

ATS Test Scenario 8
Taxpayer: Carter Lewis
SSN: 400-00-1039

Test Scenario 8 includes the following forms:

- Form 1040
- Form 1099-R (2)
- Form 1099-DIV

Additional Information:

- Taxpayer's Date of Birth is October 29, 1953.
- Taxpayer is not deferring any capital gain by investing in a qualified opportunity fund.
- Taxpayer received \$1,000 in Social Security benefits with \$0 being taxable.
- Taxpayer lived apart from their spouse for the entire year.
- Taxpayer is not claiming the Enhanced Deduction for Seniors.

Form 1040

Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2025

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning , 2025, ending , 20 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
Carter Lewis 400 00 1039

If joint return, spouse's first name and middle initial Last name Spouse's social security number
400 00 1057

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025. ☐
807 Sahara Drive

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code Presidential Election Campaign
Las Vegas NV 89101 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name Foreign province/state/county Foreign postal code ☒ You ☐ Spouse

Filing Status ☐ Single ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)
Check only one box. ☐ Married filing jointly (even if only one had income) If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:
☒ Married filing separately (MFS). Enter spouse's SSN above and full name here: Elizabeth Lewis
☐ 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):

Digital Assets At any time during 2025, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☐ No

Dependents	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name				
(2) Last name				
(3) SSN				
(4) Relationship				
(5) Check if lived with you more than half of 2025	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.
(6) Check if	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled
(7) Credits	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for 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.

Income	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	b Household employee wages not reported on Form(s) W-2	1b
If you did not get a Form W-2, see instructions.	c Tip income not reported on line 1a (see instructions)	1c
	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d
	e Taxable dependent care benefits from Form 2441, line 26	1e
	f Employer-provided adoption benefits from Form 8839, line 31	1f
	g Wages from Form 8919, line 6	1g
	h Other earned income (see instructions). Enter type and amount:	1h
	i Nontaxable combat pay election (see instructions)	1i
	z Add lines 1a through 1h	1z
Attach Sch. B if required.	2a Tax-exempt interest	2a
	3a Qualified dividends	3a
	c Check if your child's dividends are included in 1 ☐ Line 3a 2 ☐ Line 3b	
	4a IRA distributions	4a
	c Check if (see instructions) 1 ☐ Rollover 2 ☒ QCD 3 ☐	4b 0
	5a Pensions and annuities	5a
	c Check if (see instructions) 1 ☒ Rollover 2 ☐ PSO 3 ☐	5b
	6a Social security benefits	6a
	b Taxable amount	6b
	c If you elect to use the lump-sum election method, check here (see instructions)	
	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
	b Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)	
	8 Additional income from Schedule 1, line 10	8
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income	9
	10 Adjustments to income from Schedule 1, line 26	10
	11a Subtract line 10 from line 9. This is your adjusted gross income	11a

Tax and Credits

11b	Amount from line 11a (adjusted gross income)	11b	
12a	Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent		
b	☐ Spouse itemizes on a separate return	c	☐ You were a dual-status alien
d	You: ☐ Were born before January 2, 1961 ☐ Are blind		
	Spouse: ☐ Was born before January 2, 1961 ☐ Is blind		
e	Standard deduction or itemized deductions (from Schedule A)	12e	
13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a	
b	Additional deductions from Schedule 1-A, line 38	13b	
14	Add lines 12e, 13a, and 13b	14	
15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income	15	
16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	
19	Child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
24	Add lines 22 and 23. This is your total tax	24	

Standard deduction for—

- Single or Married filing separately, \$15,750
- Married filing jointly or Qualifying surviving spouse, \$31,500
- Head of household, \$23,625
- If you checked a box on line 12a, 12b, 12c, or 12d, see inst.

