2024 TAX SEASON Exercises

Volunteer Resources:

Signup, Register for Shifts:
volunteer.bakerripley.org

Clock in/out at Tax Centers:
Bookmark on Tax Computer

Questions about volunteering:
taxes@bakerripley.org

Questions about Tax Laws and Test Questions:
ntctraininghelp@gmail.com

BAKERRIPLEY NEIGHBORHOOD TAX CENTERS

BakerRipley

FILING STATUS EXERCISES

1. George and Betty's divorce was final on December 31, 2023. They did not remarry and they do not have any dependents. What is their filing status?
2. Bo's wife passed away November 13, 2023. He did not remarry before the end of the year and he does not have any dependents. Can he file Married Filing Jointly?
3. Pedro and Maria's divorce was final on January 1, 2024. What are their filing status options for 2023?
4. Ronnie and Barbara are married but separated and living apart since 2018. They have 3 young children, ages 7, 9 and 10. The children lived with Barbara all of 2023 and she provided all of their support. What is Barbara's filing status? What is Ronnie's filing status?
5. Jack and Jill were married with three small children - ages 3, 5 and 8 - when Jack died in March of 2022. Jill filed Married Filing Jointly in 2022.
    a. What is her filing status for TY2023?
    b. What is her filing status for TY2024?
    c. What is her filing status for TY2025?

6. Laura is 22 years old and a full-time student at the University of Houston. She lives on campus and works part-time. She earned $6,150 in 2023 and used that money for eating out and gasoline. Her parents pay for all of her tuition and room and board and other incidentals.
    a. What is Laura's filing status?
    b. Should Laura file a tax return?
    c. If so, Why?

7. Jim and Carolyn are boyfriend and girlfriend. Carolyn and her son Rob live with Jim. Carolyn works part-time and made $3,500 in 2023. Jim is an electrician and fully supports Carolyn and Rob. Rob's father does not support Rob in any way.
    a. What is Jim's filing status?
    b. Who can he claim as dependent(s)?
    c. Does Jim qualify for Other Dependent Credit?

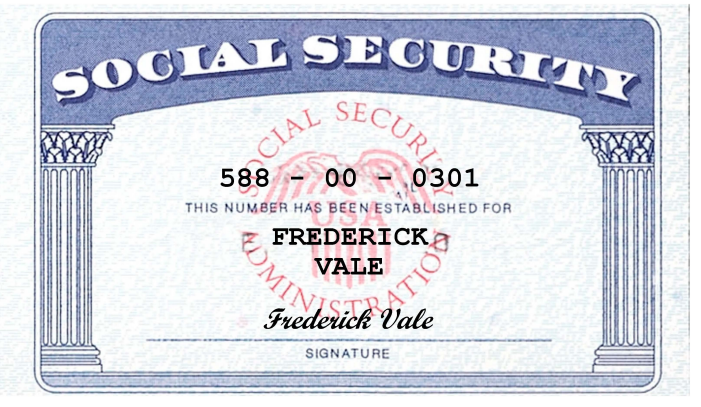
8. David and Lisa have been married for 42 years. They are retired; however, they both work part-time. They have a son, Andrew, who is 40 and totally and permanently disabled. Andrew lives with and is fully supported by David and Lisa.

    a. Can David and Lisa claim Andrew as a dependent?
    b. Are David and Lisa eligible for any credits by claiming Andrew?
    c. If so, what type of dependency exemption applies to Andrew?

9. Assume Andrew received disability income and used that income to support himself and paid half of the household expenses, but still lived with his parents.
    a. Can David and Lisa claim Andrew as a dependent?
    b. Would David and Lisa receive EITC for Andrew?

Interview Notes

- Frederick Vale is retired and receives Social Security Benefits.
- He is a US citizen, was widowed in 1995, and has no dependents.
- He wants to file his taxes as he has done every year.
- If he receives a refund he wants a check in the mail.



Form **13614-C**
(October 2022)

Department of the Treasury - Internal Revenue Service

Intake/Interview & Quality Review Sheet

OMB Number
1545-1964

You will need:
- **Tax Information such as Forms W-2, 1099, 1098, 1095.**
- **Social security cards or ITIN letters for all persons on your tax return.**
- **Picture ID (such as valid driver's license) for you and your spouse.**

- **Please complete pages 1-4 of this form.**
- **You are responsible for the information on your return. Please provide complete and accurate information.**
- **If you have questions, please ask the IRS-certified volunteer preparer.**

Volunteers are trained to provide high quality service and uphold the highest ethical standards.
To report unethical behavior to the IRS, email us at wi.voltax@irs.gov

Part I – Your Personal Information (If you are filing a joint return, enter your names in the same order as last year's return)

1. Your first name	M.I.	Last name	Best contact number	Are you a U.S. citizen?
FREDERICK		VALE	346-555-1212	☒ Yes ☐ No
2. Your spouse's first name	M.I.	Last name	Best contact number	Is your spouse a U.S. citizen?
				☐ Yes ☐ No

3. Mailing address	Apt #	City	State	ZIP code
1212 SLEEPY BLVD		HOUSTON	TEXAS	77084

4. Your Date of Birth	5. Your job title	6. Last year, were you:					
03/01/1955	RETIRED	a. Full-time student	☐ Yes	☒ No	b. Totally and permanently disabled	☐ Yes	☒ No
		c. Legally blind	☐ Yes	☒ No			
7. Your spouse's Date of Birth	8. Your spouse's job title	9. Last year, was your spouse:					
		a. Full-time student	☐ Yes	☐ No	b. Totally and permanently disabled	☐ Yes	☐ No
		c. Legally blind	☐ Yes	☐ No			

10. Can anyone claim you or your spouse as a dependent? ☐ Yes ☒ No ☐ Unsure

11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? ☐ Yes ☒ No

12. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service)

Part II – Marital Status and Household Information

1. As of December 31, 2022, what was your marital status?
- ☐ Never Married
- ☐ Married
- ☐ Divorced
- ☐ Legally Separated
- ☒ Widowed

(This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

a. If Yes, Did you get married in 2022? ☐ Yes ☐ No

b. Did you live with your spouse during any part of the last six months of 2022? ☐ Yes ☐ No

Date of final decree _____

Date of separate maintenance decree _____

Year of spouse's death 1995

2. List the names below of:
- **everyone** who lived with you last year (other than your spouse)
- **anyone** you supported but did not live with you last year

If additional space is needed check here ☐ and list on page 3

Name (first, last) Do not enter your name or spouse's name below (a)	Date of Birth (mm/dd/yy) (b)	Relationship to you (for example: son, daughter, parent, none, etc) (c)	Number of months lived in your home last year (d)	US Citizen (yes/no) (e)	Resident of US, Canada, or Mexico last year (yes/no) (f)	Single or Married as of 12/31/22 (S/M) (g)	Full-time Student last year (yes/no) (h)	Totally and Permanently Disabled (yes/no) (i)	**To be completed by a Certified Volunteer Preparer** Is this person a qualifying child/relative of any other person? (yes/no)	Did this person provide more than 50% of his/her own support? (yes,no,n/a)	Did this person have less than $4,400 of income? (yes,no,n/a)	Did the taxpayer(s) provide more than 50% of support for this person? (yes/no/n/a)	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? (yes/no)

Check appropriate box for each question in each section

Yes	No	Unsure	Part III – Income – Last Year, Did You (or Your Spouse) Receive
☐	☒	☐	1. (B) Wages or Salary? (Form W-2) **If yes, how many jobs did you have last year?** _____
☐	☒	☐	2. (A) Tip Income?
☐	☒	☐	3. (B) Scholarships? (Forms W-2, 1098-T)
☐	☒	☐	4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
☐	☒	☐	5. (B) Refund of state/local income taxes? (Form 1099-G)
☐	☒	☐	6. (B) Alimony income or separate maintenance payments?
☐	☒	☐	7. (A) Self-Employment income? (Forms 1099-MISC, 1099-NEC, 1099-K, cash, digital assets, or other property or services)
☐	☒	☐	8. (A) Cash/check/digital assets, or other property or services for any work performed not reported on Forms W-2 or 1099?
☐	☒	☐	9. (A) Income (or loss) from the sale or exchange of stocks, bonds, digital assets or real estate? (including your home) (Forms 1099-S, 1099-B)
☐	☒	☐	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
☐	☒	☐	11. (A) Retirement income or payments from pensions, annuities, and or IRA? (Form 1099-R)
☐	☒	☐	12. (B) Unemployment Compensation? (Form 1099-G)
☒	☐	☐	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
☐	☒	☐	14. (M) Income (or loss) from rental property?
☐	☒	☐	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, digital assets, Sch K-1, royalties, foreign income, etc.)

Yes	No	Unsure	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay
☐	☒	☐	1. (B) Alimony or separate maintenance payments? If yes, do you have the recipient's SSN? ☐ Yes ☐ No
☐	☒	☐	2. Contributions or repayments to a retirement account? ☐ IRA (A) ☐ Roth IRA (B) ☐ 401K (B) ☐ Other
☐	☒	☐	3. (B) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
☐	☒	☐	4. Any of the following? ☐ (A) Medical & Dental (including insurance premiums) ☐ (A) Mortgage Interest (Form 1098) ☐ (A) Taxes (State, Real Estate, Personal Property, Sales) ☐ (B) Charitable Contributions
☐	☒	☐	5. (B) Child or dependent care expenses such as daycare?
☐	☒	☐	6. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
☐	☒	☐	7. (A) Expenses related to self-employment income or any other income you received?
☐	☒	☐	8. (B) Student loan interest? (Form 1098-E)

Yes	No	Unsure	Part V – Life Events – Last Year, Did You (or Your Spouse)
☐	☒	☐	1. (A) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
☐	☒	☐	2. (A) Have credit card, student loan or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)
☐	☒	☐	3. (A) Adopt a child?
☐	☒	☐	4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax year? _____
☐	☒	☐	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
☐	☒	☐	6. (A) Receive the First Time Homebuyers Credit in 2008?
☐	☒	☐	7. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? _____
☐	☒	☐	8. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
☐	☒	☐	9. (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]

Additional Information and Questions Related to the Preparation of Your Return

1. Would you like to receive written communications from the IRS in a language other than English? ☒ Yes ☐ No If yes, which language? _____
2. Presidential Election Campaign Fund (If you check a box, your tax or refund will not change)
   Check here if you, or your spouse if filing jointly, want $3 to go to this fund ☐ You ☐ Spouse
3. If you are due a refund, would you like: a. Direct deposit ☒ Yes ☐ No b. To purchase U.S. Savings Bonds ☐ Yes ☒ No c. To split your refund between different accounts ☐ Yes ☒ No
4. If you have a balance due, would you like to make a payment directly from your bank account? ☒ Yes ☐ No
5. Did you live in an area that was declared a Federal disaster area? ☐ Yes ☒ No If yes, where? _____
6. Did you, or your spouse if filing jointly, receive a letter from the IRS? ☐ Yes ☒ No
7. Would you like information on how to vote and/or how to register to vote? ☐ Yes ☒ No

Many free tax preparation sites operate by receiving grant money or other federal financial assistance. The data from the following questions may be used by this site to apply for these grants or to support continued receipt of financial funding. Your answer will be used only for statistical purposes. These questions are optional.

8. Would you say you can carry on a conversation in English, both understanding & speaking? ☒ Very well ☐ Well ☐ Not well ☐ Not at all ☐ Prefer not to answer
9. Would you say you can read a newspaper or book in English? ☒ Very well ☐ Well ☐ Not well ☐ Not at all ☐ Prefer not to answer
10. Do you or any member of your household have a disability? ☐ Yes ☒ No ☐ Prefer not to answer
11. Are you or your spouse a Veteran from the U.S. Armed Forces? ☐ Yes ☒ No ☐ Prefer not to answer
12. Your race?
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☒ White ☐ Prefer not to answer
13. Your spouse's race?
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Prefer not to answer ☐ No spouse
14. Your ethnicity? ☐ Hispanic or Latino ☒ Not Hispanic or Latino ☐ Prefer not to answer
15. Your spouse's ethnicity? ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Prefer not to answer ☒ No spouse

Additional comments

Privacy Act and Paperwork Reduction Act Notice

The Privacy Act of 1974 requires that when we ask for information we tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it, and whether your response is voluntary, required to obtain a benefit, or mandatory. Our legal right to ask for information is 5 U.S.C. 301. We are asking for this information to assist us in contacting you relative to your interest and/or participation in the IRS volunteer income tax preparation and outreach programs. The information you provide may be furnished to others who coordinate activities and staffing at volunteer return preparation sites or outreach activities. The information may also be used to establish effective controls, send correspondence and recognize volunteers. Your response is voluntary. However, if you do not provide the requested information, the IRS may not be able to use your assistance in these programs. The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224

Form **15080**
(October 2022)

Department of the Treasury - Internal Revenue Service

Consent to Disclose Tax Return Information to VITA/TCE Tax Preparation Sites

Federal Disclosure:

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

Terms:

Global Carry Forward of data allows TaxSlayer LLC, the provider of the VITA/TCE tax software, to make your tax return information available to ANY volunteer site participating in the IRS's VITA/TCE program that you select to prepare a tax return in the next filing season. This means you will be able to visit any volunteer site using TaxSlayer next year and have your tax return populate with your current year data, regardless of where you filed your tax return this year. This consent is valid through November 30, 2024.

