

# **Fiesta 2020 Practice Lab Example**

## ***Exercise Number Six – Basic Competencies***

### **BASIC INFORMATION**

<i>Client's Social Security Number</i>	400-zerozero-4703
<i>Filing Status</i>	Married; would like to file together
<i>Taxpayer First Name, Initial, and Last Name</i>	James T. Kirk
<i>Taxpayer's Date of Birth</i>	3/1/1967
<i>Taxpayer's Occupation</i>	Administrative Assistant
<i>Secondary First Name, Initial, and Last Name</i>	Sherry S. Kirk
<i>Secondary SSN</i>	400-zerozero-4704
<i>Spouse's Date of Birth</i>	6/15/1968
<i>Secondary's Occupation</i>	Nurse
<i>Neither Taxpayer nor Spouse is Blind or Deceased</i>	
<i>Street Address</i>	389 Davant Street
<i>Zip Code</i>	32920 (Cape Canaveral, Florida)
<i>Daytime Telephone</i>	904-868-0985

### **Dependent Information**

<i>First Dependent Name</i>	Brandon D. Kirk
<i>Dependent's Birthday</i>	5/3/1998
<i>Dependent's SSN</i>	400-zerozero-5557
<i>Relationship</i>	Son
<i>Number of Months Lived in Home</i>	12

*\*Brandon is a full-time student in 1<sup>st</sup> year of post-secondary education at a qualified university. He has never claimed American Opportunity Credit before and does not have any felony convictions.*

<i>Second Dependent Name</i>	Andrea D. Kirk
<i>Dependent's Birthday</i>	8/1/2003
<i>Dependent's SSN</i>	400-zerozero-5588
<i>Relationship</i>	Niece
<i>Number of Months Lived in Home</i>	12

**Exercise Number Two – Basic Competencies  
(Page 2)**

**FEDERAL SECTION**

**W-2 Information**

**Taxpayer**

<i>Employer Identification Number</i>	58-6987451
<i>Employer Name/Address</i>	NASA 101 Cape Canaveral Way Cape Canaveral, FL 32920
<i>Wages</i>	\$ 20000.00
<i>Federal Withholding</i>	\$ 2400.00
<i>State</i>	FL
<i>State ID Number</i>	None
<i>State Tax Withheld</i>	None

**Spouse**

<i>Employer Identification Number</i>	58-6412038
<i>Employer Name/Address</i>	RCS Hospital 610 Ronald Reagan Drive Evans, GA 30809
<i>Wages</i>	\$ 42100.00
<i>Federal Withholding</i>	\$ 5200.00
<i>State</i>	GA
<i>State ID Number</i>	28-594178
<i>State Tax Withheld</i>	\$ 740.00

**Schedule B Information:**

***Regular Interest (Joint)***

<i>Payer's Name</i>	Bank of America
<i>Payer's EIN</i>	26-5489756
<i>Payer's Address</i>	123 Merry Way 30810 (Gibson, GA)
<i>Interest Income from 1099</i>	\$ 242.00
<i>Early Withdrawal Penalty</i>	\$ 24.00

***Regular Dividend (Joint)***

<i>Payer's Name</i>	Bank of America
<i>Payer's EIN</i>	26-5489756
<i>Payer's Address</i>	123 Merry Way 30810 (Gibson, GA)
<i>Total Ordinary Dividends</i>	\$ 315.00
<i>Total Qualified Dividends</i>	\$ 275.00

**Exercise Number Two – Basic Competencies  
(Page 3)**

**Form 1098-T Information:**

<i>Type of Credit</i>	American Opportunity Credit
<i>Qualified Expenses</i>	\$ 5000
<i>Institution Name/Address</i>	Oglethorpe University 2103 Graduate Way Augusta, GA 30907
<i>Institution Federal Identification Number</i>	98-7654321

\*Mr. Kirk was a victim of identity theft and received an IPPIN from the IRS: 012345

**Health Care Coverage Information:**

Mr. Kirk's entire family is enrolled under employersponsored health insurance.

Health insurance was NOT purchased through the Exchange.

**Check for following answers:**

AGI - \$62,633

Federal Amount - \$6,431