## **ATS Test Scenario 13** Taxpayer: William and Nancy Birch SSN: 400-00-1313

### **Test Scenario 13 includes the following forms:**

- Form 1040
- Form 1040 Schedule 3
- Form 6251
- Form 8911
- Form 8911 Schedule A
- Form W-2

### REASURY/IRS AND OMB USE ONLY

Department of the Treasury-Internal Revenue Service **U.S. Individual Income Tax Return** OMB No. 1545-0074 For the year Jan. 1-Dec. 31, 2025, or other tax year beginning 12/31 20 25 2025, ending See separate instructions. Filed pursuant to section 301.9100-2 Combat zone Deceased MM / DD / YYYY Spouse MM / DD / YYYY Other Your first name and middle initial Last name Your social security number **WILLIAM BIRCH** 4 0 0 0 0 1 3 1 3 If joint return, spouse's first name and middle initial Last name Spouse's social security number NANCY **BIRCH** 0 0 0 0 1 2 3 4 Check here if your main home, and your Home address (number and street). If you have a P.O. box, see instructions. Apt. no. spouse's if filing a joint return, was in 13 ELM STREET the U.S. for more than half of 2025. City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below **ANYTOWN** TΧ 77013 Foreign country name Foreign province/state/county Foreign postal code will not change your tax or refund. You Spouse Single Head of household (HOH) Filing Status ✓ Married filing jointly (even if only one had income) Qualifying surviving spouse (QSS) Check only If you checked the HOH or QSS box, enter the child's name one box. Married filing separately (MFS). Enter spouse's SSN above if the qualifying person is a child but not your dependent: and full name here: If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): At any time during 2025, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, **Digital Assets** Yes exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Dependent 2 Dependent 3 Dependent 4 **Dependents** (1) First name (see instructions) (2) Last name If more (3) SSN than four dependents. (4) Relationship see instructions (5) Check if lived Yes (a) Yes Yes Yes and check with you more here And in the U.S. (b) And in the U.S. And in the U.S. (b) And in the U.S. (b) (b) than half of 2025 Permanently and totally disabled Permanently and totally disabled Full-time student Permanently Full-time student Permanently Full-time student Full-time student (6) Check if and totally disabled and totally disabled Child tax credit Child tax credit Child tax credit Child tax credit Credit for Credit for Credit for Credit for (7) Credits other dependents other dependents other dependents other dependents Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025. Total amount from Form(s) W-2, box 1 (see instructions) 1a Income 1b b Household employee wages not reported on Form(s) W-2. Attach Form(s) W-2 here. Also Tip income not reported on line 1a (see instructions) 1c С attach Forms d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d W-2G and 1099-R if tax Taxable dependent care benefits from Form 2441, line 26 е 1e was withheld. Employer-provided adoption benefits from Form 8839, line 31 1f If you did not get a Form W-2, see 1g g Other earned income (see instructions). Enter type and amount: 1h instructions 1i Nontaxable combat pay election (see instructions) . z Add lines 1a through 1h 12 31,620 Tax-exempt interest . . **b** Taxable interest 2b Attach Sch. B 2a if required. **b** Ordinary dividends За Qualified dividends . . 3a 3b Check if your child's dividends are included in 1 Line 3a 2 Line 3b С IRA distributions . . . . **b** Taxable amount . 4b 4a С Check if (see instructions) **2** QCD 5a Pensions and annuities 5a **b** Taxable amount . 5b 2 PSO Check if (see instructions) С Social security benefits . . . 6a **b** Taxable amount . 6b 6a If you elect to use the lump-sum election method, check here (see instructions) С d If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here 7a Capital gain or (loss). Attach Schedule D if required 7a . . . . . . . . . . . . Check if: Schedule D not required Includes child's capital gain or (loss) Additional income from Schedule 1, line 10 . . . . . . . . . 8 31.620 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income 10 Adjustments to income from Schedule 1, line 26 10

