

**Taxpayer Service Division
Colorado Department of Revenue**

December 4, 2015(Final)

**Test Package for
Electronic Filing Software Developers
Individual Income Tax Returns
Modern eFile
Tax Year 2015**

(Calendar Year 2016)

Rev 1 Reduce and renumber the Test 1 Form 104 contribution lines. Make corrections to some date and year references to the current year. Correct a line reference on Test 6 for carryforward to 2016. On Test 10 add a Form 104 line 39 amount and 104CR line 32 amounts.

Rev 2 Remove the Test 4 Form 104 line 40 entry. On test 7 add an entry for Form 104 line 40.

Rev 3 On Test 6 update the DR 1366 job training credit used.

Rev 4 Correct the test 4 nontaxable Social Security. Correct the Test 7 W-2G notes and winnings date and add a W-2 for the wages.

TAXPAYER SERVICE DIVISION
COLORADO DEPARTMENT OF REVENUE

Software Developers Test Package

This package consists of ten test scenarios adapted from the National Association of Computerized Tax Processors (NACTP) test package, available from Mark Castro of Petz Enterprises, plus one unlinked test scenario for Colorado alternative minimum tax. If your software does not support all federal forms in the NACTP scenarios or all state forms, please advise us if a particular Colorado test submission is affected. The purpose of these tests is to assure that the various forms submitted to the Colorado Department of Revenue will properly process through our system and that certain calculations and credit limitations on the forms are observed.

The first step for software developers is to submit hard copies of prepared test returns #2 and #8 to verify that the taxpayer will receive a suitable copy for their record-keeping purposes. These can be mailed to Steve Asbell, Room 206, PO Box 17087, Denver CO 80217-0087. It is also permissible to fax them to Steve at 303-866-3211 or attach them as a PDF document in an email. In addition, send a print screen of the Test 1 page where the taxpayer is offered the chance to make a voluntary contribution on lines 51-65.

Colorado test returns can be transmitted beginning November 12, 2015 or the start of IRS testing, whichever is later. Please notify us when you send a transmission by contacting Steve Asbell at the e-mail address or phone number below. Please email the submission IDs. We will accept pre-production season tests until January 15, 2016. We allow testing past that date, but the testing period can only be extended by written or email request.

Under normal circumstances we will receive return(s) the business day you have transmitted and sent us the submission IDs. From the day that we receive submission IDs for the returns we will typically respond by e-mail within 2 working days. If there are errors, we will analyze the transmission to detect the cause and advise you concerning the problem.

For more information you may contact Steve Asbell by phone at 303-866-3889 or e-mail address Stephen.Asbell@state.co.us.

TEST NOTES

All test clients except test 8 are full year residents. Full year residents qualify for the sales tax refund on Form 104. Tests 2, 5, 6, 7, 8, 10 and 11 require Form 104CR for credits. Tests 3, 5, 6 and 10 include mock attachments. Tests 1 and 11 have a direct deposit. Tests 1 and 11 should be submitted as unlinked returns.

Test 1 has an ultimate bank account in addition to the direct deposit banking information. The taxpayer also has state consumer use tax and special district use tax. Provide a print screen of the Test 1 page where the taxpayer is offered the chance to make a voluntary contribution on lines 50-63.

Test 2 has a 1099-G with Colorado unemployment benefit income and \$100 state income tax withheld. Test 2 W-2 income is reduced to \$17,500. Form DR 0347 is required for the child care expenses credit. The taxpayer has state earned income tax credit.

Test 3 considers the taxable interest to be US Government interest. The Test 3 1099-R has been changed to reflect Colorado withholding of \$30.

Test 4 has Form DR 1316 for Colorado source capital gain attributed to the sale of real property and the balance due is being paid by direct debit.

Test 5 has Form DR 0617 for innovative motor vehicle credit and Form DR 1305 for the gross conservation easement credit.

Test 6 has credits for business personal property tax, tax paid to other states, and requires Form DR 1366 for enterprise zone credits. Form 104 has a third party designee.

Test 7 has a W-2G with Colorado withholding \$301. The return is changed from married joint to head of household and winnings are lowered by \$10,000 so the taxpayer qualifies for the expanded Colorado child care expenses credit using Form DR 0347. The taxpayer has state earned income tax credit.

