

# Georgia FBLA Giving Back Project

Your FBLA Chapter decided to volunteer at your school this tax season to earn community service hours needed to graduate. You will be preparing taxes for students, faculty, and staff that want to file as individuals using Form 1040EZ and Form 1040A. Read below to get the information needed to complete each tax return.

## **Profile 1**

**Materials Needed:** Form 1040A, Tax Table, 1099INT (shown below), Form W2 for Tim and Tia (shown below)

**Name:** Tim L. Gibson

**Employment:** Engineer

**Marital Status:** Married


**Spouse's Name:** Tia A. Gibson

**Children:** Tyler L. Gibson


**U.S. Citizen:** Yes

**Other:** Tim is married to Tia with a son named Tyler who is a full time student that is 15 in the 10<sup>th</sup> grade. Tyler lives at home and depends on Tim and Tia for support. No one else can claim Tim, Tia, or Tyler as dependents. Tyler made \$1,000 this year. Tia made \$8,032 this year working part time. Time made \$52,101 this year.

1. Review Tim and Tia's W2 to complete their tax return.
2. Fill in their personal information on the Form 1040A.
3. Check the correct filing status.
4. Choose the correct number of dependents/exemptions.
5. Enter their wages, salary, tips, and taxable interest and calculate total income.
6. Enter their standard deduction, exemptions and tax.
7. Re-Calculate and enter their taxable income.
8. Enter their federal income tax withholdings.
9. Use their taxable income and the tax table to find and enter their tax liability.
10. Calculate their refund.

|                                                                                                                    |  |                                                                                                                 |                                                    |                                                                                      |                            |
|--------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------------------|----------------------------|
| a Employee's social security number<br><b>222-00-5463</b>                                                          |  | Safe, accurate,<br>FAST! Use  |                                                    | Visit the IRS website at<br><a href="http://www.irs.gov/efile">www.irs.gov/efile</a> |                            |
| b Employer identification number (EIN)<br><b>10-5570912</b>                                                        |  | 1 Wages, tips, other compensation<br><b>\$51,101.00</b>                                                         | 2 Federal income tax withheld<br><b>\$6,543.00</b> |                                                                                      |                            |
| c Employer's name, address, and ZIP code<br><b>TONEGRAPH CORPORATION<br/>5 CENTER CIRCLE<br/>ANYTOWN, US 10103</b> |  | 3 Social security wages<br><b>\$51,101.00</b>                                                                   | 4 Social security tax withheld<br><b>\$3168.26</b> |                                                                                      |                            |
|                                                                                                                    |  | 5 Medicare wages and tips<br><b>\$51,101.00</b>                                                                 | 6 Medicare tax withheld<br><b>\$740.96</b>         |                                                                                      |                            |
|                                                                                                                    |  | 7 Social security tips                                                                                          | 8 Allocated tips                                   |                                                                                      |                            |
| d Control number                                                                                                   |  | 9                                                                                                               | 10 Dependent care benefits                         |                                                                                      |                            |
| e Employee's first name and initial Last name<br><b>TIM GIBSON<br/>21 PECAN GROVE<br/>ANYTOWN, US 10103</b>        |  | 11 Nonqualified plans                                                                                           |                                                    | 12a See instructions for box 12                                                      |                            |
|                                                                                                                    |  | 13 Statutory employee <input type="checkbox"/>                                                                  | Retirement plan <input type="checkbox"/>           | Third-party sick pay <input type="checkbox"/>                                        | 12b                        |
|                                                                                                                    |  | 14 Other                                                                                                        |                                                    |                                                                                      | 12c                        |
|                                                                                                                    |  |                                                                                                                 |                                                    |                                                                                      | 12d                        |
| f Employee's address and ZIP code                                                                                  |  | 15 State Employer's state ID number                                                                             | 16 State wages, tips, etc.                         | 17 State income tax                                                                  | 18 Local wages, tips, etc. |
|                                                                                                                    |  | 19 Local income tax                                                                                             | 20 Locality name                                   |                                                                                      |                            |

Form **W-2 Wage and Tax Statement** **2013** Department of the Treasury—Internal Revenue Service  
 Copy B—To Be Filed With Employee's FEDERAL Tax Return.  
 This information is being furnished to the Internal Revenue Service.