31.620

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Form 1040 (2025	5)									Page 2
Tax and	11b	Amount from line 11a (adjuste	ed aross incom	ne)				11b		31,620
Credits	12a	Someone can claim	· ·	·	our spouse as a de					
	b	Spouse itemizes on a sep	•		ou were a dual-stat					
	d	You: Were born before			Are blind	as anon				
	u	Spouse: Was born before	•		Is blind					
Standard		•	•					10.		20.000
• Single or	е	Standard deduction or item		•	,			12e		30,000
Married filing	13a	Qualified business income de						13a		
separately,	b	Additional deductions from S						13b		
\$15,750 • Married filing	14	Add lines 12e, 13a, and 13b						14		30,000
jointly or	15	Subtract line 14 from line 11b.	. If zero or less,	enter -0 This	is your taxable inc	ome		15		1,620
Qualifying surviving	16	Tax (see instructions). Check	if any from For	rm(s): <b>1</b>	8814 <b>2</b> 49	72 <b>3</b> $\square$		16		162
spouse,	17	Amount from Schedule 2, line	3					17		
\$31,500	18	Add lines 16 and 17						18		162
Head of household,	19	Child tax credit or credit for o	ther dependen	its from Schedi	ule 8812			19		
\$23,625	20	Amount from Schedule 3, line	•					20		162
If you checked	21	Add lines 19 and 20						21		162
a box on line 12a, 12b, 12c,	22	Subtract line 21 from line 18.						22		0
or 12d, see inst.										
	23	Other taxes, including self-en						23		
	24	Add lines 22 and 23. This is y						24		0
Payments	25	Federal income tax withheld t			1	-				
and	а	Form(s) W-2				25a	609			
Refundable Credits	b	Form(s) 1099				25b				
Greatts	С	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c .						25d		609
	26	2025 estimated tax payments	and amount a	applied from 20	24 return			26		
		If you made estimated tax p								
If you have a		enter their SSN (see instruction								
qualifying child,	27a	Earned income credit (EIC) .				27a				
you may need to attach Sch. EIC.	b	Clergy filing Schedule SE (see			-					
(4.140.1.00.11.2.01)		If you do not want to claim th								
	С						🗀			
	28	Additional child tax credit (AC								
		to claim the ACTC, check her			— <u> </u>	28		-		
	29	American opportunity credit f		•		29				
	30	Refundable adoption credit fr			-	30				
	31	Amount from Schedule 3, line	15			31				
	32	Add lines 27a, 28, 29, 30, and	d 31. These are	your total oth	er payments and	refundable c	redits .	32		
	33	Add lines 25d, 26, and 32. Th	ese are your to	otal payments				33		609
Refund	34	If line 33 is more than line 24,	subtract line 2	24 from line 33.	This is the amount	you <b>overpai</b>	d	34		609
	35a	Amount of line 34 you want re	efunded to voi	<b>u</b> . If Form 8888	is attached, check	here	$\square$	35a		609
Direct deposit?	b	Routing number			c Type:	_	Savings			
See instructions.	d	Account number	<del>                                     </del>	<del>-                                      </del>						
			nnlied to veur	2026 actimate	od tov	26				
A	36	Amount of line 34 you want a				36				
Amount	37	Subtract line 33 from line 24.								
You Owe		For details on how to pay, go			1			37		
	38	Estimated tax penalty (see ins				38	1			1
Third Party	Do y	ou want to allow another perso	n to discuss th	nis return with t	he IRS? See instru	ctions.	Yes. Com	plete bel	ow.	No
Designee	Desig	Designee's Phone Personal identifi						fication –		
	name			no.			ımber (PIN)			
Sign	Unde	penalties of perjury, I declare that	I have examined	this return and ad	ccompanying schedule	es and stateme	nts, and to th	e best of r	ny knowledg	ge and
Here	belief	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledg								vledge.
11010	Yours	ignature		Date	Your occupation		If the	RS sent	you an Iden	itity
							I .		I, enter it her	re
loint								inst.)		
Joint return? See instructions.	Spous	e's signature. If a joint return, <b>both</b>	must sign.	Date	Spouse's occupation	n			your spouse	
Keep a copy for								tity Protectinst.)	tion PIN, ent	ler it nere
your records.										
	Phone		D	Email address		l D-1	D.T		Oh 1 11	
Paid	Prepa	rer's name	Preparer's sign	nature		Date	PTIN		Check if:	
Preparer							Self-e	mployed		
Use Only	Firm's name Phone no					no.				
	Firm's	address					Firm's	EIN		
Go to www.irs.	gov/F	orm1040 for instructions and th	ne latest inform	ation.					Form <b>104</b> 0	0 (2025)