Test 8 is a part-year return that requires Form 104PN and apportioned child care expenses credit using Form DR 0347, plus apportioned Colorado earned income tax credit.

Test 9 has a 1099-MISC. Test 9 alimony is reduced to \$11,000 to offset the 1099-MISC income.

Test 10 has a foreign address, residency status full year, abroad at the due date, and the balance due is being paid by direct debit on 6-15-16.

Test 11 has Form 104AMT.

There are additional manual entries noted on some of the test returns.

ALSO NOTE: Online returns should include the IP address and Device ID of the computer(s) on which the returns are generated and sent.

TEST #1 (NACTP SSN 600-00-1001) UNLINKED

FORMS INCLUDED: FORM 1040EZ, W-2(1), FORM 104
FEDERAL TAXABLE INCOME = 0(-8100)
FORM 104 LINE 29 = 700 (purchases subject to use tax)
LINE 31 = Code 12 for special districts RTD and CD
LINE 32 = Special district use tax rate is .011
LINE 50 = 1 (nongame wildlife)
LINE 51 = 2 (domestic abuse)
LINE 52 = 3 (homeless prevention)
LINE 53 = 4 (western slope cemetery)
LINE 54 = 5 (pet overpopulation)
LINE 55 = 6 (military family)
LINE 56 = 7 (public education)
LINE 57 = 8 (Roundup River Ranch)
LINE 58 = 9 (health fair)
LINE 59 = 10 (American Red Cross)
LINE 60 = 9 (healthy landscapes)
LINE 61 = 8 (Habitat for Humanity)
LINE 62 = 7 (Special Olympics)
LINE 63 = 6 (Colo youth corps)

Taxpayer's first name, initial, last name (EEEE ZZZZZZ)
FULL-YEAR-RESIDENT
Taxpayer's social security number (400-00-5601)
Taxpayer's date of birth (8-19-1988)
Driver license number last four (1011)
Driver license state of issue (CO)
Driver license date of issue (8-22-2012)
Home address (number and street) (1040 EZ WAY)
City, state, and zip (DENVER CO 80204)
Filing status (SINGLE)

Direct Deposit
Routing number (107003298)
Account type (CHECKING)
Account number (02135763)

Ultimate Bank Account
Routing number (102001017)
Account number (7516523)

Form W2 #1:

Box b: Employer identification number (11-0110011)
Box c: Employer's name, address, and zip code (ONE BEAUTY SALON)
(1 WASHCURL AVE)
(DENVER CO 80204)
Box d: Employee's social security number (400-00-5601)
Box e: Employee's first name, initial, last name (EEEE ZZZZZZ)
Box f: Employee's address and zip code (1040 EZ WAY)
(DENVER CO 80204)
Box 1: Wages, tips, other compensation (2200)
Box 2: Federal income tax withheld (400)
Box 3: Social security wages (2200)
Box 4: Social security tax withheld (136)
Box 5: Medicare wages and tips (2200)
Box 6: Medicare tax withheld (32)
Box 15: State (CO)
Employer's state ID number (01213456)
Box 16: State wages, tips, etc (2200)
Box 17: State income tax (130)

TEST #2 (NACTP SSN 600-00-1002)

FORMS INCLUDED: FORM 1040A, W-2(1), FORM 104, FORM 104CR, FORM DR 0347,
FORM 1099G(1)

FEDERAL TAXABLE INCOME = 2750

FORM 104CR LINE 2 = 17500 (earned income)

FORM DR 0347 LINE 1a Provider business name Tiny Tots
LINE 1b Provider FEIN 412222222
LINE 1c Provider Street address 222 Child Care Lane
LINE 1c Provider City Second
LINE 1c Provider State CO
LINE 1c Provider Zip 80930
LINE 1d Amount paid 2200
LINE 2f = 17500 (earned income)

Taxpayer's first name, initial, last name (SINGLE PARENT) FULL-YEAR-RESIDENT
Taxpayer's social security number (400-00-5602)
Taxpayer's date of birth (4-15-1972)
Driver license number last four (2722)
Driver license state of issue (CO)
Driver license date of issue (4-24-2012)
Home address (number and street) (111 DESPERATE WAY)
City, state, and zip (SECOND CO 80930-2150)
Filing status (HEAD OF HOUSEHOLD)

