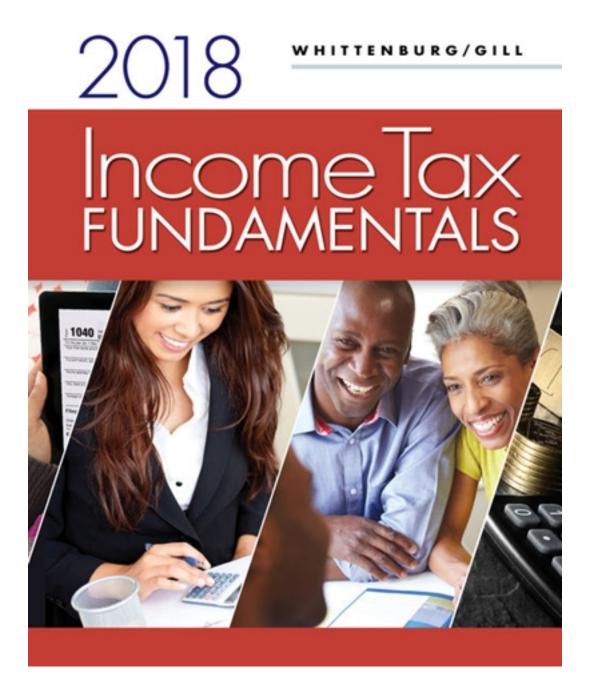
# Solutions for Income Tax Fundamentals 2018 36th Edition by Whittenburg

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# Solutions

#### **CHAPTER 2**

#### **GROSS INCOME AND EXCLUSIONS**

#### **Group 1 – Multiple Choice Questions**

| 1. C | (LO 2.1)             | 10. E | (LO 2.4)                   | 18. C | (LO 2.8)  |
|------|----------------------|-------|----------------------------|-------|-----------|
| 2. C | (LO 2.1)             | 11. D | (LO 2.4)                   | 19. A | (LO 2.9)  |
| 3. A | (LO 2.1)             | 12. B | \$97,500/260 = \$375 x 4 = | 20. E | (LO 2.10) |
| 4. D | (LO 2.1)             |       | \$1,500 (LO 2.5)           | 21. D | (LO 2.11) |
| 5. B | (LO 2.1)             | 13. D | (LO 2.5)                   | 22. E | (LO 2.12) |
| 6. C | \$500 x 20% (LO 2.2) | 14. C | (LO 2.6)                   | 23. D | (LO 2.13) |
| 7. A | (LO 2.2)             | 15. A | (LO 2.6)                   | 24. E | (LO 2.13) |
| 8. C | \$120 x 12 (LO 2.3)  | 16. C | (LO 2.7)                   | 25. A | (LO 2.14) |
| 9. D | (LO 2.3)             | 17. D | (LO 2.7, 2.8, 2.9, 2.10)   | 26. E | (LO 2.14) |

#### **Group 2 - Problems**

| 1. a. | Excluded | (LO 2.1) | e. | Excluded | (LO 2.1) | i. | Excluded | (LO 2.1) |
|-------|----------|----------|----|----------|----------|----|----------|----------|
| b.    | Included | (LO 2.1) | f. | Included | (LO 2.1) | j. | Excluded | (LO 2.1) |
| c.    | Included | (LO 2.1) | g. | Included | (LO 2.1) | k. | Included | (LO 2.1) |
| d.    | Included | (LO 2.1) | ĥ. | Excluded | (LO 2.1) |    |          |          |

- 2. The non-cash payment of \$6,000 for services performed is includable income to John. The tax law states that gross income is "all income from whatever source derived." There is no exception in the law for non-cash items received in exchange for services. (LO 2.1)
- 3. a. \$300. Gross income includes "all income from whatever source derived." The value of the hair styling is income to Larry for the performance of services. There is no gross income exception in the tax law for "barter" income.
  - b. \$300. Gross income includes "all income from whatever source derived." The value of the tax return is income to Sheila for the performance of services. There is no gross income exception in the tax law for "barter" income. (LO 2.1)
- 4. Illegal income is still taxable since there is no exception excluding it in the tax code. When there is not an explicit exception, gross income is "all income from whatever source derived." (LO 2.1)
- 5. Qualified dividends are taxed at either 0%, 15%, or 20%. The 0% rate applies for taxpayers in the ordinary income tax brackets of 10% and 15%. The 15% rate applies for taxpayers in the ordinary income tax brackets of 25% through 35%. The 20% rate applies for taxpayers in the 39.6% bracket. A 3.8% Medicare tax on net investment income will be added to the rates for certain high-income taxpayers. (LO 2.2)
- 6. If no election is made, the interest is not included in income until the I bond is converted to cash by the taxpayer. If the taxpayer makes an election, however, the income which increases the redemption value but is not paid in cash on the I bond each year is included in the taxpayer's gross income. (LO 2.2)
- 7. See Schedule B on Page 40. (LO 2.2)
- 8. a. (1) \$450. b. (1) \$0. (2) \$450. (2) \$425,000. (LO 2.3)

- 9. Arlen may deduct the alimony of \$2,000 per month on his tax return. He cannot deduct the child support. Jane must report the alimony as income on her tax return. The child support is not taxable income to her. (LO 2.3)
- 10. No gain is taxable to Cindy on the transfer of the house since it is part of a property settlement related to a divorce. Allen has a basis of \$90,000 in the house for calculating tax on any future sale of the house. (LO 2.3)
- 11. a. \$6,400.
  - b. \$260. A non-qualified plan award may only be excluded up to \$400; thus, \$260 is taxable.
  - c. \$1,000,000.
  - d. \$30,000. (LO 2.4)
- 12. a. **\$4,000**.
  - b. \$14,500.
  - c. **\$0**. (LO 2.4, 2.8)

#### 13. SIMPLIFIED METHOD WORKSHEET

| Enter total amount received    | d this year.   | 1)  | \$ 7,000   |
|--------------------------------|--|---|--|
| Enter cost in the plan at the  | annuity starting date.   | 2)  | \$48,300   |
| Age at annuity starting date   |  |   |  |
| Enter                          |  |   |  |
| 55 and under                   | 360  |   |  |
| 56-60                          | 310  |   |  |
| 61-65                          | 260  | 3)  | 210  |
| 66-70                          | 210  |   |  |
| 71 and older                   | 160  |   |  |
| Divide line 2 by line 3.       |  | 4)  | \$ 230   |
| Multiply line 4 by the numl    | per of monthly payments  |   |  |
| this year. If the annuity star | ting date was before 1987,   |   |  |
|                                |  |   |  |
| Otherwise go to line 6.        | -  | 5)  | \$ 1,610   |
| Enter the amount, if any, re   | covered tax free in prior years  | 6)  | \$ 0   |
| Subtract line 6 from line 2.   | •  | 7)  | \$48,300   |
| Enter the smaller of line 5 of | or 7.  | 8)  | \$ 1,610   |
| Taxable amount this year: S    | Subtract line 8 from   |   |  |
| line 1. Do not enter less tha  | an zero.   | 9)  | \$ 5,390   |
| (LO 2.5)                       |  |   |  |
|                                | Enter cost in the plan at the Age at annuity starting date  Enter  55 and under  56–60  61–65  66–70  71 and older  Divide line 2 by line 3.  Multiply line 4 by the number this year. If the annuity star also enter this amount on life Otherwise go to line 6.  Enter the amount, if any, resulting the smaller of line 5 contract line 6 from line 2.  Enter the smaller of line 5 contract line 1. Do not enter less that | 55 and under  56–60  310  61–65  260  66–70  210  71 and older  Divide line 2 by line 3.  Multiply line 4 by the number of monthly payments this year. If the annuity starting date was before 1987, also enter this amount on line 8; and skip lines 6 and 7.  Otherwise go to line 6.  Enter the amount, if any, recovered tax free in prior years Subtract line 6 from line 2.  Enter the smaller of line 5 or 7.  Taxable amount this year: Subtract line 8 from line 1. Do not enter less than zero. | Enter cost in the plan at the annuity starting date.  Age at annuity starting date  Enter  55 and under  360  56–60  310  61–65  260  3)  66–70  210  71 and older  Divide line 2 by line 3.  Multiply line 4 by the number of monthly payments this year. If the annuity starting date was before 1987, also enter this amount on line 8; and skip lines 6 and 7.  Otherwise go to line 6.  Enter the amount, if any, recovered tax free in prior years  Subtract line 6 from line 2.  Enter the smaller of line 5 or 7.  Taxable amount this year: Subtract line 8 from line 1. Do not enter less than zero. |

- 14. \$61,000 = \$100,000 \$27,000 \$12,000. Since the policy was transferred for valuable consideration, the proceeds are taxable to the extent that they exceed the sum of the cash value at the time of transfer plus the premiums paid. (LO 2.6)
- 15. **\$500**. A beneficiary, who is a surviving spouse, must include the entire amount of interest received with respect to the policy proceeds in gross income. The \$9,000 principal amount may be excluded from gross income. (LO 2.6)
- 16. David has received an accelerated death benefit or viatical settlement which is excluded from taxable income. (LO 2.6)
- 17. None of the payment is taxable. Life insurance proceeds are generally considered to be tax-free and specifically excluded from taxable income. (LO 2.6)

- 18. **\$5,600**. Inheritances are excluded from taxable income; however, subsequent earnings on inherited property must be included in income. (LO 2.7)
- 19. \$10,000 is taxable. This gift is clearly bonus income in a business setting so it does not qualify for tax-free gift treatment, even if Gwen's client calls the payment a gift. (LO 2.7)
- 20. None of the gift is taxable. Gifts are excluded from the taxable income of the person receiving the gift. (LO 2.7)
- 21. \$12,000 is taxable since there is no exclusion for payments made for room and board. \$8,000 is not taxable, since scholarships for tuition are specifically excluded from taxable income. (LO 2.8)
- 22. None of the cost of the insurance or amounts paid by the insurance company for surgery or treatment are taxable to Skyler. These amounts are specifically excluded from taxable income under the tax law. (LO 2.9)
- 23. **\$0**. Taxpayers may exclude the total amount received for payment or reimbursement of medical expenses. Premiums for health insurance paid by the taxpayer's employer are also excluded from the taxpayer's gross income. In addition, the \$1,500 (\$3,500 \$2,000) not paid by the insurance company is deductible as an itemized deduction on Ellen's return, subject to the medical expense deduction limitations. (LO 2.9)
- 24. a. No. The meals are furnished by the employer on the business premises of the employer during working hours because the employer limits the employee to short meal periods.
  - b. No. The meals are furnished by the employer on the business premises of the employer during working hours because the taxpayer must be available for emergency calls.
  - c. Yes. The meals are not furnished for the convenience of the employer. (LO 2.10)
- 25. **6.00**% =  $4.5\% \div (100\% 25\%)$ . (LO 2.11)
- 26. The tax-exempt municipal bond has the same 5% before and after-tax rate of return. The corporate bond has an after-tax return of 4.55% (7% x (1 35%)). Karen should invest in the tax-exempt bond due to the higher after-tax rate of return. (LO 2.11)
- 27. \$3,250. Unemployment benefits received are included in gross income. (LO 2.12)
- 28. \$4,850 = \$850 + \$4,000. The value of the airline tickets is excluded from gross income under the no additional cost services rule for employees and their families. The \$30 of personal typing is excluded under the de minimis fringe benefits rule. The \$850 worth of employee discount coupons for hotel rooms is included in gross income since the hotel division is a different line of business than that in which Linda is employed. The \$4,000 tuition payment must be included in gross income since Richard is working on a graduate degree and not providing teaching or research activities. (LO 2.13)
- 29. Yes. Tom will be better off reducing his taxable income by \$2,600 by using the health care flexible spending account. Since his income will be \$2,600 less, he will pay less tax than he would otherwise. (LO 2.13)
- 30. As calculated on the worksheet on Page 41. (LO 2.14)
- 31. a. Yes. Tax-free municipal bond income is added to AGI in the formula to determine the amount of taxable Social Security.
  - b. **Zero**. The taxpayer's income is below the threshold amount used in the formula to determine whether Social Security is taxable.
  - c. **85**%. High-income taxpayers must include 85% of Social Security receipts in taxable income. (LO 2.14)

#### Group 2: Problem 7

#### **SCHEDULE B** (Form 1040A or 1040)

### **Interest and Ordinary Dividends**

OMB No. 1545-0074 20**17** 

Department of the Treasury Internal Revenue Service (99

► Attach to Form 1040A or 1040.

Attachment Sequence No. **08** ▶ Go to www.irs.gov/ScheduleB for instructions and the latest information. Name(s) shown on return Your social security number Charles and Sally Heck **Amount** Part I List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this Interest interest first. Also, show that buyer's social security number and address 1.245 Porcine Bank (See instructions River Bank 650 and the instructions for [note: municipal tax-exempt interest is reported directly on the Form 1040 or 1040-A] Form 1040A, or Form 1040, line 8a.) Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm. list the firm's name as the paver and enter the total interest shown on that form Add the amounts on line 1 . . . . . . . . 2 1,895 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 . . . . . . . . . . . . . . . . . 3 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1,895 4 Note: If line 4 is over \$1,500, you must complete Part III. Amount Part II List name of payer ▶ 2,000 350 Altus, Inc. **Ordinary** Buller Corporation **Dividends** 3,100 Gene Corporation 850 Devona Corporation (See instructions and the instructions for Form 1040A, or Form 1040, line 9a.) Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm. list the firm's name as the payer and enter the ordinary Add the amounts on line 5. Enter the total here and on Form 1040A, or Form dividends shown 6.300 on that form. Note: If line 6 is over \$1,500, you must complete Part III. You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a Part III No Yes foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. **Foreign** At any time during 2017, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign **Accounts** Χ and Trusts

For Paperwork Reduction Act Notice, see your tax return instructions.

financial account is located ▶

(See instructions.)

Cat. No. 17146N

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114

During 2017, did you receive a distribution from, or were you the grantor of, or transferor to, a

and its instructions for filing requirements and exceptions to those requirements . . . . . If you are required to file FinCEN Form 114, enter the name of the foreign country where the

foreign trust? If "Yes," you may have to file Form 3520. See instructions .

Schedule B (Form 1040A or 1040) 2017

## Group 2: Problem 30

| 1.  | Enter the total amount of social security income  | 1.  | \$7,400 |
|-----|---|-----|---------|
| 2.  | Enter one-half of line 1  | 2.  | 3,700   |
| 3.  | Enter the total of taxable income items on Form 1040 except social security income  | 3   | 14,500  |
| 4.  | Enter the amount of tax exempt interest income  | 4.  | 30,000  |
| 5.  | Add lines 2, 3, and 4   | 5.  | 48,200  |
| 6.  | Enter all adjustments for AGI except for student loan interest,<br>the domestic production activities deduction and the tuition<br>and fees deduction | 6.  | -0-     |
| 7.  | Subtract line 6 from line 5. If zero or less, stop here, none of the social security benefits are taxable   | 7.  | 48,200  |
| 8.  | Enter \$25,000 (\$32,000 if married filing jointly; \$0 if married filing separately and living with spouse at any time during the year)              | 8.  | 25,000  |
| 9.  | Subtract line 8 from line 7. If zero or less, enter -0-   | 9.  | 23,200  |
| Not | e: If line 9 is zero or less, stop here; none of your benefits are taxable. Otherwise, go on to line 10.  |     |         |
| 10. | Enter \$9,000 (\$12,000 if married filing jointly; \$0 if married filing separately and living with spouse at any time during the year)               | 10. | 9,000   |
| 11. | Subtract line 10 from line 9. If zero or less, enter -0-  | 11. | 14,200  |
| 12. | Enter the <b>smaller</b> of line 9 or line 10   | 12. | 9,000   |
| 13. | Enter one-half of line 12   | 13. | 4,500   |
| 14. | Enter the <b>smaller</b> of line 2 or line 13   | 14. | 3,700   |
| 15. | Multiply line 11 by 85% (.85). If line 11 is zero, enter -0-  | 15. | 12,070  |
| 16. | Add lines 14 and 15   | 16. | 15,770  |
| 17. | Multiply line 1 by 85% (.85)  | 17. | 6,290   |
| 18. | Taxable benefits. Enter the smaller of line 16 or line 17   | 18. | \$6,290 |
|     |   |     |         |

#### 42 Chapter 2 – Gross Income and Exclusions

| Worl | sheet 1. Recapture of Alimony                                       | Keep for     | Your | Records 💆 |
|------|---|--------------|------|-----------|
| Note | . Do not enter less than -0- on any line.                           |              |      |           |
| 1.   | Alimony paid in 2nd year  | 1. \$60,000  |      |           |
| 2.   | Alimony paid in <b>3rd year</b>                                     |              |      |           |
| 3.   | Floor   |              |      |           |
| 4.   | Add lines 2 and 3   | 4. \$25,000  |      |           |
| 5.   | Subtract line 4 from line 1. If zero or less, enter -0-             |              | 5.   | \$35,000  |
| 6.   | Alimony paid in 1st year  | 6. \$60,000  |      |           |
| 7.   | Adjusted alimony paid in 2nd year (line 1 minus line 5) 7. \$25,000 |              |      |           |
| 8.   | Alimony paid in <b>3rd year</b>                                     |              |      |           |
| 9.   | Add lines 7 and 8   |              |      |           |
| 10.  | Divide line 9 by 2  |              |      |           |
| 11.  | Floor   |              |      |           |
| 12.  | Add lines 10 and 11   | 12. \$32,500 |      |           |
|      | Subtract line 12 from line 6  |              | 13.  | \$27,500  |
| 14.  | Recaptured alimony. Add lines 5 and 13                              |              | *14. | \$62,500  |

<sup>\*</sup> If you deducted alimony paid, report this amount as income on Form 1040, line 11. If you reported alimony received, deduct this amount on Form 1040, line 31a.

