In this scenario, you will practice entering the following:

- Form W-2 Income
- Interest and Dividend Income
- Moving Expenses
- American Opportunity Tax Credit and Due Diligence

#### **Instructions**

This practice return will help you become familiar with return preparation in Drake Tax. Use the scenario information and the attached source documents to complete the return. After the return is complete, compare your results with the solutions provided online.

Go to <u>Support.DrakeSoftware.com</u> for solutions and more practice returns. After logging in, access **Training Tools > Practice Returns**.

To agree with provided solutions:

- Suppress state returns by entering "0" in the **Resident state** field on **Screen 1**
- Install all program updates
- Correct all EF diagnostic messages

#### **Attached Source Documents**

- Form W-2 (3)
- Form 1099-DIV (2)
- Form 1098-T

### **S**CENARIO INFORMATION

Straw and Blue Berry have been married for two years and live in Towson, MD. Straw works full-time and changed jobs during 2019. Blue works part-time as an event planner and is also a full-time student. They do not have any children.

Neither Straw nor Blue is a non-resident alien or could be the qualifying child of another person. They plan to file as Married Filing Jointly for 2019 and have no interest in, or authority over, any foreign accounts.

Both Straw and Blue provided their MD driver's license. Straw's license number is 123456789 and was issued 01/01/2017 and expires 01/01/2021. Blue's license number is 987654321 and was issued on 01/01/2017 and expires on 01/01/2021.

#### **TAXPAYER INFORMATION**

NAME	Straw Berry
SSN	400-00-6004
DATE OF BIRTH	05-15-1987
EMAIL	SBerry@1040.com
OCCUPATION	VP of Operations

#### SPOUSE INFORMATION

NAME	Blue Berry
SSN	400-00-2073
DATE OF BIRTH	06-16-1988
EMAIL	BBerry@1040.com
OCCUPATION-	Event Planner

Drake Tax 2019

Address: 1234 Fruit Loop, Towson MD 21286

**Phone:** 828-524-8020

### **DEPENDENT INFORMATION**

The Berrys do not have any dependents.

### INCOME

In 2019, Straw Berry was employed as the Director of Sales at Jam Manufacturer; however, he resigned from that position in September. He accepted a new position as Vice-President of Operations at Produce Technologies. He received Form W-2 from both employers. Blue Berry worked part-time as an event coordinator and received Form W-2 reporting her wages.

The Berry's also received income from interest and dividends and received statements reporting the income.

# HEALTH COVERAGE INFORMATION

Both Straw and Blue Berry were covered by Straw's employer plan for every month of the year.

## **OTHER INFORMATION**

In 2019 Straw Berry was <u>not</u> a member of the armed forces on active duty. However, moving expenses are deductible on some state returns. This information is entered on screen 3903 for state purposes only. For state tax return purposes when Straw Berry took the new job, the family incurred some job-related moving expenses. Straw's new employer did not reimburse any of the expenses. At the old job, Straw's commute to work from his old house was only 5 miles. The new job he took was 150 miles away from his old residence. He spent \$5,400 transporting all the couple's belongings and personal items to the new residence. The couple also spent \$800 on travel and lodging during the move.

In 2019, Blue Berry was a full-time student at the University of Coconut completing her second year toward a bachelor's degree. The total amount of required expenses to be paid to the university was \$6,700 – no other amounts were paid. The University sent her Form 1098-T. Blue has never claimed the Hope Scholarship or American Opportunity Credit. She has never been convicted of a felony of any kind.

# **DUE DILIGENCE INFORMATION**

For the purposes of this practice return, assume the following:

- the return was completed based on information provided to you by the taxpayer
- you interviewed the taxpayer, asked questions, and documented the taxpayer's responses
- you reviewed adequate information to determine the taxpayer is eligible to claim any credits present on the return
- all information provided appears to be correct, complete, and consistent
- reasonable inquiries were made to determine correct and complete information
- all inquiries were documented
- all record retention requirements are met
- the taxpayer provided documentation to substantiate eligibility for, and the amount of, the credits present
- any credits present on the return have never been disallowed or reduced in a previous year

	a Employee's social security numbe 400-00-2073	r	-			
b Employer identification number (EIN) 22-9999999			1 Wages, tips, other compensation 9,00		2 Federal income tax withheid 1,000	
C Employer's name, address, and ZIP code FRUIT EVENTS			3 Docial security wages 9,00		4 Bocial security tax withheld 558	
122 MEETING PLAC	E CIRCLE		5 Medicare wages and tips 9,00		Medicare tax withheid	
OWINGS MILLS	MD 2	21117	7 Docial security tos	8 Allocate	nd tips	
d Control number			9 Verification code		ient care benefits	
e Employee's first name and initial	Last name	ouff.	11 Nonqualified plans	0	tructions for box 12	
BLUE B	ERRY		13 Statutory Refirement Third- plan sick p	12b		
1234 FRUIT LOOP TOWSON	MD 21	1286	14 other	120 C		
				0 2 2		
f Employee's address and ZIP code						
15 Otate Employer's state ID number	16 Otate wages, tips, etc.	17 State income tax	18 Local wages, tips, etc. 19 Lo	cal income tax	20 Locality name	