Dependent #1 Name: (LIVEWITH PARENT)
Social Security Number: (400-00-1012)
Relationship: (CHILD)
Qualifying child for child tax credit: (X)
Year of birth (2004)

Form W2 #1:

Box b: Employer identification number (22-0220222)
Box c: Employer's name, address, and zip code (TWO EATERY CAFE)
(TWO SOAP AVE)
(RINSEOFF CO 80930)
Box d: Employee's social security number (400-00-5602)
Box e: Employee's first name, initial, and last name (SINGLE PARENT)
Box f: Employee's address and zip code (111 DESPERATE WAY)
(SECOND CO 80930-2150)
Box 1: Wages, tips, other compensation (17500)
Box 2: Federal income tax withheld (3600)
Box 3: Social security wages (17500)
Box 4: Social security tax withheld (930)
Box 5: Medicare wages and tips (17500)
Box 6: Medicare tax withheld (289)
Box 15: State (CO)
Employer's state ID number (01112176)
Box 16: State wages, tips, etc (17500)
Box 17: State income tax (310)

Form 1099G #1:

Payers name, address and zip code: (COLORADO DEPT OF LABOR)
(780 NO JOB LANE)
(DENVER CO 80204)
Payers federal identification number: (12-4555444)
Recipients identification number: (400-00-5602)
Recipients name, address and zip code: (SINGLE PARENT)
(111 DESPERATE WAY)
(DENVER CO 80204)
Box 1 Unemployment compensation: (2500)
State income tax withholding (100)

TEST # 3 (NACTP SSN 600-00-1003)

FORMS INCLUDED: FORM 1040A, FORM 1099-R(1), FORM 104
FEDERAL TAXABLE INCOME = 15,250
FORM 104 LINE 6 = 11,100 (US govt interest)
FORM 104 LINE 7 = 16,000 (pension)
FORM 104 LINE 10 = 1000 Total contributions = 1000
Account holder name = Megan Bay, SSN = 400001013
FORM 104 LINE 11 = 4500 Total contributions = 5000
FORM 104 Line 15 = 300 (wildfire)
FORM 104 Line 16 = 10,000 (marijuana business deduction)

First Name, MI & Last Name: (RETIRED INTERESTEARNER) FULL-YEAR-RESIDENT
Social Security Number: (400-00-5603)
Taxpayer's date of birth (7-24-1941)
Driver license number last four (3433)
Driver license state of issue (CO)
Driver license date of issue (7-19-2012)
Home Address: (222 MONEY ST)
City, State, and Zip: (GREENVILLE CO 80802)
Filing Status: (SINGLE)

Form 1099-R #1:
Payers name address and zip code: (USDA)
(3000 N DAKOTA ST)
(GREENVILLE SC 29601)
Payers identification number: (57-8888875)
Recipients social security number: (400-00-5603)
Recipients name (First, mi, Last): (RETIRED INTERESTEARNER)
Recipients street address: (222 MONEY ST)
Recipients city state and zip code: (GREENVILLE CO 80802)

Box 1 Gross distribution: (16000)
Box 2a Taxable amount: (16000)
Box 7 Distribution code: (7)
Box 10 State tax withheld (30)
Box 11 State/Payer's ID (CO/00333333)
Box 12 State distribution (16000)

Test 3 attachment - Wildfire receipts pdf

Acme Fire Control	\$300.00	8-15-15
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Test 3 attachment

Marijuana deduction pro forma federal return

TEST #4 (NACTP SSN 600-00-1004) Filed late 9-10-16

FORMS INCLUDED: FORM 1040, FORM 1099-R(2), FORM 104, FORM DR 1316
FEDERAL STD DEDUCTION = 16,350 FOR MARRIED JOINT AND 3 BOXES CHECKED ON LINE 39A
FEDERAL TAXABLE INCOME = 30,530

FORM 104 TAXPAYER DECEASED
FORM 104 LINE 7 = 24,000 (pension)
FORM 104 LINE 9 = 4500 (capital gain)
FORM 104 LINE 12 = 500 (reservation income)
FORM 104 LINE 13 = 300 (PERA/DPSRS contribution)
FORM 104 LINE 22 = 1920 (nontaxable Social Security)
THIRD PARTY DESIGNEE NAME: CHARLES P. ALLEN THIRD PARTY PHONE: 3035554555
FORM DR 1316: Rental real property 1374 S GAIN, AURORA CO
Acquired 8-1-2007 Sold 10-1-2015 Cost basis \$165,000
Sales price \$160,500