#### 33. See the answer to Problem 7.

#### **Group 3 - Writing Assignment**

#### **Research Solution:**

32.

Whittenburg and Gill, CPAs San Diego, CA August 3, 20xx

Ms. Vanessa Lazo 1550 Mesa Rosa Drive San Diego, CA

Dear Professor Lazo,

Thank you for requesting my advice concerning the tax treatment of your free trip to Costa Rica. I have researched your question and am sorry to say that the free tour is taxable.

The fair market value of the tour must be reported on Form 1040, Line 21 "Other Income." In addition, any expenses that you incurred during the trip cannot be deducted.

My conclusion is based upon the facts that you have provided me. I'm sorry that the news was not more favorable. If you have any questions or would like further explanation, please do not hesitate to call.

Sincerely, Trevor Malcolm for Whittenburg and Gill, CPAs

#### **Group 4 - Comprehensive Problems**

- 1. See pages 43 through 45.
- 2A. See pages 46 through 47.
- 2B. See pages 48 through 49.

#### **Group 5 - Cumulative Software Problem**

The solution to the Cumulative Software Problem is posted on the website for the textbook at www.cengage.com/login.

## Comprehensive Problem 1

| Form <b>1040A</b>                              |            | rtment of the Treasury-In                  |                                    |                   |                  | 20.        | 47                       |              |                         |   |                         |         |             |
|--|------------|--|------------------------------------|-------------------|------------------|------------|--------------------------|--------------|-------------------------|---|-------------------------|---------|-------------|
| Your first name and init                       |            | 6. Individual Ind                          | Last name                          | x Keturn          | (99)             | 20         | 17                       | IRS Use      | Only—D                  |   | write or sta            |         |             |
| Tour mist name and min                         | liai       |  | Lastrianie                         |                   |                  |            |                          |              | +                       |   | OMB No. 1<br>social sec |         |             |
| Ken  |            |  | Hai                                | r                 |                  |            |                          |              |                         |   | 5 57                    |         |             |
| If a joint return, spouse                      | 's first n | ame and initial                            | Last name                          |                   |                  |            |                          |              |                         | •   | e's social s            |         |             |
| Bev  | r and at   | reet). If you have a P.O. bo               | Hair                               |                   |                  |            |                          | Apt.         | _                       |   | 5 74                    |         |             |
| 3567 River St                                  |            | eet). If you have a P.O. bo                | x, see ilistruct                   | iioris.           |                  |            |                          | Apt.         | no.                     |   | lake sure thand on line |         |             |
| City, town or post office, s<br>Springfield, N |            | d ZIP code. If you have a fore             | gn address, als                    | so complete space | s below (see     | instructio | ons).                    | _            |                         |   | idential Ele            |         |             |
| Foreign country name                           | 10 0       | 13120                                      |                                    | Foreign provin    | ce/state/cou     | intv       | l F                      | oreign posta | 1                       | Check here if you, or jointly, want \$3 to go |                         |         | d. Checking |
| . o.o.g., oounu y numo                         |            |  |                                    | Toroign provin    | 00, 01010, 001   |            |                          | oroign pools |                         | a box be<br>refund.                           | elow will not cl        |         | Spouse      |
| Filing   | 1 [        | Single                                     |                                    | 7 7               |                  | 4          | Head of ho               |              |                         |   |                         |         |             |
| status   |            | Married filing join                        |                                    |                   |                  |            | If the qual              |              |                         |   | but not yo              | our dep | endent,     |
| Check only one box.                            | 3 [        | Married filing separa<br>full name here. ▶ | itely. Enter s                     | spouse's SSN      | above and        | 5          | enter this<br>Qualifying |              |                         |   | ine)                    |         |             |
| Exemptions                                     | 6a         |  | omeone c                           | an claim yo       | ou as a d        |            | , ,                      | . ,          |                         | )   | Boxes                   |         |             |
|  |            | box  | k 6a.                              |                   |                  | i          |                          |              |                         | }   | checked<br>6a and 6     | òb      | 2           |
|  | b          | X Spouse                                   |                                    |                   |                  |            |                          | 10.4         |                         |   | No. of c<br>on 6c w     |         |             |
|  | С          | Dependents:                                |                                    | (2) Depender      |                  |            | Dependent'               | S age 1      | if child<br>7 qualifyii | ng for  | nder<br>o for           |         |             |
| If more than six dependents, see               |            | (1) First name L                           | ast name                           | security n        | umber            | relati     | onship to y              |              | tax credit<br>struction |   | • did no                | live    |             |
| instructions.                                  |            |  |                                    |                   |                  |            |                          |              |                         |   | with you<br>divorce     |         |             |
|  |            |  |                                    |                   |                  |            |                          |              |                         |   | separati<br>instructi   |         |             |
|  |            |  |                                    |                   |                  |            |                          |              |                         |   | Depend                  | ents    |             |
|  |            |  |                                    |                   |                  |            |                          |              |                         |   | on 6c no<br>entered     |         |             |
|  |            |  |                                    |                   |                  |            |                          |              |                         |   | Add nun                 | nbers   |             |
|  | Ь          | Total number of e                          | xemntion                           | s claimed         |                  |            |                          |              |                         |   | on lines<br>above ▶     |         | 2           |
| Income   |            | TOTAL HATTISON OF C                        | хотприот                           | o olali i loai    |                  |            |                          |              |                         |   |                         |         |             |
| _  | _7_        | Wages, salaries, t                         | ips, etc. A                        | Attach Form       | (s) W-2.         |            |                          |              |                         | 7   | 53,                     | 120     |             |
| Attach<br>Form(s) W-2                          | 00         | Tavable interest                           | Attach Co                          | bodulo D if       | roquirod         |            |                          |              |                         | 00  |                         | CAE     |             |
| here. Also                                     | 8a<br>b    | Taxable interest.  Tax-exempt interest.    |                                    |                   |                  |            | b 1                      | ,000         |                         | 8a  |                         | 645     |             |
| attach<br>Form(s)                              | 9a         |  | ds. Attach Schedule B if required. |                   |                  |            |                          |              |                         | 302   |                         |         |             |
| 1099-R if tax                                  | b          | Qualified dividend                         | •                                  |                   |                  | 9          | b                        | 302          |                         | 4.0   |                         |         |             |
| was<br>withheld.                               | 10<br>11a  | Capital gain distri                        | butions (s                         | ee instructi      | ons).            | 11b        | Taxable                  | amount       |                         | 10  |                         |         |             |
| If you did not                                 |            | distributions.                             | 11a                                |                   |                  |            | (see inst                |              |                         | 11b   |                         |         |             |
| get a W-2, see instructions.                   | 12a        | Pensions and                               |                                    |                   |                  | 12b        | Taxable                  |              |                         |   |                         |         |             |
|  |            | annuities.                                 | 12a                                |                   |                  |            | (see inst                | ructions     | 5).                     | 12b   |                         |         | +           |
|  | 13         | Unemployment co                            | ompensat                           | ion and Ala       | ska Pern         | nanen      | nt Fund di               | ividends     |                         | 13  | 1.                      | 825     |             |
|  | 14a        | Social security                            |                                    |                   |                  | 14b        | Taxable                  |              |                         |   | ,                       |         |             |
|  |            | benefits.                                  | 14a                                |                   |                  |            | (see inst                | tructions    | s).                     | 14b   |                         |         |             |
|  | 15         | Add lines 7 through                        | gh 14b (fa                         | r right colur     | nn). This        | is yo      | ur <b>total i</b> ı      | ncome.       | <b>•</b>                | 15  | 55,                     | 892     |             |
| Adjusted                                       |            |  |                                    |                   |                  |            |                          |              |                         |   |                         |         |             |
| gross  | 16<br>17   | Educator expense<br>IRA deduction (see     |                                    |                   |                  |            | 6<br>7                   |              |                         |   |                         |         |             |
| income   | 18         | Student loan inter                         |                                    |                   | tructions        |            | 8                        |              |                         |   |                         |         |             |
|  |            |  |                                    | (                 | 2.70             |            |                          |              |                         |   |                         |         |             |
|  | 19         | Reserved for futu                          |                                    |                   |                  |            | 9                        |              |                         | 00  |                         |         |             |
|  | 20         | Add lines 16 throu                         | ign 19. If                         | iese are you      | ur total a       | aajust     | ments.                   |              |                         | 20  |                         |         | +           |
|  | 21         | Subtract line 20 fi                        | om line 1                          | 5. This is yo     | our <b>adjus</b> | sted g     | ross inc                 | ome.         | •                       | 21  | 55,                     | 892     |             |
| For Disclosure, F                              | Privacy    | Act, and Paperwo                           | rk Reducti                         | on Act Notic      | ce, see s        | eparat     | te instruct              | tions. Ca    | at. No. 1               | 1327A   | Form                    | 1040A   | (2017)      |

## Chapter 2 – Gross Income and Exclusions

### Comprehensive Problem 1, cont.

| Form 1040A (2                      | 2017)   |   |                            | Page 2                          |  |  |  |  |  |  |  |
|------------------------------------|---------|---|----------------------------|---------------------------------|--|--|--|--|--|--|--|
| Tax, credits,                      | 22      | Enter the amount from line 21 (adjusted gross income).  | 22                         | 55,892                          |  |  |  |  |  |  |  |
| and                                | 23a     | Check ∫  You were born before January 2, 1953,  Blind ↑ Total boxes   |                            | ,                               |  |  |  |  |  |  |  |
| payments                           |         | if:   | <u> </u>                   |                                 |  |  |  |  |  |  |  |
|                                    | k       | ,   | _                          |                                 |  |  |  |  |  |  |  |
| Standard Deduction                 |         | deductions, check here ▶ 23b  | Ш                          |                                 |  |  |  |  |  |  |  |
| for—                               | 24      | Enter your <b>standard deduction</b> .  | 24                         | 12,700                          |  |  |  |  |  |  |  |
| People who check any               | 25      | Subtract line 24 from line 22. If line 24 is more than line 22, enter -0  | 25                         | 43,192                          |  |  |  |  |  |  |  |
| box on line                        | 26      | <b>Exemptions.</b> Multiply \$4,050 by the number on line 6d.   | 26                         | 8,100                           |  |  |  |  |  |  |  |
| 23a or 23b <b>or</b><br>who can be | 27      | Subtract line 26 from line 25. If line 26 is more than line 25, enter -0  |                            | 0.5.000                         |  |  |  |  |  |  |  |
| claimed as a dependent,            |         | This is your taxable income.  | ▶ 27                       | 35,092                          |  |  |  |  |  |  |  |
| see instructions.                  | 28      | Tax, including any alternative minimum tax (see instructions). 28 4,284   |                            |                                 |  |  |  |  |  |  |  |
| All others:                        | 29      | Excess advance premium tax credit repayment. Attach   |                            |                                 |  |  |  |  |  |  |  |
| Single or                          |         | Form 8962. 29   |                            | 4.004                           |  |  |  |  |  |  |  |
| Married filing separately,         | 30      | Add lines 28 and 29.  | 30                         | 4,284                           |  |  |  |  |  |  |  |
| \$6,350                            | 31      | Credit for child and dependent care expenses. Attach  |                            |                                 |  |  |  |  |  |  |  |
| Married filing jointly or          | 20      | Form 2441. 31   | _                          |                                 |  |  |  |  |  |  |  |
| Qualifying widow(er),              | 32      | Credit for the elderly or the disabled. Attach  |                            |                                 |  |  |  |  |  |  |  |
| \$12,700                           | 22      | Schedule R. 32 Education credits from Form 8863, line 19. 33  | _                          |                                 |  |  |  |  |  |  |  |
| Head of household,                 | 33      |   | _                          |                                 |  |  |  |  |  |  |  |
| \$9,350                            | 35      | Retirement savings contributions credit. Attach Form 8880. 34  Child tax credit. Attach Schedule 8812, if required. 35  |                            |                                 |  |  |  |  |  |  |  |
|                                    | 36      | Add lines 31 through 35. These are your <b>total credits.</b>   | 36                         |                                 |  |  |  |  |  |  |  |
|                                    | 37      | Subtract line 36 from line 30. If line 36 is more than line 30, enter -0  | 37                         | 4,284                           |  |  |  |  |  |  |  |
|                                    | 38      | Health care: individual responsibility (see instructions). Full-year coverage   | X 38                       | 4,204                           |  |  |  |  |  |  |  |
|                                    | 39      | Add line 37 and line 38. This is your <b>total tax.</b>   | 39                         | 4,284                           |  |  |  |  |  |  |  |
|                                    | 40      | Federal income tax withheld from Forms W-2 and 1099. 40 5.005   |                            | 7,207                           |  |  |  |  |  |  |  |
|                                    | 41      | 2017 estimated tax payments and amount applied  | _                          |                                 |  |  |  |  |  |  |  |
| If you have a qualifying           | •       | from 2016 return.   |                            |                                 |  |  |  |  |  |  |  |
| child, attach                      | 428     |   |                            |                                 |  |  |  |  |  |  |  |
| Schedule EIC.                      | c       |   |                            |                                 |  |  |  |  |  |  |  |
| LIO.                               | 43      | Additional child tax credit. Attach Schedule 8812. 43   |                            |                                 |  |  |  |  |  |  |  |
|                                    | 44      | American opportunity credit from Form 8863, line 8. 44  |                            |                                 |  |  |  |  |  |  |  |
|                                    | 45      | Net premium tax credit. Attach Form 8962. 45  |                            |                                 |  |  |  |  |  |  |  |
|                                    | 46      | Add lines 40, 41, 42a, 43, 44, and 45. These are your total payments.   | ▶ 46                       | 5,005                           |  |  |  |  |  |  |  |
| Defined                            | 47      | If line 46 is more than line 39, subtract line 39 from line 46.   |                            |                                 |  |  |  |  |  |  |  |
| Refund                             |         | This is the amount you overpaid.  | 47                         | 721                             |  |  |  |  |  |  |  |
| Direct                             | 48a     | Amount of line 47 you want <b>refunded to you.</b> If Form 8888 is attached, check here   | <b>▶</b> □ 48a             | 721                             |  |  |  |  |  |  |  |
| deposit?<br>See<br>instructions    | ▶ k     | Routing   |                            |                                 |  |  |  |  |  |  |  |
| and fill in                        | . (     | Account Caracteristics  |                            |                                 |  |  |  |  |  |  |  |
| 48b, 48c,<br>and 48d or            |         | number  |                            |                                 |  |  |  |  |  |  |  |
| Form 8888.                         | 49      | Amount of line 47 you want applied to your  |                            |                                 |  |  |  |  |  |  |  |
|                                    |         | 2018 estimated tax. 49  |                            |                                 |  |  |  |  |  |  |  |
| Amount                             | 50      | Amount you owe. Subtract line 46 from line 39. For details on how to pay  |                            |                                 |  |  |  |  |  |  |  |
| you owe                            |         | see instructions.   | ▶ 50                       |                                 |  |  |  |  |  |  |  |
|                                    | 51      | Estimated tax penalty (see instructions). 51  |                            |                                 |  |  |  |  |  |  |  |
| Third party                        |         | Do you want to allow another person to discuss this return with the IRS (see instructions)? $\Box$ Ye   | s. Comple                  | te the following.               |  |  |  |  |  |  |  |
| designee                           |         | resignee's Phone Persor numbe no. ▶ numbe   | nal identifica<br>er (PIN) | tion                            |  |  |  |  |  |  |  |
|                                    | Ĺ       | Inder penalties of perjury, I declare that I have examined this return and accompanying schedules and staten  | nents, and to              | the best of my knowledg         |  |  |  |  |  |  |  |
| Sign                               | a<br>tl | nd belief, they are true, correct, and accurately list all amounts and sources of income I received during the nan the taxpayer) is based on all information of which the preparer has any knowledge. | tax year. De               | claration of preparer (other    |  |  |  |  |  |  |  |
| here                               |         | our signature Date Your occupation  | Daytime                    | phone number                    |  |  |  |  |  |  |  |
| Joint return?<br>See instructions. |         | Student   |                            |                                 |  |  |  |  |  |  |  |
| Кеер а сору                        |         | pouse's signature. If a joint return, <b>both</b> must sign.  Date  Spouse's occupation   |                            | sent you an Identity Protection |  |  |  |  |  |  |  |
| for your records.                  |         | Accountant  | PIN, enter<br>here (see    |                                 |  |  |  |  |  |  |  |
| Paid                               | F       | rint/Type preparer's name Preparer's signature Date   | Check ▶ [                  | if PTIN                         |  |  |  |  |  |  |  |
| preparer                           |         |   | self-emplo                 |                                 |  |  |  |  |  |  |  |
|                                    | F       | irm's name ▶  | Firm's EIN                 | <b>&gt;</b>                     |  |  |  |  |  |  |  |
| use only                           | F       | Firm's address ▶ Phone no.  |                            |                                 |  |  |  |  |  |  |  |

