



2014 Arizona ATS Test

Test: **400-00-7510**

Form: **140NR**

Description: Nonresident, MFJ, No Dependents, Refund

Forms used

Form 140NR (residents of Italy), Schedule A (NR), Credit 309

Other

Testing W-2 without Arizona withholding and no SSN.

Income Information	Total	Arizona
Wages from two W-2 Forms	59,700	30,000
Interest	7,917	7,917
Dividends	800	800
Arizona Tax Refund	250	250
Adjusted Gross Income	68,667	38,967
<u>Deductions and Adjustments</u>	<u>Total</u>	<u>Arizona</u>
Federal Schedule A	24,275	12,063

Preparer Information

Name = Teresa Taxpro

Firm = H & R Block

Address = Dublin, Ohio 43017

Phone = 614-659-1505

Self Employed = No

EIN = 43-1632899

DO NOT STAPLE ANY ITEMS TO THE RETURN.

Place any required federal and AZ schedules or other documents after Form 140NR.

Arizona Form
140NR

Nonresident Personal Income Tax Return

FOR CALENDAR YEAR

2014

82F ☐ Check box 82F if filing under extension OR FISCAL YEAR BEGINNING MM/DD/2014 AND ENDING MM/DD/20YY **66**

Your First Name and Middle Initial 1 FOREIGN		Last Name ADDRESS		Enter your SSN(s). 400 00 7510 Spouse's Social Security No. 400 00 7598
Spouse's First Name and Middle Initial (if box 4 or 6 checked) 1 JANE		Last Name ADDRESS		
Current Home Address - number and street, rural route 2 123 FRONT ST			Apt. No. 94	Daytime Phone (with area code)
City, Town or Post Office 3 06579 ROME ITALY		State	ZIP Code	Last Names Used in Prior Year(s)

FILING STATUS	4 <input checked="" type="checkbox"/> Married filing joint return	REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88	
	5 <input type="checkbox"/> Head of household: Enter name of qualifying child or dependent on next line: _____		
	6 <input type="checkbox"/> Married filing separate return: Enter spouse's name and Social Security Number above.		
	7 <input type="checkbox"/> Single		
EXEMPTIONS	↓ Enter the number claimed. Do not put a check mark.		
	8 <input type="checkbox"/> Age 65 or over (you and/or spouse)	If completing lines 8 through 10, also complete lines 47 through 51.	
	9 <input type="checkbox"/> Blind (you and/or spouse)		
	10 <input type="checkbox"/> Dependents: Do not include self or spouse.		
		81 PM	80 RCVD

11-13 Residency Status (check one): **11** ☒ Nonresident **12** ☐ Nonresident Active Military **13** ☐ Composite Return

Dependent Information (Box 10): Children and other dependents. For more space, (check) ☐ and complete page 3.

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2014	(e) ✓ if this person did not qualify as a dependent on your federal return	(f) ✓ if you did not claim this person on your federal return due to educational credits
10a					<input type="checkbox"/>	<input type="checkbox"/>
10b					<input type="checkbox"/>	<input type="checkbox"/>
10c					<input type="checkbox"/>	<input type="checkbox"/>
10d					<input type="checkbox"/>	<input type="checkbox"/>