Taxpayer's first name, initial, last name (PASSED AWAY) FULL-YEAR-RESIDENT
Taxpayer's social security number (400-00-5604)
Taxpayer's date of birth (1-10-1938)
Taxpayer's date of death (10-15-2015)
Driver license number last four (4014)
Driver license state of issue (CO)
Driver license date of issue (10-22-2012)
Spouse's First Name, MI, & Last Name: (INVESTOR WIDOW) FULL-YEAR-RESIDENT, BLIND
Spouse's Social Security Number: (400-00-1014)
Spouse's date of birth (5-1-1939)
Driver license number last four (4244)
Driver license state of issue (CO)
Driver license date of issue (5-27-2012)
Home address (number and street) (111 MAIN ST)
City, state, and zip (LITTLETON CO 80123)
Filing status (MARRIED FILING JOINTLY)

Routing number (107003298)
Account type (CHECKING)
Account number (02133298)
Account holder type (Individual)
Direct debit date (09-10-16)
Direct debit amount (tbd)

Form 1099-R #1:
Payers name address and zip code: (MY OLD JOB)
(2650 DOWNING ST)
(LITTLETON CO 80123)
Payers identification number: (56-2566333)
Recipients social security number: (400-00-5604)
Recipients name (First, mi, Last): (PASSED AWAY)
Recipients street address: (111 MAIN ST)
Recipients city state and zip code: (LITTLETON CO 80123)

Box 1 Gross distribution: (13500)
Box 2a Taxable amount: (13500)
Box 7 Distribution code: (7)
Box 11 State/Payer's ID (CO/00333333)
Box 12 State distribution (13500)

(Test 4 continued)

Form 1099-R #2:

Payers name address and zip code:	(ALL IN FUN) (2650 DAKOTA ST) (LITTLETON CO 80123)
Payers identification number:	(56-4488999)
Recipients social security number:	(400-00-5604)
Recipients name (First, mi, Last):	(PASSED AWAY)
Recipients street address:	(111 MAIN ST)
Recipients city state and zip code:	(LITTLETON CO 80123)
Box 1 Gross distribution:	(10500)
Box 2a Taxable amount:	(10500)
Box 7 Distribution code:	(7)
Box 11 State/Payer's ID	(CO/00344444)
Box 12 State distribution	(10500)

TEST # 5 (NACTP SSN 600-00-1005)

FORMS INCLUDED: FORM 1040, W-2(1), FORM 104, FORM 104CR, FORM DR 0617,
FORM DR 1305

FEDERAL TAXABLE INCOME = 11,650

FORM 104 LINE 3 = 500 (conservation easement addback)

LINE 21 = 71,566 (AGI)

LINE 28 = 10 (credit recapture)

COLO FORM 104CR LINE 17a = 100 (Plastic recycle credit)

LINE 17b = 100 (Recycle credit used; Net expenditures = 500)

LINE 19a = 120 (Historic preservation credit)

LINE 19b = 120 (Historic preservation credit used)

LINE 24a = 80 (Child care contribution credit)

LINE 24b = 80 (Child care contribution credit used)

LINE 25a = 90 (Long term care insurance credit)

LINE 25b = 90 (Long term care insurance credit used)

LINE 27a = 1000 (Contaminated land credit)

LINE 27b = 173 (Contaminated land credit used)

LINE 36 CARRYFORWARD REASON CONTAMINATED LAND

COLO FORM DR 0617 2015 NISSAN LEAF S ELECTRIC, LEASED 8-15-15,
VIN 1Y1SK5487XZ430464, LEASE VALUE \$10,800, FEDERAL CREDIT
\$7500, CREDIT PCT 75.0