Comprehensive Problem 1, cont.

# Qualified Dividends and Capital Gain Tax Worksheet—Line 28 Keep for Your Records



| 1. Enter the amount from Form 1040A, line 27 2. Enter the amount from Form 1040A, line 9b 2. 302 3. Enter the amount from Form 1040A, line 10 3. 0  4. Add lines 2 and 3 5. Subtract line 4 from line 1. If zero or less, enter -0- 6. Enter the smaller of:  • The amount on line 1, or • \$37,950 if single or married filing separately, \$75,900 if married filing jointly or qualifying widow(er), or \$50,800 if head of household.  7. Enter the smaller of line 5 or line 6 8. Subtract line 7 from line 6. This amount is taxed at 0% 8. Subtract line 7 from line 6 or line 4 9. 302 10. Enter the amount from line 9 11. Subtract line 10 from line 9 12. Multiply line 11 by 15% (0.15) 13. Use the Tax Table to figure the tax on the amount on line 5. Enter the tax here 14. Add lines 12 and 13 15. Use the Tax Table to figure the tax on the amount on line 1. Enter the tax here 15. 4,329 16. Tax on all taxable income. Enter the smaller of line 14 or line 15 here and on Form 1040A, line 28 16. Tax on all taxable income. Enter the smaller of line 14 or line 15 here and on Form 1040A, line 28 16. Tax on all taxable income. Enter the smaller of line 14 or line 15 here and on Form 1040A, line 28 17. Tax on all taxable income. Enter the smaller of line 14 or line 15 here and on Form 1040A, line 28 | <b>Before you begin:</b> ✓ Be sure you do not have to file Form 1040 (see the Instructions for Form 1040A, line 10). |    |       |  |
|---|--|----|-------|--|
| 3. Enter the amount from Form 1040A, line 10  4. Add lines 2 and 3  5. Subtract line 4 from line 1. If zero or less, enter -0-  6. Enter the smaller of:  • The amount on line 1, or  • \$37,950 if single or married filing separately,  \$57,900 if married filing jointly or qualifying widow(er), or  \$50,800 if head of household.  7. Enter the smaller of line 5 or line 6  8. Subtract line 7 from line 6. This amount is taxed at 0%  9. Enter the smaller of line 1 or line 4  9. 302  10. Enter the amount from line 8  11. 0  12. Multiply line 11 by 15% (0.15)  13. Use the Tax Table to figure the tax on the amount on line 5. Enter the tax here  14. Add lines 12 and 13  15. Use the Tax Table to figure the tax on the amount on line 1. Enter the tax here  15. 4,329  16. Tax on all taxable income. Enter the smaller of line 14 or line 15 here and on Form 1040A,   | 1. Enter the amount from Form 1040A, line 27   |    |       |  |
| 4. Add lines 2 and 3  | 2. Enter the amount from Form 1040A, line 9b   |    |       |  |
| 5. Subtract line 4 from line 1. If zero or less, enter -0-  6. Enter the smaller of:  • The amount on line 1, or  • \$37,950 if single or married filing separately,  \$75,900 if married filing jointly or qualifying widow(er), or  \$50,800 if head of household.  7. Enter the smaller of line 5 or line 6  8. Subtract line 7 from line 6. This amount is taxed at 0%  9. Enter the smaller of line 1 or line 4  9. 302  10. Enter the amount from line 8  11. Subtract line 10 from line 9  12. Multiply line 11 by 15% (0.15)  13. Use the Tax Table to figure the tax on the amount on line 5. Enter the tax here  14. Add lines 12 and 13  15. Use the Tax Table to figure the tax on the amount on line 1. Enter the tax here  15. 4,329  16. Tax on all taxable income. Enter the smaller of line 14 or line 15 here and on Form 1040A,  | 3. Enter the amount from Form 1040A, line 10   |    |       |  |
| 6. Enter the smaller of:  | <b>4.</b> Add lines 2 and 3  |    |       |  |
| ● The amount on line 1, or       ● \$37,950 if single or married filing separately,       6. 35,092         \$75,900 if married filing jointly or qualifying widow(er), or       \$50,800 if head of household.         7. Enter the smaller of line 5 or line 6       7. 34,790         8. Subtract line 7 from line 6. This amount is taxed at 0%       8. 302         9. Enter the smaller of line 1 or line 4       9. 302         10. Enter the amount from line 8       10. 302         11. Subtract line 10 from line 9       11. 0         12. Multiply line 11 by 15% (0.15)       12. 0         13. Use the Tax Table to figure the tax on the amount on line 5. Enter the tax here       13. 4,284         14. Add lines 12 and 13       14. 4,284         15. Use the Tax Table to figure the tax on the amount on line 1. Enter the tax here       15. 4,329         16. Tax on all taxable income. Enter the smaller of line 14 or line 15 here and on Form 1040A,  | <b>5.</b> Subtract line 4 from line 1. If zero or less, enter -0-  |    |       |  |
| • \$37,950 if single or married filing separately, \$75,900 if married filing jointly or qualifying widow(er), or \$50,800 if head of household.  7. Enter the smaller of line 5 or line 6  7. 34,790  8. Subtract line 7 from line 6. This amount is taxed at 0%  8. 302  9. Enter the smaller of line 1 or line 4  9. 302  10. Enter the amount from line 8  11. 0  12. Multiply line 11 by 15% (0.15)  13. Use the Tax Table to figure the tax on the amount on line 5. Enter the tax here  14. Add lines 12 and 13  15. Use the Tax Table to figure the tax on the amount on line 1. Enter the tax here  16. Tax on all taxable income. Enter the smaller of line 14 or line 15 here and on Form 1040A,   | 6. Enter the smaller of:   |    |       |  |
| \$75,900 if married filing jointly or qualifying widow(er), or \$50,800 if head of household.  7. Enter the smaller of line 5 or line 6  8. Subtract line 7 from line 6. This amount is taxed at 0%  9. Enter the smaller of line 1 or line 4  9. 302  10. Enter the amount from line 8  11. 0  12. Multiply line 11 by 15% (0.15)  13. Use the Tax Table to figure the tax on the amount on line 5. Enter the tax here  14. Add lines 12 and 13  15. Use the Tax Table to figure the tax on the amount on line 1. Enter the tax here  15. 4,329  16. Tax on all taxable income. Enter the smaller of line 14 or line 15 here and on Form 1040A,  | · · · · · · · · · · · · · · · · · · ·  |    |       |  |
| \$50,800 if head of household.  7. Enter the smaller of line 5 or line 6  8. Subtract line 7 from line 6. This amount is taxed at 0%  9. Enter the smaller of line 1 or line 4  9. 302  10. Enter the amount from line 8  11. Subtract line 10 from line 9  12. Multiply line 11 by 15% (0.15)  13. Use the Tax Table to figure the tax on the amount on line 5. Enter the tax here  13. 4,284  14. Add lines 12 and 13  15. Use the Tax Table to figure the tax on the amount on line 1. Enter the tax here  15. 4,329  16. Tax on all taxable income. Enter the smaller of line 14 or line 15 here and on Form 1040A,   | • \$37,950 if single or married filing separately,  6  |    |       |  |
| 7. 34,790  8. Subtract line 7 from line 6. This amount is taxed at 0%  9. Enter the smaller of line 1 or line 4  9. 302  10. Enter the amount from line 8  10. 302  11. Subtract line 10 from line 9  12. Multiply line 11 by 15% (0.15)  13. Use the Tax Table to figure the tax on the amount on line 5. Enter the tax here  14. Add lines 12 and 13  15. Use the Tax Table to figure the tax on the amount on line 1. Enter the tax here  15. 4,329  16. Tax on all taxable income. Enter the smaller of line 14 or line 15 here and on Form 1040A,  |  |    |       |  |
| 8. Subtract line 7 from line 6. This amount is taxed at 0%       8.       302         9. Enter the smaller of line 1 or line 4       9.       302         10. Enter the amount from line 8       10.       302         11. Subtract line 10 from line 9       11.       0         12. Multiply line 11 by 15% (0.15)       12.       0         13. Use the Tax Table to figure the tax on the amount on line 5. Enter the tax here       13.       4,284         14. Add lines 12 and 13       14.       4,284         15. Use the Tax Table to figure the tax on the amount on line 1. Enter the tax here       15.       4,329         16. Tax on all taxable income. Enter the smaller of line 14 or line 15 here and on Form 1040A,       4.294   |  |    |       |  |
| 9. Enter the smaller of line 1 or line 4  9. 302  10. Enter the amount from line 8  11. Subtract line 10 from line 9  12. Multiply line 11 by 15% (0.15)  13. Use the Tax Table to figure the tax on the amount on line 5. Enter the tax here  13. 4,284  14. Add lines 12 and 13  15. Use the Tax Table to figure the tax on the amount on line 1. Enter the tax here  15. 4,329  16. Tax on all taxable income. Enter the smaller of line 14 or line 15 here and on Form 1040A,   |  |    |       |  |
| 10. Enter the amount from line 8  11. Subtract line 10 from line 9  12. Multiply line 11 by 15% (0.15)  13. Use the Tax Table to figure the tax on the amount on line 5. Enter the tax here  14. Add lines 12 and 13  15. Use the Tax Table to figure the tax on the amount on line 1. Enter the tax here  15. 4,329  16. Tax on all taxable income. Enter the smaller of line 14 or line 15 here and on Form 1040A,  | 8. Subtract line 7 from line 6. This amount is taxed at 0%   |    |       |  |
| 11. Subtract line 10 from line 9       11.       0         12. Multiply line 11 by 15% (0.15)       12.       0         13. Use the Tax Table to figure the tax on the amount on line 5. Enter the tax here       13.       4,284         14. Add lines 12 and 13       14.       4,284         15. Use the Tax Table to figure the tax on the amount on line 1. Enter the tax here       15.       4,329         16. Tax on all taxable income. Enter the smaller of line 14 or line 15 here and on Form 1040A,       4.284  | 9. Enter the smaller of line 1 or line 4   |    |       |  |
| 12. Multiply line 11 by 15% (0.15)       12.       0         13. Use the Tax Table to figure the tax on the amount on line 5. Enter the tax here       13.       4,284         14. Add lines 12 and 13       14.       4,284         15. Use the Tax Table to figure the tax on the amount on line 1. Enter the tax here       15.       4,329         16. Tax on all taxable income. Enter the smaller of line 14 or line 15 here and on Form 1040A,       4,324   | <b>10.</b> Enter the amount from line 8  |    |       |  |
| 13. Use the Tax Table to figure the tax on the amount on line 5. Enter the tax here  13. 4,284  14. Add lines 12 and 13  15. Use the Tax Table to figure the tax on the amount on line 1. Enter the tax here  15. 4,329  16. Tax on all taxable income. Enter the smaller of line 14 or line 15 here and on Form 1040A,   | <b>11.</b> Subtract line 10 from line 9  |    |       |  |
| 14. Add lines 12 and 13  15. Use the Tax Table to figure the tax on the amount on line 1. Enter the tax here  15. Use the Tax Table income. Enter the smaller of line 14 or line 15 here and on Form 1040A,   | <b>12.</b> Multiply line 11 by 15% (0.15)  | 12 | 0     |  |
| 15. Use the Tax Table to figure the tax on the amount on line 1. Enter the tax here  15. Use the Tax Table to figure the tax on the amount on line 1. Enter the tax here  15. 4,329  16. Tax on all taxable income. Enter the smaller of line 14 or line 15 here and on Form 1040A,   | 13. Use the Tax Table to figure the tax on the amount on line 5. Enter the tax here                                  | 13 | 4,284 |  |
| 16. Tax on all taxable income. Enter the smaller of line 14 or line 15 here and on Form 1040A,  | <b>14.</b> Add lines 12 and 13   | 14 | 4,284 |  |
| 1 00 A  | 15. Use the Tax Table to figure the tax on the amount on line 1. Enter the tax here                                  | 15 | 4,329 |  |
|   |  | 16 | 4,284 |  |

<sup>\*</sup> Note: This worksheet does not apply for high-income tax payers under the ACA or ATRA provisions (See LO 1.9).