Arizona Percent	14 Check box 14 if married and you are the spouse of an active duty military member who qualifies for relief under the Military Spouses Residency Relief Act 14 <input type="checkbox"/>	2014 FEDERAL Amount from Federal Return		2014 ARIZONA Source Amount Only		
	15 Wages, salaries, tips, etc	15	59,700	00	30,000	00
	16 Interest	16	7,917	00	7,917	00
	17 Dividends	17	800	00	800	00
	18 Arizona income tax refunds	18	250	00	250	00
	19 Business income or (loss) from federal Schedule C	19		00		00
	20 Gains or (losses) from federal Schedule D	20		00		00
	21 Rents, royalties, partnerships, estates, trusts, small business corporations from federal Schedule E...	21		00		00
	22 Other income reported on your federal return	22		00		00
	23 Total income: Add lines 15 through 22	23	68,667	00	38,967	00
24 Other federal adjustments: Include your own schedule	24		00		00	
25 Federal adjusted gross income: Subtract line 24 from line 23 in the FEDERAL column	25	68,667	00			
26 Arizona income: Subtract line 24 from line 23 in the ARIZONA column	26			38,967	00	
27 Arizona percentage: Divide line 26 by line 25, and enter the result (not over 100%)	27			56.7	%	
Additions	28 Total depreciation included in Arizona gross income	28			00	
	29 Other additions to income: See instructions and include your own schedule	29			00	
	30 Subtotal: Add lines 26, 28, and 29 and enter the total	30			38,967	00
	31 Total Arizona sourced net capital gain or (loss)	31		00		
Subtractions - cont. on page 2	32 Total net short-term capital gains included on line 20, ARIZONA column	32		00		
	33 Total net long-term capital gain or (loss). Enter the amount from your worksheet, line 14, col. (c)	33		00		
	34 Net long-term capital gain from assets acquired after December 31, 2011. Enter the amount from your worksheet, line 14, col. (e)	34		00		
	35 Multiply line 34 by 20% (.20) and enter the result	35				00
	36 Net capital gain derived from Investment in Qualified Small Business	36				00
	37 Recalculated Arizona depreciation	37				00
	38 2013 Arizona depreciation adjustment	38				00
	39 Adjustment for I.R.C. §179 expense not allowed	39				00
	40 Reserved	40				
	41 Subtract lines 35 through 40 from line 30. Enter the total	41			38,967	00

DRAFT #9, June-11-14

Your Name (as shown on page 1)

Your Social Security Number

Dependent Information - Continuation Sheet

from Page 1 Dependents

Include with your return **only** if listing additional dependents.

Complete this form *only* if you need additional space from page 1 to list your dependents.
If you do not list **all** dependents claimed on page 1 of your income tax return, you may lose the exemptions.

Children and other dependents, continued from page 1.

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2014	(e) ✓ if this person did not qualify as a dependent on your federal return	(f) ✓ if you did not claim this person on your federal return due to educational credits
10e					<input type="checkbox"/>	<input type="checkbox"/>
10f					<input type="checkbox"/>	<input type="checkbox"/>
10g					<input type="checkbox"/>	<input type="checkbox"/>
10h					<input type="checkbox"/>	<input type="checkbox"/>
10i					<input type="checkbox"/>	<input type="checkbox"/>
10j					<input type="checkbox"/>	<input type="checkbox"/>
10k					<input type="checkbox"/>	<input type="checkbox"/>
10l					<input type="checkbox"/>	<input type="checkbox"/>
10m					<input type="checkbox"/>	<input type="checkbox"/>
10n					<input type="checkbox"/>	<input type="checkbox"/>
10o					<input type="checkbox"/>	<input type="checkbox"/>
10p					<input type="checkbox"/>	<input type="checkbox"/>
10q					<input type="checkbox"/>	<input type="checkbox"/>
10r					<input type="checkbox"/>	<input type="checkbox"/>
10s					<input type="checkbox"/>	<input type="checkbox"/>
10t					<input type="checkbox"/>	<input type="checkbox"/>
10u					<input type="checkbox"/>	<input type="checkbox"/>
10v					<input type="checkbox"/>	<input type="checkbox"/>

Include with your return.

Your Name as shown on Form 140NR FOREIGN ADDRESS	Your Social Security Number 400 00 7510
Spouse's Name as shown on Form 140NR (if filing joint) JANE ADDRESS	Spouse's Social Security Number 400 00 7598

Adjustment to Medical and Dental Expenses

1 Medical and dental expenses	1		00
2 Amount of distributions used to pay qualified medical expenses from your Arizona Long-Term Health Care Savings Account (AZLTHSA) included on line 1 .	2		00
3 Medical expenses allowed to be taken as a federal itemized deduction	3		00
4 Add line 2 and line 3, and enter the result	4		00
5 If line 1 is the same as or more than line 4, subtract line 4 from line 1; otherwise, go to line 6	5		00
6 If line 4 is more than line 1, subtract line 1 from line 4	6		00

Adjustment to Interest Deduction

7 If you received a federal credit for interest paid on mortgage credit certificates (from federal Form 8396), enter the amount of mortgage interest you paid for 2014 that is equal to the amount of your 2014 federal credit	7		00
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Adjustment to Gambling Losses

8 Wagering losses allowed as a federal itemized deduction	8		00
9 Total gambling winnings included in your federal adjusted gross income	9		00
10 Arizona lottery subtraction from Form 140NR, page 2, line 44	10		00
11 Maximum allowable gambling loss deduction: Subtract line 10 from line 9	11		00
12 If line 11 is less than line 8, subtract line 11 from line 8; otherwise enter "zero"	12		00

