Form 1040 | Authoritative Literature | Help

Trevor and Jordan Riley were married during the current year 20X2. During the year, their daughter Sydney was born. Jordan had previously been married and has sole custody of her daughter Kristi Turner age 12. Prior to her marriage to Trevor Jordan received $5,000 in alimony and $12,600 in child support. Trevor's mother Linda who was fully supported by Trevor during the year, lived in a retirement community for the entire year. The Rileys wish to minimize their tax liability.

Following is additional information pertaining to the Riley family for the current year:

1. The Rileys earned $10,000 in ordinary interest and $8,500 in municipal bond interest.

2. Trevor's wages were $85,000 and Jordan's were $60,000. In addition Trevor's employer provided group term life insurance on Trevor's life in excess of $50,000. The value of the excess coverage was $2,000.

3. The Rileys received a $2,000 security deposit on the rental property they actively manage. They are required to return the amount to the tenant. In addition, the Rileys received $20,000 in gross receipts from their rental property. The expenses for the residential rental property were:

Bank mortgage interest	$12,000
Real estate taxes	3,600
Insurance	1,700
MACRS Depreciation	4,200

4. In early January, as part of a sweepstakes contest Jordan won a week's stay valued at 3,000 at a luxurious hotel in Hawaii. Trevor and Jordan spent their honeymoon at that hotel.

5. The Rileys had no capital loss carryovers from prior years. During the year, the Rileys had the following stock transactions:

	Date Acquired	Date Sold	Sales Price	Cost Basis
Buster Co.	2/1/X1	3/17/X2	$15,000	$35,000
Copper Inc.	2/18/X2	4/1/X2	$ 8,000	$ 4,000

6. Jordan received an acre of land as an inter-vivos gift from her grandmother. At the time of the gift the land had a fair market value of $50,000. The grandmother's basis was $60,000.

【フォーム入力問題】
各種申告書の網掛けのブランク（Becker DISC ではオレンジ色の部分）にのみ、入力を行う。
フォーム入力問題において注意が必要なのは、下記の２点である。
・ コンピュータ画面上では、自動計算される行がある。例：Form1040 line 22 : total income
・ 解答となる金額が“0”の場合もある。

Enter the appropriate values in the shaded fields of the Form 1040 tax form.

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** **200X** (99) IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 200X, or other tax year beginning , 200X, ending , 20 OMB No. 1545-0074

Label (LABEL HERE)

Your first name and initial	Last name	Your social security number
TREVOR	**RILEY**	**111 ¦ 22 ¦ 3333**
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
		444 ¦ 55 ¦ 6666
Home address (number and street). If you have a P.O. box, 123 East St.	Apt. no.	▲ You **must** enter your SSN(s) above. ▲
City, town or post office, state, and ZIP code. San Diego, CA 92220		Checking a box below will not change your tax or refund.

Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign ▶ Check here if you, or your spouse if filing jointly, want $3 to go to this fund ▶ ☐ **You** ☐ **Spouse**

Filing Status Check only one box.

1 ☐ Single
2 ☐ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☐ Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child

Exemptions

6a ☐ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a . . .
b ☐ **Spouse** . . .

Boxes checked on 6a and 6b **No. of children on 6c who:** ● **lived with you** ● **did not live with you due to divorce or separation**

c **Dependents:**

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ☑ if qualifying child for child tax credit
			☐
			☐
			☐
			☐

Dependents on 6c not entered above

d Total number of exemptions claimed. . . . **Add numbers on lines above ▶**

Income	7	Wages, salaries, tips, etc. Attach Form(s) W-2.	7	
	8a	Taxable interest. Attach Schedule B if required	8a	
	b	**Tax-exempt** interest. **Do not** include on line 8a **8b**		
	9a	Ordinary dividends. Attach Schedule B if required	9a	
	b	Qualified dividends **9b**		
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	
	11	Alimony received.	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐	13	
	14	Other gains or (losses). Attach Form 4797	14	
	15a	IRA distributions **15a** **b** Taxable amount	15b	
	16a	Pensions and annuities **16a** **b** Taxable amount	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
	18	Farm income or (loss). Attach Schedule F	18	
	19	Unemployment compensation	19	
	20a	Social security benefits **20a** **b** Taxable amount	20b	
	21	Other income. List type and amount	21	
	22	Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶	22	

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

Enclose, but do not attach, any payment. Also, please use **Form 1040-V.**

Adjusted Gross Income	23	Educator expenses **23**		
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24**		
	25	Health savings account deduction. Attach Form 8889 **25**		
	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 ▶ **31a**		
	32	IRA deduction **32**		
	33	Student loan interest deduction **33**		
	34	Tuition and fees deduction **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	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instruction. Cat. No. 11320B Form **1040** (200X)

Solution

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** **200X** (99) IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 200X, or other tax year beginning , 200X, ending , 20 OMB No. 1545-0074

Label (

Use the IRS label. Otherwise, please print or type.

LABEL HERE

Your first name and initial	Last name	Your social security number
TREVOR	**RILEY**	**111 ¦ 22 ¦ 3333**
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
JORDAN	**RILEY**	**444 ¦ 55 ¦ 6666**
Home address (number and street). If you have a P.O. box, 123 East St.	Apt. no.	▲ You **must** enter your SSN(s) above. ▲
City, town or post office, state, and ZIP code. San Diego, CA 92220		Checking a box below will not change your tax or refund.