The tax return information that will be disclosed includes, but is not limited to, demographic, financial and other personally identifiable information, about you, your tax return and your sources of income, which was input into the tax preparation software for the purpose of preparing your tax return. This information includes your name, address, date of birth, phone number, SSN, filing status, occupation, employer's name and address, and the amounts and sources of income, deductions and credits that were claimed on, or contained within, your tax return. The tax return information that will be disclosed also includes the name, SSN, date of birth, and relationship of any dependents that were claimed on your tax return.

You do not need to provide consent for the VITA/TCE partner preparing your tax return this year. Global Carry Forward will assist you only if you visit a different VITA or TCE partner next year that uses TaxSlayer.

Limitation on the Duration of Consent: I/we, the taxpayer, do not wish to limit the duration of the consent of the disclosure of tax return information to a date earlier than presented above (November 30, 2024). If I/we wish to limit the duration of the consent of the disclosure to an earlier date, I/we will deny consent.

Limitation on the Scope of Disclosure: I/we, the taxpayer, do not wish to limit the scope of the disclosure of tax return information further than presented above. If I/we wish to limit the scope of the disclosure of tax return information further than presented above, I/we will deny consent.

Consent:

I/we, the taxpayer, have read the above information.

I/we hereby consent to the disclosure of tax return information described in the Global Carry Forward terms above and allow the tax return preparer to enter a PIN in the tax preparation software on my behalf to verify that I/we consent to the terms of this disclosure.

Primary taxpayer printed name and signature	Date
Frederick Vale	12/01/2023
Secondary taxpayer printed name and signature	Date

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by e-mail at complaints@tigta.treas.gov.

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

20XX

- PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
- SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name	Box 2. Beneficiary's Social Security Number
FREDERICK VALE	**588-00-0301**

Box 3. Benefits Paid in 20XX	Box 4. Benefits Repaid to SSA in 20XX	Box 5. Net Benefits for 20XX *(Box 3 minus Box 4)*
$18,000.00		**$18,000.00**

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit: $18,000.00

DESCRIPTION OF AMOUNT IN BOX 4

Box 6. Voluntary Federal Income Tax Withholding

Box 7. Address

1212 SLEEPY BLVD
HOUSTON, TX 77084

Box 8. Claim Number *(Use this number if you need to contact SSA.)*

Form **SSA-1099-SM** (6/2020)

DO NOT RETURN THIS FORM TO SSA OR IRS

BakerRipley Neighborhood Tax Centers Intake Form

CLEARLY write the name of everyone who will be listed on the tax return (Including Yourself) To list more names, please use an extra sheet of paper.				
	Full name as shown on SSN card or ITIN letter	**Date of Birth Mo/Day/Year**	**Health Insurance Company**	**SSN or ITIN Number**
1.	FREDERICK VALE	03/01/1955	MEDICARE	588-00-0301
2.				
3.				
4.				
5.				
6.				

Bank Account Information for Direct Deposit – circle one: **Checking** **Savings**

Routing #: _____ **Account #:** _____

Bank Name: _____ **City, State where account opened:** _____

For NTC: Confirm each digit! Use red pen and confirm any changes.

TAXPAYER STOP HERE

Tax Preparer: #_____

Name and SSN/ITIN (must indicate what was used for everyone listed on the return)

- ☐ **Checked** against actual **SSN cards** or **ITIN letters** or a copy (physical or electronic).
- ☐ **Checked** against a government issued document. Type of document_____
- ☐ Documents missing but manager made an exception.

Bank Account Numbers

- ☐ **Checked** against numbers on a document issued by the financial institution.
- ☐ Document not available but I have **verified ALL numbers** with customer.

Identity Protection Personal Identity Number (IP PIN)

- ☐ Taxpayer _____
- ☐ Spouse _____
- ☐ Dependent _____

Updated 11/01/22

BakerRipley

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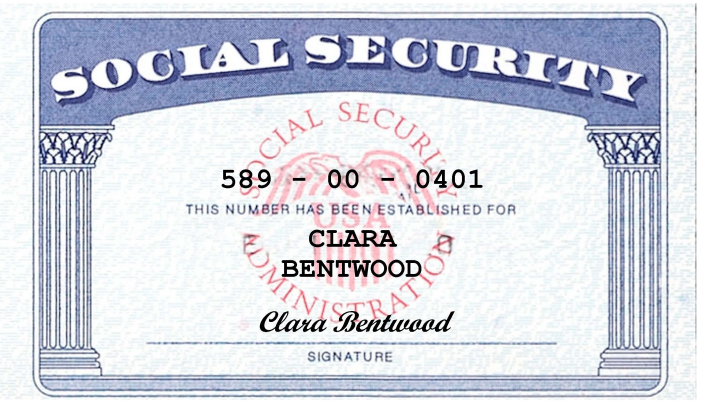
Exercises: Scenario 2: Frederick Vale and Clara Bentwood

Interview Notes

- Frederick Vale informs you he has a partner, and he is wondering if they can file their taxes together.
- He and Clara Bentwood have not have a wedding ceremony, but they live together as a married couple, they plan to continue living together, represent themselves as married, and share all household expenses.
- Clara receives Social Security Benefits and Retirement Benefits from an IRA.
- They would like to know what their filing status options are.
- If they get a refund they would like a direct deposit to their checking account..



Form **13614-C**
(October 2022)

Department of the Treasury - Internal Revenue Service

Intake/Interview & Quality Review Sheet

OMB Number
1545-1964

You will need:
- **Tax Information such as Forms W-2, 1099, 1098, 1095.**
- **Social security cards or ITIN letters for all persons on your tax return.**
- **Picture ID (such as valid driver's license) for you and your spouse.**

- **Please complete pages 1-4 of this form.**
- **You are responsible for the information on your return. Please provide complete and accurate information.**
- **If you have questions, please ask the IRS-certified volunteer preparer.**

Volunteers are trained to provide high quality service and uphold the highest ethical standards.
To report unethical behavior to the IRS, email us at wi.voltax@irs.gov

Part I – Your Personal Information (If you are filing a joint return, enter your names in the same order as last year's return)

1. Your first name	M.I.	Last name	Best contact number	Are you a U.S. citizen?
FREDERICK		VALE	346-555-1212	☒ Yes ☐ No
2. Your spouse's first name	M.I.	Last name	Best contact number	Is your spouse a U.S. citizen?
CLARA		BENTWOOD	832-555-9876	☒ Yes ☐ No

3. Mailing address	Apt #	City	State	ZIP code
1212 SLEEPY BOULEVARD		HOUSTON	TX	77084

4. Your Date of Birth	5. Your job title	6. Last year, were you:					
03/01/1955	RETIRED	a. Full-time student	☐ Yes	☒ No	b. Totally and permanently disabled	☐ Yes	☒ No
		c. Legally blind	☐ Yes	☒ No			
7. Your spouse's Date of Birth	8. Your spouse's job title	9. Last year, was your spouse:					
04/01/1956	HOUSEKEEPING	a. Full-time student	☐ Yes	☒ No	b. Totally and permanently disabled	☐ Yes	☒ No
		c. Legally blind	☐ Yes	☒ No			

10. Can anyone claim you or your spouse as a dependent? ☐ Yes ☒ No ☐ Unsure

11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? ☐ Yes ☒ No

12. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service)

Part II – Marital Status and Household Information

1. As of December 31, 2022, what was your marital status?
- ☐ Never Married
- ☒ Married
- ☐ Divorced
- ☐ Legally Separated
- ☐ Widowed

(This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

a. If Yes, Did you get married in 2022? ☐ Yes ☒ No

b. Did you live with your spouse during any part of the last six months of 2022? ☒ Yes ☐ No

Date of final decree _____

Date of separate maintenance decree _____

Year of spouse's death _____

2. List the names below of:
- **everyone** who lived with you last year (other than your spouse)
- **anyone** you supported but did not live with you last year

If additional space is needed check here ☐ and list on page 3

Name (first, last) Do not enter your name or spouse's name below (a)	Date of Birth (mm/dd/yy) (b)	Relationship to you (for example: son, daughter, parent, none, etc) (c)	Number of months lived in your home last year (d)	US Citizen (yes/no) (e)	Resident of US, Canada, or Mexico last year (yes/no) (f)	Single or Married as of 12/31/22 (S/M) (g)	Full-time Student last year (yes/no) (h)	Totally and Permanently Disabled (yes/no) (i)	**To be completed by a Certified Volunteer Preparer** Is this person a qualifying child/relative of any other person? (yes/no)	Did this person provide more than 50% of his/her own support? (yes,no,n/a)	Did this person have less than $4,400 of income? (yes,no,n/a)	Did the taxpayer(s) provide more than 50% of support for this person? (yes/no/n/a)	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? (yes/no)

Check appropriate box for each question in each section

Yes	No	Unsure	Part III – Income – Last Year, Did You (or Your Spouse) Receive
☐	☒	☐	1. (B) Wages or Salary? (Form W-2) **If yes, how many jobs did you have last year?** _____
☐	☒	☐	2. (A) Tip Income?
☐	☒	☐	3. (B) Scholarships? (Forms W-2, 1098-T)
☐	☒	☐	4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
☐	☒	☐	5. (B) Refund of state/local income taxes? (Form 1099-G)
☐	☒	☐	6. (B) Alimony income or separate maintenance payments?
☐	☒	☐	7. (A) Self-Employment income? (Forms 1099-MISC, 1099-NEC, 1099-K, cash, digital assets, or other property or services)
☐	☒	☐	8. (A) Cash/check/digital assets, or other property or services for any work performed not reported on Forms W-2 or 1099?
☐	☒	☐	9. (A) Income (or loss) from the sale or exchange of stocks, bonds, digital assets or real estate? (including your home) (Forms 1099-S, 1099-B)
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☒	☐	☐	11. (A) Retirement income or payments from pensions, annuities, and or IRA? (Form 1099-R)
☐	☒	☐	12. (B) Unemployment Compensation? (Form 1099-G)
☒	☐	☐	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
☐	☒	☐	14. (M) Income (or loss) from rental property?
☐	☒	☐	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, digital assets, Sch K-1, royalties, foreign income, etc.)

Yes	No	Unsure	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay
☐	☒	☐	1. (B) Alimony or separate maintenance payments? If yes, do you have the recipient's SSN? ☐ Yes ☐ No
☐	☒	☐	2. Contributions or repayments to a retirement account? ☐ IRA (A) ☐ Roth IRA (B) ☐ 401K (B) ☐ Other
☐	☒	☐	3. (B) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
☐	☒	☐	4. Any of the following? ☐ (A) Medical & Dental (including insurance premiums) ☐ (A) Mortgage Interest (Form 1098) ☐ (A) Taxes (State, Real Estate, Personal Property, Sales) ☐ (B) Charitable Contributions
☐	☒	☐	5. (B) Child or dependent care expenses such as daycare?
☐	☒	☐	6. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
☐	☒	☐	7. (A) Expenses related to self-employment income or any other income you received?
☐	☒	☐	8. (B) Student loan interest? (Form 1098-E)

Yes	No	Unsure	Part V – Life Events – Last Year, Did You (or Your Spouse)
☐	☒	☐	1. (A) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
☐	☒	☐	2. (A) Have credit card, student loan or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)
☐	☒	☐	3. (A) Adopt a child?
☐	☒	☐	4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax year? _____
☐	☒	☐	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
☐	☒	☐	6. (A) Receive the First Time Homebuyers Credit in 2008?
☐	☒	☐	7. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? _____
☐	☒	☐	8. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
☐	☒	☐	9. (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]

Additional Information and Questions Related to the Preparation of Your Return

1. Would you like to receive written communications from the IRS in a language other than English? ☒ Yes ☐ No If yes, which language? _____
2. Presidential Election Campaign Fund (If you check a box, your tax or refund will not change)
   Check here if you, or your spouse if filing jointly, want $3 to go to this fund ☐ You ☐ Spouse
3. If you are due a refund, would you like: a. Direct deposit ☐ Yes ☒ No b. To purchase U.S. Savings Bonds ☐ Yes ☒ No c. To split your refund between different accounts ☐ Yes ☒ No
4. If you have a balance due, would you like to make a payment directly from your bank account? ☐ Yes ☒ No
5. Did you live in an area that was declared a Federal disaster area? ☐ Yes ☒ No If yes, where? _____
6. Did you, or your spouse if filing jointly, receive a letter from the IRS? ☐ Yes ☒ No
7. Would you like information on how to vote and/or how to register to vote? ☐ Yes ☒ No

Many free tax preparation sites operate by receiving grant money or other federal financial assistance. The data from the following questions may be used by this site to apply for these grants or to support continued receipt of financial funding. Your answer will be used only for statistical purposes. These questions are optional.