COLO FORM DR 1305 LINE 1 Easement donated for gov't approval - No

LINE 2 Donation is part of a series - No

LINE 5 Donation date 3-15-15

LINE 6 Tax credit certificate number TCC2015555

LINE 7 Federal income tax deduction - Yes

LINE 8 Potential credit 1,500

LINE 9 Percent interest 33.3333%

LINE 10 Allocated credit 500

LINE 12 Credit received 500

LINE 14 Credit remaining 500

LINE 15 Credit transferred this year 400

LINE 16 Credit to use 100

LINE 17 Total potential addback 500

LINE 18 Addback in prior years 0

LINE 19 Potential addback for this year 500

LINE 20 Addback for this year 500

LINE 22 Transferee 1 name: Don Nichols SSN: 400005015

Date of transfer: 4-15-15 Amount of credit: 200

Transferee 2 name: Lynnette Nichols SSN: 400005025

Date of transfer: 4-15-15 Amount of credit: 200

LINE 24 Checkbox A type of donor

LINE 25 Credit from self

LINE 26 SSN 400005605

LINE 28 Tax credit certificate number TCC2015555

LINE 29 Date credit received 3-15-15

LINE 30 Credit available 100

LINE 31 Credit used prior years 0

LINE 33 Credit used this year 100

(Test 5 continued)

First Name, MI & Last Name:	(TRAVELING SALESMAN) FULL-YEAR-RESIDENT
Social Security Number:	(400-00-5605)
Taxpayer's date of birth	(9-15-1963)
Driver license number last four	(5675)
Driver license state of issue	(CO)
Driver license date of issue	(9-21-2012)
Spouse's First Name, MI, & Last Name:	(MISSES FARMER) FULL-YEAR-RESIDENT
Spouse's Social Security Number:	(400-00-1015)
Spouse's date of birth	(8-22-1964)
Driver license number last four	(5085)
Driver license state of issue	(CO)
Driver license date of issue	(8-26-2012)
Home Address:	(230 COUNTRY ROAD)
City, State, and Zip:	(BENNETT CO 80102)
Filing Status:	(MARRIED FILING JOINT)

Form W2 #1:

Box b:	Employer identification number	(95-1234567)
Box c:	Employer's name, address, and zip code	(PERFECT PARTY PLACE) (200 HIGH FIVE AVE) (FOUNTAIN CO 80930)
Box d:	Employee's social security number	(400-00-5605)
Box e:	Employee's first name, initial, and last name	(TRAVELING SALESMAN)
Box f:	Employee's address and zip code	(230 COUNTRY ROAD) (BENNETT CO 80102)
Box 1:	Wages, tips, other compensation	(50565)
Box 2:	Federal income tax withheld	(4200)
Box 3:	Social security wages	(50565)
Box 4:	Social security tax withheld	(3135)
Box 5:	Medicare wages and tips	(50565)
Box 6:	Medicare tax withheld	(834)
Box 15:	State	(CO)
	Employer's state ID number	(11-12176)
Box 16:	State wages, tips, etc	(50565)
Box 17:	State income tax	(0)

Test 5 Attachment Nissan purchase invoice PDF and registration

Test 5 Attachment Plastic shredder invoice PDF attachment

\$500.00

5-1-15

Test 5 Contaminated land letter PDF attachment

TEST # 6 (NACTP SSN 600-00-1006)

FORMS INCLUDED: FORM 1040, FORM 104, FORM 104CR, FORM DR 1366

FEDERAL TAXABLE INCOME = 9,045

FORM 104 LINE 41 = 50 (extension pymt)
 LINE 49 = 250 (carryforward to 2016)

FORM 104CR LINE 6 Business Personal Property tax paid in 2015 = 300

NET NON-COLO INCOME = 4000 (SUMMARY STATE CODE = "CO")

NEW MEXICO INCOME = 2000 NM TAX = 68

UTAH INCOME = 3000 UT TAX = 60

ARIZONA **LOSS** =(1000) (NO SEPARATE DATA REQUIRED FOR LOSS)

FORM DR 1366 INVESTMENT TAX CREDIT

LINE 1	Renewable energy investment amount	= 12000
LINE 2	Renewable energy investment year	= 2015
Sec A	EZ ITC credit from 2003	= 5
Sec A	EZ ITC 2003 credit used	= 2
Sec A	EZ ITC commercial vehicle credit from 2012	= 4
Sec A	EZ ITC 2012 commercial vehicle credit used	= 4
Sec A	EZ ITC renewable energy credit from 2006	= 2
Sec A	EZ ITC 2006 renewable energy credit used	= 2
LINE 15	EZ ITC current investment	= 1000
LINE 16b	EZ ITC current investment used	= 10
LINE 18	EZ commercial vehicle investment	= 2000
LINE 19b	EZ commercial vehicle investment used	= 15
LINE 21	EZ renewable energy investment	= 3000
LINE 22b	EZ renewable energy investment used	= 20