**DRAFT — DO NOT FILE** 

# SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

### **Additional Credits and Payments**

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2025
Attachment
Sequence No. 03

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

VILLI	ANI BIRCH		400-00	-1313
Pai	t I Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441		2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5a	Residential clean energy credit from Form 5695, line 15		5a	
b	Energy efficient home improvement credit from Form 5695, line 32		5b	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800			
b	Credit for prior year minimum tax. Attach Form 8801			
С	Adoption credit. Attach Form 8839 6c			
d	Credit for the elderly or disabled. Attach Schedule R			
е	Reserved for future use			
f	Clean vehicle credit. Attach Form 8936			
g	Mortgage interest credit. Attach Form 8396			
h	District of Columbia first-time homebuyer credit. Attach Form 8859 6h			
i	Qualified electric vehicle credit. Attach Form 8834			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911 6j	162		
k	Credit to holders of tax credit bonds. Attach Form 8912			
- 1	Amount on Form 8978, line 14. See instructions			
m	Credit for previously owned clean vehicles. Attach Form 8936 6m			
Z	Other nonrefundable credits. List type and amount:			
	6z			
7	Total other nonrefundable credits. Add lines 6a through 6z		7	162
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR	, line 20 .	8	162
Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions)		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439			
b	Section 1341 credit for repayment of amounts included in income from earlier			
	years			
С	Net elective payment election amount from Form 3800, Part III, line 6, column (j) 13c			
d	Deferred amount of net 965 tax liability (see instructions)			
Z	Other refundable credits (see instructions):			
	13z			
14	Total other payments or refundable credits. Add lines 13a through 13z		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line is	31	15	

# RAFT — DO NOT FILE

Form **6251** 

**Alternative Minimum Tax—Individuals** 

OMB No. 1545-0074

Attachment Sequence No. 32

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form6251 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

WILLIAM BIRCH

400-00-1313

VVILL	AW BIRCH	400	-00-1313
Par	Alternative Minimum Taxable Income (See instructions for how to complete each line.)		
1	Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero. If Form 1040 or 1040-SR, line 15,		
	is zero, subtract line 14 of Form 1040 or 1040-SR from line 11a of Form 1040 or 1040-SR and enter the		
	result here. (If less than zero, enter as a negative amount.)	1	1,620
2a	If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from		
	Form 1040 or 1040-SR, line 12	2a	30,000
b	Tax refund from Schedule 1 (Form 1040), line 1 or line 8z	2b	(
С	Investment interest expense (difference between regular tax and AMT)	2c	
d	Depletion (difference between regular tax and AMT)	2d	
е	Net operating loss deduction from Schedule 1 (Form 1040), line 8a. Enter as a positive amount	2e	,
f	Alternative tax net operating loss deduction	2f	(
g	Interest from specified private activity bonds exempt from the regular tax	2g	
h	Qualified small business stock, see instructions	2h	
i	Exercise of incentive stock options (excess of AMT income over regular tax income)	2i	
J	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	2j	
k	Disposition of property (difference between AMT and regular tax gain or loss)	2k	
l 	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	21	
m	Passive activities (difference between AMT and regular tax income or loss)	2m	
n	Loss limitations (difference between AMT and regular tax income or loss)	2n	
0	Circulation costs (difference between regular tax and AMT)	2o 2p	
р	Mining costs (difference between regular tax and AMT)	2p	
q r	Research and experimental costs (difference between regular tax and AMT)	2r	
s	Income from certain installment sales before January 1, 1987	2s	(
t	Intangible drilling costs preference	2t	
3	Other adjustments, including income-based related adjustments	3	
4	Alternative minimum taxable income. Combine lines 1 through 3. (If married filing separately and line 4 is		
7	more than \$900,350, see instructions.)	4	31,620
Part			
5	Exemption.		
	IF your filing status is AND line 4 is not over THEN enter on line 5		
	Single or head of household \$ 626,350 \$ 88,100		
	Married filing jointly or qualifying surviving spouse 1,252,700 137,000		
	Married filing separately	5	137,000
	If line 4 is <b>over</b> the amount shown above for your filing status, see instructions.		
6	Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and		
	11, and go to line 10	6	0
7	• If you are filing Form 2555, see instructions for the amount to enter.		
	• If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; you reported		
	qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and		
	16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the	7	0
	back and enter the amount from line 40 here.		
	• All others: If line 6 is \$239,100 or less (\$119,550 or less if married filing separately), multiply		
	line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$4,782 (\$2,391 if		
	married filing separately) from the result.		
8	Alternative minimum tax foreign tax credit (see instructions)	8	
9	Tentative minimum tax. Subtract line 8 from line 7	9	0
10	Add Form 1040 or 1040-SR, line 16 (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 1z.		
	Subtract from the result Schedule 3 (Form 1040), line 1 and any negative amount reported on Form 8978,		
	line 14 (treated as a positive number). If zero or less, enter -0 If you used Schedule J to figure your tax on		
	Form 1040 or 1040-SR, line 16, refigure that tax without using Schedule J before completing this line. See instructions	40	1/0
44	<b>AMT.</b> Subtract line 10 from line 9. If zero or less, enter -0 Enter here and on Schedule 2 (Form 1040), line 2	10	162
11	MINITE SUBJECT HITE TO FROM HITE 9. IF ZERO OF IESS, EFFER "0", EFFER HER AND ON SCHEDULE 2 FROM 1040). HINE 2	11	0