8. Would you say you can carry on a conversation in English, both understanding & speaking? ☒ Very well ☐ Well ☐ Not well ☐ Not at all ☐ Prefer not to answer
9. Would you say you can read a newspaper or book in English? ☒ Very well ☐ Well ☐ Not well ☐ Not at all ☐ Prefer not to answer
10. Do you or any member of your household have a disability? ☐ Yes ☒ No ☐ Prefer not to answer
11. Are you or your spouse a Veteran from the U.S. Armed Forces? ☐ Yes ☒ No ☐ Prefer not to answer
12. Your race?

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☒ White ☐ Prefer not to answer

13. Your spouse's race?

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☒ White ☐ Prefer not to answer ☐ No spouse

14. Your ethnicity? ☐ Hispanic or Latino ☒ Not Hispanic or Latino ☐ Prefer not to answer
15. Your spouse's ethnicity? ☐ Hispanic or Latino ☒ Not Hispanic or Latino ☐ Prefer not to answer ☐ No spouse

Additional comments

Privacy Act and Paperwork Reduction Act Notice

The Privacy Act of 1974 requires that when we ask for information we tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it, and whether your response is voluntary, required to obtain a benefit, or mandatory. Our legal right to ask for information is 5 U.S.C. 301. We are asking for this information to assist us in contacting you relative to your interest and/or participation in the IRS volunteer income tax preparation and outreach programs. The information you provide may be furnished to others who coordinate activities and staffing at volunteer return preparation sites or outreach activities. The information may also be used to establish effective controls, send correspondence and recognize volunteers. Your response is voluntary. However, if you do not provide the requested information, the IRS may not be able to use your assistance in these programs. The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224

Form **15080**
(October 2022)

Department of the Treasury - Internal Revenue Service

Consent to Disclose Tax Return Information to VITA/TCE Tax Preparation Sites

Federal Disclosure:

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

Terms:

Global Carry Forward of data allows TaxSlayer LLC, the provider of the VITA/TCE tax software, to make your tax return information available to ANY volunteer site participating in the IRS's VITA/TCE program that you select to prepare a tax return in the next filing season. This means you will be able to visit any volunteer site using TaxSlayer next year and have your tax return populate with your current year data, regardless of where you filed your tax return this year. This consent is valid through November 30, 2024.

The tax return information that will be disclosed includes, but is not limited to, demographic, financial and other personally identifiable information, about you, your tax return and your sources of income, which was input into the tax preparation software for the purpose of preparing your tax return. This information includes your name, address, date of birth, phone number, SSN, filing status, occupation, employer's name and address, and the amounts and sources of income, deductions and credits that were claimed on, or contained within, your tax return. The tax return information that will be disclosed also includes the name, SSN, date of birth, and relationship of any dependents that were claimed on your tax return.

You do not need to provide consent for the VITA/TCE partner preparing your tax return this year. Global Carry Forward will assist you only if you visit a different VITA or TCE partner next year that uses TaxSlayer.

Limitation on the Duration of Consent: I/we, the taxpayer, do not wish to limit the duration of the consent of the disclosure of tax return information to a date earlier than presented above (November 30, 2024). If I/we wish to limit the duration of the consent of the disclosure to an earlier date, I/we will deny consent.

Limitation on the Scope of Disclosure: I/we, the taxpayer, do not wish to limit the scope of the disclosure of tax return information further than presented above. If I/we wish to limit the scope of the disclosure of tax return information further than presented above, I/we will deny consent.

Consent:

I/we, the taxpayer, have read the above information.

I/we hereby consent to the disclosure of tax return information described in the Global Carry Forward terms above and allow the tax return preparer to enter a PIN in the tax preparation software on my behalf to verify that I/we consent to the terms of this disclosure.

Primary taxpayer printed name and signature		Date
FREDERICK VALE	*Frrederick Vale*	12/01/2023
Secondary taxpayer printed name and signature		**Date**
CLARA BENTWOOD	*Clara Bentwood*	12/01/2023

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by e-mail at complaints@tigta.treas.gov.

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

20XX • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name	Box 2. Beneficiary's Social Security Number
CLARA BENTWOOD	589-00-0401

Box 3. Benefits Paid in 20XX	Box 4. Benefits Repaid to SSA in 20XX	Box 5. Net Benefits for 20XX *(Box 3 minus Box 4)*
$12,000.00		$12,000.00

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit: $11,400.00

DESCRIPTION OF AMOUNT IN BOX 4

Box 6. Voluntary Federal Income Tax Withholding

$600

Box 7. Address

1212 SLEEPY BLVD
HOUSTON, TX 77084

Box 8. Claim Number *(Use this number if you need to contact SSA.)*

Form SSA-1099-SM (6/2020)

DO NOT RETURN THIS FORM TO SSA OR IRS

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
MAPLE ENTERPRISES **225 ONEIDA AVENUE** **HOUSTON, TX, 77001**	$ 18,750.00	20XX	**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.
	2a Taxable amount $ 18,750.00	Form **1099-R**	
	2b Taxable amount not determined ☐	Total distribution ☐	

PAYER'S TIN	RECIPIENT'S TIN	3 Capital gain (included in box 2a)	4 Federal income tax withheld
41-2001234	**589-00-0401**	$	$ 2,750.00

RECIPIENT'S name	5 Employee contributions/ Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities
CLARA BENTWOOD	$	$

Street address (including apt. no.)	7 Distribution code(s)	IRA/ SEP/ SIMPLE	8 Other
1212 SLEEPY BLVD	**7**	☐	$ %

City or town, state or province, country, and ZIP or foreign postal code	9a Your percentage of total distribution	9b Total employee contributions
HOUSTON, TX 77084	%	$

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
		$		$

BakerRipley Neighborhood Tax Centers Intake Form

CLEARLY write the name of everyone who will be listed on the tax return (Including Yourself) To list more names, please use an extra sheet of paper.				
	Full name as shown on SSN card or ITIN letter	**Date of Birth Mo/Day/Year**	**Health Insurance Company**	**SSN or ITIN Number**
1.	FREDERICK VALE	03/01/1955	MEDICARE	588-00-0301
2.	CLARA BENTWOOD	04/01/1956	MEDICARE	589-00-0401
3.				
4.				
5.				
6.				

Bank Account Information for Direct Deposit – circle one: **Checking** **Savings**

Routing #: 313083727 **Account #:** 1000414242007

Bank Name: PRIMEWAY FEDERAL CREDIT UNION **City, State where account opened:** HOUSTON TX

For NTC: Confirm each digit! Use red pen and confirm any changes.

TAXPAYER STOP HERE

Tax Preparer: #_____

Name and SSN/ITIN (must indicate what was used for everyone listed on the return)

- ☐ **Checked** against actual **SSN cards** or **ITIN letters** or a copy (physical or electronic).
- ☐ **Checked** against a government issued document. Type of document_____
- ☐ Documents missing but manager made an exception.

Bank Account Numbers

- ☐ **Checked** against numbers on a document issued by the financial institution.
- ☐ Document not available but I have **verified ALL numbers** with customer.

Identity Protection Personal Identity Number (IP PIN)

- ☐ Taxpayer _____
- ☐ Spouse _____
- ☐ Dependent _____

Updated 11/01/22

BakerRipley

Interview Notes

- Ole and Lena came to the US in 2010. They do not have Social Security Numbers.
- They have 3 children, Ole jr., Stina, and Peter, all born in the US.
- Ole works as a cook and provides a W-2 from the employer with a Social Security Number filled in.
- Lena cleans houses, and is paid in cash.
- If they receive a refund they want a check in the mail.

Department of the Treasury
Internal Revenue Service
PO Box 149342
Austin, TX 78714-9342

Notice	CP565
Notice date	February 5, 2020
To contact us	Phone 800-908-9982 International calls: +1-267-941-1000
Case reference number	
Date of birth	05/05/1995
Page 1 of 2	

002934.893096.4S 1 MB 0.439 411

OLE O. OLESON
555 OLESON ST
YOURTOWN, TX 77084

002934

In response to your Individual Taxpayer Identification Number application

We assigned you Individual Taxpayer Identification Number (ITIN) 970-89-1234

This notice confirms your assigned ITIN 970-89-1234.

Keep this notice in a secure place with your other important documents.

We'll mail back the documents you submitted with your Form W-7 application in a separate envelope. You should receive them within 60 days. If you don't receive the documents within 60 days, or if you moved since submitting your application, call us at the telephone number listed above. You can also write to us at the address listed at the top of this notice.

Your ITIN and personal information

ITIN			
Full name	OLE	O	OLESON
	First	Middle	Last
Date of birth	05/05/1995		

The IRS will use your ITIN, along with your full name and date of birth, to identify tax documents, payments, and any other correspondence. Therefore, it's very important that the personal information we have for you is correct.

You don't need to respond to this notice unless your personal information is incorrect.

What you need to do

- Use your full name and ITIN on all correspondence with the IRS, including tax returns, tax payments and refund claims. Using an incorrect name or ITIN may cause processing delays or errors on your account.
- Use your ITIN in place of a Social Security number (SSN) when one is requested on any federal tax document.
- **You must use your ITIN on at least one federal income tax return within a three-year period or it will expire.**
- Keep this notice for your records.

Continued on back...

Department of the Treasury
Internal Revenue Service
PO Box 149342
Austin, TX 78714-9342

Notice	CP565
Notice date	February 5, 2020
To contact us	Phone 800-908-9982 International calls: +1-267-941-1000
Case reference number	
Date of birth	06/06/1996
Page 1 of 2	

002934.893096.4S 1 MB 0.439 411

LENA L. OLESON
555 OLESON ST
YOURTOWN, TX 77084

002934

In response to your Individual Taxpayer Identification Number application

We assigned you Individual Taxpayer Identification Number (ITIN) 970-89-4321

This notice confirms your assigned ITIN 970-89-4321.

Keep this notice in a secure place with your other important documents.

We'll mail back the documents you submitted with your Form W-7 application in a separate envelope. You should receive them within 60 days. If you don't receive the documents within 60 days, or if you moved since submitting your application, call us at the telephone number listed above. You can also write to us at the address listed at the top of this notice.

Your ITIN and personal information

ITIN			
Full name	LENA	L	OLESON
	First	Middle	Last
Date of birth	06/06/1996		

The IRS will use your ITIN, along with your full name and date of birth, to identify tax documents, payments, and any other correspondence. Therefore, it's very important that the personal information we have for you is correct.

You don't need to respond to this notice unless your personal information is incorrect.

What you need to do

- Use your full name and ITIN on all correspondence with the IRS, including tax returns, tax payments and refund claims. Using an incorrect name or ITIN may cause processing delays or errors on your account.
- Use your ITIN in place of a Social Security number (SSN) when one is requested on any federal tax document.
- **You must use your ITIN on at least one federal income tax return within a three-year period or it will expire.**
- Keep this notice for your records.

Continued on back...