Form W-2 Wage and Tax Statement

	Employee's social security number	r				
b Employer Identification number (EIN)			1 Wages, tips, other compensation		Federal In	come tax withheid
11-9999999			55,0	000		4,000
C Employer's name, address, and ZIP code			3 Social security wages	3 Social security wages 4 Social security tax withheid		
JAM MANUFACTURER			55,000 3,410			3,410
			5 Medicare wages and tps	6	Medicare	tax withheid
200 JELLY RD			55,0	000		798
OWINGS MILLS	MD 2	21117	7 Social security tips	8	Allocated	tips
d Control number			9 Verification code	10	Depender	nt care benefits
e Employee's first name and initial	Last name	Suff.	11 Nonqualified plans	Cet		uctions for box 12
STRAW BE	RRY		13 Satutory Petrement The amployee plan al	hird-party 12 ck.pay c		
1234 FRUIT LOOP			14 other	12	0	
TOWSON	MD 21	286		ă		
				12	d	
				G	1	
f Employee's address and ZIP code						
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tps, etc. 19	9 Local Incom	e tax	20 Locality name
1						

Form W-2 Wage and Tax Statement

	Employee's social security numbe	r			
b Employer identification number (EIN)			1 Wages, tips, other compensation		income tax withheid
22-8888888			21,50	0	3,200
C Employer's name, address, and ZIP code			3 Social security wages	4 Social s	ecurity tax withheid
PRODUCE TECHNOLOG	IES		21,50	0	1,333
			5 Medicare wages and tos	6 Medicar	e tax withheid
500 TECHNOLOGY DR	IVE		21,50		312
TOWSON	MD 2	21286	7 Social security tips	8 Allocate	d tips
d Control number			9 Verification code	10 Depend	ent care benefits
e Employee's first name and initial	Last name	Suff.	11 Nonqualified plans	Uq q.	ructions for box 12
STRAW BE	IRRY		13 Bahdory Referenced Theorem		
1234 FRUIT LOOP			14 oner	120	
TOWSON	MD 21	1286			
				12d	
				ă I	
f Employee's address and ZIP code					
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc. 19 Loc	al income tax	20 Locality name
					-

Form W-2 Wage and Tax Statement

		CORRE	CTED (if	checked)		
PAYER'S name, street address, city or town, state or province, country, ZP or foreign postal code, and telephone no. Pineapple Investments 140 Upside Down St Melville NY 11747			1a Total	ordinary dividends 0.00		Dividends and
			1b Qualifi \$ 220	ed dividends 0.00		Distributions
			2a Total o \$	apital gain distr.	2b Unrecap. Sec. 1250 gain \$	
PAYER'S federal identification number 47-11111111	Per RECIPIENT'S identification number 400-00-6004 400-00-2073		2c Sectio	n 1202 gain	2d Collectibles (28%) gain \$	
RECIPIENT'S name		3 Nondivi \$	dend distributions	4 Federal income tax withheld \$	1	
Straw and Blue Berry Street address (including apt. no.)					5 Investment expenses \$	
1234 Fruit Loop		6 Foreign tax paid		7 Foreign country or U.S. possession		
City or town, state or province, country	y, and ZIP or foreign post	al code	\$			
Towson MD 21286		8 Cash liquidation distributions \$		9 Noncash liquidation distributions \$	6	
		FATCA filing requirement	10 Exempt	t-interest dividends	11 Specified private activity bond interest dividends \$	]
Account number (see instructions)		12 State		14 State tax withheld \$	]	

	CTED (if checked)		
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	1a Total ordinary dividends		
	\$ 300.00		Dividends and
Mango Holdings	1b Qualified dividends	1	Distributions
1200 Tango Lane	\$ 300.00	Form 1099-DIV	
Coral Gables FL 33114	2a Total capital gain distr.	2b Unrecap. Sec. 1250	gain
	\$	\$	
PAYER'S federal identification number RECIPIENT'S identification number	2c Section 1202 gain	2d Collectibles (28%) ga	ain
65-11111111 400-00-6004	s	s	
RECIPIENT'S name	3 Nondividend distributions	4 Federal income tax with	thheid
Straw Berry	\$	\$	
1		5 Investment expenses	
Street address (including apt. no.)		\$	
1234 Fruit Loop	6 Foreign tax paid	7 Foreign country or U.S. post	usession
City or town, state or province, country, and ZIP or foreign postal code	s		
	8 Cash liquidation distributions	9 Noncash liquidation distrib	butions
Towson MD 21286	\$	\$	
FATCA filing requirement		11 Specified private activ bond interest dividend	
	\$	\$	
Account number (see instructions)	12 State 13 State identification no	14 State tax withheld	
		\$	
- 1000 DW		\$	

Form 1099-DIV

CORRECTED FILER'S name, street address, city or town, state or province, country, ZIP or 1 Payments received for foreign postal code, and telephone number qualified tuition and related expenses \$ 6700.00 Tuition University of Coconut 2 Amounts billed for Statement 555 Tropical Lane qualified tuition and related expenses Baltimore MD 21287 \$ 6700.00 Form 1098-T FILER'S federal identification no. STUDENT'S taxpayer identification no. 3 If this box is checked, your educational institution 40-9999999 400-00-2073 has changed its reporting method for 2016 STUDENT'S name 4 Adjustments made for a 5 Scholarships or grants prior year Blue Berry ŝ \$ Street address (including apt. no.) 7 Checked if the amount 6 Adjustments to scholarships or grants in box 1 or 2 includes 1234 Fruit Loop for a prior year amounts for an academic City or town, state or province, country, and ZIP or foreign postal code period beginning January - March 2017 Towson MD 21286 15 Service Provider/Acct. No. (see instr.) 9 Checked if a graduate 10 Ins. contract reimb./refund 8 Check if at least t S half-time student **X**] student . . . .

Form 1098-T