

ARTIFACTS FOR TAXES

Artifact 1



Artifact 2

Pay Stub View

Employee Name	Pay Date	Total Net Deposit	Total Net Check	Total Net Deposit+Check
First LastName	04/01/2013	2,495.92	.00	2,495.92

STATE OF OREGON

For questions call your AGENCY PAYROLL OFFICE

OREGON STATE PAYROLL SYSTEM

Period Ending		Pay Date		Payment #					
03/31/2013		04/01/2013		A123456					
EARNINGS				DEDUCTIONS			EMPLOYEE CONTRIBUTIONS		EMPLOYER
Description	Hours	Rate	Amount	Vendor	Description	Current	YTD	Current	
TOTAL-REG	144.00	4,029.90	3,626.91	LONGTERM DIS	90 DAY/66%	35.91	150.83		
FURLOUGH LV	16.00		.00	SEIU 503 DUE		61.66	259.00		
GROSS PAY			3,626.91	DEF/COMPLOAN		240.89	963.56		
FED TAX			207.38	ODS PRF DENT	EMP&FAMILY	5.35		101.73	
STATE TAX			200.00	LEGAL INS	INDIVIDUAL	15.84	63.36		
SOC SEC TAX			219.80	BASIC LIFE	PRETAX/5K	.05		.95	
MEDICARE TAX			51.41	PSWP 350	EMP&FAMILY	71.91		1,366.24	
WBF TAX			2.02	SEIU 503 ISS	ISSUES DUES	2.75	11.00		
EMPL DEDNS			450.38	EMP LF/40-44	045K PRETAX	3.38			
NET DEPOSIT			2,495.92	EMP LF/40-44	155K POSTTAX	11.62	60.00		
NET CHECK			.00	VSP	EMP&FAMILY	1.02		19.47	
FEDERAL J 03				EE YTD/SUB\$	EE YTD/SUB\$		313.32		
STATE J 03									

YEAR TO DATE INFORMATION							RETIRE STATE PICKUP		
Gross Pay	Nontaxed Income	Other Taxed Income	Taxed Income	Fed Tax Withheld	State Tax Withheld	Soc Sec/Medr Tax Withheld	Number	Current	YTD
19,764.46	326.84		19,437.62	1,626.18	1,157.00	1,205.13 281.85	123456	217.61	1,185.86

LEAVE ACCRUAL - EMPLOYEE'S LEAVE BALANCE & USAGE							
Leave Type	Beg Bal 02-01-13	Earned	Taken/Paid	Adj	Lost	End Bal* 02-28-13	Comments
COMP TIME	.25	.00	.25-	.00	.00	.00	
SICK	231.27	8.00	.00	.00	.00	239.27	
VACATION	127.91	14.00	6.50-	.00	.00	135.41	
FURLOUGH	16.00	.00	.00	.00	.00	16.00	

* LEAVE BALANCES ARE EFFECTIVE AS OF MAR 1, 2013, LEAVE ACCRUAL/USAGE FOR MAR IS NOT REFLECTED
 * FURLOUGH OBLIGATION, IF DISPLAYED, IS BASED ON RULES OR THE CBA THAT APPLIES TO YOU

Artifact 3

Form **1040** Department of the Treasury—Internal Revenue Service (99) **2015** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning , 2015, ending , 20

See separate instructions.

Your first name and initial Last name Your social security number

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

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. **▲** Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Foreign country name Foreign province/state/county Foreign postal 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 will not change your tax or refund. You Spouse

Filing Status

1 Single 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name here. ▶ 5 Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a

b Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

Boxes checked on 6a and 6b
No. of children on 6c who:
• lived with you
• did not live with you due to divorce or separation (see instructions)
Dependents on 6c not entered above
Add numbers on lines above ▶

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7

8a Taxable interest. Attach Schedule B if required 8a

b Tax-exempt interest. Do not include on line 8a 8b

9a Ordinary dividends. Attach Schedule B if required 9a

b Qualified dividends 9b

10 Taxable refunds, credits, or offsets of state and local income taxes 10

11 Alimony received 11

12 Business income or (loss). Attach Schedule C or C-EZ 12

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 13

14 Other gains or (losses). Attach Form 4797 14

15a IRA distributions 15a b Taxable amount 15b

16a Pensions and annuities 16a b Taxable amount 16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17

18 Farm income or (loss). Attach Schedule F 18

19 Unemployment compensation 19

20a Social security benefits 20a b Taxable amount 20b

21 Other income. List type and amount 21

22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶ 22

Adjusted Gross Income

23 Educator expenses 23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24

25 Health savings account deduction. Attach Form 8889 25

26 Moving expenses. Attach Form 3903 26

27 Deductible part of self-employment tax. Attach Schedule SE 27

28 Self-employed SEP, SIMPLE, and qualified plans 28

29 Self-employed health insurance deduction 29

30 Penalty on early withdrawal of savings 30

31a Alimony paid b Recipient's SSN ▶ | | 31a

32 IRA deduction 32

33 Student loan interest deduction 33

34 Tuition and fees. Attach Form 8917 34

35 Domestic production activities deduction. Attach Form 8903 35

36 Add lines 23 through 35 36

37 Subtract line 36 from line 22. This is your **adjusted gross income** ▶ 37

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form **1040** (2015)