# Chapter 2 – Gross Income and Exclusions

### Comprehensive Problem 2A

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| <b>1040</b>                      |           | ent of the Treasury—Internal Re<br>Individual Inco |                     | (99)<br>eturn                  | <b>2017</b>              | OMB      | No. 1545-0074                   | IRS Use On              | ly—Do           | o not write or staple in this                              | s space.  |
|----------------------------------|-----------|--|---------------------|--------------------------------|--------------------------|----------|---------------------------------|-------------------------|-----------------|--|-----------|
| For the year Jan. 1-Dec.         |           | , or other tax year beginning                      |                     | 1                              | , 2017, ending           |          | , 2                             | 20                      | See             | e separate instruction                                     | ons.      |
| Your first name and in           | nitial    |  | Last name           |                                |                          |          |                                 |                         | Υοι             | ır social security num                                     | nber      |
| Ray                              |           |  | Gomez               |                                |                          |          |                                 |                         | 4               | 169 21 5523  |           |
| If a joint return, spous         | e's first | name and initial                                   | Last name           |                                |                          |          |                                 |                         | Spo             | use's social security nu                                   | umber     |
| Maria                            |           |  | Gomez               |                                |                          |          |                                 |                         | 4               | 144   65   9912  |           |
| Home address (numb               | er and s  | treet). If you have a P.O. b                       | ox, see instruction | ons.                           |                          |          |                                 | Apt. no.                | A               | Make sure the SSN(s)                                       | above     |
| 1610 Quince A                    |           | end ZIP code. If you have a for                    | oian addross, also  | complete spar                  | oos holow (soo ins       | truction |                                 |                         |                 | and on line 6c are co                                      | orrect.   |
| **                               |           | id Zir code. II you liave a loi                    | eigii audiess, aiso | Complete spat                  | ses neiow (see ii is     | uctions  | 5).                             |                         |                 | residential Election Carr<br>k here if you, or your spouse |           |
| McAllen, TX Foreign country name |           |  | 1.                  | ian nrovin                     | ce/state/county          |          | - Eoroign                       | oostal code             |                 | , want \$3 to go to this fund.                             |           |
| Toreign country hame             |           |  |                     | -oreign provin                 | Ce/state/county          |          | Toreign                         | Jostal Code             | a box<br>refund | below will not change your td. X You X                     |           |
| Filing Status                    | 1         | Single   |                     | 40.0                           | 4                        | □ He     | ead of household                | (with qualify           | ying p          | erson). (See instruction                                   | ns.)      |
|                                  |           | Married filing jointly                             |                     |                                | 1                        |          |                                 |                         | d but           | not your dependent, er                                     | nter this |
| Check only one                   | 3         | Married filing separa                              |                     | ouse's SSN                     |                          |          | ild's name here.                |                         |                 | , ,  |           |
| oox.                             |           | and full name here.                                |                     |                                | 5                        |          | ualifying widow                 | (er) (see in:           | struc           |  |           |
| Exemptions                       | 6a        | X Yourself. If some                                |                     |                                |                          |          |                                 |                         | . }             | Boxes checked<br>on 6a and 6b                              | 2         |
| -                                | b         | 7.   |                     |                                |                          |          |                                 |                         | <u>.</u> )      | No. of children on 6c who:                                 |           |
|                                  | С         | Dependents:  | oppiol              | Dependent's<br>security number | (3) Deper<br>relationshi |          | (4) ✓ if child qualifying for c | hild tax credit         |                 | • lived with you   |           |
|                                  | (1) First | name Last name                                     | Social              | :                              | Telauolisiii             | o to you | (see instr                      | uctions)                | Ц_              | did not live with<br>you due to divorce                    |           |
| f more than four                 |           |  |                     |                                |                          |          |                                 | ]                       |                 | or separation<br>(see instructions)                        |           |
| dependents, see                  |           |  |                     |                                |                          |          |                                 | ]                       | _               | Dependents on 6c   |           |
| nstructions and                  |           |  |                     |                                |                          |          | -                               | <u>]</u><br>]           | _               | not entered above  | =         |
| check here ►                     | d         | Total number of exem                               | ntions claimed      | <u>:</u>                       |                          |          |                                 | J                       | _               | Add numbers on lines above ▶                               | 2         |
| -                                | 7         | Wages, salaries, tips,                             |                     |                                | · · · ·                  | • •      |                                 | · · ·                   | 7               | 62,501   | =         |
| Income                           | ,<br>8а   | Taxable interest. Atta                             |                     | . ,                            |                          |          |                                 | -                       | ,<br>8а         | 652  |           |
|                                  | b         | Tax-exempt interest.                               |                     |                                | 8                        | b        |                                 |                         |                 | 002  |           |
| Attach Form(s)                   | 9a        | Ordinary dividends. At                             |                     |                                |                          |          |                                 |                         | 9a              |  |           |
| W-2 here. Also<br>attach Forms   | b         | •  |                     | •                              | 9                        | b        |                                 |                         |                 |  |           |
| W-2G and                         | 10        | Taxable refunds, cred                              |                     |                                | local income t           | axes     |                                 |                         | 10              |  |           |
| 1099-R if tax                    | 11        | Alimony received .                                 |                     |                                |                          |          |                                 | [                       | 11              |  |           |
| was withheld.                    | 12        | Business income or (lo                             | oss). Attach Sc     | chedule C or                   | C-EZ                     |          |                                 | [                       | 12              |  |           |
|                                  | 13        | Capital gain or (loss).                            | Attach Schedu       | ıle D if requi                 | red. If not requ         | uired, c | check here                      |                         | 13              |  |           |
| f you did not<br>get a W-2,      | 14        | Other gains or (losses                             | ). Attach Form      | 4797                           |                          |          |                                 |                         | 14              |  |           |
| see instructions.                | 15a       | IRA distributions .                                | 15a                 |                                | b 7                      | Taxable  | amount .                        |                         | 15b             |  |           |
|                                  | 16a       | Pensions and annuities                             | 16a                 |                                | b 7                      | Taxable  | amount .                        | 🗠                       | 16b             |  |           |
|                                  | 17        | Rental real estate, roy                            | alties, partners    | ships, S corp                  | oorations, trus          | ts, etc. | Attach Sched                    | lule E                  | 17              |  |           |
|                                  | 18        | Farm income or (loss).                             |                     | lule F                         |                          |          |                                 |                         | 18              |  |           |
|                                  | 19        | Unemployment comp                                  |                     |                                | · · · · ·                |          |                                 | _                       | 19              |  | $\vdash$  |
|                                  | 20a       | Social security benefits                           |                     |                                | b                        |          | amount .                        |                         | 20b             | 2 000  |           |
|                                  | 21<br>22  | Other income. List typ<br>Combine the amounts in   |                     |                                | 7 through 21 T           |          | ttery winnin                    | 99                      | 21<br>22        | 3,800  |           |
|                                  | 23        |  |                     |                                |                          |          | our total moon                  |                         |                 | 66,953   |           |
| Adjusted                         | 24        | Certain business expens                            | es of reservists    |                                |                          |          |                                 |                         |                 |  |           |
| Gross                            |           | fee-basis government off                           | ,                   |                                |                          | 4        |                                 |                         |                 |  |           |
| Income                           | 25        | Health savings accour                              |                     |                                |                          |          |                                 |                         |                 |  |           |
|                                  | 26        | Moving expenses. Att                               |                     |                                |                          | 6        |                                 |                         |                 |  |           |
|                                  | 27        | Deductible part of self-e                          | mployment tax.      | Attach Sched                   | dule SE . 2              | 7        |                                 |                         |                 |  |           |
|                                  | 28        | Self-employed SEP, S                               | IMPLE, and qu       | ualified plan                  | s <b>2</b>               | 8        |                                 |                         |                 |  |           |
|                                  | 29        | Self-employed health                               | insurance ded       | uction .                       | 2                        | 9        |                                 |                         |                 |  |           |
|                                  | 30        | Penalty on early withd                             |                     |                                |                          | 0        |                                 |                         |                 |  |           |
|                                  | 31a       | Alimony paid <b>b</b> Recip                        |                     |                                |                          |          | 5,400                           |                         |                 |  |           |
|                                  | 32        | IRA deduction                                      |                     |                                |                          |          |                                 | $\perp \perp \parallel$ |                 |  |           |
|                                  | 33        | Student loan interest of                           |                     |                                |                          |          |                                 |                         |                 |  |           |
|                                  | 34        | Reserved for future us                             |                     |                                |                          | _        |                                 |                         |                 |  |           |
|                                  | 35        | Domestic production ac                             |                     |                                |                          |          |                                 |                         |                 | F 400  |           |
|                                  | 36        | Add lines 23 through 3                             |                     |                                |                          |          |                                 | . –                     | 36              | 5,400  | $\vdash$  |
| For Diools Del                   | 37        | Subtract line 36 from                              |                     |                                |                          |          |                                 |                         | 37              | 61,553<br>Form <b>1040</b>                                 | (2017)    |
| or Disclosure, Pri               | vacy A    | ct, and Paperwork Re                               | uuction Act N       | once, see s                    | separate mistr           | uction   | o. Cat                          | . No. 11320             | ıD              | 101111 1040  | (2017)    |

### Comprehensive Problem 2A, cont.

| Form 1040 (2017               | )          |  |                      | Page 2                              |
|-------------------------------|------------|--|----------------------|-------------------------------------|
|                               | 38         | Amount from line 37 (adjusted gross income)  | 38                   | 61,553                              |
| Tax and                       | 39a        | Check \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \  |                      |                                     |
|                               |            | if: Spouse was born before January 2, 1953, ☐ Blind. checked ▶ 39a   |                      |                                     |
| Credits                       | b          | If your spouse itemizes on a separate return or you were a dual-status alien, check here▶ 39b□   |                      |                                     |
| Standard                      | 40         | Itemized deductions (from Schedule A) or your standard deduction (see left margin)   | 40                   | 12,700                              |
| Deduction<br>for—             | 41         | Subtract line 40 from line 38  | 41                   | 48.853                              |
| People who                    | 42         | <b>Exemptions.</b> If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions   | 42                   | 8,100                               |
| check any<br>box on line      | 43         | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-  | 43                   | 40.753                              |
| 39a or 39b <b>or</b>          | 44         | Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c  | 44                   | 5,184                               |
| who can be claimed as a       | 45         | Alternative minimum tax (see instructions). Attach Form 6251   | 45                   |                                     |
| dependent,<br>see             | 46         | Excess advance premium tax credit repayment. Attach Form 8962  | 46                   |                                     |
| instructions.                 | 47         | Add lines 44, 45, and 46   | 47                   | 5,184                               |
| All others: Single or         | 48         | Foreign tax credit. Attach Form 1116 if required   |                      |                                     |
| Married filing                | 49         | Credit for child and dependent care expenses. Attach Form 2441 49  |                      |                                     |
| separately, \$6,350           | 50         | Education credits from Form 8863, line 19  |                      |                                     |
| Married filing                | 51         | Retirement savings contributions credit. Attach Form 8880 51   |                      |                                     |
| jointly or<br>Qualifying      | 52         | Child tax credit. Attach Schedule 8812, if required 52   |                      |                                     |
| widow(er),<br>\$12,700        | 53         | Residential energy credit. Attach Form 5695 53   |                      |                                     |
| Head of                       | 54         | Other credits from Form: a 3800 b 8801 c 54  |                      |                                     |
| household,<br>\$9,350         | 55         | Add lines 48 through 54. These are your total credits  | 55                   |                                     |
| +5,555                        | 56         | Subtract line 55 from line 47. If line 55 is more than line 47, enter -0   | 56                   | 5,184                               |
|                               | 57         | Self-employment tax. Attach Schedule SE  | 57                   |                                     |
| Other                         | 58         | Unreported social security and Medicare tax from Form: a 4137 b 8919   | 58                   |                                     |
| Taxes                         | 59         | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required  | 59                   |                                     |
| Taxes                         | 60a        | Household employment taxes from Schedule H   | 60a                  |                                     |
|                               | b          | First-time homebuyer credit repayment. Attach Form 5405 if required  | 60b                  |                                     |
|                               | 61         | Health care: individual responsibility (see instructions) Full-year coverage 🛛   | 61                   |                                     |
|                               | 62         | Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)  | 62                   |                                     |
|                               | 63         | Add lines 56 through 62. This is your <b>total tax</b>   | 63                   | 5,184                               |
| <b>Payments</b>               | 64         | Federal income tax withheld from Forms W-2 and 1099 64 9,050   |                      |                                     |
| If you have a                 | 65         | 2017 estimated tax payments and amount applied from 2016 return 65   |                      |                                     |
| qualifying                    | 66a        | Earned income credit (EIC)   |                      |                                     |
| child, attach                 | b          | Nontaxable combat pay election 66b   |                      |                                     |
| Schedule EIC.                 | 67         | Additional child tax credit. Attach Schedule 8812 67   |                      |                                     |
|                               | 68         | American opportunity credit from Form 8863, line 8 68  |                      |                                     |
|                               | 69         | Net premium tax credit. Attach Form 8962   |                      |                                     |
|                               | 70         | Amount paid with request for extension to file   |                      |                                     |
|                               | 71         | Excess social security and tier 1 RRTA tax withheld  |                      |                                     |
|                               | 72         | Credit for federal tax on fuels. Attach Form 4136  |                      |                                     |
|                               | 73         | Credits from Form: a 2439 b Reserved c 8885 d 73   | 74                   | 9,050                               |
| Defund                        | 74         | Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>   | 74                   | 3,866                               |
| Refund                        | 75<br>76a  | If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b> Amount of line 75 you want <b>refunded to you.</b> If Form 8888 is attached, check here | 75<br>76a            | 3,866                               |
| Discoulation 175              | /oa<br>▶ b |  | rua                  | 3,000                               |
| Direct deposit?<br>See        | ► d        | Routing number C Type: Checking Savings  Account number  |                      |                                     |
| instructions.                 | 77         | Amount of line 75 you want applied to your 2018 estimated tax ▶ 77   |                      |                                     |
| Amount                        | 78         | Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions   | 78                   |                                     |
| You Owe                       | 79         | Estimated tax penalty (see instructions)   | 10                   |                                     |
| Third Party                   | Do         | you want to allow another person to discuss this return with the IRS (see instructions)?   | Com                  | plete below. No                     |
| Designee                      |            | signee's Phone Personal identi<br>ne ▶ no. ▶ number (PIN)  | ficatio              | n                                   |
| Cian                          |            | ne no. number (PIN) enalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowled                                   | ge and h             | belief, they are true, correct, and |
| Sign<br>Here                  |            | ly list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all inform   |                      |                                     |
| Joint return? See             | You        | ur signature Date Your occupation  | Daytin               | me phone number                     |
| instructions.                 | <b>—</b>   | Salesperson  |                      |                                     |
| Keep a copy for your records. | Spo        |  | If the IF<br>PIN, en | RS sent you an Identity Protection  |
| your records.                 |            | Clerk  |                      | ee inst.)                           |
| Paid                          | Prir       | nt/Type preparer's name  | Check                | k 🔲 if PTIN                         |
| Preparer                      |            |  |                      | mployed                             |
| Use Only                      |            |  |                      | s EIN ▶                             |
|                               |            |  | Phone                |                                     |
| Go to www.irs.a               | ov/Form    | n1040 for instructions and the latest information.   |                      | Form <b>1040</b> (2017              |

