# **Fiesta Practice Lab Example Tax Returns**

# Puerto Rico Exercise Two

# **BASIC INFORMATION**

Taxpayer Social Security Number

Filing Status

Taxpayer First Name and Last Name

Taxpayer Date of Birth Taxpayer Occupation Taxpayer U.S. Citizen

Spouse First Name and Last Name

Spouse SSN

Spouse Date of Birth Spouse Occupation Spouse U.S. Citizen

Mailing Address

Zip Code

Daytime Telephone

144-00-3031

Married, wish to file jointly

Henry La Plata 9/2/1985

**Customer Service Rep** 

Yes

Augusta Turner 145-00-3032 9/12/1987 Housewife

Yes

4695 Bambino St 00968 (Guaynabo, PR)

787-333-3333

# **Dependent Information**

Dependent Name
Dependent Date of Birth
Dependent SSN
Relationship

Dependent Not Disabled

Orlando La Plata 4/6/2016 146-00-3033 Son

# **FEDERAL SECTION**

#### W-2 Information

#### Taxpayer

Employer Identification Number 74-1001234

Employer Name/Address Department of the Treasury

PO Box 600

70160 (New Orleans, LA)

Wages \$ 45,319.00 Federal Withholding \$ 2,649.00

State PR

State ID Number 64-2008321 State Tax Withheld \$ 4,200

# **Taxpayer Information:**

Henry and Augusta are bona fide residents of Puerto Rico.

#### **Relevant Information:**

The Puerto Rico tax liability for 2019 is \$6,500. This year, Henry contributed \$5,042 to his retirement plan (401K); use Form 8880. If a refund or balance is due, they would like a direct deposit to or direct debit from their checking account 10203; routing number 25X25XX25 (X=0).

### Child Tax Credit, Schedule 8812:

They have a qualifying child.

#### **Health Care**

Henry, Augusta and Orlando had minimum essential coverage from a private insurance company.

# **Check for following answers:**

AGI - \$45,319

Federal Refund - \$2,649