Form **13614-C**
(October 2022)

Department of the Treasury - Internal Revenue Service

Intake/Interview & Quality Review Sheet

OMB Number
1545-1964

You will need:
- **Tax Information such as Forms W-2, 1099, 1098, 1095.**
- **Social security cards or ITIN letters for all persons on your tax return.**
- **Picture ID (such as valid driver's license) for you and your spouse.**

- **Please complete pages 1-4 of this form.**
- **You are responsible for the information on your return. Please provide complete and accurate information.**
- **If you have questions, please ask the IRS-certified volunteer preparer.**

Volunteers are trained to provide high quality service and uphold the highest ethical standards.
To report unethical behavior to the IRS, email us at wi.voltax@irs.gov

Part I – Your Personal Information (If you are filing a joint return, enter your names in the same order as last year's return)

1. Your first name	M.I.	Last name	Best contact number	Are you a U.S. citizen?
OLE		OLESON	713-555-1212	☐ Yes ☒ No
2. Your spouse's first name	M.I.	Last name	Best contact number	Is your spouse a U.S. citizen?
LENA		OLESON	714-555-2121	☐ Yes ☒ No

3. Mailing address	Apt #	City	State	ZIP code
555 OLESON ST		HOUSTON	TX	77084

4. Your Date of Birth	5. Your job title	6. Last year, were you:					
5/5/1995	COOK	b. Totally and permanently disabled	☐ Yes	☒ No	a. Full-time student	☐ Yes	☒ No
					c. Legally blind	☐ Yes	☒ No
7. Your spouse's Date of Birth	8. Your spouse's job title	9. Last year, was your spouse:					
6/6/1996	CLEANING	b. Totally and permanently disabled	☐ Yes	☒ No	a. Full-time student	☐ Yes	☒ No
					c. Legally blind	☐ Yes	☒ No

10. Can anyone claim you or your spouse as a dependent? ☐ Yes ☒ No ☐ Unsure

11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? ☐ Yes ☒ No

12. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service)

Part II – Marital Status and Household Information

1. As of December 31, 2022, what was your marital status?
- ☐ Never Married
- ☒ Married
- ☐ Divorced
- ☐ Legally Separated
- ☐ Widowed

(This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

a. If Yes, Did you get married in 2022? ☐ Yes ☒ No

b. Did you live with your spouse during any part of the last six months of 2022? ☒ Yes ☐ No

Date of final decree _____

Date of separate maintenance decree _____

Year of spouse's death _____

2. List the names below of:
- **everyone** who lived with you last year (other than your spouse)
- **anyone** you supported but did not live with you last year

If additional space is needed check here ☐ and list on page 3

Name (first, last) Do not enter your name or spouse's name below (a)	Date of Birth (mm/dd/yy) (b)	Relationship to you (for example: son, daughter, parent, none, etc) (c)	Number of months lived in your home last year (d)	US Citizen (yes/no) (e)	Resident of US, Canada, or Mexico last year (yes/no) (f)	Single or Married as of 12/31/22 (S/M) (g)	Full-time Student last year (yes/no) (h)	Totally and Permanently Disabled (yes/no) (i)	**To be completed by a Certified Volunteer Preparer** Is this person a qualifying child/relative of any other person? (yes/no)	Did this person provide more than 50% of his/her own support? (yes,no,n/a)	Did this person have less than $4,400 of income? (yes,no,n/a)	Did the taxpayer(s) provide more than 50% of support for this person? (yes/no/n/a)	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? (yes/no)
OLE OLESON JR	10/10/2016	SON	12	Y	Y	S	Y	N					
STINA OLESON	11/11/2017	DAUGHT	12	Y	Y	S	Y	N					
PETER OLESON	12/12/2021	SON	12	Y	Y	S	Y	N					

Check appropriate box for each question in each section

Yes	No	Unsure	Part III – Income – Last Year, Did You (or Your Spouse) Receive
☒	☐	☐	1. (B) Wages or Salary? (Form W-2) **If yes, how many jobs did you have last year?** 1
☐	☒	☐	2. (A) Tip Income?
☐	☒	☐	3. (B) Scholarships? (Forms W-2, 1098-T)
☐	☒	☐	4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
☐	☒	☐	5. (B) Refund of state/local income taxes? (Form 1099-G)
☐	☒	☐	6. (B) Alimony income or separate maintenance payments?
☒	☐	☐	7. (A) Self-Employment income? (Forms 1099-MISC, 1099-NEC, 1099-K, cash, digital assets, or other property or services)
☐	☒	☐	8. (A) Cash/check/digital assets, or other property or services for any work performed not reported on Forms W-2 or 1099?
☐	☒	☐	9. (A) Income (or loss) from the sale or exchange of stocks, bonds, digital assets or real estate? (including your home) (Forms 1099-S, 1099-B)
☐	☒	☐	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
☐	☒	☐	11. (A) Retirement income or payments from pensions, annuities, and or IRA? (Form 1099-R)
☐	☒	☐	12. (B) Unemployment Compensation? (Form 1099-G)
☐	☒	☐	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
☐	☒	☐	14. (M) Income (or loss) from rental property?
☐	☒	☐	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, digital assets, Sch K-1, royalties, foreign income, etc.)

Yes	No	Unsure	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay
☐	☒	☐	1. (B) Alimony or separate maintenance payments? If yes, do you have the recipient's SSN? ☐ Yes ☐ No
☐	☒	☐	2. Contributions or repayments to a retirement account? ☐ IRA (A) ☐ Roth IRA (B) ☐ 401K (B) ☐ Other
☐	☒	☐	3. (B) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
☐	☒	☐	4. Any of the following? ☐ (A) Medical & Dental (including insurance premiums) ☐ (A) Mortgage Interest (Form 1098) ☐ (A) Taxes (State, Real Estate, Personal Property, Sales) ☐ (B) Charitable Contributions
☐	☒	☐	5. (B) Child or dependent care expenses such as daycare?
☐	☒	☐	6. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
☒	☐	☐	7. (A) Expenses related to self-employment income or any other income you received?
☐	☒	☐	8. (B) Student loan interest? (Form 1098-E)

Yes	No	Unsure	Part V – Life Events – Last Year, Did You (or Your Spouse)
☐	☒	☐	1. (A) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
☐	☒	☐	2. (A) Have credit card, student loan or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)
☐	☒	☐	3. (A) Adopt a child?
☐	☒	☐	4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax year? _____
☐	☒	☐	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
☐	☒	☐	6. (A) Receive the First Time Homebuyers Credit in 2008?
☐	☒	☐	7. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? _____
☐	☒	☐	8. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
☐	☒	☐	9. (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]

Additional Information and Questions Related to the Preparation of Your Return

1. Would you like to receive written communications from the IRS in a language other than English? ☐ Yes ☒ No If yes, which language? _____
2. Presidential Election Campaign Fund (If you check a box, your tax or refund will not change)
   Check here if you, or your spouse if filing jointly, want $3 to go to this fund ☐ You ☐ Spouse
3. If you are due a refund, would you like: a. Direct deposit ☐ Yes ☒ No b. To purchase U.S. Savings Bonds ☐ Yes ☒ No c. To split your refund between different accounts ☐ Yes ☒ No
4. If you have a balance due, would you like to make a payment directly from your bank account? ☐ Yes ☒ No
5. Did you live in an area that was declared a Federal disaster area? ☐ Yes ☒ No If yes, where? _____
6. Did you, or your spouse if filing jointly, receive a letter from the IRS? ☐ Yes ☒ No
7. Would you like information on how to vote and/or how to register to vote? ☐ Yes ☒ No

Many free tax preparation sites operate by receiving grant money or other federal financial assistance. The data from the following questions may be used by this site to apply for these grants or to support continued receipt of financial funding. Your answer will be used only for statistical purposes. These questions are optional.

8. Would you say you can carry on a conversation in English, both understanding & speaking? ☐ Very well ☒ Well ☐ Not well ☐ Not at all ☐ Prefer not to answer
9. Would you say you can read a newspaper or book in English? ☒ Very well ☐ Well ☐ Not well ☐ Not at all ☐ Prefer not to answer
10. Do you or any member of your household have a disability? ☐ Yes ☒ No ☐ Prefer not to answer
11. Are you or your spouse a Veteran from the U.S. Armed Forces? ☐ Yes ☒ No ☐ Prefer not to answer
12. Your race?
    ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☒ White ☐ Prefer not to answer
13. Your spouse's race?
    ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☒ White ☐ Prefer not to answer
    ☐ No spouse
14. Your ethnicity? ☐ Hispanic or Latino ☒ Not Hispanic or Latino ☐ Prefer not to answer
15. Your spouse's ethnicity? ☐ Hispanic or Latino ☒ Not Hispanic or Latino ☐ Prefer not to answer ☐ No spouse

Additional comments

24

Privacy Act and Paperwork Reduction Act Notice

The Privacy Act of 1974 requires that when we ask for information we tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it, and whether your response is voluntary, required to obtain a benefit, or mandatory. Our legal right to ask for information is 5 U.S.C. 301. We are asking for this information to assist us in contacting you relative to your interest and/or participation in the IRS volunteer income tax preparation and outreach programs. The information you provide may be furnished to others who coordinate activities and staffing at volunteer return preparation sites or outreach activities. The information may also be used to establish effective controls, send correspondence and recognize volunteers. Your response is voluntary. However, if you do not provide the requested information, the IRS may not be able to use your assistance in these programs. The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224

Form **15080**
(October 2022)

Department of the Treasury - Internal Revenue Service

Consent to Disclose Tax Return Information to VITA/TCE Tax Preparation Sites

Federal Disclosure:

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

Terms:

Global Carry Forward of data allows TaxSlayer LLC, the provider of the VITA/TCE tax software, to make your tax return information available to ANY volunteer site participating in the IRS's VITA/TCE program that you select to prepare a tax return in the next filing season. This means you will be able to visit any volunteer site using TaxSlayer next year and have your tax return populate with your current year data, regardless of where you filed your tax return this year. This consent is valid through November 30, 2024.

The tax return information that will be disclosed includes, but is not limited to, demographic, financial and other personally identifiable information, about you, your tax return and your sources of income, which was input into the tax preparation software for the purpose of preparing your tax return. This information includes your name, address, date of birth, phone number, SSN, filing status, occupation, employer's name and address, and the amounts and sources of income, deductions and credits that were claimed on, or contained within, your tax return. The tax return information that will be disclosed also includes the name, SSN, date of birth, and relationship of any dependents that were claimed on your tax return.

You do not need to provide consent for the VITA/TCE partner preparing your tax return this year. Global Carry Forward will assist you only if you visit a different VITA or TCE partner next year that uses TaxSlayer.

Limitation on the Duration of Consent: I/we, the taxpayer, do not wish to limit the duration of the consent of the disclosure of tax return information to a date earlier than presented above (November 30, 2024). If I/we wish to limit the duration of the consent of the disclosure to an earlier date, I/we will deny consent.

Limitation on the Scope of Disclosure: I/we, the taxpayer, do not wish to limit the scope of the disclosure of tax return information further than presented above. If I/we wish to limit the scope of the disclosure of tax return information further than presented above, I/we will deny consent.

Consent:

I/we, the taxpayer, have read the above information.

I/we hereby consent to the disclosure of tax return information described in the Global Carry Forward terms above and allow the tax return preparer to enter a PIN in the tax preparation software on my behalf to verify that I/we consent to the terms of this disclosure.

Primary taxpayer printed name and signature	Date
OLE OLESON *Ole Oleson*	X/X/20XX
Secondary taxpayer printed name and signature	**Date**
LENA OLESON *Lena Oleson*	X/X/20XX

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by e-mail at complaints@tigta.treas.gov.

BakerRipley Neighborhood Tax Centers Intake Form

CLEARLY write the name of everyone who will be listed on the tax return (Including Yourself) To list more names, please use an extra sheet of paper.				
	Full name as shown on SSN card or ITIN letter	**Date of Birth Mo/Day/Year**	**Health Insurance Company**	**SSN or ITIN Number**
1.	OLE OLESON	05/05/1995	N/A	970-89-1234
2.	LENA OLESON	06/06/1996	N/A	970-89-4321
3.	OLE OLESON JR.	10/10/2016	MEDICAID	587-00-1122
4.	STINA OLESON	11/11/2017	MEDICAID	588-00-1122
5.	PETER OLESON	12/12/2021	MEDICAID	589-00-1122
6.				

Bank Account Information for Direct Deposit – circle one: **Checking** **Savings**

Routing #: _____ **Account #:** _____

Bank Name: _____ **City, State where account opened:** _____

For NTC: Confirm each digit! Use red pen and confirm any changes.

TAXPAYER STOP HERE

Tax Preparer: #_____

Name and SSN/ITIN (must indicate what was used for everyone listed on the return)

- ☐ **Checked** against actual **SSN cards** or **ITIN letters** or a copy (physical or electronic).
- ☐ **Checked** against a government issued document. Type of document_____
- ☐ Documents missing but manager made an exception.

