

## Return #8

Please suppress the state on screen **1** of data entry by selecting **0** from the **Resident State** field.

David and Margaret Holden are married with no children. David's Social Security Number is 400-00-1908. His date of birth is September 13, 1951. He is an attorney.

His wife Margaret's social security number is 400-00-1855. Her date of birth is May 15, 1970. She is the office manager for a heating and air conditioning company.

David and Margaret's filing status is Married Filing Jointly.

David and Margaret live at:

1011 Hilltop Road  
Billings, MT 59105  
Yellowstone County

Their evening phone number is 406-222-3333.

David is a partner in a local restaurant. A partnership is a pass-through entity. The owners of a partnership must report their distributive shares of the partnership's income, gains, losses, deductions, and credits on their individual returns.

Go to the **Income** tab, K1 Partnership K-1, and enter the applicable information from David's K-1. This is a passive activity for David. For this scenario, it isn't necessary to add the information from "Part II - Information About the Partner." It isn't necessary to enter information in the at-risk section since there isn't a loss.

David has a W-2 for \$85,230 and Margaret has a W-2 for \$51,000 (both attached). Verify wages and withholding at the bottom of the **W2** screens.

They paid \$15,000 in estimated taxes entered on screen **5**.

After keying all relevant data, you must **always** recalculate the return before selecting files to transmit.

2009

Final K-1 Amended K-1 OMB No. 1545-0090

Schedule K-1 (Form 1065)

Department of the Treasury Internal Revenue Service

For calendar year 2009, or tax year beginning 2009 ending 20

Partner's Share of Income, Deductions, Credits, etc.

See page 2 of form and separate instructions.

Part I Information About the Partnership
Part II Information About the Partner
A Partnership's employer identification number 45-5667777
B Partnership's name, address, city, state, and ZIP code THE THREE DS RESTAURANT 111 MONTANA MOUNTAIN RD BILLINGS, MT 59103
C IRS Center where partnership filed return OGDEN
D Check if this is a publicly traded partnership (PTP)
E Partner's identifying number 400-00-1908
F Partner's name, address, city, state, and ZIP code DAVID HOLDEN 1011 HILLTOP RD BILLINGS, MT 59105
G General partner or LLC member-manager Limited partner or other LLC member
H Domestic partner Foreign partner
I What type of entity is this partner? INDIVIDUAL
J Partner's share of profit, loss, and capital (see instructions):
Beginning Ending
Profit 33,000 % 33,000 %
Loss 33,000 % 33,000 %
Capital 33,000 % 33,000 %
K Partner's share of liabilities at year end:
Nonrecourse \$
Qualified nonrecourse financing \$
Recourse \$
L Partner's capital account analysis:
Beginning capital account \$ 58,000
Capital contributed during the year \$
Current year increase (decrease) \$ 23,810
Withdrawals & distributions \$ ( )
Ending capital account \$ 81,810
M Did the partner contribute property with a built-in gain or loss? Yes No

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items
1 Ordinary business income (loss) 20,810
2 Net rental real estate income (loss)
3 Other net rental income (loss)
4 Guaranteed payments
5 Interest income
6a Ordinary dividends 3,000
6b Qualified dividends
7 Royalties
8 Net short-term capital gain (loss)
9a Net long-term capital gain (loss)
9b Collectibles (28%) gain (loss)
9c Unrecaptured section 1250 gain
10 Net section 1231 gain (loss)
11 Other income (loss)
12 Section 179 deduction
13 Other deductions
14 Self-employment earnings (loss) A 23,810 C 31,667
15 Credits
16 Foreign transactions
17 Alternative minimum tax (AMT) items
18 Tax-exempt income and nondeductible expenses
19 Distributions
20 Other information A 3,000
\*See attached statement for additional information.

FOR USE ONLY

Void <input type="checkbox"/>		a Employee's social security number <b>400-00-1908</b>		For Official Use Only ▶ OMB No. 1545-0008	
b Employer identification number (EIN) <b>22-3332444</b>			1 Wages, tips, other compensation <b>85,230</b>	2 Federal income tax withheld <b>11,500</b>	
c Employer's name, address, and ZIP code <b>SMITH BROWN JONES &amp; HOLDEN</b>  <b>322 ASYLUM STREET</b> <b>BILLINGS MT 59101</b>			3 Social security wages <b>85,230</b>	4 Social security tax withheld <b>5,284</b>	
			5 Medicare wages and tips <b>85,230</b>	6 Medicare tax withheld <b>1,236</b>	
			7 Social security tips	8 Allocated tips	
d Control number			9 Advance EIC payment	10 Dependent care benefits	
e Employee's first name and initial      Last name      Suffix.  <b>DAVID                                  HOLDEN</b>  <b>1011 HILLTOP ROAD</b> <b>BILLINGS                                  MT 59105</b>			11 Nonqualified plans		12a See instructions for box 12
			13 Statutory employee <input type="checkbox"/> Retmnt. plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b	
			14 Other		12c
					12d
f Employee's address and ZIP code			15 State      Employer's state ID no.	16 State wages, tips, etc.	17 State income tax
			<b>MT</b>   <b>8111111111111111</b>	<b>85,230</b>	<b>9,500</b>
			18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement      EEA      2009      Department of the Treasury-Internal Revenue Service  
Copy B - To Be Filed With Employee's FEDERAL Tax Return.      For Privacy Act and Paperwork Reduction

Void <input type="checkbox"/>		a Employee's social security number <b>400-00-1855</b>		For Official Use Only ▶ OMB No. 1545-0008	
b Employer identification number (EIN) <b>66-8899889</b>			1 Wages, tips, other compensation <b>51,000</b>	2 Federal income tax withheld <b>5,500</b>	
c Employer's name, address, and ZIP code <b>LUXURY HEAT AND AIR</b>  <b>525 GLENDALE ROAD</b> <b>BILLINGS MT 59105</b>			3 Social security wages <b>51,000</b>	4 Social security tax withheld <b>3,162</b>	
			5 Medicare wages and tips <b>51,000</b>	6 Medicare tax withheld <b>740</b>	
			7 Social security tips	8 Allocated tips	
d Control number			9 Advance EIC payment	10 Dependent care benefits	
e Employee's first name and initial      Last name      Suffix.  <b>MARGARET                                  HOLDEN</b>  <b>1011 HILLTOP ROAD</b> <b>BILLINGS                                  MT 59105</b>			11 Nonqualified plans		12a See instructions for box 12
			13 Statutory employee <input type="checkbox"/> Retmnt. plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b	
			14 Other		12c
					12d
f Employee's address and ZIP code			15 State      Employer's state ID no.	16 State wages, tips, etc.	17 State income tax
			<b>MT</b>   <b>8222222222222222</b>	<b>51,000</b>	<b>4,700</b>
			18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement      EEA      2009      Department of the Treasury-Internal Revenue Service