Adjustment to Charitable Contributions

13 Amount of charitable contributions for which you are claiming a credit under Arizona law	13		00
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Itemized Deductions

14 Add the amounts on lines 5 and 7	14		00
15 Add the amounts on lines 6, 12 and 13	15		00
16 Total federal itemized deductions allowed to be taken on federal return	16	21,275	00
17 Enter the amount from line 14 above	17		00
18 Add lines 16 and 17	18	21,275	00
19 Enter the amount from line 15 above	19		00
20 Adjusted itemized deductions: Subtract line 19 from line 18	20	21,275	00
21 Enter your Arizona percentage from Form 140NR, page 1, line 27	21	56.7	%
22 Arizona itemized deductions: Multiply line 20 by the percentage on line 21. Enter the result here and on Form 140NR, page 2, line 53	22	12,063	00



You must include a copy of federal Form 1040, Schedule A to your return if you itemize your deductions on your Arizona return.

Include with your return.

For the calendar year 2014 or fiscal year beginning MM,DD,2014 and ending MM,DD,20YY.

Your Name as shown on Form 140, 140PY, 140NR or 140X FOREIGN ADDRESS	Your Social Security Number 400 00 7510
Spouse's Name as shown on Form 140, 140PY, 140NR or 140X (if a joint return) JANE ADDRESS	Spouse's Social Security Number 400 00 7598

Part 1 Nonrefundable Individual Tax Credits Available
 Enter total available tax credits.

	(a) Current Year Credit	(b) Available Carryover	(c) Total Available Credit (a) + (b)
1 Enterprise Zone Credit Form 304 ▶ 1			00
2 Environmental Technology Facility Credit..... Form 305 ▶ 2			00
3 Military Reuse Zone Credit..... Form 306 ▶ 3			00
4 Recycling Equipment Credit Form 307 ▶ 4			00
5 Credit for Increased Research Activities – Individuals..... Form 308-I ▶ 5			00
6 Credit for Taxes Paid to Another State or Country..... Form 309 ▶ 6	70.00		70 00
7 Credit for Solar Energy Devices Form 310 ▶ 7			00
8 Agricultural Water Conservation System Credit Form 312 ▶ 8			00
9 Pollution Control Credit..... Form 315 ▶ 9			00
10 Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle Recharge Outlets Form 319 ▶ 10			00
11 Credit for Employment of TANF Recipients..... Form 320 ▶ 11			00
12 Credit for Contributions to Qualifying Charitable Organizations... Form 321 ▶ 12			00
13 Credit for Contributions Made or Fees Paid to Public Schools..... Form 322 ▶ 13			00
14 Credit for Contributions to Private School Tuition Organizations.. Form 323 ▶ 14			00
15 Agricultural Pollution Control Equipment Credit Form 325 ▶ 15			00
16 Credit for Donation of School Site Form 331 ▶ 16			00
17 Credits for Healthy Forest Enterprises Form 332 ▶ 17			00
18 Credit for Employing National Guard Members..... Form 333 ▶ 18			00
19 Motion Picture Credits Form 334 ▶ 19			00
20 Credit for Solar Energy Devices – Commercial and Industrial Applications..... Form 336 ▶ 20			00
21 Credit for Investment in Qualified Small Businesses..... Form 338 ▶ 21			00
22 Credit for Water Conservation Systems Form 339 ▶ 22			00
23 Credit for Donations to the Military Family Relief Fund Form 340 ▶ 23			00
24 Renewable Energy Production Tax Credit..... Form 343 ▶ 24			00
25 Solar Liquid Fuel Credit..... Form 344 ▶ 25			00
26 Credit for New Employment..... Form 345 ▶ 26			00
27 Additional Credit for Increased Research Activities for Basic Research Payments Form 346 ▶ 27			00
28 Credit for Qualified Health Insurance Plans Form 347 ▶ 28			00
29 Credit for Contributions to Certified School Tuition Organization (for contributions that exceed the allowable credit on Arizona Form 323).. Form 348 ▶ 29			00
30 Credit for Renewable Energy Investment and Production for Self-Consumption by Manufacturers Form 351 ▶ 30			00
31 Total available nonrefundable tax credits: Add lines 1 through 30 31			70 00



You must include Form 301 and the corresponding credit forms on which you computed your credit(s) with your individual income tax return.