Bank Account Numbers

- ☐ **Checked** against numbers on a document issued by the financial institution.
- ☐ Document not available but I have **verified ALL numbers** with customer.

Identity Protection Personal Identity Number (IP PIN)

- ☐ Taxpayer _____
- ☐ Spouse _____
- ☐ Dependent _____

BakerRipley

Updated 11/01/22

22222

a Employee's social security number
587-00-4401

OMB No. 1545-0008

b Employer identification number (EIN)
68-7501234

1 Wages, tips, other compensation
36,000.00

2 Federal income tax withheld
3,600.00

c Employer's name, address, and ZIP code
HAPPY MEAL INC.
2200 HAPPY ST
HOUSTON, TX 77001

3 Social security wages
36,000.00

4 Social security tax withheld
2,232.00

5 Medicare wages and tips
36,000.00

6 Medicare tax withheld
522.00

7 Social security tips

8 Allocated tips

d Control number
01010101

9

10 Dependent care benefits

e Employee's first name and initial — Last name — Suff.
OLE **OLESON**

11 Nonqualified plans

12a Code

13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐

12b Code

14 Other

12c Code

12d Code

f Employee's address and ZIP code
555 OLESON ST
HOUSTON, TX 77084

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

Form W-2 Wage and Tax Statement 2023

Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

Income and Expense Worksheet from January 1 – December 31, 2023

For self-employed taxpayers and independent contractors:
Please add up your income and expenses for the tax year and complete this form.

Occupation	Office Use Only Business Code
HOUSE CLEANING	

Income

Cash and checks	$___12,000_	YR / ~~MO / WK~~
Form 1099-NEC	$_____	
Form 1099-K	$_____	
Form 1099-MISC	$_____	

Expenses (paid Jan 1 – Dec 31, 2022)

Advertising	$_____
Legal and professional fees	$_____
Office supplies	$_____
Office or storage rent	$_____
Machinery rent	$_____
Repairs to equipment	$_____
Other supplies	$_____
Licenses/permits	$_____
Business phone (cellular)	$__600___
% used for work	_____40_%
Professional education	$_____
Protective clothing	$___100___
Steel toe work boots	$_____
Equipment and Tools	$___400___
Parking and Tolls	$_____
Other Expenses:	
_____	$_____
_____	$_____

Notes

Uber and Lyft Drivers

To properly prepare your return, we need the following documents and information. The documents may be obtained online.

- 1099-K
- 1099-NEC
- Fees paid to company, mileage when driving passengers (Contained on tax summary provided by Uber)
- Mileage driven between fares

Business Mileage (Jan 1 – Dec 31, 2023)

(Note: Only include miles from one job to another. Do not include miles to and from home.)

Total Business Miles: _____

Date you began using vehicle for business purposes (do not use January 1 of tax year)

_____

☐ Check if you have (or your spouse has) another vehicle for personal use.

☐ Check if your vehicle was available for personal use during off-dury hours.

☐ Check if you have evidence to support your deduction.

☐ If yes, check if the evidence is written.

BRNTC is unable to prepare returns resulting in a business loss or with business expenses exceeding $35,000.
Please be aware that by completing this form, you acknowledge the responsibility of the information being reported on your tax return. If audited by the IRS, you must show proof of income and expenses through receipts or bank statements.

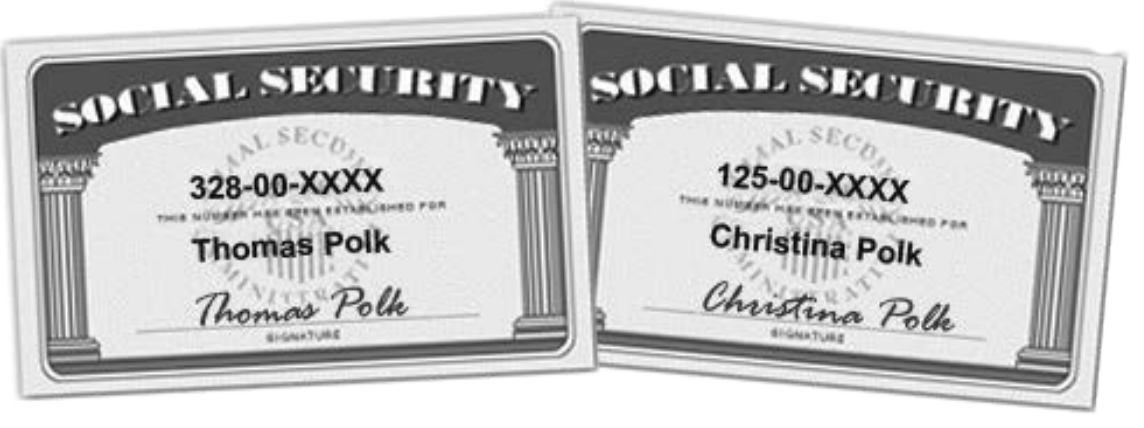
Signature_____ Date_____

Updated 11/01/2022

BakerRipley

Interview Notes

- Thomas is age 40 and was widowed in July, 2022. He has a daughter, Christina, age 7.
- Thomas provided the entire cost of maintaining the household and over half of the support for Christina. In order to work, he pays childcare expenses to Downtown Daycare.
- Thomas purchased health insurance for himself and his daughter through the Marketplace. He received a Form 1095-A.
- Thomas received $60 for Jury Duty.
- Thomas and Christina are U.S. citizens and lived in the United States all year in 20XX.
- Thomas has received a letter from the IRS with an Identity Theft PIN. The PIN is 123456.



REPLACE XXXX WITH NUMBERS OF YOUR CHOICE

Form **13614-C**
(October 2022)

Department of the Treasury - Internal Revenue Service

Intake/Interview & Quality Review Sheet

OMB Number
1545-1964

You will need:
- **Tax Information such as Forms W-2, 1099, 1098, 1095.**
- **Social security cards or ITIN letters for all persons on your tax return.**
- **Picture ID (such as valid driver's license) for you and your spouse.**

- **Please complete pages 1-4 of this form.**
- **You are responsible for the information on your return. Please provide complete and accurate information.**
- **If you have questions, please ask the IRS-certified volunteer preparer.**

Volunteers are trained to provide high quality service and uphold the highest ethical standards.
To report unethical behavior to the IRS, email us at wi.voltax@irs.gov

Part I – Your Personal Information (If you are filing a joint return, enter your names in the same order as last year's return)

1. Your first name	M.I.	Last name	Best contact number	Are you a U.S. citizen?
THOMAS		POLK	YOUR PHONE NUMBER	☒ Yes ☐ No
2. Your spouse's first name	M.I.	Last name	Best contact number	Is your spouse a U.S. citizen? ☐ Yes ☐ No

3. Mailing address	Apt #	City	State	ZIP code
100 BROOKS DRIVE		YOUR CITY	YS	YOUR ZIP

4. Your Date of Birth	5. Your job title	6. Last year, were you:			
3/11/1982	EXTERMINATOR	b. Totally and permanently disabled ☐ Yes ☒ No		c. Legally blind ☐ Yes ☒ No	
7. Your spouse's Date of Birth	8. Your spouse's job title	9. Last year, was your spouse:			
		b. Totally and permanently disabled ☐ Yes ☐ No		c. Legally blind ☐ Yes ☐ No	

6. Last year, were you:	a. Full-time student	☐ Yes ☒ No
9. Last year, was your spouse:	a. Full-time student	☐ Yes ☐ No

10. Can anyone claim you or your spouse as a dependent? ☐ Yes ☒ No ☐ Unsure

11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? ☒ Yes ☐ No

12. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service)

Part II – Marital Status and Household Information

1. As of December 31, 20XX, what was your marital status?
- ☐ Never Married
- ☐ Married
- ☐ Divorced
- ☐ Legally Separated
- ☒ Widowed

(This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

a. If Yes, Did you get married in 20XX? ☐ Yes ☐ No

b. Did you live with your spouse during any part of the last six months of 20XX? ☐ Yes ☐ No

Date of final decree _____

Date of separate maintenance decree _____

Year of spouse's death 2019

2. List the names below of:
- **everyone** who lived with you last year (other than your spouse)
- **anyone** you supported but did not live with you last year

If additional space is needed check here ☐ and list on page 3

									To be completed by a Certified Volunteer Preparer				
Name (first, last) Do not enter your name or spouse's name below (a)	Date of Birth (mm/dd/yy) (b)	Relationship to you (for example: son, daughter, parent, none, etc) (c)	Number of months lived in your home last year (d)	US Citizen (yes/no) (e)	Resident of US, Canada, or Mexico last year (yes/no) (f)	Single or Married as of 12/31/22 (S/M) (g)	Full-time Student last year (yes/no) (h)	Totally and Permanently Disabled (yes/no) (i)	Is this person a qualifying child/relative of any other person? (yes/no)	Did this person provide more than 50% of his/her own support? (yes,no,n/a)	Did this person have less than $4,400 of income? (yes,no,n/a)	Did the taxpayer(s) provide more than 50% of support for this person? (yes/no/n/a)	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? (yes/no)
CHRISTINA POLK	8/25/2016	DAUGH	12	YES	YES	S	NO	NO					

Check appropriate box for each question in each section

Yes	No	Unsure	Part III – Income – Last Year, Did You (or Your Spouse) Receive
☒	☐	☐	1. (B) Wages or Salary? (Form W-2) **If yes, how many jobs did you have last year?** 1
☐	☒	☐	2. (A) Tip Income?
☐	☒	☐	3. (B) Scholarships? (Forms W-2, 1098-T)
☒	☐	☐	4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
☐	☒	☐	5. (B) Refund of state/local income taxes? (Form 1099-G)
☐	☒	☐	6. (B) Alimony income or separate maintenance payments?
☐	☒	☐	7. (A) Self-Employment income? (Forms 1099-MISC, 1099-NEC, 1099-K, cash, digital assets, or other property or services)
☐	☒	☐	8. (A) Cash/check/digital assets, or other property or services for any work performed not reported on Forms W-2 or 1099?
☐	☒	☐	9. (A) Income (or loss) from the sale or exchange of stocks, bonds, digital assets or real estate? (including your home) (Forms 1099-S, 1099-B)
☐	☒	☐	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
☐	☒	☐	11. (A) Retirement income or payments from pensions, annuities, and or IRA? (Form 1099-R)
☐	☒	☐	12. (B) Unemployment Compensation? (Form 1099-G)
☐	☒	☐	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
☐	☒	☐	14. (M) Income (or loss) from rental property?
☐	☒	☐	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, digital assets, Sch K-1, royalties, foreign income, etc.)

Yes	No	Unsure	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay
☐	☒	☐	1. (B) Alimony or separate maintenance payments? If yes, do you have the recipient's SSN? ☐ Yes ☐ No
☒	☐	☐	2. Contributions or repayments to a retirement account? ☐ IRA (A) ☐ Roth IRA (B) ☒ 401K (B) ☐ Other
☐	☒	☐	3. (B) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
☐	☒	☐	4. Any of the following? ☐ (A) Medical & Dental (including insurance premiums) ☐ (A) Mortgage Interest (Form 1098) ☐ (A) Taxes (State, Real Estate, Personal Property, Sales) ☐ (B) Charitable Contributions
☒	☐	☐	5. (B) Child or dependent care expenses such as daycare?
☐	☒	☐	6. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
☐	☒	☐	7. (A) Expenses related to self-employment income or any other income you received?
☐	☒	☐	8. (B) Student loan interest? (Form 1098-E)

Yes	No	Unsure	Part V – Life Events – Last Year, Did You (or Your Spouse)
☐	☒	☐	1. (A) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
☐	☒	☐	2. (A) Have credit card, student loan or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)
☐	☒	☐	3. (A) Adopt a child?
☐	☒	☐	4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax year? _____
☐	☒	☐	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
☐	☒	☐	6. (A) Receive the First Time Homebuyers Credit in 2008?
☐	☒	☐	7. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? _____
☐	☒	☐	8. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
☒	☐	☐	9. (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]

Additional Information and Questions Related to the Preparation of Your Return

1. Would you like to receive written communications from the IRS in a language other than English? ☐ Yes ☒ No If yes, which language? _____
2. Presidential Election Campaign Fund (If you check a box, your tax or refund will not change)
   Check here if you, or your spouse if filing jointly, want $3 to go to this fund ☒ You ☐ Spouse
3. If you are due a refund, would you like: a. Direct deposit ☐ Yes ☒ No b. To purchase U.S. Savings Bonds ☐ Yes ☒ No c. To split your refund between different accounts ☐ Yes ☒ No
4. If you have a balance due, would you like to make a payment directly from your bank account? ☐ Yes ☒ No
5. Did you live in an area that was declared a Federal disaster area? ☐ Yes ☒ No If yes, where? _____
6. Did you, or your spouse if filing jointly, receive a letter from the IRS? ☐ Yes ☒ No
7. Would you like information on how to vote and/or how to register to vote? ☐ Yes ☒ No

Many free tax preparation sites operate by receiving grant money or other federal financial assistance. The data from the following questions may be used by this site to apply for these grants or to support continued receipt of financial funding. Your answer will be used only for statistical purposes. These questions are optional.