NEW BUSINESS FACILITY EMPLOYEE CREDIT

Sec A	EZ New Bus Facility employee credit from 2009	= 6
Sec A	EZ New Bus Facility employee 2009 credit used	= 6
Sec A	Enhanced rural EZ NBF employee credit from 2009	= 7
Sec A	Enhanced rural EZ NBF employee 2009 credit used	= 7
Sec A	EZ Ag employee processing credit from 2010	= 8
Sec A	EZ Ag employee processing 2010 credit used	= 8
Sec A	Enhanced rural EZ ag emp processing cr fr 2007	= 9
Sec A	Enhanced rural EZ ag emp processing 2007 cr used	= 9
Sec A	EZ employee health ins credit from 2011	= 10
Sec A	EZ employee health ins 2011 credit used	= 5
LINE 27	Monthly average qualified employees	= 10.5
LINE 28	Previously claimed employee count	= 9
LINE 30b	New employee current credit used	= 11
LINE 32	Number of employees in enhanced rural EZ	= .5
LINE 33b	Enhanced rural EZ current credit used	= 12
LINE 35	Number of employees in ag procesing	= 1
LINE 36b	Ag processing current credit used	= 13
LINE 38	Number of ag employees in enhanced rural EZ	= .5
LINE 39b	Ag emp in enhanced rural EZ current crdt used	= 14
LINE 41	Number of health ins qualified employees	= 1
LINE 42b	Health ins current credit used	= 15

EZ CONTRIBUTION CREDIT

Sec A	EZ contribution credit from 2011	= 25
Sec A	EZ contribution 2011 credit used	= 25
LINE 47	Cash contributions	= 100
LINE 48	In-kind contributions	= 200
LINE 55b	Contribution credit used this year	= 16

EZ COMMERCIAL BUILDING REHABILITATION CREDIT

Sec A	EZ commercial bldg rehab credit from 2010	= 25
Sec A	EZ commercial bldg rehab 2010 credit used	= 25
LINE 60	Current year qualified expenditures	= 2000
LINE 61b	Rehabilitation credit used in current year	= 50

EZ RESEARCH AND EXPERIMENTAL ACTIVITIES CREDIT

Sec A	EZ research development credit from 2004	= 15
Sec A	EZ research development 2004 credit used	= 15
LINE 66	Current year qualified expenditures	= 2000
LINE 67	First preceding year expenditures	= 1500

(Test 6 continued)

LINE 68	Second preceding year expenditures	= 1000
LINE 73b	Current year available credit used	= 0
LINE 75a	25% of allowable from 2012 credit schedule	= 75
LINE 75b	25% of allowable from 2012 credit schedule used	= 5
LINE 77a	25% of allowable from 2013 credit schedule	= 77
LINE 77b	25% of allowable from 2013 credit schedule used	= 7
LINE 79a	25% of allowable from 2014 credit schedule	= 79
LINE 79b	25% of allowable from 2014 credit schedule used	= 9
JOB TRAINING PROGRAM CREDIT		
Sec A	EZ job training program credit from 2003	= 20
Sec A	EZ job training program 2003 credit used	= 10
LINE 84	Current year investment in qualified training	= 2000
LINE 85b	Job training current credit used	= 16

Taxpayer's first name, initial, last name	(SELF EMPLOYED) FULL-YEAR-RESIDENT
Taxpayer's social security number	(400-00-5606)
Taxpayer's date of birth	(12-7-81)
Driver license number last four	(6216)
Driver license state of issue	(CO)
Driver license date of issue	(12-2-2012)
Home address (number and street)	(456 MY BUSINESS WAY)
City, state, and zip	(DENVER CO 80204)
Filing status	(MARRIED FILING SEPARATE)

Paid Preparer Information:

Preparer's Name	(Don Designee)
Preparer's SSN	(400232323)
Firm Name	(HOT TAX)
EIN	(481111111)
Firm Address	(425 E COLFAX)
	(DENVER CO 80204)
Phone Number	(303-555-5000)

Test 6 Utah 2015 tax form PDF

(Test 7 continued)

Form W2 #1:

Box b:	Employer identification number	(11-0110011)
Box c:	Employer's name, address, and zip code	(ONE BEAUTY SALON) (1 WASHCURL AVE) (DENVER CO 80204)
Box d:	Employee's social security number	(400-00-5601)
Box e:	Employee's first name, initial, last name	(RENTAL INVESTOR)
Box f:	Employee's address and zip code	(511 CAROL BLVD) (BOW MAR CO 80123)
Box 1:	Wages, tips, other compensation	(3500)
Box 2:	Federal income tax withheld	(600)
Box 3:	Social security wages	(3500)
Box 4:	Social security tax withheld	(136)
Box 5:	Medicare wages and tips	(3500)
Box 6:	Medicare tax withheld	(51)
Box 15:	State	(CO)
	Employer's state ID number	(01213457)
Box 16:	State wages, tips, etc	(3500)

Form W-2G #1:

Payers name, address and zip codes:	(TAJ MAHAL CASINO) (321 ATLANTIC DRIVE) (BLACKHAWK CO 80422)
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Payers identification number:	(30-7654321)
Winners name address and zip code:	(RENTAL INVESTOR) (511 CAROL BLVD) (BOW MAR CO 80123)

Box 1	Gross winnings:	(6500)
Box 2	Federal income tax withheld:	(975)
Box 3	Type of wager:	(SLOTS)
Box 4	Date won:	(08-14-2015)
Box 9	Winner's taxpayer ID No.:	(400-00-1017)
Box 13	State/Payer's state ID No.:	(CO/00822768)
Box 14	State income tax withheld	(301)

TEST # 8 (NACTP SSN 600-00-1008)

FORMS INCLUDED: FORM 1040, FORM W-2(1), FORM 104, FORM 104PN

FEDERAL TAXABLE INCOME = 3,620

COLO FORM 104 LINE 42 = 25 CHECKBOX FOR 104BEP

COLO FORM 104PN LINE 1 = Part-year resident 7-1-15 to 12-31-15

LINE 4 = 13,200 (federal wages)

LINE 14 = 13,096 (federal business income)

LINE 15 = 13,096 (Colo business income)

LINE 22 = 926 Self-employment tax, Sch SE

LINE 23 = 926 Self-employment tax, Sch SE

FORM 104CR LINE 2 = 25,370 (earned income)

FORM DR 0347 LINE 1a Provider first name Dora

LINE 1a Provider last name Kidder

LINE 1b Provider SSN 400005688

LINE 1c Provider Street address 228 Child Care Lane

LINE 1c Provider City Tinytown

LINE 1c Provider State CO

LINE 1c Provider Zip 80465

LINE 1d Amount paid 6000

LINE 2f = 25,370

First Name, MI & Last Name: (BABY SITTER)PART-YEAR RESIDENT
Social Security Number: (400-00-5608)
Taxpayer's date of birth (10-21-56)
Driver license number last four (8018)
Driver license state of issue (CO)
Driver license date of issue (10-20-2012)
Home Address: (222 NURSERY LANE)
City, State, and Zip: (TINYTOWN CO 80465)
Filing Status: (QUALIFIED WIDOW)

Dependent #1 Name: (JOHN DOE)
Social Security Number: (600-00-2008)
Relationship: (SON)
Qualifying child for child tax credit: (X)
Year of birth (2004)

Form W-2 #1:
b. Employer identification number: (38-9391949)
c. Employer name address and zip code: (NURSERY TOTS)
(21 APPEAL ST)
(VERNAL UT 84078)
d. Employees social security number: (400-00-5608)
e. Employees name (first, mi, last): (BABY SITTER)
f. Employees address and zip code: (222 NURSERY LANE)
(TINYTOWN CO 80465)

Box 1 Wages, tips, etc.: (13200)
Box 2 Federal income tax withheld: (1200)
Box 3 Social security wages: (13200)
Box 4 Social security tax withheld: (818)
Box 5 Medicare wages and tips: (13200)
Box 6 Medicare tax withheld: (218)
Box 15 State and state ID number: (UT 13-82461)
Box 16 State wages: (13200)
Box 17 State income tax withheld: (400)

(Test 10 continued)

