Swift FP Example Tax Returns

Exercise Number Five
(Amended Tax Return)

Forms Included: Form 1040, Form 2441, Form 8867, Form 1040X

Client's Social Security Number	257-00-4708
Filing Status	Head of Household
Taxpayer's Date of Birth	03/01/1977
Taxpayer is not Blind or Deceased	
Client's First Name, Initial, and Last Name	Richard D. Amendola
Street Address	415 Blue Ridge Drive
Zip Code	30809 (Evans, Georgia)
Daytime Telephone	706-868-0985
Cell Phone	706-799-7325
E-mail	amendola@gmail.com
Taxpayer's Occupation	Construction

Dependent Information

Dependent Name	Brian D. Amendola
Dependent's Birthday	08/04/2014
Dependent's SSN	259-00-3214
Relationship	Son
Number of Months Lived in Home	12
Dependent Care Expenses	$2400

The taxpayer has not released the claim for Brian to another person.

Daycare Information

Provider's Name	Sunshine House
Provider's EIN	589632100
Address	521 Fury's Ferry Road Evans, GA 30809
Amount Paid to Daycare Provider	$2400

Healthcare Information: Taxpayer had full year minimum essential coverage purchased through a private insurance company. Taxpayer did not purchase health insurance through the Exchange.

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W-2 Information

Employer Identification Number	58-9632154
Employer Name/Address	Barclays Construction 216 Industrial Drive Evans, GA 30809
Wages	23651.00
Federal Withholding	1502.00
State	GA
State ID Number	23-2564155
State Tax Withheld	588.00

SECOND W-2 Information

Employer Identification Number	58-4375684
Employer Name/Address	Columbia Construction 900 Augusta Road North Augusta, SC 29841
Wages	19104.00
Federal Withholding	2647.00
State	SC
State ID Number	28-3575789
State Tax Withheld	614.00

Mark for Electronic Filing Using Direct Deposit of Refund Information Below:

Client's Bank RTN	061000052
Client's Account Number	000562781542
Type of Account:	Checking

***** AMENDED RETURN INFORMATION *****

Three weeks after the original return was filed and accepted, Mr. Amended brought you another W-2 from a part-time job that he had worked for a short time. The part-time job was early in the year, and he had forgotten about it. He apologized for the trouble, but asked if you could amend his original tax return to include this additional W-2:

ADDITIONAL W-2 Information

Employer Identification Number	58-2125410
Employer Name/Address	Framing Clinic 1400 Beaver Dam Road Augusta, GA 30904
Wages	1500.00
Federal Withholding	200.00
State	GA
State ID Number	28-9516542
State Tax Withheld	55.00