

# DELTA WORKFORCE INVESTMENT AREA

## SYSTEM OF WORK READINESS SKILLS

Name \_\_\_\_\_ Date \_\_\_\_\_

### Skill Area V. Life Skills

#### V.1. Label the three (3) following tax forms.

1. \_\_\_\_\_

2. \_\_\_\_\_

**2008** (OMB No. 1545-0047)

Label (See page 8) Use the IRS label. Otherwise, please print or type. (See page 7) **Check here if you are filing a joint return, even if you file separately.**  Yes  Separate

<b>1</b> Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.	1
<b>2</b> Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.	2
<b>3</b> Unemployment compensation and Alaska Permanent Fund dividends (see page 131).	3
<b>4</b> Add lines 1, 2, and 3. This is your adjusted gross income.	4
<b>5</b> If someone else (other than you or your spouse if a joint return) is a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. <input type="checkbox"/> Yes <input type="checkbox"/> Spouse If an heir can claim you for your income if a joint return over \$1,950 (if single) \$1,950 (if married filing jointly). See back for explanation.	5
<b>6</b> Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-.	6
<b>7</b> Federal income tax withheld from box 3 of your Form(s) W-2.	7
<b>8a</b> Excess income tax(es) (see page 12).	8a
<b>8b</b> Nonrefundable tax credit carryover.	8b
<b>9</b> Necessary state credit carryover (see pages 17 and 18).	9
<b>10</b> Add lines 7, 8a, and 9. These are your total payments.	10
<b>11</b> Yes, use the amount on line 6 above to find your tax in the tax table on pages 28-36 of the booklet. Then, enter the tax from the table on this line.	11
<b>12a</b> If line 10 is larger than line 11, subtract line 11 from line 10. This is your refund. If Form 1040 is attached, check here <input type="checkbox"/> Yes <input type="checkbox"/> No	12a
<b>12b</b> Refund number: _____ Type: <input type="checkbox"/> Rollover <input type="checkbox"/> Foreign	
<b>12c</b> Account number: _____	
<b>13</b> If line 11 is larger than line 10, subtract line 10 from line 11. This is the amount you owe. Tax details on how to pay, see page 14.	13
<b>Do you want to allow another person to discuss this return with the IRS (see page 20)?</b> <input type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No	
<b>Third party designee</b> Designee's name: _____ Title: _____ Personal Identification Number (PIN): _____	
<b>Sign here</b> Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and accurate both as to amounts and as to the law. I understand that anyone who furnishes false or misleading information on a tax return or who omits material or information on a tax return may be liable for criminal sanctions (including fines and imprisonment) and/or civil sanctions (including penalties and interest). Taxpayer's signature: _____ Date: _____ Tax preparer's signature: _____ Date: _____	
<b>Paid preparer's use only</b> Preparer's signature: _____ Date: _____ Preparer's PIN or PTIN: _____	

For Instructions, Form 1040EZ, and Paperwork Reduction Act Notices, see page 31. Form No. 1040EZ 0008

**2009**

When you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

**1** Type or print your first name and middle initial. **Last name** **2** Your social security number

Home address (street and street or rural route) **3**  Single  Married  Married, but withheld at higher Single rate  
City or town, state, and ZIP code **4** If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.

**5** Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) **6** **7** I claim exemption from withholding for 2009, and I certify that I meet both of the following conditions for exemption:  
• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and  
• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.  
If you meet both conditions, write "Exempt" here **7**

Under penalties of perjury, I declare that I have examined the certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature (Form is not valid unless you sign it) **Date** \_\_\_\_\_  
Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS) **8** Office (see notice) **10** Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2. GEN. No. 102200 Form W-4 (2009)

3. \_\_\_\_\_

**2009**

When you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

**1** Type or print your first name and middle initial. **Last name** **2** Your social security number

Home address (street and street or rural route) **3**  Single  Married  Married, but withheld at higher Single rate  
City or town, state, and ZIP code **4** If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.

**5** Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) **6** **7** I claim exemption from withholding for 2009, and I certify that I meet both of the following conditions for exemption:  
• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and  
• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.  
If you meet both conditions, write "Exempt" here **7**

Under penalties of perjury, I declare that I have examined the certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature (Form is not valid unless you sign it) **Date** \_\_\_\_\_  
Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS) **8** Office (see notice) **10** Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2. GEN. No. 102200 Form W-4 (2009)