Form **8911** (Rev. December 2025) Department of the Treasury

### **Alternative Fuel Vehicle Refueling Property Credit**

Attach to your tax return. Go to www.irs.gov/Form8911 for instructions and the latest information. OMB No. 1545-0123

Identifying number

Internal Revenue Service Name(s) shown on return Attachment Sequence No. **151** 

Name(	s) shown on return	Identify	ing number
WILL	IAM BIRCH		400-00-1313
Α	Enter the total number of qualified alternative fuel vehicle refueling properties for which you a		ming this credit, and
	complete and file a separate Schedule A (Form 8911) for each qualifying property. See instructions		
Par	t I Credit for Business/Investment Use Part of Refueling Property		
1	Enter the total credit amount figured in Part II of Schedule(s) A (Form 8911)	1	
2	Alternative fuel vehicle refueling property credit from partnerships and S corporations (see		
	instructions)	2	
3	Business/investment use part of credit. Add lines 1 and 2. Partnerships and S corporations not		
	making an election to transfer the credit, stop here and report this amount on Schedule K. All		
	others, report this amount on Form 3800, Part III, line 1s	3	
Par	<u> </u>		
4	Enter the total credit amount figured in Part III of Schedule(s) A (Form 8911)	4	300
5	Regular tax before credits:		
	• Individuals. Enter the sum of the amounts from Form 1040, 1040-SR, or 1040-NR,		
	line 16; and Schedule 2 (Form 1040), line 1z.	5	162
_	Other filers. Enter the regular tax before credits from your return.		
6	Credits that reduce regular tax before the alternative fuel vehicle refueling property credit:		
a	Foreign tax credit	_	
b	Certain allowable credits (see instructions)	$\perp$	
С	Add lines 6a and 6b	6c	
7	Net regular tax. Subtract line 6c from line 5. If zero or less, enter -0- and stop here; <b>do not</b> file this		
•	form unless you are claiming a credit on line 3	7	162
8	Tentative minimum tax (see instructions):		
	• Individuals. Enter the amount from Form 6251, line 9.		
	• Other filers. Enter the tentative minimum tax from your alternative minimum tax form or schedule.	8	0
9	Subtract line 8 from line 7. If zero or less, enter -0- and stop here; do not file this form unless you		
	are claiming a credit on line 3	9	162
10	Personal use part of credit. Enter the smaller of line 4 or line 9 here and on Schedule 3 (Form		
	1040), line 6j; or the appropriate line of your return. If line 9 is smaller than line 4, see instructions .	10	162
For P	aperwork Reduction Act Notice, see separate instructions. Cat. No. 37721Q	F	orm <b>8911</b> (Rev. 12-2025)

### **SCHEDULE A** (Form 8911)

(Rev. December 2025) Department of the Treasury Internal Revenue Service

Name(s) shown on return

### **Alternative Fuel Vehicle Refueling Property**

Attach to your tax return.