Payments and Refundable Credits

25	Federal income tax withheld from:		
a	Form(s) W-2	25a	
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	
26	2025 estimated tax payments and amount applied from 2024 return	26	
	If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions):		
27	Earned income credit (EIC)	27a	
b	Clergy filing Schedule SE (see instructions)		☐
c	If you do not want to claim the EIC, check here		☐
28	Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Refundable adoption credit from Form 8839, line 13	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a, 28, 29, 30, and 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	
b	Routing number	c	Type: ☐ Checking ☐ Savings
d	Account number		
36	Amount of line 34 you want applied to your 2026 estimated tax	36	

Amount You Owe

37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions. ☐ Yes . Complete below. ☐ No		
Designee's name	Phone no.	Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Firm's name	Phone no.			
Firm's address	Firm's EIN			

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Liberty Trust Company 6000 Fremont Street Las Vegas, NV 89101		1 Gross distribution \$ 35,800		OMB No. 1545-0119 2025		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$ 0		Form 1099-R		
		2b Taxable amount not determined ☐		Total distribution ☐		Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS.
PAYER'S TIN 00-0000009	RECIPIENT'S TIN 400-00-1039	3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 0		
RECIPIENT'S name Carter Lewis Street address (including apt. no) 807 Sahara Drive City or town, state or province, country, and ZIP or foreign postal code Las Vegas, NV 89117		5 Employee contributions/ Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$		
		7 Distribution code(s) Q	IRA/ SEP/ SIMPLE ☐	8 Other \$	%	
		9a Your percentage of total distribution %		9b Total employee contributions \$		
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	12 FATCA filing requirement ☐	14 State tax withheld \$	15 State/Payer's state no.	16 State distribution \$	
Account number (see instructions)		13 Date of payment	17 Local tax withheld \$	18 Name of locality	19 Local distribution \$	

Form **1099-R**

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Jubilee Retirement Fund 1347 Carson Street Las Vegas, NV 89104		1 Gross distribution \$ 20,300		OMB No. 1545-0119 2025		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.					
		2a Taxable amount \$ 10,300		Form 1099-R							
		2b Taxable amount not determined ☐		Total distribution ☐							
PAYER'S TIN 00-0000009		RECIPIENT'S TIN 400-00-1039		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 2,555		Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS.			
RECIPIENT'S name Carter Lewis Street address (including apt. no) 807 Sahara Drive City or town, state or province, country, and ZIP or foreign postal code Las Vegas, NV 89117		5 Employee contributions/ Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$							
		7 Distribution code(s) G		8 Other \$ %							
		9a Your percentage of total distribution %		9b Total employee contributions \$							
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib.		12 FATCA filing requirement ☐		14 State tax withheld \$			15 State/Payer's state no.		16 State distribution \$
Account number (see instructions)		13 Date of payment		17 Local tax withheld \$		18 Name of locality		19 Local distribution \$			

Form **1099-R**

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Urban Housing Real Estate Trust Company 10 West 34th Street New York, NY 10001		1a Total ordinary dividends		OMB No. 1545-0110			
		\$		Form 1099-DIV			
		1b Qualified dividends		(Rev. January 2024)			
		\$		For calendar year <u>2025</u>			
PAYER'S TIN 00-0000009		RECIPIENT'S TIN 400-00-1039		2a Total capital gain distr.		2b Unrecap. Sec. 1250 gain	
				\$ 7,500		\$	
RECIPIENT'S name Carter Lewis		2c Section 1202 gain		2d Collectibles (28%) gain			
		\$		\$			
Street address (including apt. no.) 807 Sahara Drive		2e Section 897 ordinary dividends		2f Section 897 capital gain			
		\$		\$			
City or town, state or province, country, and ZIP or foreign postal code Las Vegas, NV 89117		3 Nondividend distributions		4 Federal income tax withheld			
		\$		\$			
		5 Section 199A dividends		6 Investment expenses			
		\$		\$			
		7 Foreign tax paid		8 Foreign country or U.S. possession			
		\$					
		9 Cash liquidation distributions		10 Noncash liquidation distributions			
		\$		\$			
Account number (see instructions)		11 FATCA filing requirement ☐		12 Exempt-interest dividends			
				\$			
		13 Specified private activity bond interest dividends					
				\$			
		14 State		15 State identification no.			
		16 State tax withheld					
				\$			

Dividends and Distributions

Copy B
For Recipient

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.