# Chapter 2 – Gross Income and Exclusions

## Comprehensive Problem 2B

48

| For the year Jan. 1-Dec.                 |            | Individual Incor                                   |                 |  | , 2017, e      | ending                | OMB No. 1    |           | , 20                              | See        | e sepa    | arate instru   | ction    | <br>1S. |
|--|------------|--|-----------------|--|----------------|-----------------------|--------------|-----------|-----------------------------------|------------|-----------|--|----------|---------|
| Your first name and in                   |            | , , , , ,  | Last name       |  |                |                       |              |           |                                   | You        | ır soci   | al security  | numb     | er      |
| Carl                                     |            |  |                 | Conch                                    |                |                       |              |           |                                   | 1          | 335       | 21   54  | 23       |         |
| If a joint return, spous                 | se's first | name and initial                                   | Last name       |  |                |                       |              |           |                                   | 1 -        |           | social securit   | -        | nber    |
| Mary                                     |            |  |                 | Duval                                    |                |                       |              |           |                                   | (          | 633       | 65   79  | 12       |         |
| Home address (numb                       |            | treet). If you have a P.O. bo                      | ox, see instru  | ictions.                                 |                |                       |              |           | Apt. no.                          |            |           | sure the SS<br>on line 6c ar   |          |         |
| City, town or post office<br>Key West, F |            | nd ZIP code. If you have a fore                    | eign address, a | also complete sp                         | aces below (s  | ee instri             | uctions).    | ·         |                                   | Chec       | k here if | tial Election  | ouse if  | filing  |
| Foreign country name                     | Э          |  |                 | Foreign prov                             | rince/state/co | ounty                 |              | Fore      | ign postal co                     |            | below v   | 3 to go to this for the standard of the standa | our tax  | x or    |
| Filing Status                            | 1 [        | Single   |                 |  |                | 4                     | Head of      | house     | nold (with qu                     | alifying p | erson)    | . (See instruc   | tions.   | .)      |
|  | 2          | X Married filing jointly                           | even if only    | y one had inc                            | ome)           |                       | If the qu    | alifying  | person is a                       | child but  | not yo    | ur dependen  | t, ent   | er this |
| Check only one                           | 3 [        | Married filing separa                              |                 | spouse's SSI                             | N above        | IJ.                   | child's r    |           |                                   |            |           |  |          |         |
| oox.                                     |            | and full name here.                                |                 |  |                | 5 [                   |              |           | low(er) (see                      | instruc    |           |  |          |         |
| Exemptions                               | 6a         | X Yourself. If some                                |                 | im you as a d                            | ependent,      | do no                 | t check bo   | ox 6a     |                                   | }          |           | es checked<br>a and 6b   |          | 2       |
| -  | b          | X Spouse   |                 |  |                |                       |              |           |                                   | J          |           | of children  | -        |         |
|  | С          | Dependents:  | 90              | (2) Dependent's<br>ocial security number |                | Depende<br>tionship t | CIIL 3       | ualifying | hild under age<br>for child tax c |            |           | ic who:<br>ed with you   |          |         |
|  | (1) First  | name Last name                                     | 30              | iciai security riumi                     | Jei leiai      | ionsiip t             | .o you       | (see      | instructions)                     | ┸_         |           | I not live with<br>due to divor  |          |         |
| f more than four                         |            |  |                 |  |                |                       |              |           | <u> </u>                          | _          | or se     | eparation instructions   |          |         |
| dependents, see                          |            |  |                 |  |                |                       |              |           | <u> </u>                          |            |           | endents on 6   | _        |         |
| nstructions and                          |            |  |                 |  |                |                       |              |           | $\vdash$                          | _          | not e     | entered abov   | e _      |         |
| check here ►                             | d          | Total number of exem                               | ntions claim    | ned                                      |                |                       |              |           |                                   |            |           | numbers of above   | n        | 2       |
| ·  | 7          | Wages, salaries, tips,                             |                 |  |                |                       |              | •         |                                   | 7          | mie       | 67,68  | <u> </u> | _       |
| ncome                                    | 8a         | Taxable interest. Attac                            |                 |  | ٠              |                       |              |           |                                   | 8a         |           | 35   |          |         |
|  | b          | Tax-exempt interest.                               |                 |  |                | 1                     | 1            | •         |                                   | oa         |           | 00   |          |         |
| Attach Form(s)                           | 9a         | Ordinary dividends. At                             |                 |  |                |                       |              |           |                                   | 9a         |           | 21:  | 2        |         |
| N-2 here. Also                           | b          | •  |                 |  |                | 9b                    |              | •         | 0                                 | - Ou       |           |  | _        |         |
| attach Forms<br>W-2G and                 | 10         | Taxable refunds, credi                             |                 |  |                | _                     |              |           |                                   | 10         |           |  |          |         |
| 1099-R if tax                            | 11         | Alimony received .                                 |                 |  |                |                       |              |           |                                   | 11         |           |  | $\dashv$ |         |
| was withheld.                            | 12         | Business income or (lo                             |                 |  |                |                       |              |           |                                   | 12         |           |  |          |         |
|  | 13         | Capital gain or (loss).                            | ,               |  |                |                       |              |           |                                   | 13         |           |  | T        |         |
| f you did not                            | 14         | Other gains or (losses)                            |                 |  |                |                       |              |           |                                   | 14         |           |  |          |         |
| get a W-2,<br>see instructions.          | 15a        | IRA distributions .                                | 15a             |  |                |                       | xable amo    |           |                                   | 15b        |           |  |          |         |
| see instructions.                        | 16a        | Pensions and annuities                             | 16a             |  |                | <b>b</b> Ta           | xable amo    | unt       |                                   | 16b        |           |  |          |         |
|  | 17         | Rental real estate, roya                           | alties, partn   | erships, S co                            | rporations,    | , trusts              | s, etc. Atta | ch Scl    | nedule E                          | 17         |           |  |          |         |
|  | 18         | Farm income or (loss).                             | Attach Sch      | nedule F                                 |                |                       |              |           |                                   | 18         |           |  |          |         |
|  | 19         | Unemployment compe                                 | ensation .      |  | 4 - 4          |                       |              |           |                                   | 19         |           | 2,75   | õ        |         |
|  | 20a        | Social security benefits                           | 20a             |  |                | <b>b</b> Ta           | xable amo    |           |                                   | 20b        |           |  |          |         |
|  | 21         | Other income. List typ                             |                 |  |                |                       | Raffle       |           |                                   | 21         |           | 75   | _        |         |
|  | 22         | Combine the amounts in                             |                 |  |                | _                     |              | otal inc  | ome 🕨                             | 22         |           | 71,75  | 3        |         |
| Adjusted                                 | 23         | Educator expenses                                  |                 |  |                | 23                    |              |           |                                   |            |           |  |          |         |
| Gross                                    | 24         | Certain business expense                           |                 |  |                |                       |              |           |                                   |            |           |  |          |         |
| ncome                                    | 05         | fee-basis government off                           |                 |  |                | 24                    |              |           |                                   |            |           |  |          |         |
|  | 25         | Health savings accour                              |                 |  |                | 25                    | _            |           |                                   | -          |           |  |          |         |
|  | 26         | Moving expenses. Atta                              |                 |  |                | 26                    |              |           |                                   |            |           |  |          |         |
|  | 27<br>28   | Deductible part of self-en<br>Self-employed SEP, S |                 |  |                | 27                    |              |           |                                   |            |           |  |          |         |
|  | 29         | Self-employed health                               |                 |  |                | 29                    |              |           |                                   |            |           |  |          |         |
|  | 30         | Penalty on early withd                             |                 |  |                | 30                    |              |           |                                   |            |           |  |          |         |
|  | 31a        | Alimony paid <b>b</b> Recip                        |                 |  | :              | 31a                   |              |           |                                   |            |           |  |          |         |
|  | 32         | IRA deduction                                      |                 |  |                | 32                    |              |           |                                   |            |           |  |          |         |
|  | 33         | Student loan interest of                           |                 |  |                | 33                    |              |           |                                   |            |           |  |          |         |
|  | 34         | Reserved for future us                             |                 |  |                | 34                    |              |           |                                   |            |           |  |          |         |
|  | 35         | Domestic production ac                             |                 |  |                | 35                    |              |           |                                   |            |           |  |          |         |
|  | 36         | Add lines 23 through 3                             |                 |  |                |                       |              |           |                                   | 36         |           |  |          |         |
|  | 37         | Subtract line 36 from I                            |                 |  |                |                       | ne           |           |                                   | 37         |           | 71,75  | 3        |         |
| Can Diaglacona Dei                       | waav A     | ct, and Paperwork Red                              | luction Ac      | t Notice see                             | separate       | inetru                | ctions       |           | Cat. No. 11                       | 320B       |           | Form 10  |          | (2017)  |

## Comprehensive Problem 2B, cont.

| Form 1040 (201                   | 7)        |   |           | Pa   | age <b>2</b> |
|----------------------------------|-----------|---|-----------|--|--------------|
|                                  | 38        | Amount from line 37 (adjusted gross income)   | 38        | 71.753   |              |
| Tax and                          | 39a       | Check You were born before January 2, 1953, Blind. Total boxes  |           |  |              |
|                                  |           | if: Spouse was born before January 2, 1953, ☐ Blind. Checked ▶ 39a  |           |  |              |
| Credits                          | b         | If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b  |           |  |              |
| Standard                         | 40        | Itemized deductions (from Schedule A) or your standard deduction (see left margin)  | 40        | 12,700   |              |
| Deduction<br>for—                | 41        | Subtract line 40 from line 38   | 41        | 59,053   |              |
| People who                       | 42        | <b>Exemptions.</b> If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions  | 42        | 8,100  |              |
| check any<br>box on line         | 43        | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-   | 43        | 50.953   |              |
| 39a or 39b <b>or</b>             | 44        | Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c   | 44        | 6.714  |              |
| who can be claimed as a          | 45        | Alternative minimum tax (see instructions). Attach Form 6251  | 45        |  |              |
| dependent,<br>see                | 46        | Excess advance premium tax credit repayment. Attach Form 8962   | 46        |  |              |
| instructions.                    | 47        | Add lines 44, 45, and 46  | 47        | 6,714  |              |
| All others:     Single or        | 48        | Foreign tax credit. Attach Form 1116 if required  |           |  |              |
| Single or<br>Married filing      | 49        | Credit for child and dependent care expenses. Attach Form 2441  |           |  |              |
| separately,<br>\$6,350           | 50        | Education credits from Form 8863, line 19   |           |  |              |
| Married filing                   | 51        | Retirement savings contributions credit. Attach Form 8880 51  |           |  |              |
| jointly or<br>Qualifying         | 52        | Child tax credit. Attach Schedule 8812, if required 52  |           |  |              |
| widow(er),<br>\$12,700           | 53        | Residential energy credit. Attach Form 5695 53  |           |  |              |
| Head of                          | 54        | Other credits from Form: a 3800 b 8801 c 54   |           |  |              |
| household,<br>\$9,350            | 55        | Add lines 48 through 54. These are your total credits   | 55        |  |              |
| Ψ5,000                           | 56        | Subtract line 55 from line 47. If line 55 is more than line 47, enter -0  | 56        | 6,714  |              |
|                                  | 57        | Self-employment tax. Attach Schedule SE   | 57        |  |              |
| Other                            | 58        | Unreported social security and Medicare tax from Form: <b>a</b> $\square$ 4137 <b>b</b> $\square$ 8919  | 58        |  |              |
| Taxes                            | 59        | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required   | 59        |  |              |
| Taxes                            | 60a       | Household employment taxes from Schedule H  | 60a       |  |              |
|                                  | b         | First-time homebuyer credit repayment. Attach Form 5405 if required   | 60b       |  |              |
|                                  | 61        | Health care: individual responsibility (see instructions) Full-year coverage 🔀  | 61        |  |              |
|                                  | 62        | Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)   | 62        |  |              |
|                                  | 63        | Add lines 56 through 62. This is your total tax   | 63        | 6,714  |              |
| <b>Payments</b>                  | 64        | Federal income tax withheld from Forms W-2 and 1099 64 7,864  |           |  |              |
|                                  | 65        | 2017 estimated tax payments and amount applied from 2016 return 65  |           |  |              |
| If you have a qualifying         | 66a       | Earned income credit (EIC)  |           |  |              |
| child, attach                    | b         | Nontaxable combat pay election 66b  |           |  |              |
| Schedule EIC.                    | 67        | Additional child tax credit. Attach Schedule 8812 67  |           |  |              |
|                                  | 68        | American opportunity credit from Form 8863, line 8 68   |           |  |              |
|                                  | 69        | Net premium tax credit. Attach Form 8962 69   |           |  |              |
|                                  | 70        | Amount paid with request for extension to file  |           |  |              |
|                                  | 71        | Excess social security and tier 1 RRTA tax withheld   |           |  |              |
|                                  | 72        | Credit for federal tax on fuels. Attach Form 4136   |           |  |              |
|                                  | 73        | Credits from Form: a 2439 b Reserved c 8885 d 73  |           |  |              |
|                                  | 74        | Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>  | 74        | 7,864  |              |
| Refund                           | 75        | If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>  | 75        | 1,150  |              |
|                                  | 76a       | Amount of line 75 you want <b>refunded to you.</b> If Form 8888 is attached, check here   | 76a       | 1,150  |              |
| Direct deposit?                  |           | Routing number  |           |  |              |
| See instructions.                |           | Account number  |           |  |              |
|                                  | 77        | Amount of line 75 you want applied to your 2018 estimated tax ▶ 77  |           |  |              |
| Amount<br>You Owe                | 78        | Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions  | 78        |  |              |
|                                  | 79        | Estimated tax penalty (see instructions)  | Committee | lata halaw                                     | la.          |
| Third Party                      | ,         | o you want to allow another person to discuss this return with the IRS (see instructions)? Yes esignee's Phone Personal iden  |           |  | No           |
| Designee                         |           | me ► no. ► number (PIN)   | inoution  | <b>•</b>                                       |              |
| Sign                             |           | penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge.  |           |  |              |
| Here                             |           | tely list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all infon<br>our signature Date Your occupation | 1         | which preparer has any knov<br>ne phone number | wieage.      |
| Joint return? See                |           | Pie Maker   | Dayun     | ie priorie riuribei                            |              |
| instructions.                    | Sn        | pouse's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation   | If the IR | S sent you an Identity Protect                 | ction        |
| Keep a copy for<br>your records. | J Sp      | Homemaker   | PIN, ent  | ter it   | CHOIL        |
| -                                | Pri       | int/Type preparer's name  | here (se  | e inst.)                                       |              |
| Paid                             | FII       | Tropard 5 Syridium  |           | if FIIN  |              |
| Preparer                         |           |   |           |  |              |
| Use Only                         |           | m's name  | Firm's    |  |              |
| Go to want ire                   |           | m's address ► m1040 for instructions and the latest information.  | Phone     | Form <b>1040</b> (                             | (2017)       |
| JU 10 00 00 00 11 3.             | 90111 011 |   |           | 1 01111 10-10                                  | (            |

# **Key Number Tax Return Summary**

# Chapter 2

### **Comprehensive Problem 1**

| Adjusted Gross Income (Line 21) | 55,892 |
|---------------------------------|--------|
| Taxable Income (Line 27)        | 35,092 |
| Total Tax (Line 39)             | 4,284  |
| Amount Overpaid (Line 47)       | 721    |

### **Comprehensive Problem 2A**

| Adjusted Gross Income (Line 37) | 61,553 |
|---------------------------------|--------|
| Taxable Income (Line 43)        | 40,753 |
| Total Tax (Line 63)             | 5,184  |
| Amount Overpaid (Line 75)       | 3,866  |

## **Comprehensive Problem 2B**

| Adjusted Gross Income (Line 37) | 71,753 |
|---------------------------------|--------|
| Taxable Income (Line 43)        | 50,953 |
| Total Tax (Line 63)             | 6,714  |
| Amount Overpaid (Line 75)       | 1,150  |

### Chapter Two Gross Income and Exclusions

#### **Learning Objective 2.1** The Nature of Gross Income

Gross income is the initial point of tax computation and is composed of the following items:

- 1. Compensation for services, including fees, commissions, fringe benefits, and similar items
- 2. Gross income derived from business
- 3. Gains derived from dealings in property
- 4. Interest
- 5. Rents
- 6. Royalties
- 7. Dividends
- 8. Alimony and separate maintenance payments
- 9. Annuities
- 10. Income from life insurance and endowment contracts
- 11. Pensions
- 12. Income from discharge of indebtedness
- 13. Distributive share of partnership gross income
- 14. Income in respect of a decedent
- 15. Income from an interest in an estate or trust

The general rule is that "all income from whatever source derived" must be included in gross income unless specifically excluded.

- Noncash items should be reported at a fair market value.
- Specific exclusions can be found in Table 2.2.

#### **Learning Objective 2.2 Interest and Dividend Income**

Interest and dividend income is part of gross income.

- If a taxpayer earns \$1,500 or more in interest and dividends, must file a Schedule B
- Interest and dividends from cooperative banks, credit unions, domestic building and loan associations, domestic savings and loan associations, federal savings and loan associations and mutual savings banks are included.

Savings bonds come in three different forms:

- Series EE. Series HH and Series I.
  - o Series EE bonds are issued at a discount.
  - o Series HH bonds are bonds that have interest paid semi-annually.
  - o Series I bonds do not pay interest until maturity, but earnings are adjusted for inflation on a semi-annual basis.
  - Note: Cash basis taxpayers report the increase in redemption value on a Series EE or Series I bonds

- Dividends are one type of distribution paid to a taxpayer by a corporation types of dividends are:
  - o Ordinary dividends, nontaxable distributions and capital gain distributions.
  - o There are special lower tax rates for qualifying dividends.
  - o *Note:* Dividends that do not qualify are taxed at ordinary rates.

|                      | Qualifying Dividend Tax |
|----------------------|-------------------------|
| Ordinary Tax Bracket | Rate for 2076           |
| 10% and 15%          | 0%                      |
| 25% through 35%      | 15%                     |
| 39.6%                | 20%*                    |

<sup>\*</sup>An additional 3.8% Medicare surtax on Net Investment Income including qualifying dividends applies to high-income taxpayers. (LO 1.9)

#### **Learning Objective 2.3** Alimony

Alimony payments are deductible by the individual making the payments and taxable income to the person receiving the payments.