Continued on page 2 →

Your Name (as shown on page 1)	FOREIGN ADDRESS	Your Social Security Number 400-00-7510
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Part 2 Application of Tax Credits and Recapture
Enter tax, recapture tax, and tax credits used this taxable year.

32	Tax from Form 140, line 46; or Form 140PY, line 59; or Form 140NR, line 56; or Form 140X, line 31	32	648	00
33	Tax from recapture of Environmental Technology Facility Credit from Form 305, Part 5, line 23	33	00	
34	Tax from recapture of Credits for Healthy Forest Enterprises from Form 332, Part 11, line 53, and Part 12, line 59	34	00	
35	Tax from recapture of Credit for Renewable Energy Industry from Form 342, Part 5, line 17	35	00	
36	Tax from recapture of Credit for Qualified Facilities from Form 349, Part 5, line 17	36	00	
37	Tax from recapture of Credit for Renewable Energy Investment and Production for Self-Consumption by Manufacturers from Form 351, Part 5, line 25	37	00	
38	Recapture Total: Add lines 33, 34, 35, 36, and 37. Enter here and on Form 140, line 47; or Form 140PY, line 60; or Form 140NR, line 57; or Form 140X, line 32	38		00
39	Subtotal: Add lines 32 and 37	39	648	00
40	Family Income Tax Credit from Form 140, line 49; or Form 140PY, line 62; or Form 140X, line 34	40		00
41	Subtract line 40 from line 39. Enter the difference. If less than zero, enter "zero"	41	648	00

Nonrefundable Tax Credits Used This Taxable Year

Enter amount of credits actually used from Part 1.

42	Enterprise Zone Credit	Form 304 ▶ 42	00
43	Environmental Technology Facility Credit (not to exceed 75% of line 39)	Form 305 ▶ 43	00
44	Military Reuse Zone Credit	Form 306 ▶ 44	00
45	Recycling Equipment Credit (not to exceed the lesser of 25% of line 39 or \$5,000)	Form 307 ▶ 45	00
46	Credit for Increased Research Activities – Individuals	Form 308-I ▶ 46	00
47	Credit for Taxes Paid to Another State or Country	Form 309 ▶ 47	70 00
48	Credit for Solar Energy Devices	Form 310 ▶ 48	00
49	Agricultural Water Conservation System Credit	Form 312 ▶ 49	00
50	Pollution Control Credit	Form 315 ▶ 50	00
51	Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle Recharge Outlets	Form 319 ▶ 51	00
52	Credit for Employment of TANF Recipients	Form 320 ▶ 52	00
53	Credit for Contributions to Qualifying Charitable Organizations	Form 321 ▶ 53	00
54	Credit for Contributions Made or Fees Paid to Public Schools	Form 322 ▶ 54	00
55	Credit for Contributions to Private School Tuition Organizations	Form 323 ▶ 55	00
56	Agricultural Pollution Control Equipment Credit	Form 325 ▶ 56	00
57	Credit for Donation of School Site	Form 331 ▶ 57	00
58	Credits for Healthy Forest Enterprises	Form 332 ▶ 58	00
59	Credit for Employing National Guard Members	Form 333 ▶ 59	00
60	Motion Picture Credits	Form 334 ▶ 60	00
61	Credit for Solar Energy Devices – Commercial and Industrial Applications	Form 336 ▶ 61	00
62	Credit for Investment in Qualified Small Businesses	Form 338 ▶ 62	00
63	Credit for Water Conservation Systems	Form 339 ▶ 63	00
64	Credit for Donations to the Military Family Relief Fund: Enter the smaller of Part 1, line 23 or Part 2, line 39	Form 340 ▶ 64	00
65	Renewable Energy Production Tax Credit	Form 343 ▶ 65	00
66	Solar Liquid Fuel Credit	Form 344 ▶ 66	00
67	Credit for New Employment	Form 345 ▶ 67	00
68	Additional Credit for Increased Research Activities for Basic Research Payments	Form 346 ▶ 68	00
69	Credit for Qualified Health Insurance Plans	Form 347 ▶ 69	00
70	Credit for Contributions to Certified School Tuition Organization (for contributions that exceed the maximum allowable credit on Arizona Form 323).	Form 348 ▶ 70	00
71	Credit for Renewable Energy Investment and Production for Self-Consumption by Manufacturers	Form 351 ▶ 71	00

72	Total Tax Credits Used: Add lines 42 through 71. Total cannot be more than line 41. Enter this amount on Form 140, line 50; or Form 140PY, line 63; or Form 140NR, line 59; or Form 140X, line 35	72	70	00
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Include with your return. A separate form must be filed for each state or country for which a credit is claimed.