Form W-2 #1:

b. Employer identification number:	(22-1234567)
c. Employer name address and zip code:	(ROME MEAT PACKING) (79 HOG AVE) (BURLINGTON CO 80802)
d. Employees social security number:	(400-00-5610)
e. Employees name (first, mi, last):	(FOREIGN ADDRESS)
f. Employees address and zip code:	(123 FRONT ST) (ROME LAZIO ITALY 065579)
Box 1 Wages, tips, etc.:	(37900)
Box 2 Federal income tax withheld:	(4500)
Box 3 Social security wages:	(37900)
Box 4 Social security tax withheld:	(2350)
Box 5 Medicare wages and tips:	(37900)
Box 6 Medicare tax withheld:	(625)
Box 15 State and state ID number:	(CO 02382461)
Box 16 State wages:	(37900)
Box 17 State income tax withheld:	(750)

Form W-2 #2:

b. Employer identification number:	(22-7777777)
c. Employer name address and zip code:	(THE SAUSAGE HOUSE) (97 WHEATLEY AVE) (ANDERSON CO 80802)
d. Employees social security number:	(400-00-5610)
e. Employees name (first, mi, last):	(FOREIGN ADDRESS)
f. Employees address and zip code:	(123 FRONT ST) (ROME LAZIO ITALY 065579)
Box 1 Wages, tips, etc.:	(21800)
Box 2 Federal income tax withheld:	(2180)
Box 3 Social security wages:	(21800)
Box 4 Social security tax withheld:	(1352)
Box 5 Medicare wages and tips:	(21800)
Box 6 Medicare tax withheld:	(357)
Box 15 State and state ID number:	(CO 02382005)
Box 16 State wages:	(21800)
Box 17 State income tax withheld:	(500)

Attachment test 10

Child care center license
Child care facility documentation
School to career letter
Colorado works letter
DR 85/86
Job growth certification
DR 0346 for food contribution

TEST # 11 (NOT FROM AN NACTP SCENARIO) UNLINKED

FORMS INCLUDED: FORM 104, FORM 104CR, FORM 104AMT, FORM W-2(1)
CHECK ABROAD ON DUE DATE

FEDERAL TAXABLE INCOME	=	65,000	
COLO FORM 104	LINE 2	=	1250 (addback)
	LINE 21	=	122,667 (agi)
	LINE 23	=	5000 (nontaxable lump sum)
	LINE 24	=	850 (nontaxable interest)
	LINE 40	=	2050 (estimate pymt)
COLO FORM 104CR	LINE 18a	=	36 (Colo min tax credit)
	LINE 18b	=	36 (Colo min tax credit used)
	LINE 18	=	300 (federal credit)
COLO FORM 104AMT	LINE 1	=	92,594 (federal agi)

First Name, MI & Last Name:	(ALTERNATE UNIVERSE)
Social Security Number:	(400-00-5611)
Taxpayer's date of birth	(5-5-1955)
Driver license number last four	(1111)
Driver license state of issue	(CO)
Driver license date of issue	(5-1-2012)
Spouse's First Name, MI, & Last Name:	(JANE UNIVERSE)
Spouse's Social Security Number:	(400-00-2011)
Spouse's date of birth	(10-24-1976)
Driver license number last four	(1211)
Driver license state of issue	(CO)
Driver license date of issue	(10-17-2012)
Home Address:	(5810 MINIMUM ST)
City, State, and Zip:	(LITTLETON CO 80123)
Filing Status:	(MARRIED FILING JOINTLY)

Routing number	(107003298)
Account type	(CHECKING)
Account number	(04433298)

Form W-2 #1:	
b. Employer identification number:	(22-1234578)
c. Employer name address and zip code:	(HEART AND SOUL)
	(7992 W BERRY)
	(LITTLETON CO 80123)
d. Employees social security number:	(400-00-5611)
e. Employees name (first, mi, last):	(ALTERNATE UNIVERSE)
f. Employees address and zip code:	(5810 MINIMUM ST)
	(LITTLETON CO 80123)

Box 1	Wages, tips, etc.:	(37900)
Box 2	Federal income tax withheld:	(4500)
Box 3	Social security wages:	(37900)
Box 4	Social security tax withheld:	(2350)
Box 5	Medicare wages and tips:	(37900)
Box 6	Medicare tax withheld:	(625)
Box 15	State and state ID number:	(CO 02382461)
Box 16	State wages:	(37900)
Box 17	State income tax withheld:	(1250)