SwiftFP Example Tax Returns
Exercise Number One (Daycare and Earned Income Credit)
Forms Included: 1040, 2441, Schedule EIC, 8867, 8812

Client's Social Security Number 257-00-4321
Filing Status Head of Household
Taxpayer's Date of Birth 03/01/1979
Taxpayer is not Blind or Deceased
Taxpayer's Occupation Librarian
Client's First Name, Initial, and Last Name Whitney M. Refund

Street Address 4175 Spring St
Zip Code 30809 (Evans, Georgia)
Daytime Telephone 706-868-0985

2nd Telephone Number for Bank Product 706-868-2985
E-Mail: whitneyrefund@yahoo.com

Dependent Information
Dependent Name Jeremy D. Refund
Dependent's Date of Birth 05/03/2013
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 58-9632100
Address 330 N Belair Rd, Evans, GA 30809
Amount Paid to Daycare Provider $3800

Health Insurance Information: Healthcare was NOT purchased through the Health Insurance Marketplace.

W-2 Information
Employer Identification Number 58-6412038
Employer Name/Address Georgia Dept of Revenue. 610 Ronald Reagan Dr, 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 the Earned Income Credit**