For the calendar year 2014 or fiscal year beginning MM/DD/2014 and ending MM/DD/20YY.

Your Name as shown on Form 140, 140NR, 140PY or 140X FOREIGN ADDRESS	Your Social Security Number 400 00 7510
Spouse's Name as shown on Form 140, 140NR, 140PY or 140X (if joint return) JANE ADDRESS	Spouse's Social Security Number 400 00 7598

Part 1 Computation of Income Subject to Tax by Both Arizona and the Other State or Country During 2014

Other State: If claiming a credit for taxes paid to another state, enter the two-letter abbreviation for that state.

See last page of the instructions for a list of state abbreviations

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Other Country: If claiming a credit for taxes paid to another country, enter the name of that other country

		(a)	(b)	(c)
1	Description of income item(s). List each income item separately.	WAGES	INTEREST	DIVIDENDS
2	Amount of income from item listed on line 1 reportable to both Arizona and the other state or country	2 \$ 59,700 00	2 \$ 7,917 00	2 \$ 800 00
3	Portion of income on line 2 included in Arizona adjusted gross income	3 \$ 30,000 00	3 \$ 7,917 00	3 \$ 800 00
4	Portion of income on line 2 included in the other state's or country's equivalent of Arizona adjusted gross income.....	4 \$ 59,700 00	4 \$ 7,917 00	4 \$ 800 00
5	Income subject to tax by both Arizona and the other state or country. Enter the smaller of the amount entered on line 3 or line 4	5 \$ 30,000 00	5 \$ 7,917 00	5 \$ 800 00
6	Total income subject to tax in both Arizona and the other state or country. Add line 5, columns (a), (b), and (c)	6 \$ 38,717 00	6 \$ 7,917 00	6 \$ 800 00

Part 2 Computation of Other State or Country Tax Credit

(Read specific line instructions for Part 2 before completing this part.)

7	Arizona tax liability less any credits (except other state tax credit)	7	648	00
8	Amount from Part 1, line 6.....	8	37,717	00
9	Entire income upon which Arizona tax is imposed. See instructions.....	9	68,667	00
10	Divide the amount on line 8 by the amount on line 9 (cannot be greater than one).....	10	0 . 15 6 4	
11	Multiply the amount on line 7 by the decimal on line 10.....	11	365	00
12	Income tax paid to: Name of other state or country. See Instructions..... <u>ITALY</u>	12	125	00
13	Amount from Part 1, line 6.....	13	38,717	00
14	Entire income upon which other state's or country's income tax is imposed. See instructions.....	14	68,667	00
15	Divide the amount on line 13 by the amount on line 14 (cannot be greater than one).....	15	0 . 15 6 4	
16	Multiply the amount on line 12 by the decimal on line 15.....	16	70	00
17	Allowable credit for taxes paid to the above named other state or country: Enter the smaller of line 11 or line 16. See instructions.....	17	70	00

Schedule of Income Allocation

Complete this schedule only if you are an Arizona resident who is also considered to be a resident of another state under the laws of that other state (dual resident); otherwise skip this schedule. See pages 2 and 8 of the instructions.