- The term "alimony," for income tax purposes, includes separate *or periodic maintenance payments* made to a spouse or former spouse.
- Payments must meet certain requirements to be considered alimony.
  - o Rules for divorces prior to 1985 were different than they are now so consult the tax rules for that time period if reference to those particular rules are needed.

To qualify as alimony, payments must:

- ...be in cash and be received by spouse.
- ...be made under a decree of divorce/separation or associated written agreement
- ...cease upon the death of the spouse
- ...not be designated as anything other than alimony in the written agreement
- ...not be made to members of the same household
- ...not be child support payments

Payments contingent on age or marital status of child are not alimony and therefore nondeductible.

- Note: Alimony paid by high-income spouse to low-income spouse will result in tax savings to high-income spouse.
- Payments contingent on age or marital status of child are not alimony.
  - o May be an important factor in determining which spouse is entitled to claim the dependency exemption for the child.

• Child support payments must be up to date before any amounts paid may be treated as alimony.

#### **Learning Objective 2.4** Prizes and Awards

Prizes and awards are taxable income to the recipient.

- Other awards are also generally taxable, even if they are awards given for accomplishments and without solicitation by the taxpayer.
- Certain employee achievement awards made in recognition of length of service or safety achievement can be excluded from income.
  - o As a rule, the maximum excludable amount is \$400
  - o But if the award is given through a "qualified plan" the maximum exclusion increases to \$1,600.

#### **Learning Objective 2.5** Annuities

- An annuity is an investment that pays periodic payments to the purchaser for the remainder of his/her life.
- Standard mortality tables, based on the current age of the annuitant, are used to calculate
- Each annuity payment received contains an element of taxable income and an element of tax-free return of the original purchase price.
- To calculate the taxable portion of the payment, the tax law provides two methods
  - o the Simplified Method or the general rule.

#### The Simplified Method

Taxpayers are generally required to use the simplified method to calculate the taxable amount of annuities started *after November 18, 1996*.

- *Note*: Non-qualified plan annuitants and some annuitants age 75 and over still have to use the general rule rather than the simplified method.
- To calculate the taxable amount, the IRS provides a Simplified Method Worksheet. The exclusion ratio is calculated at the start of the annuity and remains constant.

#### The General Rule

Prior to implementing the simplified method, the general rule ratio used to calculate the amount excluded for most annuities. The calculation is as follows:

# <u>Investment in the Contract</u> x Amount Received = Excluded Amount Annual Payment x Life Expectancy

#### **Employee Annuities**

If an employer makes periodic payments to a retirement annuity on behalf of an employee and the payments are made to a qualified retirement plan, the contributions by the employer are not taxable to the employee.

• Because the contributions are not taxable when they are made, they are not considered part of the employee's investment in the contract when calculating the exclusion ratio.

#### **Learning Objective 2.6 Life Insurance**

Life insurance proceeds are excluded from gross income.

- To be excluded, proceeds must be paid to the beneficiary by reason of the death of the insured.
  - o If the proceeds are taken over several years instead of in a lump sum, the insurance company pays interest on the unpaid proceeds. The interest is generally taxable income
- Early payouts of life insurance are excludable
- Payouts from viatical settlements can be excluded from gross income:
  - o For terminally ill taxpayers and
  - o For a chronically ill taxpayer to extent proceeds pay for long-term care.
    - These exclusions require certification by an M.D.

#### **Learning Objective 2.7** Gifts and Inheritances

The fair market value of gifts and inheritances may be excluded from taxable income

- But income received from property after the transfer is taxable.
- Gifts given in the business setting are considered taxable income
  - o If gift recipient provides service in return for gift, presumed that gift is income for the service performed.

#### **Learning Objective 2.8** Scholarships

Scholarship dollars awarded that are used to pay room and board are taxable

- Scholarship dollars spent for tuition, fees, books, and course-required supplies and equipment are *exempt*.
- Payments received by students for part-time employment including work-study are taxable as compensation.

#### Learning Objective 2.9 Accident and Health Insurance

Taxpayers may exclude from income the entire amount received from accident or health insurance plans for payment of medical care.

- Taxpayers may also exclude any premiums paid by a taxpayer's employer from income.
- If the employer pays premiums on behalf of the employee for health, accident, or long-term care insurance, the employer may deduct them.

#### **Learning Objective 2.10** Meals and Lodging

Meals and lodging provided by employers to employees for the convenience of the employer are generally not considered part of compensation and *so are not included in employee's taxable income*.

 Taxpayers may exclude from income the value of lodging provided by an employer if the lodging is located on the business premises and must be accepted as a requirement of employment.

#### **Learning Objective 2.11 Municipal Bond Interest**

• Interest income earned on state or local government bonds is exempt from federal tax.

*Note:* The interest exclusion encourages high-income taxpayers to lend money to state and local governments at lower interest rates.

After-tax return = Tax-free interest rate/(1.00 - tax rate)

#### **Learning Objective 2.12 Unemployment Compensation**

Unemployment compensation is fully taxable and must be included in the taxpayer's gross income.

#### **Learning Objective 2.13 Employee Fringe Benefits**

All fringe benefits must be included in an employee's gross income unless specifically excluded by law as follows.

#### **Flexible Spending Accounts**

Employers may form plans which allow employees to set aside money from their salary before it is taxed to pay for one or more expenses.

- These expenses, in 2017, include
  - o Dependent care accounts (maximum of \$5,000)
  - o Medical flexible spending accounts (up to \$2,600 per year)
  - o Public transportation and parking at work (up to \$255/month).

#### **Group Term Life-Insurance**

Employers may pay for up to \$50,000 of group term life-insurance for employees.

#### **No-Additional-Cost Services**

Employees may receive tax-free services from their employer, if it's in major line of business in which employed.

• For example - airline employee's free standby airplane ticket (employee is flying at no additional cost to the employe)r.

#### **Education Assistance Programs**

Employer may provide up to \$5,250 of excludable tuition assistance.

• Requires existence of a written plan.

#### **Qualified Employee Discounts**

Employees may receive tax-free discounts from their employer

- On services, limited to 20% of typical customer price
- On merchandise, limited to mark up on product

#### **Working Condition Fringe Benefits**

Employees may exclude from income any property or services provided by the employer that would be excluded from income anyway.

• For example: use of company car for business or subscription to an appropriate professional journal (for example, a tax journal for a CPA firm).

#### De Minimis Fringe Benefits

Some benefits are so minimal that accounting for them is impractical.

• For example: occasional use of office equipment for personal use, Christmas turkeys, picnics, etc.

#### **Tuition Reduction**

Employees of educational institutions can exclude the value of a tuition reduction from their income if it was for undergraduate work and is available to all employees.

- Exclusion applies to employees, spouses, and dependents if a tuition reduction plan exists for them.
- Graduate students can only exclude tuition reductions if they work at the same school where they are teaching or doing research.

#### **Athletic Facilities**

Employees may exclude from gross income the value of the use of an athletic facility located onsite

### **Retirement Planning Fringe Benefit**

Qualified retirement planning services are any retirement planning services provided to an employee and his/her spouse by an employer maintaining a "qualified employer plan."

• The exclusion *does not apply* to services that may be related to tax preparation, accounting, legal or brokerage services.

#### **Learning Objective 2.14 Social Security Benefits**

- Many taxpayers may exclude all of their Social Security earnings from gross income.
   Middle and upper income Social Security recipients may have to include up to 85% of their benefits in taxable income.
- The amount of benefits taxable is based on the taxpayer's MAGI (Modified Adjusted Gross Income).

#### **Base Amounts Table**

| Base                            | Applies to   |  |  |  |  |
|---------------------------------|--|--|--|--|--|
| \$32,000 Married filing jointly |  |  |  |  |  |
| \$0                             | Married filing separately but did not live apart for the entire year |  |  |  |  |
| \$25,000                        | All other taxpayers  |  |  |  |  |

| For the year was 1-10nc. 31, 2017, or either tax year beginning.  ADIENT T.  Gay(or 1  | <b>1040</b>              |            | ent of the Treasury—Internal R |           |             | ,       | 99) 2(         | 017             | 7         | OMB No. 15            | 545-007     | 74 IRS Use      | Only—D    | o not write or staple in this   | s space.   |
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| Name and present and street, if you have a P.O. box, see instructions.   Apt. no.   Taxable interest. Attach Form(s) W-2 here. Also instructions and other house and present and present interest. Do not include on line 8 a.   Bo.   Taxable interest. Attach Form(s) W-2 here. Also instructions.   Towers and present interest. Do not include on line 8 a.   Bo.   Taxable interest. Attach Schedule B if required b.   Taxable income of (oss). Attach Schedule B if required b.   Taxable amount.   Taxab   |                          |            |                                |           | _           | avt∩ı   | r              |                 |           |                       |             |                 | 1 1       | =                               |            |
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| Exemptions   Sa   X  Yourself, if someone can claim you as a dependent, do not check box 6a   Sh   X  Spouse   Sh   X  Spo    |                          |            |                                | ,         |             |         | 1              |                 |           |                       |             |                 | child but | not your dependent, e           | enter this |
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| Compendents      | Exemptions               |            |                                | one ca    | n claim     | you a   | as a depen     | dent, <b>do</b> | not       | check bo              | x 6a .      |                 | • }       |                                 | 2          |
| The content of the    |                          |            |                                |           |             |         | - L            |                 |           |                       |             |                 | )         |                                 |            |
| If more than four dependents, see instructions and check here  |                          |            |                                |           |             |         |                |                 |           | 110                   | alifying fo | or child tax cr |           |                                 | 1          |
| If more than four despendent, see   Septimization   Colore   Co    |                          |            |                                |           |             |         |                |                 |           | you                   | (see in     | nstructions)    | щ.        |                                 |            |
| Comparison   Co    | If more than four        | _ Cro      | cker Gayto                     | r         | 261         | 55      | 1212           | S               | <u>on</u> |                       |             | <u> </u>        | _         | or separation                   |            |
| Instructions and check here  |                          |            |                                |           |             |         | :              |                 |           |                       |             | <u> </u>        | _         |                                 | _          |
| Total number of exemptions claimed   |                          |            |                                |           |             |         |                |                 |           |                       |             | <u> </u>        |           |                                 |            |
| Income   | check here ►             |            |                                |           |             |         |                |                 |           |                       |             | Ш               |           |                                 | 3          |
| ## Attach Form(s) W-2 here. Also ## Attach Schedule B if required b Tax-exempt interest. Do not include on line 8a   |                          |            |                                | <u> </u>  |             |         |                |                 |           |                       |             |                 |           |                                 | ۳          |
| Attach Form(s) W-2 here. Also attach Forms   9a Ordinary dividends. Attach Schedule B if required   9b   | Income                   |            |                                |           |             | , ,     |                |                 |           |                       |             |                 |           | ,                               |            |
| National Form(s)   9a   Ordinary dividends. Attach Schedule B if required   9b   1,425   |                          | 8a         | Taxable interest. Atta         | ch Sch    | nedule E    | 3 if re | quired .       |                 |           |                       |             |                 | 8a        | 992                             | $\perp$    |
| W-2 here. Also attach Forms b   Qualified dividends   9b   1,425   | Attach Form(s)           | b          | Tax-exempt interest.           | Do no     | t includ    | le on   | line 8a .      |                 | 8b        |                       | /4          | 5               |           | 4 - 0 -                         |            |
| Mail   |                          | 9a         | Ordinary dividends. A          | ttach S   | Schedul     | e B if  | required       |                 |           |                       |             | , -             | 9a        | 1,585                           | $\perp$    |
| 11099-R if tax was withheld.  11   | attach Forms             | b          | Qualified dividends            |           |             |         |                |                 | 9b        |                       | 1,42        | 5               |           |                                 |            |
| ## Business income or (loss). Attach Schedule C or C-EZ    12  | W-2G and                 | 10         | Taxable refunds, cred          | its, or   | offsets     | of sta  | ite and loca   | al incom        | e tax     | es                    |             |                 | 10        |                                 | $\perp$    |
| 12   Business income or (loss). Attach Schedule C or C-E2   12   13   13   14   15   15   14   15   15   15   15   |                          |            | Alimony received               |           |             |         |                |                 |           |                       |             |                 |           | $\perp$                         |            |
| 14 Other gains or (losses). Attach Form 4797   | was withincla.           | 12         | Business income or (I          | oss). A   | ttach S     | ched    | ule C or C-I   | EZ .            |           |                       |             | · <u>·</u>      | 12        |                                 | $\perp$    |
| get a W-2, see instructions.    15   | If you did not           |            | ,                              |           |             |         |                |                 |           |                       | here I      | <b>▶</b> ⊔      |           |                                 | $\perp$    |
| 15a  |                          |            | ,                              | 1         |             | 1 479   | 7              |                 |           |                       |             |                 |           |                                 | -          |
| 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Farm income or (loss). Attach Schedule F   | see instructions.        |            |                                |           |             |         |                |                 |           |                       |             |                 |           |                                 | $\perp$    |
| 18 Farm income or (loss). Attach Schedule F  |                          |            |                                | _         |             |         |                |                 |           |                       |             |                 |           |                                 | -          |
| 19 Unemployment compensation   |                          |            |                                |           |             |         |                |                 |           |                       |             | edule E         |           |                                 | _          |
| 20a Social security benefits 20a b Taxable amount 20b 21 5,900 21 5,900 21 5,900 21 5,900 22 77,797 22 23 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 25 Health savings account deduction. Attach Form 8899 26 Moving expenses. Attach Form 3903 26 27 Deductible part of self-employment tax. Attach Schedule SE 27 28 Self-employed SEP, SIMPLE, and qualified plans 28 29 Self-employed health insurance deduction 29 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN ▶ 667 34 9224 31a 11,500 31 31a Almony paid b Reserved for future use 31 Add lines 23 through 35 35 Subtract line 36 from line 22. This is your adjusted gross income ▶ 37 66,297   |                          |            | , ,                            |           |             | dule F  |                |                 |           |                       |             |                 | _         | 0.000                           | +-         |
| 21 Other income. List type and amount  |                          |            |                                | 1         | 1           |         |                | - 1             |           |                       |             |                 |           | 3,900                           | +          |
| 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ 22 77,797  23 Educator expenses   |                          |            | •                              | _         | _           |         |                |                 |           |                       |             |                 |           | F 000                           | +-         |
| Adjusted Gross Income  23  |                          |            |                                |           |             |         | f l' 7 th      |                 |           |                       |             |                 |           | · .                             | +          |
| Adjusted Gross       24       Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ       24       24         Income       25       Health savings account deduction. Attach Form 8889       25       25         26       Moving expenses. Attach Form 3903       26       27         27       Deductible part of self-employment tax. Attach Schedule SE       27         28       Self-employed SEP, SIMPLE, and qualified plans       28         29       Self-employed health insurance deduction       29         30       Penalty on early withdrawal of savings       30         31a       Alimony paid b Recipient's SSN ▶ 667 34 9224       31a 11,500         32       IRA deduction       32         33       Student loan interest deduction       33         34       Reserved for future use       34         35       Domestic production activities deduction. Attach Form 8903         36       Add lines 23 through 35       36         37       Subtract line 36 from line 22. This is your adjusted gross income       ▶ 37   |                          |            |                                |           |             |         |                |                 |           | s is your <b>to</b> t | tai inco    | ome 🚩           | 22        | 11,191                          | +          |
| Gross Income       2-4       24       24         25 Health savings account deduction. Attach Form 8889       25       26         26 Moving expenses. Attach Form 3903       26       27         27 Deductible part of self-employment tax. Attach Schedule SE       27       28         28 Self-employed SEP, SIMPLE, and qualified plans       28       29         30 Penalty on early withdrawal of savings       30       31a         31a Alimony paid b Recipient's SSN ▶ 667 34 9224       31a 11,500         32 IRA deduction       32         33 Student loan interest deduction       33         34 Reserved for future use       34         35 Domestic production activities deduction. Attach Form 8903       35         36 Add lines 23 through 35       36         37 Subtract line 36 from line 22. This is your adjusted gross income       ▶ 37  | Adiusted                 |            |                                |           |             |         |                |                 | 23        |                       |             |                 |           |                                 |            |
| 10   |                          | 24         |                                |           |             |         |                |                 |           |                       |             |                 |           |                                 |            |
| 26 Moving expenses. Attach Form 3903   |                          |            |                                |           |             |         |                |                 |           |                       |             |                 |           |                                 |            |
| 27       Deductible part of self-employment tax. Attach Schedule SE .       27         28       Self-employed SEP, SIMPLE, and qualified plans .       28         29       Self-employed health insurance deduction .       29         30       Penalty on early withdrawal of savings .       30         31a       Alimony paid b Recipient's SSN ▶ 667 34 9224       31a 11,500         32       IRA deduction .       32         33       Student loan interest deduction .       33         34       Reserved for future use .       34         35       Domestic production activities deduction. Attach Form 8903       35         36       Add lines 23 through 35 .       36         37       Subtract line 36 from line 22. This is your adjusted gross income       ▶ 37   |                          |            | _                              |           |             |         |                |                 |           |                       |             |                 |           |                                 |            |
| 28   |                          |            | • .                            |           |             |         |                |                 |           |                       |             |                 |           |                                 |            |
| 29 Self-employed health insurance deduction  |                          |            |                                |           |             |         |                |                 |           |                       |             |                 |           |                                 |            |
| 30 Penalty on early withdrawal of savings  |                          |            |                                |           |             | •       |                |                 |           |                       |             |                 |           |                                 |            |
| 31a       Alimony paid       b       Recipient's SSN       ▶ 667 34 9224       31a       11,500         32       IRA deduction              33       Student loan interest deduction   |                          |            |                                |           |             |         |                |                 |           |                       |             |                 |           |                                 |            |
| 32       IRA deduction   |                          |            | , ,                            |           |             | ·       |                |                 |           | 1 1                   | E 0 1       | 1               |           |                                 |            |
| 33 Student loan interest deduction   |                          |            |                                |           |             |         |                | 24              |           | 11                    | ,500        | J               |           |                                 |            |
| 34 Reserved for future use   |                          |            |                                |           |             |         |                |                 |           |                       |             |                 |           |                                 |            |
| 35 Domestic production activities deduction. Attach Form 8903 36 Add lines 23 through 35   |                          |            |                                |           |             |         |                |                 |           |                       |             |                 |           |                                 |            |
| 36       Add lines 23 through 35   |                          |            |                                |           |             |         |                | -               |           |                       |             |                 |           |                                 |            |
| 37 Subtract line 36 from line 22. This is your adjusted gross income ▶ 37 66,297   |                          |            | · ·                            |           |             |         |                | _               |           |                       |             |                 |           | 11 500                          |            |
|  |                          |            | _                              |           |             |         |                |                 |           |                       |             |                 |           |                                 | +          |
|  | Fan Diaglesson D.        |            |                                |           |             |         |                |                 |           |                       |             |                 |           |                                 | (0017)     |

