</i>	Bank of America
<i>Interest Income from 1099</i>	2420.00

Regular Dividend

<i>Payer's Name</i>	Bank of America
<i>Total Ordinary Dividends</i>	315.00

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Schedule A Information:

<i>Medical and Dental Insurance</i>	14600.00	
<i>Amount Paid to Doctors/Dentists</i>		
<i>Supporting Notes</i>	Dr John Gillespie	5100.00
	Dr Frank Willingham	2600.00
 <i>Prescriptions:</i>	1425.00	
<i>Medical Mileage</i>	1200 miles	
 <i>Prior Year State Taxes Paid</i>	4521.00	
<i>Real Estate Taxes on Personal Residence</i>	2100.00	
<i>Personal Property Taxes</i>	515.00	
<i>Supporting Notes</i>	Ad Valorem Tax - Automobile Tags	
 <i>Interest Paid</i>		
<i>Mortgage Interest from Wells Fargo - Form 1098</i>	6985.00	
 <i>Gifts to Charity</i>		
<i>Cash and Check Contributions (Church)</i>	3600.00	
<i>Non-Cash Contributions (clothing)</i>	486.00	