8. Would you say you can carry on a conversation in English, both understanding & speaking? ☒ Very well ☐ Well ☐ Not well ☐ Not at all ☐ Prefer not to answer
9. Would you say you can read a newspaper or book in English? ☒ Very well ☐ Well ☐ Not well ☐ Not at all ☐ Prefer not to answer
10. Do you or any member of your household have a disability? ☐ Yes ☒ No ☐ Prefer not to answer
11. Are you or your spouse a Veteran from the U.S. Armed Forces? ☐ Yes ☒ No ☐ Prefer not to answer
12. Your race?
    ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☒ Prefer not to answer
13. Your spouse's race?
    ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Prefer not to answer ☒ No spouse
14. Your ethnicity? ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☒ Prefer not to answer
15. Your spouse's ethnicity? ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Prefer not to answer ☒ No spouse

Additional comments

Privacy Act and Paperwork Reduction Act Notice

The Privacy Act of 1974 requires that when we ask for information we tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it, and whether your response is voluntary, required to obtain a benefit, or mandatory. Our legal right to ask for information is 5 U.S.C. 301. We are asking for this information to assist us in contacting you relative to your interest and/or participation in the IRS volunteer income tax preparation and outreach programs. The information you provide may be furnished to others who coordinate activities and staffing at volunteer return preparation sites or outreach activities. The information may also be used to establish effective controls, send correspondence and recognize volunteers. Your response is voluntary. However, if you do not provide the requested information, the IRS may not be able to use your assistance in these programs. The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224

a Employee's social security number	OMB No. 1545-0008	Safe, accurate, FAST! Use	Visit the IRS website at www.irs.gov/efile
328-00-XXXX		IRS e-file	

b Employer identification number (EIN)	1 Wages, tips, other compensation	2 Federal income tax withheld
34-800XXXX	$38,300.00	$1,915.00

c Employer's name, address, and ZIP code	3 Social security wages	4 Social security tax withheld
Pests B Gone 1453 Roosevelt Circle YOUR CITY, YOUR STATE, ZIP	$39,900.00	$2,473.80
	5 Medicare wages and tips: $39,900.00	6 Medicare tax withheld: $578.55
	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. Thomas Polk 100 Brooks Drive YOUR CITY, YOUR STATE, ZIP	11 Nonqualified plans	12a See instructions for box 12 Code D $1,600.00
	13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐	12b Code
	14 Other	12c Code
		12d Code
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
YS	34-800XXXX	$38,300.00	$390.00			

Form **W-2** **Wage and Tax Statement** 20XX

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.

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	Payer's RTN (optional)	OMB No. 1545-0112	**Interest Income**
ADELPHI BANK AND TRUST 8020 YONKERS BLVD YOUR CITY, YOUR STATE, ZIP	1 Interest income: $ 136.00	20**XX** Form **1099-INT**	
	2 Early withdrawal penalty: $ 26.00		**Copy 2**
PAYER'S TIN: 22-700XXXX / RECIPIENT'S TIN: 328-00-XXXX	3 Interest on U.S. Savings Bonds and Treas. obligations: $		
RECIPIENT'S name: THOMAS POLK Street address (including apt. no.): 100 BROOKS DRIVE City or town, state or province, country, and ZIP or foreign postal code: YOUR CITY, YOUR STATE, ZIP	4 Federal income tax withheld: $	5 Investment expenses: $	**To be filed with recipient's state income tax return, when required.**
	6 Foreign tax paid: $	7 Foreign country or U.S. possession	
	8 Tax-exempt interest: $	9 Specified private activity bond interest: $	
	10 Market discount: $	11 Bond premium: $	
FATCA filing requirement ☐	12 Bond premium on Treasury obligations: $	13 Bond premium on tax-exempt bond: $	
Account number (see instructions)	14 Tax-exempt and tax credit bond CUSIP no.	15 State / 16 State identification no.	17 State tax withheld: $ / $

Form **1099-INT** www.irs.gov/Form1099INT Department of the Treasury - Internal Revenue Service

Form **1095-A**

Department of the Treasury
Internal Revenue Service

Health Insurance Marketplace Statement

► **Do not attach to your tax return. Keep for your records.**
► **Go to *www.irs.gov/Form1095A* for instructions and the latest information.**

☐ VOID
☐ CORRECTED

OMB No. 1545-2232

20**XX**

Part I Recipient Information

1 Marketplace identifier	2 Marketplace-assigned policy number	3 Policy issuer's name
12-3456789	987654	

4 Recipient's name	5 Recipient's SSN	6 Recipient's date of birth
THOMAS POLK	328-00-XXXX	3/11/1982

7 Recipient's spouse's name	8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth

10 Policy start date	11 Policy termination date	12 Street address (including apartment no.)
01/01/20XX	12/31/20XX	100 BROOKS DRIVE

13 City or town	14 State or province	15 Country and ZIP or foreign postal code
YOUR CITY	YOUR STATE	ZIP

Part II Covered Individuals

	A. Covered individual name	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
16	THOMAS POLK	328-00-XXXX	03/11/1982	01/01/20XX	12/31/20XX
17	CHRISTINA POLK	125-00-XXXX	08/25/2016	01/01/20XX	12/31/20XX
18					
19					
20					

Part III Coverage Information

Month	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit
21 January	$448	$602	$386
22 February	$448	$602	$386
23 March	$448	$602	$386
24 April	$448	$602	$386
25 May	$448	$602	$386
26 June	$448	$602	$386
27 July	$448	$602	$386
28 August	$448	$602	$386
29 September	$448	$602	$386
30 October	$448	$602	$386
31 November	$448	$602	$386
32 December	$448	$602	$386
33 **Annual Totals**	$5,376	$7,224	$4,632

Downtown Day Care

303 Twiggs Trail
Your City, Your State, Zip
Ph: (555) 555-1234

December 31, 20XX

Received from Thomas Polk

$2,400 for daycare services for Christina

Total amount received for child care in 20XX - $2,400

Ellen River

EIN: 35-900XXXX

Department of the Treasury
Internal Revenue Service
Kansas City Service Center -SP
Kansas City, MO 64999-0017

Notice	CP01A
Tax year	20XX
Notice date	December 28, 20XX
To contact us	Phone 800-XXX-XXXX

Thomas Polk
100 Brooks Drive
YOUR CITY, YOUR STATE, ZIP

Important information about filing your federal tax return

We assigned you an Identity Protection Personal Identification Number

Our records show that you either:

- were previously a victim of identity theft or,
- notified IRS that you experienced an incident that could potentially expose you to identity theft, or
- requested an identity protection personal identification number (IP PIN).

We placed an indicator on your account and assigned you an IP PIN. You'll need to use this IP PIN when filing any Forms 1040 during the calendar year beginning in January.

The IP PIN helps verify a return filed with your social security number was filed by you. If you fail to use your assigned IP PIN, we could reject your return or delay the processing of your return.

Your assigned IP PIN is: 123456

What you need to do

- Keep this letter in a safe place. You'll need it to prepare your tax return.
- When you file your federal tax return, enter the IP PIN in the correct place:
  - If filing electronically, your tax software or preparer will tell you when and where to enter it.
  - If filing a paper return, enter your IP PIN in the gray box marked "Identity Protection PIN" to the right of "Spouse's signature and occupation." If you're married and filing jointly, only the spouse listed first on the tax return needs to enter his or her IP PIN.
    Note: The second spouse's IP PIN still protects his or her account even though it's not entered on a jointly filed paper return.
- As an IP PIN recipient, you don't need to file a Form 14039, Identity Theft Affidavit, to notify us you are a victim of identity theft.
- If you don't have to file a tax return, you won't need to use your IP PIN. We still protect your account from fraudulent filing.

What to remember about your IP PIN

You must use this IP PIN to confirm your identity on your current tax return and any prior year returns filed during the calendar year. We'll send you a new IP PIN each year by postal mail. Therefore, be sure to file Form 8822, Change of Address, if you change your mailing address.

Keep your number private and don't give it to anyone other than a tax professional filing your tax return. The tax preparer will need to include your IP PIN on your return. Bring this letter with you.

The IP PIN is only used to file your return. It has no other purpose. The 6-digit IP PIN is sometimes confused with the 5-digit e-file PIN; they're not the same or interchangeable.

Interview Notes

- Robert is a 6th grade teacher at a public school. Robert and Emily are married and choose to file Married Filing Jointly on their 20XX tax return.
- Robert worked a total of 1,340 hours in 20XX. During the school year, he spent $733 on unreimbursed classroom expenses.
- Emily retired in 2019 and began receiving her pension on November 1st of that year. She explains that this is a joint and survivor annuity. She has already recovered $1,216 of the cost of the plan.
- Robert settled with his credit card company on an outstanding bill and brought the Form 1099-C to the site. They aren't sure how it will impact their tax return for tax year 20XX. The Lincolns determined that they were solvent as of the date of the canceled debt.
- Emily won $4,414 gambling at a casino and had additional lottery winnings of $175. Emily has documented casino losses of $1,260.
- Their daughter, Safari, is in her second year of college pursuing a bachelor's degree in Veterinary Medicine at a qualified educational institution. She received a scholarship and the terms require that it be used to pay tuition. Box 2 was not filled in and Box 7 was not checked on her Form 1098-T for the previous tax year. The Lincolns provided Form 1098-T and an account statement from the college that included additional expenses. The Lincolns paid $865 for books and equipment required for Safari's courses. This information is also included on the college statement of account. The Lincolns claimed the American Opportunity Credit last year for the first time.
- Safari does not have a felony drug conviction.
- They are all U.S. citizens with valid Social Security numbers.

REPLACE XXXX WITH NUMBERS OF YOUR CHOICE

Form **13614-C**
(October 2022)

Department of the Treasury - Internal Revenue Service

Intake/Interview & Quality Review Sheet

OMB Number
1545-1964

You will need:
- **Tax Information such as Forms W-2, 1099, 1098, 1095.**
- **Social security cards or ITIN letters for all persons on your tax return.**
- **Picture ID (such as valid driver's license) for you and your spouse.**

- **Please complete pages 1-4 of this form.**
- **You are responsible for the information on your return. Please provide complete and accurate information.**
- **If you have questions, please ask the IRS-certified volunteer preparer.**

Volunteers are trained to provide high quality service and uphold the highest ethical standards.
To report unethical behavior to the IRS, email us at wi.voltax@irs.gov

Part I – Your Personal Information (If you are filing a joint return, enter your names in the same order as last year's return)

1. Your first name	M.I.	Last name	Best contact number	Are you a U.S. citizen?
ROBERT		LINCOLN	YOUR PHONE NUMBER	☒ Yes ☐ No
2. Your spouse's first name	M.I.	Last name	Best contact number	Is your spouse a U.S. citizen?
EMILY		LINCOLN		☒ Yes ☐ No

3. Mailing address	Apt #	City	State	ZIP code
135 DISCOVER AVENUE		YOUR CITY	YS	YOUR ZIP

4. Your Date of Birth	5. Your job title	6. Last year, were you:					
4/30/1963	TEACHER	b. Totally and permanently disabled	☐ Yes	☒ No	c. Legally blind	☐ Yes	☒ No
7. Your spouse's Date of Birth	8. Your spouse's job title	9. Last year, was your spouse:					
10/07/1954	RETIRED	b. Totally and permanently disabled	☐ Yes	☒ No	c. Legally blind	☐ Yes	☒ No

6. Last year, were you: a. Full-time student ☐ Yes ☒ No
9. Last year, was your spouse: a. Full-time student ☐ Yes ☒ No

10. Can anyone claim you or your spouse as a dependent? ☐ Yes ☒ No ☐ Unsure

11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? ☐ Yes ☒ No

12. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service)

Part II – Marital Status and Household Information

1. As of December 31, 20XX, what was your marital status?
- ☐ Never Married
- ☒ Married
- ☐ Divorced
- ☐ Legally Separated
- ☐ Widowed

