

ATS Test Scenario 4
Taxpayer: Henry Dawson
SSN: 400-00-1045

Test Scenario 4 includes the following forms:

- Form 1040
- Form W-2
- Form 1040 Schedule 3
- Form 5695

Additional Information:

- Assume the "JointOccupancyStatement" is attached.
- Assume the amount on Form 5695, Line 18b is correct.

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning , 2024, ending , 20 See separate instructions.

Your first name and middle initial Henry Last name Dawson Your social security number 400 00 1045

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

Home address (number and street). If you have a P.O. box, see instructions. 1901 Canal Street Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. Scranton State PA ZIP code 18508 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 Married filing jointly (even if only one had income) Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: 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 2024, 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

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1960 Are blind Spouse: Was born before January 2, 1960 Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes rows for dependents and a checkbox for more than four dependents.

Income section table with columns 1a-1z and 1i. Rows include: Total amount from Form(s) W-2, box 1; Household employee wages not reported on Form(s) W-2; Tip income not reported on line 1a; Medicaid waiver payments not reported on Form(s) W-2; Taxable dependent care benefits from Form 2441, line 26; Employer-provided adoption benefits from Form 8839, line 29; Wages from Form 8919, line 6; Other earned income (see instructions); Nontaxable combat pay election (see instructions).

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b, 7, 8, 9, 10, 11, 12, 13, 14, 15. Rows include: Tax-exempt interest; Qualified dividends; IRA distributions; Pensions and annuities; Social security benefits; Taxable interest; Ordinary dividends; Taxable amount; Capital gain or (loss); Additional income from Schedule 1, line 10; Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income; Adjustments to income from Schedule 1, line 26; Subtract line 10 from line 9. This is your adjusted gross income; Standard deduction or itemized deductions (from Schedule A); Qualified business income deduction from Form 8995 or Form 8995-A; Add lines 12 and 13; Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income.

Attach Sch. B if required.

Standard Deduction for— Single or Married filing separately, \$14,600 Married filing jointly or Qualifying surviving spouse, \$29,200 Head of household, \$21,900 If you checked any box under Standard Deduction, see instructions.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	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	

Payments	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	2024 estimated tax payments and amount applied from 2023 return	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31		
32	Add lines 27, 28, 29, 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 <input type="checkbox"/>	35a
	b	Routing number: _____ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	d	Account number: _____	
36	Amount of line 34 you want applied to your 2025 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)
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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: <input type="checkbox"/> Self-employed
Firm's name	Firm's address		Phone no.	Firm's EIN

		a Employee's social security number 400-00-1045		OMB No. 1545-0008		Safe, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile .	
b Employer identification number (EIN) 00-0000029				1 Wages, tips, other compensation 141,390		2 Federal income tax withheld 26,900					
c Employer's name, address, and ZIP code Sparkling Pool Designs 388 Main Street Scranton, PA 18508				3 Social security wages 141,390		4 Social security tax withheld 8,766					
				5 Medicare wages and tips 141,390		6 Medicare tax withheld 2,050					
				7 Social security tips		8 Allocated tips					
d Control number				9		10 Dependent care benefits					
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans		12a See instructions for box 12			
Henry Dawson 1901 Canal Street Scaranton, PA 18508						13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b			
						14 Other		12c			
								12d			
f Employee's address and ZIP code											
15 State	Employer's state ID number		16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax		20 Locality name			
PA	00-0000011		141,390	12,100							

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

2024

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

**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

2024
Attachment
Sequence No. **03**

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

Your social security number
400-00-1045

Part 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:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Reserved for future use	6e	
f	Clean vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
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
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20		8

Part 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:		
a	Form 2439	13a	
b	Section 1341 credit for repayment of amounts included in income from earlier years	13b	
c	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)	13d	
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 31		15

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 71480G

Schedule 3 (Form 1040) 2024

Residential Energy Credits

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form5695 for instructions and the latest information.

2024
Attachment
Sequence No. **75**

Name(s) shown on return

Henry Dawson

Your social security number

400 00 1045

Part I Residential Clean Energy Credit (See instructions before completing this part.)

Note: Skip lines 1 through 11 if you only have a **credit carryforward from 2023**.