| Form 1040 (2017  | 7)   |  |                        | Page <b>2</b>                 |  |  |  |
|--|--|--|------------------------|-------------------------------|--|--|--|
|  | 38   | Amount from line 37 (adjusted gross income)  | 38                     | 66,297                        |  |  |  |
|  | 39a  | Check  You were born before January 2, 1953, Blind. Total boxes  |                        | 00,237                        |  |  |  |
| Tax and  | •••  | if: Spouse was born before January 2, 1953, ☐ Blind. checked ▶ 39a   |                        |                               |  |  |  |
| Credits  | b  | If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b   |                        |                               |  |  |  |
| Standard   | 40   | Itemized deductions (from Schedule A) or your standard deduction (see left margin)   | 40                     | 12,700                        |  |  |  |
| Deduction<br>for –   | 41   | Subtract line 40 from line 38  | 41                     | 53,597                        |  |  |  |
| People who   | 42   | <b>Exemptions.</b> If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions   | 42                     | 12.150                        |  |  |  |
| check any<br>box on line   | 43   | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-  | 43                     | 41.447                        |  |  |  |
| 39a or 39b <b>or</b>   | 44   | Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c  | 44                     | 5.071                         |  |  |  |
| who can be<br>claimed as a   | 45   | Alternative minimum tax (see instructions). Attach Form 6251   | 45                     |                               |  |  |  |
| dependent,<br>see  | 46   | Excess advance premium tax credit repayment. Attach Form 8962  | 46                     |                               |  |  |  |
| instructions.  | 47   | Add lines 44, 45, and 46   | 47                     | 5.071                         |  |  |  |
| <ul> <li>All others:</li> <li>Single or</li> </ul>   | 48   | Foreign tax credit. Attach Form 1116 if required   |                        |                               |  |  |  |
| Married filing   | 49   | Credit for child and dependent care expenses. Attach Form 2441   |                        |                               |  |  |  |
| separately,<br>\$6,350   | 50   | Education credits from Form 8863, line 19  |                        |                               |  |  |  |
| Married filing   | 51   | Retirement savings contributions credit. Attach Form 8880 51   |                        |                               |  |  |  |
| jointly or<br>Qualifying   | 52   | Child tax credit. Attach Schedule 8812, if required 52   |                        |                               |  |  |  |
| widow(er),<br>\$12,700   | 53   | Residential energy credit. Attach Form 5695  |                        |                               |  |  |  |
| Head of  | 54   | Other credits from Form: a 3800 b 8801 c 54  |                        |                               |  |  |  |
| household,<br>\$9,350  | 55   | Add lines 48 through 54. These are your total credits  | 55                     |                               |  |  |  |
|  | 56   | Subtract line 55 from line 47. If line 55 is more than line 47, enter -0   | 56                     | 5,071                         |  |  |  |
|  | 57   | Self-employment tax. Attach Schedule SE  | 57                     |                               |  |  |  |
| Other  | 58   | Unreported social security and Medicare tax from Form: <b>a</b> 4137 <b>b</b> 8919   | 58                     |                               |  |  |  |
| Taxes  | 59   | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required  | 59                     |                               |  |  |  |
|  | 60a  | Household employment taxes from Schedule H   | 60a                    |                               |  |  |  |
|  | b  | First-time homebuyer credit repayment. Attach Form 5405 if required  | 60b                    |                               |  |  |  |
|  | 61   | Health care: individual responsibility (see instructions) Full-year coverage X   | 61                     |                               |  |  |  |
|  | 62   | Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)  | 62                     | 5 071                         |  |  |  |
| D  | 63   | Add lines 56 through 62. This is your <b>total tax</b>   | 63                     | 5,071                         |  |  |  |
| Payments   | 64   | Federal income tax withheld from Forms W-2 and 1099 64 / ,907 2017 estimated tax payments and amount applied from 2016 return 65   | -                      |                               |  |  |  |
| If you have a  | 66a  | Earned income credit (EIC)   | -                      |                               |  |  |  |
| qualifying   | b  | Nontaxable combat pay election 66b   | -                      |                               |  |  |  |
| child, attach<br>Schedule EIC.   | 67   | Additional child tax credit. Attach Schedule 8812 67   | 1                      |                               |  |  |  |
|  | 68   | American opportunity credit from Form 8863, line 8 68  | 1                      |                               |  |  |  |
|  | 69   | Net premium tax credit. Attach Form 8962 69  | 1                      |                               |  |  |  |
|  | 70   | Amount paid with request for extension to file   |                        |                               |  |  |  |
|  | 71   | Excess social security and tier 1 RRTA tax withheld  |                        |                               |  |  |  |
|  | 72   | Credit for federal tax on fuels. Attach Form 4136  |                        |                               |  |  |  |
|  | 73   | Credits from Form: a   |                        |                               |  |  |  |
|  | 74   | Add lines 64, 65, 66a, and 67 through 73. These are your total payments  | 74                     | 7,907                         |  |  |  |
| Refund   | 75   | If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>   | 75                     | 2,836                         |  |  |  |
|  | 76a  | Amount of line 75 you want <b>refunded to you.</b> If Form 8888 is attached, check here  | 76a                    | 2,836                         |  |  |  |
| Direct deposit?  |  | Routing number   |                        |                               |  |  |  |
| See instructions.  | ► d  | Account number   |                        |                               |  |  |  |
| Amount   | 77<br>78   | Amount of line 75 you want applied to your 2018 estimated tax ▶ 77  Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶   | 70                     |                               |  |  |  |
| You Owe  | 79   | Estimated tax penalty (see instructions)   | 78                     |                               |  |  |  |
|  |  |  | Compl                  | ete below. No                 |  |  |  |
| Third Party<br>Designee  |  | signee's Phone Personal ider   |                        | _                             |  |  |  |
|  |  | me ► no. ► number (PIN)  |                        | Est they are true as much and |  |  |  |
| Sign   |  | ienalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowle<br>ely list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all infor |                        |                               |  |  |  |
| Here   | Your signature Date Your occupation Daytime phone number |  |                        |                               |  |  |  |
| Joint return? See<br>instructions.   |  |  |                        |                               |  |  |  |
| Keep a copy for Spouse's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation If the IRS sent you are |  |  |                        |                               |  |  |  |
| your records.  |  | Homemaker  | PIN, ente<br>here (see |                               |  |  |  |
| Paid   | Pri  | nt/Type preparer's name Preparer's signature Date  | Check                  | ☐ if PTIN                     |  |  |  |
| Preparer   |  |  | self-employed          |                               |  |  |  |
| Use Only   | Fire   | m's name •   | Firm's E               | EIN ▶                         |  |  |  |
|  |  | m's address ▶  | Phone r                |                               |  |  |  |
| Go to www.irs.g  | ov/Forn  | n1040 for instructions and the latest information.   |                        | Form <b>1040</b> (2017)       |  |  |  |

| SCHEDULE B<br>(Form 1040A or 1040)                                      |            | Interest and Ordinary Dividends   | OMB No. 1545-0074 |                                 |         |    |
|---|------------|---|-------------------|---------------------------------|---------|----|
| Department of the Treasury  |            | ► Attach to Form 1040A or 1040.  Go to www.irs.gov/ScheduleB for instructions and the latest information.   |                   | 2017 Attachment Seguence No. 08 |         |    |
| Internal Revenue Service (99)  Name(s) shown on return                  |            |   |                   |                                 | ity num |    |
| Alk   | 266-51-19  | 966   |                   |                                 |         |    |
| Part I  | 1          | List name of payer. If any interest is from a seller-financed mortgage and the  |                   | Am                              | ount    |    |
| Interest  | Г          | buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ►  Vizcaya National Bank |                   | 3                               | 20      |    |
| (See instructions and the instructions for                              | н          | Florida Electric  |                   |                                 | 72      |    |
| Form 1040A, or Form 1040, line 8a.)                                     |            |   |                   |                                 |         |    |
| Note: If you<br>received a Form<br>1099-INT, Form                       | (          | JUIY IU, ZUI  | 1                 |                                 |         |    |
| 1099-OID, or<br>substitute<br>statement from<br>a brokerage firm,       |            |   |                   |                                 |         |    |
| list the firm's<br>name as the<br>payer and enter<br>the total interest |            |   |                   | 1                               |         |    |
| shown on that form.   | 2          | Add the amounts on line 1   | 2                 |                                 | .00     | +  |
|   | 3          | Excludable interest on series EE and I U.S. savings bonds issued after 1989.  |                   | 9                               | 92      |    |
|   | 4          | Attach Form 8815  | 3                 |                                 |         | +  |
|   |            | 1040, line 8a   | 4                 | 9                               | 92      |    |
|   | -          | If line 4 is over \$1,500, you must complete Part III.  |                   | Am                              | ount    |    |
| Part II   | 5          | List name of payer ►  Everglades Bank Corp.   |                   | 1,0                             | 125     |    |
| Ordinary  |            | Grapefruit Mutual Fund  |                   |                                 | 60      |    |
| Dividends   |            | Florida Sugar Corp.   |                   | 4                               | .00     |    |
| (See instructions   |            |   |                   |                                 |         |    |
| and the instructions for  |            |   |                   |                                 |         | +  |
| Form 1040A, or Form 1040,   |            |   | 5                 |                                 |         |    |
| line 9a.)   |            |   | 3                 |                                 |         |    |
| Note: If you  |            |   |                   |                                 |         |    |
| received a Form<br>1099-DIV or  |            |   |                   |                                 |         |    |
| substitute<br>statement from  |            |   |                   |                                 |         |    |
| a brokerage firm,   |            |   |                   |                                 |         |    |
| list the firm's<br>name as the  |            |   |                   |                                 |         |    |
| payer and enter<br>the ordinary   | •          | Add the energy to a line 5. Fator the total here and an Farm 1000A or Farm  |                   |                                 |         | +  |
| dividends shown on that form.   | 6<br>Note: | Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a  | 6                 | 1,5                             | 85      |    |
| Part III  |            | ust complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (I  | <b>b)</b> had     | а                               |         |    |
|   |            | account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign   |                   |                                 | Yes     | No |
| Foreign   | 7a         | At any time during 2017, did you have a financial interest in or signature authority of   |                   |                                 |         |    |
| Accounts and Trusts   |            | account (such as a bank account, securities account, or brokerage account) locate country? See instructions   |                   | a foreign                       |         | Χ  |
|   |            | If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank  |                   |                                 |         |    |
| (See instructions.)   | )          | Accounts (FBAR), to report that financial interest or signature authority? See Fin0 and its instructions for filing requirements and exceptions to those requirements .                 |                   |                                 |         |    |
|   | b          | If you are required to file FinCEN Form 114, enter the name of the foreign cour financial account is located ▶  | ntry w            | here the                        |         |    |
|   | 8          | During 2017, did you receive a distribution from, or were you the grantor of, or t foreign trust? If "Yes," you may have to file Form 3520. See instructions                            | ranste            | eror to, a                      |         | Χ  |

### Qualified Dividends and Capital Gain Tax Worksheet—Line 44

Keep for Your Records



| Befo       | <ul> <li>✓ See the earlier instructions for line 44 to see if you can use this</li> <li>✓ Before completing this worksheet, complete Form 1040 throug</li> <li>✓ If you do not have to file Schedule D and you received capital the box on line 13 of Form 1040.</li> </ul>  | th line 43.      |            |       |
|------------|--|------------------|------------|-------|
| 1.         | Enter the amount from Form 1040, line 43. However, if you are filing Form 2555 or 2555-EZ (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet   | 41,447           |            |       |
| 2.         | Enter the amount from Form 1040, line 9b* 2. 1,425   |                  |            |       |
| 3.         | Are you filing Schedule D?*  |                  |            |       |
|            | ☐ Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or line 16 is blank or a loss, enter -0  X No. Enter the amount from Form 1040, line 13.  |                  |            |       |
| 4.         | Add lines 2 and 3  |                  |            |       |
| 5.         | If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0  | 4.405            |            |       |
| 6.         | Subtract line 5 from line 4. If zero or less, enter -0 6.  | 1,425            |            |       |
| 7.         | Subtract line 6 from line 1. If zero or less, enter -0   | 40,022           |            |       |
| 8.         | Enter:   |                  |            |       |
|            | \$37,950 if single or married filing separately, \$75,900 if married filing jointly or qualifying widow(er), \$50,800 if head of household.  8.  | 75,900           |            |       |
| 9.         | Enter the smaller of line 1 or line 8  | 41,447           |            |       |
| 10.        | Enter the smaller of line 7 or line 9  | 40,022           |            |       |
| 11.        | Subtract line 10 from line 9. This amount is taxed at 0%   | 1,425            |            |       |
| 12.        | Enter the smaller of line 1 or line 6  | 1,425            |            |       |
| 13.        | Enter the amount from line 11  | 1,425            |            |       |
| 14.        | Subtract line 13 from line 12  | 0                |            |       |
| 15.        | Enter: \$418,400 if single, \$233,350 if married filing separately, \$470,700 if married filing jointly or qualifying widow(er), \$444,550 if head of household.   | 470,700          |            |       |
| 16.        | Enter the smaller of line 1 or line 15   | 41,447           |            |       |
| 17.        | Add lines 7 and 11   | 41,447           |            |       |
| 18.        | Subtract line 17 from line 16. If zero or less, enter -0-  | 0                |            |       |
| 19.        | Enter the smaller of line 14 or line 18  | 0                |            | 0     |
| 20.        | Multiply line 19 by 15% (0.15)   | 1 405            | 20         | 0     |
| 21.        | Add lines 11 and 19  | 1,425            |            |       |
| 22.        | Subtract line 21 from line 12  |                  | . 22       | 0     |
| 23.<br>24. | Multiply line 22 by 20% (0.20)   | the Tow          | 23         | 0     |
| 24.        | Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000 Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Coworksheet  | mputation        |            | 5,071 |
| 25.        | Add lines 20, 23, and 24   |                  | 25.        | 5,071 |
| 26.        | Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000 Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Coworksheet  | mputation        | 26.        | 5,281 |
| 27.        | <b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 25 or line 26. Also include the Form 1040, line 44. If you are filing Form 2555 or 2555-EZ, do not enter this amout 1040, line 44. Instead, enter it on line 4 of the Foreign Earned Income Tax Workshout are filing Form 2555 or 2555-EZ, see the footnote in the Foreign Earned Income Tax Workshout are filing Form 2555 or 2555-EZ, see the footnote in the Foreign Earned Income Tax Workshout are filing Form 2555 or 2555-EZ, see the footnote in the Foreign Earned Income Tax Workshout are filing Form 2555 or 2555-EZ, see the footnote in the Foreign Earned Income Tax Workshout are filing Form 2555 or 2555-EZ, see the footnote in the Foreign Earned Income Tax Workshout are filing Form 2555 or 2555-EZ, see the footnote in the Foreign Earned Income Tax Workshout are filing Form 2555 or 2555-EZ, see the footnote in the Foreign Earned Income Tax Workshout are filing Form 2555 or 2555-EZ, see the footnote in the Foreign Earned Income Tax Workshout are filing Form 2555 or 2555-EZ, see the footnote in the Foreign Earned Income Tax Workshout are filing Form 2555 or 2555-EZ, see the footnote in the Foreign Earned Income Tax Workshout are filing Form 2555 or 2555-EZ, see the footnote in the Foreign Earned Income Tax Workshout are filing F | nt on Form       |            | 5,071 |
| 2) 90      | an energy of the 2000 of 2000 DE, see the journale in the Foreign Burned Income Tax Works  | neer oegore comp | roung into |       |