|                                                                                                                         |  |                                                                                                                 |                                                   |                                                                                      |                            |
|-------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------|----------------------------|
| a Employee's social security number<br><b>222-00-5463</b>                                                               |  | Safe, accurate,<br>FAST! Use  |                                                   | Visit the IRS website at<br><a href="http://www.irs.gov/efile">www.irs.gov/efile</a> |                            |
| b Employer identification number (EIN)<br><b>10-5570912</b>                                                             |  | 1 Wages, tips, other compensation<br><b>\$8,032.00</b>                                                          | 2 Federal income tax withheld<br><b>\$759.00</b>  |                                                                                      |                            |
| c Employer's name, address, and ZIP code<br><b>ABC CHILD CARE CENTER, LLC<br/>5 CENTER CIRCLE<br/>ANYTOWN, US 10103</b> |  | 3 Social security wages<br><b>\$8,032.00</b>                                                                    | 4 Social security tax withheld<br><b>\$497.98</b> |                                                                                      |                            |
|                                                                                                                         |  | 5 Medicare wages and tips<br><b>\$8,032.00</b>                                                                  | 6 Medicare tax withheld<br><b>\$116.46</b>        |                                                                                      |                            |
|                                                                                                                         |  | 7 Social security tips                                                                                          | 8 Allocated tips                                  |                                                                                      |                            |
| d Control number                                                                                                        |  | 9                                                                                                               | 10 Dependent care benefits                        |                                                                                      |                            |
| e Employee's first name and initial Last name<br><b>TIA GIBSON<br/>21 PECAN GROVE<br/>ANYTOWN, US 10103</b>             |  | 11 Nonqualified plans                                                                                           |                                                   | 12a See instructions for box 12                                                      |                            |
|                                                                                                                         |  | 13 Statutory employee <input type="checkbox"/>                                                                  | Retirement plan <input type="checkbox"/>          | Third-party sick pay <input type="checkbox"/>                                        | 12b                        |
|                                                                                                                         |  | 14 Other                                                                                                        |                                                   |                                                                                      | 12c                        |
|                                                                                                                         |  |                                                                                                                 |                                                   |                                                                                      | 12d                        |
| f Employee's address and ZIP code                                                                                       |  | 15 State Employer's state ID number                                                                             | 16 State wages, tips, etc.                        | 17 State income tax                                                                  | 18 Local wages, tips, etc. |
|                                                                                                                         |  | 19 Local income tax                                                                                             | 20 Locality name                                  |                                                                                      |                            |

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CORRECTED (if checked)

|                                                                                                                                                                                                                     |  |                                                               |                                                   |                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no.<br><b>FIRST FEDERAL BANK OF ANYTOWN<br/>960 HIGH STREET<br/>ANYTOWN, US 00100</b>             |  | Payer's RTN (optional)                                        | OMB No. 1545-0112<br><b>2013</b><br>Form 1099-INT | <b>Interest Income</b>                                                                                                                                                                                                                                                       |
| PAYER'S federal identification number<br><b>10-0000002</b>                                                                                                                                                          |  | 1 Interest income<br><b>\$ 175.00</b>                         |                                                   |                                                                                                                                                                                                                                                                              |
| RECIPIENT'S identification number<br><b>222-00-2222</b>                                                                                                                                                             |  | 2 Early withdrawal penalty<br>\$                              |                                                   | <b>Copy B<br/>For Recipient</b>                                                                                                                                                                                                                                              |
| RECIPIENT'S name<br><b>TIM L. GIBSON</b><br>Street address (including apt. no.)<br><b>285 LINDEN AVENUE</b><br>City or town, province or state, country, and ZIP or foreign postal code<br><b>ANYTOWN, US 00100</b> |  | 3 Interest on U.S. Savings Bonds and Treas. obligations<br>\$ |                                                   |                                                                                                                                                                                                                                                                              |
| Account number (see instructions)                                                                                                                                                                                   |  | 4 Federal income tax withheld<br>\$                           | 5 Investment expenses<br>\$                       |                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                     |  | 6 Foreign tax paid<br>\$                                      | 7 Foreign country or U.S. possession              | This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. |
|                                                                                                                                                                                                                     |  | 8 Tax-exempt interest<br>\$                                   | 9 Specified private activity bond interest<br>\$  |                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                     |  | 10 Tax-exempt bond CUSIP no.                                  | 11 State                                          | 12 State identification no.<br>\$                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                     |  |                                                               |                                                   | 13 State tax withheld<br>\$                                                                                                                                                                                                                                                  |