	(a) Amount reported on your 2014 federal return	(b) Amount entered in column (a) reported on your 2014 Form 140	(c) Amount entered in column (a) reported on your 2014 return filed to your statutory state of residence	(d) Amount entered in column (c) that would be sourced to your statutory state of residence as income of a nonresident of that state
1 Wages, salaries, tips, etc.....	\$ 00	\$ 00	\$ 00	\$ 00
2 Interest.....	\$ 00	\$ 00	\$ 00	\$ 00
3 Dividends.....	\$ 00	\$ 00	\$ 00	\$ 00
4 Business income or (loss) from federal Schedule C.....	\$ 00	\$ 00	\$ 00	\$ 00
5 Gains or (losses) from federal Schedule D.....	\$ 00	\$ 00	\$ 00	\$ 00
6 Rents, royalties, partnerships, estates, trusts, small business corporations from federal Schedule E	\$ 00	\$ 00	\$ 00	\$ 00
7 Other income reported on your federal return	\$ 00	\$ 00	\$ 00	\$ 00
8 Total Income: Add lines 1 through 7 .	\$ 00	\$ 00	\$ 00	\$ 00
9 Other federal adjustments: List on lines 9a through 9c:				
9a	\$ 00	\$ 00	\$ 00	\$ 00
9b	\$ 00	\$ 00	\$ 00	\$ 00
9c	\$ 00	\$ 00	\$ 00	\$ 00
9d Total adjustments: Add lines 9a through 9c for each column.....	\$ 00	\$ 00	\$ 00	\$ 00
10 Adjusted Gross Income: Subtract line 9d from line 8 for each column....	\$ 00	\$ 00	\$ 00	\$ 00

22222		a Employee's social security number 400-00-7510		OMB No. 1545-0008	
b Employer identification number (EIN)			1 Wages, tips, other compensation 15,000		2 Federal income tax withheld 2,405
c Employer's name, address, and ZIP code TEST NAME TEST ADDRESS DUBLIN OH 43017			3 Social security wages 15,000		4 Social security tax withheld 630
			5 Medicare wages and tips 15,000		6 Medicare tax withheld 218
			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. FOREIGN ADDRESS 123 FRONT ST 06579 ROME ITALY			11 Nonqualified plans		12a
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <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
AZ	122221122	15,000	350		

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2014

Department of the Treasury—Internal Revenue Service

22222		a Employee's social security number 400-00-7598		OMB No. 1545-0008		
b Employer identification number (EIN) 112111222				1 Wages, tips, other compensation 23,967		2 Federal income tax withheld 4,275
c Employer's name, address, and ZIP code TEST NAME TEST ADDRESS ONEONTA AL 35121				3 Social security wages 23,967		4 Social security tax withheld 1,007
				5 Medicare wages and tips 23,967		6 Medicare tax withheld 348
				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. JANE ADDRESS 123 FRONT ST 06579 ROME ITALY				11 Nonqualified plans		12a
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b
				14 Other		12c
						12d
f Employee's address and ZIP code						
15 State AZ	Employer's state ID number 123456666	16 State wages, tips, etc. 15,000.00	17 State income tax 900.00	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2014

Department of the Treasury—Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. TEST TEST ADDRESS BARHAMSVILLE VA 23011		Payer's RTN (optional)		OMB No. 1545-0112		
		1 Interest income \$ 7,917		2014 Form 1099-INT		
PAYER'S federal identification number 400007510		RECIPIENT'S identification number 400007510		2 Early withdrawal penalty \$		
				3 Interest on U.S. Savings Bonds and Treas. obligations \$		
RECIPIENT'S name FOREIGN ADDRESS Street address (including apt. no.) 123 FRONT ST City or town, state or province, country, and ZIP or foreign postal code 06579 ROME ITALY		4 Federal income tax withheld \$		5 Investment expenses \$		
		6 Foreign tax paid \$		7 Foreign country or U.S. possession		
		8 Tax-exempt interest \$		9 Specified private activity bond interest \$		
		10 Market discount \$		11 Bond premium \$		
		12 Tax-exempt bond CUSIP no.		13 State	14 State identification no.	15 State tax withheld \$
		Account number (see instructions)				----- \$

Form **1099-INT**

www.irs.gov/form1099int

Department of the Treasury - Internal Revenue Service

Interest Income

Copy 1

**For State Tax
Department**

22222		a Employee's social security number		OMB No. 1545-0008	
b Employer identification number (EIN) 221112333			1 Wages, tips, other compensation 20,733		2 Federal income tax withheld
c Employer's name, address, and ZIP code TEST NAME TEST ADDRESS MCLEAN V A 22102			3 Social security wages 20.733		4 Social security tax withheld 871
			5 Medicare wages and tips 20,733		6 Medicare tax withheld 301
			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. FOREIGN ADDRESS 123 FRONT ST ROME ITALY			11 Nonqualified plans		12a
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b
			14 Other		12c
					12d
f Employee's address and ZIP code					
15 State MT	Employer's state ID number 223334444	16 State wages, tips, etc. 20,733	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
					20 Locality name

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2014

Department of the Treasury—Internal Revenue Service