(This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

a. If Yes, Did you get married in 20XX? ☐ Yes ☒ No

b. Did you live with your spouse during any part of the last six months of 20XX? ☒ Yes ☐ No

Date of final decree _____

Date of separate maintenance decree _____

Year of spouse's death _____

2. List the names below of:
- **everyone** who lived with you last year (other than your spouse)
- **anyone** you supported but did not live with you last year

If additional space is needed check here ☐ and list on page 3

									To be completed by a Certified Volunteer Preparer				
Name (first, last) Do not enter your name or spouse's name below (a)	Date of Birth (mm/dd/yy) (b)	Relationship to you (for example: son, daughter, parent, none, etc) (c)	Number of months lived in your home last year (d)	US Citizen (yes/no) (e)	Resident of US, Canada, or Mexico last year (yes/no) (f)	Single or Married as of 12/31/22 (S/M) (g)	Full-time Student last year (yes/no) (h)	Totally and Permanently Disabled (yes/no) (i)	Is this person a qualifying child/relative of any other person? (yes/no)	Did this person provide more than 50% of his/her own support? (yes,no,n/a)	Did this person have less than $4,400 of income? (yes,no,n/a)	Did the taxpayer(s) provide more than 50% of support for this person? (yes/no/n/a)	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? (yes/no)
SAFARI LINCOLN	07/04/2003	DAUGH	12	YES	YES	S	YES	NO					

Check appropriate box for each question in each section

Yes	No	Unsure	Part III – Income – Last Year, Did You (or Your Spouse) Receive
☒	☐	☐	1. (B) Wages or Salary? (Form W-2) **If yes, how many jobs did you have last year?** 1
☐	☒	☐	2. (A) Tip Income?
☒	☐	☐	3. (B) Scholarships? (Forms W-2, 1098-T)
☐	☒	☐	4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
☐	☒	☐	5. (B) Refund of state/local income taxes? (Form 1099-G)
☐	☒	☐	6. (B) Alimony income or separate maintenance payments?
☐	☒	☐	7. (A) Self-Employment income? (Forms 1099-MISC, 1099-NEC, 1099-K, cash, digital assets, or other property or services)
☐	☒	☐	8. (A) Cash/check/digital assets, or other property or services for any work performed not reported on Forms W-2 or 1099?
☐	☒	☐	9. (A) Income (or loss) from the sale or exchange of stocks, bonds, digital assets or real estate? (including your home) (Forms 1099-S, 1099-B)
☐	☒	☐	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
☒	☐	☐	11. (A) Retirement income or payments from pensions, annuities, and or IRA? (Form 1099-R)
☐	☒	☐	12. (B) Unemployment Compensation? (Form 1099-G)
☒	☐	☐	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
☐	☒	☐	14. (M) Income (or loss) from rental property?
☒	☐	☐	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, digital assets, Sch K-1, royalties, foreign income, etc.)

Yes	No	Unsure	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay
☐	☒	☐	1. (B) Alimony or separate maintenance payments? If yes, do you have the recipient's SSN? ☐ Yes ☐ No
☒	☐	☐	2. Contributions or repayments to a retirement account? ☐ IRA (A) ☐ Roth IRA (B) ☒ 401K (B) ☐ Other
☒	☐	☐	3. (B) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
☐	☒	☐	4. Any of the following? ☐ (A) Medical & Dental (including insurance premiums) ☐ (A) Mortgage Interest (Form 1098) ☐ (A) Taxes (State, Real Estate, Personal Property, Sales) ☐ (B) Charitable Contributions
☐	☒	☐	5. (B) Child or dependent care expenses such as daycare?
☒	☐	☐	6. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
☐	☒	☐	7. (A) Expenses related to self-employment income or any other income you received?
☐	☒	☐	8. (B) Student loan interest? (Form 1098-E)

Yes	No	Unsure	Part V – Life Events – Last Year, Did You (or Your Spouse)
☐	☒	☐	1. (A) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
☒	☐	☐	2. (A) Have credit card, student loan or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)
☐	☒	☐	3. (A) Adopt a child?
☐	☒	☐	4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax year? _____
☐	☒	☐	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
☐	☒	☐	6. (A) Receive the First Time Homebuyers Credit in 2008?
☐	☒	☐	7. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? _____
☐	☒	☐	8. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
☐	☒	☐	9. (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]

Additional Information and Questions Related to the Preparation of Your Return

1. Would you like to receive written communications from the IRS in a language other than English? ☐ Yes ☒ No If yes, which language? _____
2. Presidential Election Campaign Fund (If you check a box, your tax or refund will not change)
   Check here if you, or your spouse if filing jointly, want $3 to go to this fund ☒ You ☐ Spouse
3. If you are due a refund, would you like: a. Direct deposit ☒ Yes ☐ No b. To purchase U.S. Savings Bonds ☐ Yes ☒ No c. To split your refund between different accounts ☐ Yes ☒ No
4. If you have a balance due, would you like to make a payment directly from your bank account? ☐ Yes ☒ No
5. Did you live in an area that was declared a Federal disaster area? ☐ Yes ☒ No If yes, where? _____
6. Did you, or your spouse if filing jointly, receive a letter from the IRS? ☐ Yes ☒ No
7. Would you like information on how to vote and/or how to register to vote? ☐ Yes ☒ No

Many free tax preparation sites operate by receiving grant money or other federal financial assistance. The data from the following questions may be used by this site to apply for these grants or to support continued receipt of financial funding. Your answer will be used only for statistical purposes. These questions are optional.

8. Would you say you can carry on a conversation in English, both understanding & speaking? ☒ Very well ☐ Well ☐ Not well ☐ Not at all ☐ Prefer not to answer
9. Would you say you can read a newspaper or book in English? ☒ Very well ☐ Well ☐ Not well ☐ Not at all ☐ Prefer not to answer
10. Do you or any member of your household have a disability? ☐ Yes ☒ No ☐ Prefer not to answer
11. Are you or your spouse a Veteran from the U.S. Armed Forces? ☐ Yes ☒ No ☐ Prefer not to answer
12. Your race?
    ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☒ Prefer not to answer
13. Your spouse's race?
    ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☒ Prefer not to answer ☐ No spouse
14. Your ethnicity? ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☒ Prefer not to answer
15. Your spouse's ethnicity? ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☒ Prefer not to answer ☐ No spouse

Additional comments

Privacy Act and Paperwork Reduction Act Notice

The Privacy Act of 1974 requires that when we ask for information we tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it, and whether your response is voluntary, required to obtain a benefit, or mandatory. Our legal right to ask for information is 5 U.S.C. 301. We are asking for this information to assist us in contacting you relative to your interest and/or participation in the IRS volunteer income tax preparation and outreach programs. The information you provide may be furnished to others who coordinate activities and staffing at volunteer return preparation sites or outreach activities. The information may also be used to establish effective controls, send correspondence and recognize volunteers. Your response is voluntary. However, if you do not provide the requested information, the IRS may not be able to use your assistance in these programs. The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224

a Employee's social security number: 416-00-XXXX

OMB No. 1545-0008

Safe, accurate, FAST! Use IRS e-file — Visit the IRS website at www.irs.gov/efile

b Employer identification number (EIN): 35-700XXXX

c Employer's name, address, and ZIP code:

EASTRIDGE SCHOOL DISTRICT
244 HARVARD STREET
YOUR CITY, YOUR STATE, ZIP

d Control number:

e Employee's first name and initial / Last name / Suff.:

ROBERT LINCOLN
135 DISCOVER AVENUE
YOUR CITY, YOUR STATE, ZIP

f Employee's address and ZIP code:

1 Wages, tips, other compensation	$34,728.00
2 Federal income tax withheld	$3,100.00
3 Social security wages	$35,928.00
4 Social security tax withheld	$2,227.54
5 Medicare wages and tips	$35,928.00
6 Medicare tax withheld	$520.96
7 Social security tips	
8 Allocated tips	
9	
10 Dependent care benefits	
11 Nonqualified plans	
12a See instructions for box 12 — Code D	$1,200,00
13 Statutory employee: ☐ Retirement plan: ☒ Third-party sick pay: ☐	
12b Code	
14 Other	
12c Code	
12d 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
YS	35-700XXXX	$34,728.00	$360.00			

Form **W-2** Wage and Tax Statement — 20XX

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.

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.:

MAPLE ENTERPRISES
225 ONEIDA AVENUE
YOUR CITY, YOUR STATE, ZIP

OMB No. 1545-0119

20XX

Form 1099-R

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

1 Gross distribution	$ 19,750.00
2a Taxable amount	$
2b Taxable amount not determined ☑	Total distribution ☐
3 Capital gain (included in box 2a)	$
4 Federal income tax withheld	$ 1,975.00
5 Employee contributions/ Designated Roth contributions or insurance premiums	$
6 Net unrealized appreciation in employer's securities	$
7 Distribution code(s): 7 — IRA/SEP/SIMPLE ☐	8 Other $ %
9a Your percentage of total distribution %	9b Total employee contributions $ 14,500.00
10 Amount allocable to IRR within 5 years	$
11 1st year of desig. Roth contrib.	
12 FATCA filing requirement ☐	
13 Date of payment	
14 State tax withheld	$
15 State/Payer's state no.	
16 State distribution	$
17 Local tax withheld	$
18 Name of locality	
19 Local distribution	$

PAYER'S TIN: 41-200XXXX

RECIPIENT'S TIN: 417-00-XXXX

RECIPIENT'S name: EMILY LINCOLN

Street address (including apt. no.): 135 DISCOVER AVENUE

City or town, state or province, country, and ZIP or foreign postal code: YOUR CITY, YOUR STATE, ZIP

Account number (see instructions):

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.

Form 1099-R — www.irs.gov/Form1099R — Department of the Treasury - Internal Revenue Service

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

20XX • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name	Box 2. Beneficiary's Social Security Number
EMILY LINCOLN	417-00-XXXX

Box 3. Benefits Paid in 20XX	Box 4. Benefits Repaid to SSA in 20XX	Box 5. Net Benefits for 20XX *(Box 3 minus Box 4)*
$22,400		$22,400

DESCRIPTION OF AMOUNT IN BOX 3 Paid

by check or direct deposit: $18,259

Medicare Part B premiums deducted from your benefits $2,041

Total additions:

Benefits for 20XX: $22,400

DESCRIPTION OF AMOUNT IN BOX 4

Box 6. Voluntary Federal Income Tax Withholding

$2,100

Box 7. Address

135 DISCOVER AVENUE
YOUR CITY, YOUR STATE, ZIP

Box 8. Claim Number *(Use this number if you need to contact SSA.)*

Form **SSA-1099-SM** (6/2020) **DO NOT RETURN THIS FORM TO SSA OR IRS**

☐ CORRECTED (if checked)

CREDITOR'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	1 Date of identifiable event	OMB No. 1545-1424
ADAMS BANK **1254 ORANGE AVENUE** **YOUR CITY, YOUR STATE, ZIP**	**08/25/20XX** 2 Amount of debt discharged $ **875.00** 3 Interest, if included in box 2 $	20XX Form **1099-C**

Cancellation of Debt

CREDITOR'S TIN	DEBTOR'S TIN
31-700XXXX	**416-00-XXXX**

DEBTOR'S name
ROBERT LINCOLN

Street address (including apt. no.)
135 DISCOVER AVENUE

City or town, state or province, country, and ZIP or foreign postal code
YOUR CITY, YOUR STATE, ZIP

Account number (see instructions)

4 Debt description
CREDIT CARD

5 If checked, the debtor was personally liable for repayment of the debt . . . . . ► ☑

6 Identifiable event code	7 Fair market value of property
	$

Copy B
For Debtor

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 taxable income results from this transaction and the IRS determines that it has not been reported.

Form **1099-C** (keep for your records) www.irs.gov/Form1099C Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code	1 Reportable winnings	2 Date won	OMB No. 1545-0238
FORD CASINO **1 WINNER CIRCLE** **YOUR CITY, YOUR STATE, ZIP**	$ **4,414.00**	**4/05/20XX**	**Form W-2G Certain Gambling Winnings** (Rev. January 2021) For calendar year 20 **XX**
	3 Type of wager **SLOT MACHINE**	4 Federal income tax withheld $	
	5 Transaction	6 Race	
	7 Winnings from identical wagers $	8 Cashier **AR**	
PAYER'S federal identification number **36-800XXXX** / PAYER'S telephone number	9 Winner's taxpayer identification no. **417-00-XXXX**	10 Window	This information is being furnished to the Internal Revenue Service.
WINNER'S name **EMILY LINCOLN**	11 First identification	12 Second identification	
Street address (including apt. no.) **135 DISCOVER AVENUE**	13 State/Payer's state identification no.	14 State winnings $	**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.**
City or town, province or state, country, and ZIP or foreign postal code **YOUR CITY, YOUR STATE, ZIP**	15 State income tax withheld $	16 Local winnings $	
	17 Local income tax withheld $	18 Name of locality	

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.