Form 1099-INT (keep for your records) www.irs.gov/form1099int Department of the Treasury - Internal Revenue Service

## Profile 2


**Materials Needed:** Form 1040A, Form W2 for Kyleen (shown below)

**Name:** Kyleen T. Jones  
**Employment:** Full time student, works part-time at Toys Galore  
**Marital Status:** Single  
**Spouse's Name:** N/A  
**Children:** None  
**U.S. Citizen:** Yes  
**Other:** Kyleen is a full time college student who lives on campus and is fully supported by his parents. He works at Toys Galore on the weekends and uses that money to pay for his transportation and cell phone.

Tip: Kyleen's Standard Deduction is calculated by adding \$350 to his earned income if he made more than \$650.

Tip: Kyleen is a dependent of his parents so he cannot claim himself as a dependent

1. Review Kyleen's W2 to complete his tax return.
2. Fill in his personal information on the Form 1040A.
3. Check the correct filing status.
4. Choose the correct number of dependents/exemptions.
5. Enter his wages, salary, and tips and calculate total income.
6. Enter his standard deduction.
7. Enter his federal income tax withholdings.
8. Calculate his refund.

|                                                                                                          |                            |                            |                     |                                                        |                     |                                                                                                                                       |  |                                                                                      |  |
|----------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|---------------------|--------------------------------------------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------|--|
| a Employee's social security number<br><b>222-00-5463</b>                                                |                            | OMB No. 1545-0008          |                     | Safe, accurate,<br>FAST! Use                           |                     |                                                     |  | Visit the IRS website at<br><a href="http://www.irs.gov/efile">www.irs.gov/efile</a> |  |
| b Employer identification number (EIN)<br><b>10-5570912</b>                                              |                            |                            |                     | 1 Wages, tips, other compensation<br><b>\$2,137.00</b> |                     | 2 Federal income tax withheld<br><b>\$57.00</b>                                                                                       |  |                                                                                      |  |
| c Employer's name, address, and ZIP code<br><b>TOYS GALORE<br/>5 CENTER CIRCLE<br/>ANYTOWN, US 10103</b> |                            |                            |                     | 3 Social security wages<br><b>\$2,137.00</b>           |                     | 4 Social security tax withheld<br><b>\$132.49</b>                                                                                     |  |                                                                                      |  |
|                                                                                                          |                            |                            |                     | 5 Medicare wages and tips<br><b>\$2,137.00</b>         |                     | 6 Medicare tax withheld<br><b>\$30.99</b>                                                                                             |  |                                                                                      |  |
|                                                                                                          |                            |                            |                     | 7 Social security tips                                 |                     | 8 Allocated tips                                                                                                                      |  |                                                                                      |  |
| d Control number                                                                                         |                            |                            |                     | 9                                                      |                     | 10 Dependent care benefits                                                                                                            |  |                                                                                      |  |
| e Employee's first name and initial                                                                      |                            | Last name                  |                     | Suff.                                                  |                     | 11 Nonqualified plans                                                                                                                 |  | 12a See instructions for box 12                                                      |  |
| <b>KYLEN JONES</b>                                                                                       |                            | <b>21 PECAN GROVE</b>      |                     | <b>ANYTOWN, US 10103</b>                               |                     | 13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> |  | 12b                                                                                  |  |
|                                                                                                          |                            |                            |                     |                                                        |                     | 14 Other                                                                                                                              |  | 12c                                                                                  |  |
|                                                                                                          |                            |                            |                     |                                                        |                     |                                                                                                                                       |  | 12d                                                                                  |  |
| f Employee's address and ZIP code                                                                        |                            |                            |                     |                                                        |                     |                                                                                                                                       |  |                                                                                      |  |
| 15 State                                                                                                 | Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc.                             | 19 Local income tax | 20 Locality name                                                                                                                      |  |                                                                                      |  |

Form **W-2** Wage and Tax Statement

**2013**

Department of the Treasury—Internal Revenue Service

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