Presidential Election Campaign ▶ Check here if you, or your spouse if filing jointly, want $3 to go to this fund ▶ ☐ **You** ☐ **Spouse**

Filing Status Check only one box.

1 ☐ Single
2 ☑ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☐ Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child (see page 17)

Exemptions

6a ☑ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a . . . } **Boxes checked on 6a and 6b** 2
b ☑ **Spouse** . . . . . **No. of children on 6c who:** 2
- **lived with you**
- **did not live with you due to divorce or separation** (

c **Dependents:**

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ☑ if qualifying child for child tax credit
SYDNEY RILEY		**Daughter**	☑
KRISTI TURNER		**Daughter**	☑
LINDA RILEY		**Mother**	☐
			☐

Dependents on 6c not entered above 1

d Total number of exemptions claimed. . . . . **Add numbers on lines above ▶** 5

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

Enclose, but do not attach, any payment. Also, please use **Form 1040-V.**

7	Wages, salaries, tips, etc. Attach Form(s) W-2.		7	147,000
8a	Taxable interest. Attach Schedule B if required		8a	10,000
b	**Tax-exempt** interest. **Do not** include on line 8a	8b 8,500		
9a	Ordinary dividends. Attach Schedule B if required		9a	
b	Qualified dividends	9b		
10	Taxable refunds, credits, or offsets of state and local income taxes		10	
11	Alimony received.		11	5,000
12	Business income or (loss). Attach Schedule C or C-EZ		12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐		13	(3,000)
14	Other gains or (losses). Attach Form 4797		14	
15a	IRA distributions 15a	b Taxable amount	15b	
16a	Pensions and annuities 16a	b Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	0
18	Farm income or (loss). Attach Schedule F		18	
19	Unemployment compensation		19	
20a	Social security benefits 20a	b Taxable amount	20b	
21	Other income. List type and amount **Prize & Awards**		21	3,000
22	Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶		22	162,000

Adjusted Gross Income

23	Educator expenses	23		
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24		
25	Health savings account deduction. Attach Form 8889	25		
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 ▶	31a		
32	IRA deduction	32		
33	Student loan interest deduction	33		
34	Tuition and fees deduction	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	162,000

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instruction. Cat. No. 11320B Form **1040** (200X)

□ **Filing Status : Box 2 should be checked.**

The Rileys were married at the end of the tax year and would qualify as married filing joint. This would be the tax status to minimize total taxes.

Riley夫妻は、課税年度末（12/31）の時点で結婚しており、Box2: MFJ - Married filing jointly、もしくはBox3 : MFS - Married filing separatelyのいずれかを選択することになる。税額が小さく計算されるのは、MFJ -Married filing jointly。

□ **Exemptions**

Personal Exemptions:
In determining the number of exemptions to claim, each filing individual, Trevor and Jordan, is entitled to his/her personal exemption.
Trevor 氏本人の分として、6a 行目：Yourself にチェック。MFJ を用いているので、配偶者である Jordan 氏の分として、6b 行目：Spouse にチェック。いずれも Personal exemption である。

Dependency Exemptions:
In determining how many dependency exemptions the Rileys are allowed, the "CARES" or "SUPPORT" tests must be met.
Riley夫妻は、“Qualifying Child”の要件 (CARES) を満たした者、または、“Qualifying Relative”の要件(SINCRO)を満たした者について、Dependency exemptionをとることができる。
※ 本試験対策上は、特に各要件に反する記述がない限り、満たしていると考える！

Sydney (0歳) とKristi (12歳)は、「19歳」未満の子供であり、生活費の50%超の援助を受けているだろう。特に反する記述がないため、2人ともOK。”Qualifying Child”の要件を満たした「17歳」未満の子供は子供税額控除 (child tax credit) の対象となる。6c行目(4)に✔を付けるのを忘れずに！
※ 離婚した親の子供の扱い：KristiはJordan氏の連れ子となるが、養育しているため、問題はない。

Linda (母親) は、Trevor氏から生活費の100%の援助を受けている。３親等以内の親族 (relative) であるため、同居している必要はない。”Qualifying Relative”の要件を満たす。

	S	I	N	C	R	O
Linda Trevor の母親	○	○	n/a	○	○	×

The number of children as dependents is “2” and should be entered in the related box. The number of other dependents is “1” and should be entered in the related box. Total is 5 exemptions.
従って、Sydney、Kristi、Linda 全員が税法上の扶養家族（dependents）として認められる。
そこで、6c行目の表に3人の氏名と続柄等を入力し、そして「子供」と「それ以外」に分けて人数を入力（子供２、その他１）する。Riley夫妻は、合計 5人分のExemptionを控除することができる。

□ **Line 7: Wages $147,000**

Trevor's wages	$85,000
Jordan's wages	$60,000
Value of employer-provided group term life insurance in excess of $50,000	$2,000
	$147,000

雇用主により支払われた団体生命保険料（life insurance premiums）は、$50,000までの保険金に対応する保険料に限り、非課税とすることができる。Trevor氏の場合、保険金の額面が$50,000を超えているため、超えた部分に対応する保険料$2,000は、課税対象となる。