**2009**

# DELTA WORKFORCE INVESTMENT AREA SYSTEM OF WORK READINESS SKILLS

Name \_\_\_\_\_ Date \_\_\_\_\_

## Skill Area V. Life Skills

### V.1. Label the three (3) following tax forms.

1. 1040EZ Income Tax Return

2. W-4 Employee's Withholding Allowance Certificate

**2008** Check the (checkbox)

<b>Label</b> (See page 8)	Your first name and initial Last name If a joint return, include the first name and initial Last name Home address (number and street or rural route) City, town or post office, state, and ZIP code. If you have a large amount, see page 8	Your social security number Employer's social security number * You must enter your SSN(s) above. Checking a box below will not change your tax or refund.
Use the W-9 label. Otherwise, please print or type. Preparer's Signature Preparer's Title	Check here if you, or your spouse if a joint return, want \$2 to go to this fund: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Spouse	
<b>Income</b>	1 Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2. <span style="float: right;">1</span>	
Attach Form(s) W-2 here. Exclude, but do not attach, any payment.	2 Taxable interest. If the total is over \$1,500, you must use Form 1040EZ. <span style="float: right;">2</span>	
	3 Unemployment compensation and Alaska Permanent Fund dividends (see page 11). <span style="float: right;">3</span>	
	4 Add line 1, 2, and 3. This is your adjusted gross income. <span style="float: right;">4</span>	
	5 If someone can claim you for your spouse if a joint return as a dependent, check the applicable box(es) below and enter the amount from the worksheet on line 1. <input type="checkbox"/> Yes <input type="checkbox"/> Spouse <span style="float: right;">5</span>	
	6 Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your taxable income. <span style="float: right;">6</span>	
<b>Payments and Tax</b>	7 Federal income tax withheld from box 2 of your Form(s) W-2. <span style="float: right;">7</span>	
	8 Excess income credits (EIC) (see page 12). <span style="float: right;">8a</span>	
	9 Nonrefundable credits (see page 12 and 13). <span style="float: right;">9</span>	
	10 Add lines 7, 8a, and 9. These are your total payments. <span style="float: right;">10</span>	
	11 Tax. Use the amount on line 6 above to find your tax in the tax table on pages 28-38 of the booklet. Then, copy the tax from the table on this line. <span style="float: right;">11</span>	
<b>Refund</b>	12a If line 10 is larger than line 11, subtract line 11 from line 10. This is your refund. If line 121b is checked, check here: <input type="checkbox"/> <span style="float: right;">12a</span>	
Have a security clearance? See page 11 and 12 on Form 9882.	b Starting number: [ ] Type: <input type="checkbox"/> checking <input type="checkbox"/> savings	
	c Account number: [ ]	
<b>Amount you owe</b>	13 If line 11 is larger than line 10, subtract line 10 from line 11. This is the amount you owe. For details see how to pay, see page 18. <span style="float: right;">13</span>	
<b>Third party designee</b>	Do you want to allow another person to discuss this return with the IRS (see page 20)? <input type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No	
<b>Sign here</b>	Designee's name: [ ] Phone: [ ] For same benefits plan, number (PIN): [ ]	
<b>Paid preparer's use only</b>	Preparer's signature: [ ] Date: [ ] Preparer's EIN or PTIN: [ ]	

See Instructions, Privacy Act, and Paperwork Reduction Act Notice, see page 2. Can Use 112700 Form 1040EZ 0108

**2009**

Whether you are entitled to claim a certain number of allowances or an exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

1 Type or print your first name and middle initial: _____		2 Your social security number: _____	
3 Home address (number and street or rural route): _____		4 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withheld at higher Single rate. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
5 City or town, state, and ZIP code: _____		6 If your last name differs from that shown on your social security card, attach here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>	
7 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 7): <span style="float: right;">7</span>		8 Additional amount, if any, you want withheld from each paycheck <span style="float: right;">8</span>	
9 I claim exemption from withholding for 2009, and I certify that I meet both of the following conditions for exemption: • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here: _____		10 Employer identification number (EIN) _____	

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Form is not valid unless you sign it.

Employer's name and address (Employer: Complete lines 4 and 10 only if sending to the IRS.)  Office code bracket: \_\_\_\_\_ Employer identification number (EIN) \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see page 2. Can Use 102700 Form W-4 0108

3. W-2 Wage And Tax Statement

22222		<input type="checkbox"/> Employer's social security number	For 2009 Use Only Check box 15A, 15B, 15C	
1 Federal identification number (EIN)	2 State identification number	3 Employer's name (to be withheld)	4 Social Security number	5 Total amount of wages
6 Federal income tax withheld	7 Social Security tax	8 Medicare tax	9 State income tax withheld	10 Total amount of state income tax withheld
11 Federal income tax	12 Social Security tax	13 Medicare tax	14 State income tax	15 Total amount of state income tax
16 Federal income tax	17 Social Security tax	18 Medicare tax	19 State income tax	20 Total amount of state income tax

2009  
Department of the Treasury, Internal Revenue Service  
Form 941-SS and Paperwork Reduction Act Notice 2008-001