



2021.22 Tax Exercises

Exercise Number Three (American Opportunity Credit)

Forms Included: Form 1040, W-2, 1098-T

Client's Social Security Number: 217-00-4065

Filing Status: Married Filing Joint

Taxpayer's Date of Birth: 08/01/1980

Spouse's Date of Birth: 02/14/1979

Neither Taxpayer nor Spouse is Blind or Deceased

Client's First Name, Initial, and Last Name: **Emmanuel Hernandez**

Secondary First Name, Initial, and Last Name: **Linda Hernandez**

Secondary SSN: 311-00-4249

Street Address: 3109 Greenbrier Street
Zip Code 30906 (Augusta, Georgia)

Daytime Telephone: 706-868-0985

Taxpayer's Occupation: Professor

Secondary's Occupation: Janitor

E-Mail: Hernandez@gmail.com

Dependent Information

Name: Maria Hernandez

Date of Birth: 05/03/2000

Dependent SSN: 216-00-9877

Relationship: Daughter

Lived in home: 12 Months/*Taxpayer has not released claim for Maria to another person.*

Second Dependent

Name: Rosa Hernandez

Date of Birth: 06/10/2017

Dependent SSN: 454-00-1260

Relationship: Daughter

Lived in home: 12 Months

No Dependent Care Expenses Paid/Taxpayer has not released claim for Rosa to another person.

Healthcare Information: Taxpayer and family have minimum essential healthcare coverage through taxpayer's employer.

No health insurance was purchased through the marketplace/exchange.

W-2 Information

Taxpayer

Employer Identification Number: 58-5478124

Employer Name: Augusta State University

*Address: 2100 Central Avenue
Augusta, GA 30906*

Wages: 29430.00

Federal Withholding: 2950.00

State GA

State ID Number 289741520

State Wages 29430.00

State Tax Withheld 2530.00

Spouse W-2

Employer Identification Number: 58-5478124

Employer Name: Augusta State University

Address: 2100 Central Avenue

Augusta, GA 30906

Wages: 23300.00

Federal Withholding: 2230.00

State GA

State ID Number 289741520

State Wages 23300.00

State Tax Withheld 2130.00

1098-T Information

Student Information:

Name: Maria Hernandez

Dependent SSN: 216-00-9877

Has the Hope Scholarship Credit or American Opportunity Credit already been claimed on 4 prior tax returns? **NO**

Was the student enrolled at least half-time? **YES**

Did the student complete the first 4 years of post-secondary education before 2020? **YES**

Was the student convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance? **NO**

Did the student receive Form 1098-T from this institution for 2020? **YES**

Did the student receive Form 1098-T from this institution for 2019 with Box 2 filled in and Box 7 checked? **NO**

FORM 8863

Institution Name: ABC University

Address: 4520 Tenaya Blvd

Phoenix, Arizona 85004

Institution FIN (Federal Identification Number): 42-1236548

Qualified Expenses (Box 1 on 1098-T): 6000.00