Enter the complete address of the home where you installed the property and/or technology associated with lines 1 through 4 and 5b. For more than one home, see instructions.

Number and street	Unit no.	City or town	State	ZIP code	
1	Qualified solar electric property costs		1		
2	Qualified solar water heating property costs		2		
3	Qualified small wind energy property costs		3		
4	Qualified geothermal heat pump property costs		4		
5a	Qualified battery storage technology. Does the qualified battery storage technology have a capacity of at least 3 kilowatt hours? (See instructions.) If you checked the "No" box, you cannot claim a credit for qualified battery storage technology		5a	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b	If you checked the "Yes" box, enter the qualified battery technology costs		5b		
6a	Add lines 1 through 5b		6a		
b	Multiply line 6a by 30% (0.30)		6b		
7a	Qualified fuel cell property. Was qualified fuel cell property installed on, or in connection with, your main home located in the United States? (See instructions.) If you checked the "No" box, you cannot claim a credit for qualified fuel cell property. Skip lines 7b through 11.		7a	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b	Enter the complete address of the main home where you installed the fuel cell property.				
	Number and street	Unit no.	City or town	State	ZIP code
c	If the special rule for joint occupants applies, check here <input type="checkbox"/> and attach a statement. (See instructions.)				
8	Qualified fuel cell property costs		8		
9	Multiply line 8 by 30% (0.30)		9		
10	Kilowatt capacity of property on line 8 above x \$1,000		10		
11	Enter the smaller of line 9 or line 10		11		
12	Credit carryforward from 2023. Enter the amount, if any, from your 2023 Form 5695, line 16		12		
13	Add lines 6b, 11, and 12		13		
14	Limitation based on tax liability. Enter the amount from the Residential Clean Energy Credit Limit Worksheet. (See instructions.)		14		
15	Residential clean energy credit. Enter the smaller of line 13 or line 14. Also include this amount on Schedule 3 (Form 1040), line 5a		15		
16	Credit carryforward to 2025. If line 15 is less than line 13, subtract line 15 from line 13		16		

Part II Energy Efficient Home Improvement Credit

Section A—Qualified Energy Efficiency Improvements

<p>17a Are the qualified energy efficiency improvements installed in or on your main home located in the United States? (See instructions.)</p>	17a	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										
<p>b Are you the original user of the qualified energy efficiency improvements?</p>	17b	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										
<p>c Are the components reasonably expected to remain in use for at least 5 years? If you checked the “No” box for line 17a, 17b, or 17c, you cannot claim the energy efficient home improvement credit. Do not complete Part II, Section A.</p>	17c	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										
<p>d Enter the complete address of the main home where you made the qualifying improvements. Caution: You can only have one main home at a time. (See instructions.)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">1901 Canal Street</td> <td style="width:15%; border-bottom: 1px solid black;"></td> <td style="width:20%; border-bottom: 1px solid black;">Scranton</td> <td style="width:10%; border-bottom: 1px solid black;">PA</td> <td style="width:22%; border-bottom: 1px solid black;">18508</td> </tr> <tr> <td style="font-size: small;">Number and street</td> <td style="font-size: small;">Unit no.</td> <td style="font-size: small;">City or town</td> <td style="font-size: small;">State</td> <td style="font-size: small;">ZIP code</td> </tr> </table>	1901 Canal Street		Scranton	PA	18508	Number and street	Unit no.	City or town	State	ZIP code		
1901 Canal Street		Scranton	PA	18508								
Number and street	Unit no.	City or town	State	ZIP code								
<p>e Were any of these improvements related to the construction of this main home? If you checked the “Yes” box, you can only claim the energy efficient home improvement credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.</p>	17e	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
<p>18 Insulation or air sealing material or system.</p>												
<p>a Enter the cost of insulation material or system (include air sealing material or system) specifically and primarily designed to reduce heat loss or gain of your home that meets the criteria established by the IECC. (See instructions.)</p>	18a	10,500										
<p>b Multiply line 18a by 30% (0.30). Enter the results. Do not enter more than \$1,200</p>	18b	600										
<p>19 Exterior doors that meet the applicable Energy Star requirements.</p>												
<p>a Enter the cost of the most expensive door you bought</p>	19a											
<p>b Multiply line 19a by 30% (0.30). Do not enter more than \$250</p>	19b											
<p>c Enter the cost of all other qualifying exterior doors</p>	19c											
<p>d Multiply line 19c by 30% (0.30)</p>	19d											
<p>e Add lines 19b and 19d. Do not enter more than \$500</p>	19e											
<p>20 Windows and skylights that meet the Energy Star certification requirements.</p>												
<p>a Enter the cost of exterior windows and skylights that meet the Energy Star certification requirements. (See instructions.)</p>	20a											
<p>b Multiply line 20a by 30% (0.30). Enter the results. Do not enter more than \$600</p>	20b											