Go to www.irs.gov/Form8911 for instructions and the latest information.

OMB No. 1545-0123

Attachment

Identifying number

Sequence No. 151A

**WILLIAM BIRCH** 400-00-1313 Note: Complete a separate Schedule A (Form 8911) for each qualified alternative fuel vehicle refueling property placed in service during the tax year. See instructions. Vehicle Refueling Property Details (see instructions) If making an elective payment election or transfer election, enter the IRS-issued registration Description of refueling property: ELECTRIC CHARGER If different than filer, enter: (i) Owner's name: (ii) Owner's TIN: 3 Location of refueling property. Address (if applicable): 13 ELM STREET, ANYTOWN TX 77013 Coordinates. (i) Latitude: (ii) Longitude: Enter a "+" (plus) or "-" (minus) sign in the first box. Date construction began (MM/DD/YYYY): 03/01/2025 Date placed in service (MM/DD/YYYY): 03/01/2025 Eligible census tract determination. a Was the refueling property placed in service in an eligible census tract? See instructions. ✓ **Yes.** Continue to line 6b. No. Stop here. Refueling property must be placed in service in an eligible census tract to qualify for the credit. b Enter the 11-digit census tract GEOID pertaining to your refueling property. See instructions. 4 8 2 0 1 1 0 0 0 0 0 Certification/permit number issued by government with jurisdiction over operation of Credit Amount for Business/Investment Use Part of Refueling Property Part II Enter the cost of the qualified alternative fuel vehicle refueling property described above 1,000 8 9 9 10 Multiply line 8 by line 9. If the result is zero, enter -0-, skip lines 11 through 16, and go to line 17. 10 11 11 12 12 13 Is the refueling property part of a qualified alternative fuel vehicle refueling project that meets the prevailing wage and apprenticeship requirements? See instructions. If construction began before Multiply line 12 by 6% (0.06) (30% (0.30) if the answer on line 13 above is "Yes") . . . . . . . 14 14 15 \$100,000 15 Enter the smaller of line 14 or line 15. Include this credit amount on line 1 in Part I of Form 8911. If 16 you entered 100% on line 9 above, stop here. Otherwise, continue to line 17 . . . . . . . . . 16 **Credit Amount for Personal Use Part of Refueling Property** Part III Was the refueling property installed on property used as your main home? ✓ **Yes.** Continue to line 18. No. Stop here. Refueling property not installed on property used as your main home does not qualify for the personal use part of the credit. 1,000 18 18 300 19 19

Enter the smaller of line 19 or line 20. Include this credit amount on line 4 in Part II of Form 8911

20

\$1.000

20

רררר	a Employee's social security number						
22222	400-00-1313	OMB No. 1545-0029					
b Employer identification number (EIN)				ges, tips, other compensation	2	Federal income ta	x withheld
	00-000014			31,620			609
c Employer's name, address, and	ZIP code		<b>3</b> Soc	cial security wages	4	Social security tax	withheld
				31,620			1,960
			5 Medicare wages and tips 6 Medicare tax withheld				held
OAK SUPPLY CO				31,620	_		458
201 ELM DRIVE			<b>7</b> Soc	cial security tips	8	Allocated tips	
ANYTOWN TX 77013							
d Control number			9		10	Dependent care b	enefits
e Employee's first name and initial		Suff.	11 No	nqualified plans	<b>12a</b>	1	
WILLIAM	BIRCH		13 Statu	utory Retirement Third-party	е		
			13 Statu	loyee plan sick pay	<b>12b</b>	1	
			14 Oth		12c		
			14 000	ei	C	1	
					12d		
13 ELM STREET					C	1	
ANYTOWN TX 77013  f Employee's address and ZIP coo	lo.				e		
15 State Employer's state ID numb		17 State incor	ne tav	18 Local wages, tips, etc. 1	9 100	cal income tax	20 Locality name
State   Limployer 5 State ID Humb	To State wages, tips, etc.	11 State IIICOI	ιο ιαλ	Local wages, tips, etc.	J LUC	ai income tax	LUCANLY HAINE
<u> </u>				<del> </del>			
		1					

Form **W-2** Wage and Tax Statement

Copy 1-For State, City, or Local Tax Department



Department of the Treasury-Internal Revenue Service