SwiftFP Example Tax Returns
Exercise Number Five (Amended Tax Return)
Forms Included: Form 1040, Form 2441, Form 8867, Form 1040-X

Client's Social Security Number 257-00-4708
Filing Status Head of Household
Taxpayer's Date of Birth 03/01/1979

Client's First Name, Initial, and Last Name Richard D. Amendola
Taxpayer's Occupation Construction
Street Address 415 Blue Ridge Dr
Zip Code 30907 (Martinez, Georgia)
Daytime Telephone 706-868-0985
Cell Phone 706-799-7325
E-mail amendola@gmail.com
Taxpayer is not Blind or Deceased

Dependent Information
Dependent Name Brian D. Amendola
Dependent's Date of Birth 08/04/2016
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 58-9632100
Address 330 N Belair Rd Evans, GA 30809
Amount Paid to Daycare Provider $2400

Healthcare Information: Taxpayer did not purchase health insurance through the Health Insurance Marketplace.

W-2 Information
Employer Identification Number 58-6412038
Employer Name/Address Georgia Department of Revenue. 610 Ronald Reagan Dr 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 Rd, North Augusta, SC 29841
Wages $19104.00
Federal Withholding $2647.00
State SC State ID Number 28-3575789
State Tax Withheld $614.00

Answer due diligence questions so that the taxpayer qualifies for EIC.

Casualty/Theft Loss (Form 4684)
The taxpayer sustained damage from Hurricane Helene, lives in an area covered under a federally declared disaster, and filed an insurance claim for the damage. The taxpayer spent $30,000 to repair the home.
Casualty/Theft Description Hurricane Damage
Date of Casualty/Theft 09/27/2024
FEMA Disaster Declaration Number DR-4830-GA
Declaration date 09/30/2024
Personal property damaged House damage
Street address 415 Blue Ridge Dr, Martinez, GA 30907
Date acquired 06/01/2015
Cost basis of property $125000
Insurance or other reimbursement $20000
Fair market value before casualty $152000
Fair market value after casualty $122000 ($152000 less the amount spent repairing the home)
Qualified disaster loss rules apply? YES

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. Print the return before amending for reference purposes.

Three weeks after the original return was filed and accepted, Mr. Amendola 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 Rd, Augusta, GA 30904
Wages $1500.00
Federal Withholding $200.00
State GA State ID Number 28-9516542
State Tax Withheld $55.00