Section B—Residential Energy Property Expenditures

<p>21a Did you incur costs for qualified energy property installed on or in connection with a home located in the United States?</p>	21a	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																				
<p>b Was the qualified energy property originally placed into service by you? If you checked the “No” box for line 21a or 21b, you cannot claim the credit for your residential energy property costs. Skip lines 22 through 25 and line 29. Go to line 26.</p>	21b	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																				
<p>c Enter the complete address of each home where you installed qualified energy property.</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">Number and street</th> <th style="width:15%;">Unit no.</th> <th style="width:20%;">City or town</th> <th style="width:10%;">State</th> <th style="width:22%;">ZIP code</th> </tr> </thead> <tbody> <tr> <td>1901 Canal Street</td> <td></td> <td>Scranton</td> <td>PA</td> <td>18508</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Number and street	Unit no.	City or town	State	ZIP code	1901 Canal Street		Scranton	PA	18508												
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1901 Canal Street		Scranton	PA	18508																		
<p>22 Residential energy property costs (include labor costs for onsite preparation, assembly, and original installation). (See instructions.)</p>																						
<p>a Enter the cost of central air conditioners</p>	22a	2,366																				
<p>b Multiply line 22a by 30% (0.30). Enter the results. Do not enter more than \$600</p>	22b																					
<p>23a Enter the cost of natural gas, propane, or oil water heaters</p>	23a																					
<p>b Multiply line 23a by 30% (0.30). Enter the results. Do not enter more than \$600</p>	23b																					
<p>24a Enter the cost of natural gas, propane, or oil furnace or hot water boilers</p>	24a																					
<p>b Multiply line 24a by 30% (0.30). Enter the results. Do not enter more than \$600</p>	24b																					

Section B—Residential Energy Property Expenditures *(continued)*

25a	Enter the cost of improvements or replacement of panelboards, subpanelboards, branch circuits, or feeders	25a		
b	Multiply line 25a by 30% (0.30). Enter the results. Do not enter more than \$600			25b
26	Home energy audits.			
a	Did you incur costs for a home energy audit that included an inspection of your main home located in the United States and a written report prepared by a certified home energy auditor? (See instructions.) If you checked the "No" box, you cannot claim the home energy audit credit. Stop. Go to line 27.			26a <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	Enter the cost of the home energy audits	26b		
c	Multiply line 26b by 30% (0.30). Enter the results. Do not enter more than \$150			26c
27	Add lines 18b, 19e, 20b, 22b, 23b, 24b, 25b, and 26c	27		
28	Enter the smaller of line 27 or \$1,200			28
29	Heat pumps and heat pump water heaters; biomass stoves and biomass boilers.			
a	Enter the cost of electric or natural gas heat pumps	29a		
b	Enter the cost of electric or natural gas heat pump water heaters	29b		
c	Enter the cost of biomass stoves and biomass boilers	29c		
d	Add lines 29a, 29b, and 29c	29d		
e	Multiply line 29d by 30% (0.30). Enter the results. Do not enter more than \$2,000			29e
30	Add lines 28 and 29e			30
31	Limitation based on tax liability. Enter the amount from the Energy Efficient Home Improvement Credit Limit Worksheet. (See instructions.)			31
32	Energy efficient home improvement credit. Enter the smaller of line 30 or line 31. Also include this amount on Schedule 3 (Form 1040), line 5b			32
a	If the special rule for joint occupants applies, check here <input checked="" type="checkbox"/> and attach a statement. (See instructions.)			

ONLY DRAFT
 July 2, 2024
 DO NOT FILE