# Income Tax Fundamentals 2018

# Chapter 2 Gross Income & Exclusions



# Learning Objectives, Part 1

- Understand and apply definition of gross income
- Determine tax treatment of income categories such as interest, dividends, alimony, unemployment, etc.
- Calculate taxable portion of annuities
- Identify exclusions from gross income such as life insurance proceeds, fringe benefits, scholarships, inheritances and gifts, etc.



# Learning Objectives, Part 2

- Explain tax treatment of health insurance
- Identify common employee fringe benefit income exclusion
- Determine municipal bond interest tax treatment
- Apply rules governing inclusion of Social Security payments as income



# Defining Gross Income

- Tax code defines gross income as "All income from whatever source derived"
- This means all sources of income are included unless specifically excluded
  - See Table 2.1 on page 2-3 for inclusions
  - See Table 2.2 on page 2-3 for exclusions
  - Non-cash items included at fair market value
  - Barter transactions are includable



# Interest Income

- If total interest income >\$1,500, must report on Schedule B of Form 1040
- Interest is reported in year received for cash basis taxpayers
  - Fair market value of gifts/services a taxpayer receives for making long-term deposits or opening an account are taxable interest



# U.S. Government Bonds, Part 1

- Series EE bonds
  - Purchase at discount and then redeem
    - Interest is generally taxed year bonds are redeemed
- Series HH bonds
  - Issued at face value
    - Pay interest semiannually and interest is taxed each year
    - Treasury stopped issuing 8/04, but there are still outstanding HH bonds paying interest



# U.S. Government Bonds, Part 2

- Series I bonds
  - Purchase for face value
    - Earnings are adjusted semiannually for inflation
    - Interest taxed each year or at maturity



# **Dividend Income**

- 3 kinds of dividends
  - Ordinary dividends are most common
    - Return of net income to shareholders
    - Schedule B when total dividend income > \$1,500
  - Nontaxable distributions are return of original investment not paid from corporation's earnings and profits
    - Not included in taxpayer's income and reduces basis in stock
  - Capital gain distributions (CGD)
    - When stock reaches zero basis, further distributions are CGD
    - Report on page 1 of Form 1040 or Schedule D of Form 1040



# Tax Rates for Dividends

 "Qualifying dividends" are classified by corporations issuing dividends and brokerage firms holding stock investments

| Regular tax bracket   | Qualifying Dividend Rate |
|-----------------------|--------------------------|
| 10-15%                | 0%                       |
| 25-35%                | 15%                      |
| 39.6%                 | 20%                      |
| High Income Taxpayers | 3.8%                     |
| Medicare Surtax       | 3.0%                     |

If not "qualifying," dividends taxed at ordinary rates



# Alimony

- Alimony is deductible to payer and taxable to payee
- Alimony payments must meet five requirements as follows (if subject to divorce agreement after 1984)
  - Must be in cash and received by ex-spouse
  - Must be made in connection with written instrument
  - Can't continue after death of ex-spouse
  - Can't be designated as anything other than alimony
  - Parties may not be members of the same household



# Other Issues with Alimony

- Recapture provisions prevent front-end loading of alimony payments
- Property transfer is not alimony because it's not cash
  - Transferor doesn't have to recognize any gain on transaction
  - Transferee's basis in property is same as transferor's



# Alimony Example

#### **Example**

Complying with a 2017 written divorce decree, Frederik pays Shanna \$1,800/month. The decree specifies that the payments will be reduced 40% when their daughter, in Shanna's custody, becomes eighteen. How much can Frederik deduct per year as alimony?



## Solution, Part 1

#### **Example**

Complying with a 2017 written divorce decree, Frederik pays Shanna \$1,800/month. The decree specifies that the payments will be reduced 40% when their daughter, in Shanna's custody, becomes eighteen. How much can Frederik deduct per year as alimony?

#### Solution

40% of each payment is considered nondeductible child support; therefore,  $$1,800 \times 12 \text{ months } \times 60\% = $12,960/year deductible alimony.}$ 



# Child Support

- Child support is not deductible to payer and not taxable to payee
- If payer falls behind on child support, he/she must bring this current before any portion of payments can be considered alimony
- Rules differ for divorce agreements executed pre- and post-1985



## Prizes/Awards

- Taxable amount equal to cash prize or fair market value of property
  - Exception: Employee awards of tangible personal property (up to \$400) received for recognition of length of service or safety achievement are excludable. Up to \$1,600 may be excluded, if it is granted under a "qualified plan award."
- Game show and reality TV show winners should be aware that prizes/awards are taxable



# Prize/Award Example

#### **Example**

Josef, an employee of Vesuvius Statuaries LLC, receives a clock for 20 years of service valued at \$1,500 and the award is not considered a "qualified plan award;" how much is excludable from Josef's gross income?



## Solution, Part 2

#### **Example**

Josef, an employee of Vesuvius Statuaries LLC, receives a clock for 20 years of service valued at \$1,500 and the award is not considered a "qualified plan award;" how much is excludable from Josef's gross income?

#### Solution

\$400 is excluded and \$1,100 would have to be included in Josef's gross income calculation



## Annuities/Pensions, Part 1

- An annuity is an instrument that a taxpayer buys (usually at retirement) in return for periodic payments for the remainder of his/her life
- The taxable portion of these periodic payments is calculated based on
  - Mortality tables provided by IRS and The annuity purchase price



# Annuities/Pensions – Simplified Method

- Individuals generally required to use this method to calculate taxable amount from an annuity - if annuity payments commenced after 11/18/96
- Taxpayer must fill in simplified method worksheet provided by IRS
  - See pp. 2-12 through 2-14 for example of simplified method worksheet



## Annuities/Pensions, Part 2

#### General Rule

- Payments received are both taxable (income) and nontaxable (return of capital)
- Must calculate amount to exclude from income
- First, calculate exclusion ratio
   Investment in Contract / (Annual payment x Life expectancy)
- 2. Secondly, find the amount to exclude Exclusion Ratio (from step 1) *x Annual Amount of Annuity Received*



# Annuities/Pensions Example

## **Example**

Din has saved \$750,000 in his retirement account and uses it to purchase an annuity. His annuity equals \$4,800/month and the IRS tables show he is expected to live 19 years. How much is excludable from tax each year of Din's retirement? Assume that Din is required to use the general rule.



## Solution, Part 3

## **Example**

Din has saved \$750,000 in his retirement account and uses it to purchase an annuity. His annuity pays \$4,800/month and the IRS tables show he is expected to live 19 years. How much is excludable from tax each year of Din's retirement? Assume that Din is required to use the general rule.

#### **Solution**

 $750,000/(4,800 \times 12 \text{ months } \times 19 \text{ years}) = .685$ 

.685 = 68.5% of amount is excluded from tax

.685 x (\$4,800 x 12 months) = \$39,456 annual exclusion



# **Employee Annuities**

- Employers may make periodic payments to retirement plans on behalf of their employees
- These payments are not taxable to employee in current year
- They are not considered part of investment when calculating exclusion ratio



## Life Insurance Proceeds

- Life insurance proceeds are excluded from gross income if:
  - Proceeds paid to beneficiary by reason of death of the insured and
  - Beneficiary has an insurable interest



# Life Insurance Proceeds Example

## **Example**

Karina dies on 6/15/17, leaving her husband, Dann, a \$500,000 life insurance policy. The proceeds will be paid out to Dann \$100,000 per year plus interest for 5 years. In the current year, Dann receives \$105,000 (\$100,000 + \$5,000 interest). How much is taxable to Dann in the current year?



## Solution, Part 4

## **Example**

Karina dies on 6/15/17, leaving her husband, Dann, a \$500,000 life insurance policy. The proceeds will be paid out to Dann \$100,000 per year plus interest for 5 years. In the current year, Dann receives \$105,000 (\$100,000 + \$5,000 interest). How much is taxable to Dann in the current year?

#### **Solution**

Dann must include the \$5,000 of interest income in his gross income calculation; the face value of \$100,000 is not taxable.



## Viatical Settlements

- Also known as accelerated death benefits
- Viatical settlements are excludable from gross income in certain situations
  - Chronically or terminally ill taxpayer collects early payout from insurance company or sells/assigns policy to a viatical settlement provider
    - Terminally ill patient must have certification from MD stating that he/she reasonably expected to die within 24 months
    - Chronically ill must have certification from MD stating the he/she is unable to perform daily living activities unassisted



# Life Insurance Policy Transferred for Value

- If policy is transferred for value, then all or part of the proceeds may be taxable to recipient
  - **Taxable amount** = Proceeds from death of insured Cash surrender value at time of transfer + Premiums paid by purchaser
- Exception: if policy is transferred for value to partner of insured, a partnership in which insured is a partner or a corporation in which insured is an officer, then policy proceeds are *not* taxable

# Life Policy Transfer Example

## Example

Bianca transfers a life insurance policy with a face value of \$25,000 and cash surrender value of \$4,000 to Yvette as payment for services rendered. Yvette pays premiums of \$500 per year for a total of \$1,500 in the ensuing 3 years; Bianca dies and Yvette collects the \$25,000. How much must Yvette include in her gross income?

How would this answer differ if Yvette and Bianca were partners in a partnership?



## Solution, Part 5

#### **Example**

Bianca transfers a life insurance policy with a face value of \$25,000 and cash surrender value of \$4,000 to Yvette as payment for services rendered. Yvette pays premiums of \$500 per year for a total of \$1,500 in the ensuing three years; Bianca dies and Yvette collects the \$25,000. How much must Yvette include in her gross income? How would this answer differ if Yvette and Bianca were partners in a partnership?

#### Solution

Yvette must include \$19,500 in income [\$25,000 – \$4,000 + \$1,500].

If Yvette and Bianca were partners in a partnership, the entire proceeds (\$25,000) would be tax-free.



## Gifts & Inheritances

- Inheritances are excluded from income
  - Any income generated from property received after transfer is taxable
  - Estate may incur taxes
- Gifts received are excluded from income
  - A gift is defined by the courts as a voluntary transfer of property without adequate consideration
  - Gifts in business settings usually considered taxable income
  - If recipient renders services for the gift, amount is taxable



## Scholarships

- Scholarships received for fees, books, tuition, courserequired supplies or equipment are excluded from income
- Must include scholarship amounts in income for:
  - Any amounts applied to room and board
  - Any amounts received as compensation for required work (including work study)



# Employer Paid Accident & Health Insurance Premiums

- Taxpayers may exclude from income the total amount received for
  - Payment of medical care
  - Payment for loss of a body member or function (called accidental death and dismemberment)
- Premiums paid by employer on employee's behalf are excluded from income
  - For medical insurance
  - For accidental death and dismemberment insurance



# Meals and Lodging

- Meals and lodging provided by employer are generally excluded from income (if following tests are met)
  - (1) Meals provided by employer on premises during working hours solely for the benefit of the employer because employee must be available for emergency calls or is limited to short meal periods
  - (2) Lodging provided by employer on premises and must be accepted as a requirement for employment



## Municipal Bond Interest

- Taxpayer may exclude interest on state and local government obligations (called "muni bonds") from federal taxation
- After-tax return for tax-free bond calculated as follows
   After-tax return = Tax-free interest rate / (1.00 taxpayer's tax rate)



## Municipal Bond Interest Example

#### **Example**

Gopal is in the 33% federal income tax bracket and invests in a Nashville City Bond paying 6%. What taxable interest rate will yield the same after-tax return as the municipal bond?



## Solution, Part 6

## **Example**

Gopal is in the 33% federal income tax bracket and invests in a Nashville City Bond paying 6%. What taxable interest rate will yield the same after-tax return as the municipal bond?

#### Solution

Taxable interest rate equivalent = 8.96% (.06) / (1.00 - .33) = .0896



# **Unemployment Compensation**

- Unemployment compensation payments are fully taxable in 2017
- These payments are deductible on some state's income tax returns



# Employee Fringe Benefits: Employer-Provided Spending Accounts, Part 1

- Employer-sponsored plan allowing employees to set aside pretax dollars for:
  - Dependent Care flexible spending accounts (FSAs) up to \$5,000/year
  - Health Care FSAs up to \$2,600/year
    - Health insurance co-pays, medical care
    - Dental work, optical care, prescription costs
  - Public transport/parking/commuter biking costs up to certain limits
    - Can result in significant tax savings for employee



# Employee Fringe Benefits: Employer-Provided Spending Accounts, Part 2

- "Use-it-or-lose-it" provision
  - If amounts are left in FSAs after certain date, employee loses them
  - Can carryover up to \$500 of unused amounts into a 3month grace period into the next year



# Employee Fringe Benefits, Part 1

- May exclude certain fringe benefits from gross income, such as:
  - Employer-paid premiums for group term life insurance (face value up to \$50,000)
  - Education assistance plans (up to \$5,250/year)
  - Qualified employee discounts (with exceptions)
  - Working condition fringe benefits excludable if you could deduct item on your own as an employee



## Employee Fringe Benefits, Part 2

- De minimis fringe benefits (immaterial not worth tracking)
- Tuition reduction for undergraduate and available to all employees
- Value of membership to onsite athletic facilities
- Retirement planning services
- Other excludable fringes (see Table 2.3 on page 2-24)



# Social Security Benefits

- Part of Social Security benefits may be included in gross income
  - Maximum inclusion amount = 85%
- Inclusion based on taxpayer's Modified AGI (MAGI)
  - MAGI = AGI + tax-exempt interest (and other items)
- If [MAGI + (50%)(SS benefits)] < base amount\* then benefits are not includable



# Calculating Taxable Amount of SS **Benefits**

If [MAGI + (50%)(SS benefits)] exceeds base amount as follows:

| Base Amount | Filing Status |
|-------------|---------------|
| \$32,000    | MFJ           |
| \$25,000    | All others    |

...then, the taxable amount is calculated by completing the Simplified Taxable Social Security Worksheet (pages 2-25 - 2-26