Signature ► **Date ►**

Form **W-2G** (Rev. 1-2021) www.irs.gov/FormW2G Department of the Treasury - Internal Revenue Service

☐ CORRECTED

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number	1 Payments received for qualified tuition and related expenses	OMB No. 1545-1574	**Tuition Statement**
MARTIN COLLEGE **10 COLLEGE AVENUE** **YOUR CITY, YOUR STATE, ZIP**	$ **5,865.00** 2	20XX Form **1098-T**	
FILER'S employer identification no. **38-800XXXX** / STUDENT'S TIN **608-00-XXXX**	3		**Copy B** **For Student**
STUDENT'S name **SAFARI LINCOLN**	4 Adjustments made for a prior year $	5 Scholarships or grants $ **3,102.00**	This is important tax information and is being furnished to the IRS. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.
Street address (including apt. no.) **135 DISCOVER AVENUE**	6 Adjustments to scholarships or grants for a prior year $	7 Checked if the amount in box 1 includes amounts for an academic period beginning January–March 20XX ☐	
City or town, state or province, country, and ZIP or foreign postal code **YOUR CITY, YOUR STATE, ZIP**			
Service Provider/Acct. No. (see instr.) / 8 Checked if at least half-time student ☑	9 Checked if a graduate student ☐	10 Ins. contract reimb./refund $	

Form **1098-T** (keep for your records) www.irs.gov/Form1098T Department of the Treasury - Internal Revenue Service

Martin College

Statement of Account

December 31, 20XX

SAFARI LINCOLN
STUDENT ID: 608-00-XXXX

Date	Transaction	Amount Billed	Amount Paid
08/30/20XX	Tuition – Fall Semester 20XX	**+$5,865.00**	
08/30/20XX	Scholarship		**-$3,102.00**
09/03/20XX	Parking pass	**+$150.00**	
09/04/20XX	Campus Bookstore charge to student account for course-related books	**+$865.00**	
09/05/20XX	Payment – check #4321		**-$3,778.00**

12/31/20XXAccount Balance……..$0.00

Robert and Emily Lincoln
135 Discover Avenue
YOUR CITY, YOUR STATE, ZIP

1234

20 _____

PAY TO THE ORDER OF _____ $ _____

_____ DOLLARS

VOID

Adelphia Bank and Trust
Anytown, State 00000

For _____

⑆111000025 ⑆ 123456789 1234

Exercises: Scenario 6: Joanne Oak

Interview Notes

- Joanne is a data entry clerk, age 26, and single.
- Joanne has investment income and a consolidated broker's statement.
- Joanne is self employed delivering food for Delicious Deliveries on the weekends. She received a Form 1099-NEC and a Form 1099-K. She received additional cash payments of $455.
- Joanne uses the cash method of accounting. She uses business code 492000.
- Joanne provided a statement from the food delivery service indicating the fees paid for the year. These fees are considered ordinary and necessary for the food delivery business:
    - $150 for insulated box rental
    - $50 for vehicle safety inspection (required by Delicious Deliveries)
    - $600 for Delicious Deliveries fees
- Joanne also kept receipts for the following out-of-pocket expenses:
    - $100 for tolls
    - $120 for car washes
    - $150 for tickets for illegal parking
    - $150 for snacks and lunches Joanne consumed while working
- Joanne's record keeping application shows she has driven a total of 2,500 miles during and between deliveries. 1,200 miles were driven from 1/01/20XX - 6/30/20XX, and 1,300 miles were driven from 7/01/20XX - 12/31/20XX. She also drove 1,500 miles between her home and the first and last delivery of each day.
    - She placed her only vehicle, an SUV, in service on 3/15/2020. The total mileage on her SUV for tax year 20XX was 11,000 miles. Of that, 7,000 were personal miles. Joanne will take the standard business mileage rate.
- Joanne took an early distribution from her IRA in April. She used part of the IRA distribution to pay off her educational expenses.
- Joanne is paying off her student loan from 2017.
- Joanne is working towards her Masters of Education degree to start a new career as an Associate Professor. She took a few college courses this year at an accredited college.
- If Joanne has a refund, she would like it deposited into her checking account.

REPLACE XXXX WITH NUMBERS OF YOUR CHOICE

Form **13614-C**
(October 2022)

Department of the Treasury - Internal Revenue Service

Intake/Interview & Quality Review Sheet

OMB Number
1545-1964

You will need:
- **Tax Information such as Forms W-2, 1099, 1098, 1095.**
- **Social security cards or ITIN letters for all persons on your tax return.**
- **Picture ID (such as valid driver's license) for you and your spouse.**

- **Please complete pages 1-4 of this form.**
- **You are responsible for the information on your return. Please provide complete and accurate information.**
- **If you have questions, please ask the IRS-certified volunteer preparer.**

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To report unethical behavior to the IRS, email us at wi.voltax@irs.gov

Part I – Your Personal Information (If you are filing a joint return, enter your names in the same order as last year's return)

1. Your first name	M.I.	Last name	Best contact number	Are you a U.S. citizen?
JOANNE		OAK	YOUR PHONE NUMBER	☒ Yes ☐ No
2. Your spouse's first name	M.I.	Last name	Best contact number	Is your spouse a U.S. citizen? ☐ Yes ☐ No

3. Mailing address	Apt #	City	State	ZIP code
159 ARCHER AVENUE		YOUR CITY	YS	YOUR ZIP

4. Your Date of Birth	5. Your job title	6. Last year, were you:					
2/06/1996	DATA ENTRY CLERK	b. Totally and permanently disabled	☐ Yes	☒ No	c. Legally blind	☐ Yes	☒ No
					a. Full-time student	☐ Yes	☒ No
7. Your spouse's Date of Birth	8. Your spouse's job title	9. Last year, was your spouse:					
		b. Totally and permanently disabled	☐ Yes	☐ No	c. Legally blind	☐ Yes	☐ No
					a. Full-time student	☐ Yes	☐ No

10. Can anyone claim you or your spouse as a dependent? ☐ Yes ☒ No ☐ Unsure

11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? ☐ Yes ☒ No

12. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service)

Part II – Marital Status and Household Information

1. As of December 31, 20XX, what was your marital status?
- ☒ Never Married
- ☐ Married
- ☐ Divorced
- ☐ Legally Separated
- ☐ Widowed

(This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

a. If Yes, Did you get married in 20XX? ☐ Yes ☐ No

b. Did you live with your spouse during any part of the last six months of 20XX? ☐ Yes ☐ No

Date of final decree _____

Date of separate maintenance decree _____

Year of spouse's death _____

2. List the names below of:
- **everyone** who lived with you last year (other than your spouse)
- **anyone** you supported but did not live with you last year

If additional space is needed check here ☐ and list on page 3

									To be completed by a Certified Volunteer Preparer				
Name (first, last) Do not enter your name or spouse's name below (a)	Date of Birth (mm/dd/yy) (b)	Relationship to you (for example: son, daughter, parent, none, etc) (c)	Number of months lived in your home last year (d)	US Citizen (yes/no) (e)	Resident of US, Canada, or Mexico last year (yes/no) (f)	Single or Married as of 12/31/22 (S/M) (g)	Full-time Student last year (yes/no) (h)	Totally and Permanently Disabled (yes/no) (i)	Is this person a qualifying child/relative of any other person? (yes/no)	Did this person provide more than 50% of his/her own support? (yes,no,n/a)	Did this person have less than $4,400 of income? (yes,no,n/a)	Did the taxpayer(s) provide more than 50% of support for this person? (yes/no/n/a)	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? (yes/no)

Check appropriate box for each question in each section

Yes	No	Unsure	Part III – Income – Last Year, Did You (or Your Spouse) Receive
☒	☐	☐	1. (B) Wages or Salary? (Form W-2) **If yes, how many jobs did you have last year?** 1
☒	☐	☐	2. (A) Tip Income?
☐	☒	☐	3. (B) Scholarships? (Forms W-2, 1098-T)
☒	☐	☐	4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
☐	☒	☐	5. (B) Refund of state/local income taxes? (Form 1099-G)
☐	☒	☐	6. (B) Alimony income or separate maintenance payments?
☒	☐	☐	7. (A) Self-Employment income? (Forms 1099-MISC, 1099-NEC, 1099-K, cash, digital assets, or other property or services)
☒	☐	☐	8. (A) Cash/check/digital assets, or other property or services for any work performed not reported on Forms W-2 or 1099?
☒	☐	☐	9. (A) Income (or loss) from the sale or exchange of stocks, bonds, digital assets or real estate? (including your home) (Forms 1099-S, 1099-B)
☐	☒	☐	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
☒	☐	☐	11. (A) Retirement income or payments from pensions, annuities, and or IRA? (Form 1099-R)
☐	☒	☐	12. (B) Unemployment Compensation? (Form 1099-G)
☐	☒	☐	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
☐	☒	☐	14. (M) Income (or loss) from rental property?
☐	☒	☐	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, digital assets, Sch K-1, royalties, foreign income, etc.)

Yes	No	Unsure	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay
☐	☒	☐	1. (B) Alimony or separate maintenance payments? If yes, do you have the recipient's SSN? ☐ Yes ☐ No
☒	☐	☐	2. Contributions or repayments to a retirement account? ☐ IRA (A) ☐ Roth IRA (B) ☒ 401K (B) ☐ Other
☒	☐	☐	3. (B) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
☐	☒	☐	4. Any of the following? ☐ (A) Medical & Dental (including insurance premiums) ☐ (A) Mortgage Interest (Form 1098) ☐ (A) Taxes (State, Real Estate, Personal Property, Sales) ☐ (B) Charitable Contributions
☐	☒	☐	5. (B) Child or dependent care expenses such as daycare?
☐	☒	☐	6. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
☒	☐	☐	7. (A) Expenses related to self-employment income or any other income you received?
☒	☐	☐	8. (B) Student loan interest? (Form 1098-E)

Yes	No	Unsure	Part V – Life Events – Last Year, Did You (or Your Spouse)
☐	☒	☐	1. (A) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
☐	☒	☐	2. (A) Have credit card, student loan or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)
☐	☒	☐	3. (A) Adopt a child?
☐	☒	☐	4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax year? _____
☐	☒	☐	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
☐	☒	☐	6. (A) Receive the First Time Homebuyers Credit in 2008?
☐	☒	☐	7. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? _____
☐	☒	☐	8. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
☐	☒	☐	9. (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]

Additional Information and Questions Related to the Preparation of Your Return

1. Would you like to receive written communications from the IRS in a language other than English? ☐ Yes ☒ No If yes, which language? _____
2. Presidential Election Campaign Fund (If you check a box, your tax or refund will not change)
   Check here if you, or your spouse if filing jointly, want $3 to go to this fund ☒ You ☐ Spouse
3. If you are due a refund, would you like: a. Direct deposit ☒ Yes ☐ No b. To purchase U.S. Savings Bonds ☐ Yes ☒ No c. To split your refund between different accounts ☐ Yes ☒ No
4. If you have a balance due, would you like to make a payment directly from your bank account? ☐ Yes ☒ No
5. Did you live in an area that was declared a Federal disaster area? ☐ Yes ☒ No If yes, where? _____
6. Did you, or your spouse if filing jointly, receive a letter from the IRS? ☐ Yes ☒ No
7. Would you like information on how to vote and/or how to register to vote? ☐ Yes ☒ No

Many free tax preparation sites operate by receiving grant money or other federal financial assistance. The data from the following questions may be used by this site to apply for these grants or to support continued receipt of financial funding. Your answer will be used only for statistical purposes. These questions are optional.

8. Would you say you can carry on a conversation in English, both understanding & speaking? ☒ Very well ☐ Well ☐ Not well ☐ Not at all ☐ Prefer not to answer
9. Would you say you can read a newspaper or book in English? ☒ Very well ☐ Well ☐ Not well ☐ Not at all ☐ Prefer not to answer
10. Do you or any member of your household have a disability? ☐ Yes ☒ No ☐ Prefer not to answer
11. Are you or your spouse a Veteran from the U.S. Armed Forces? ☐ Yes ☒ No ☐ Prefer not to answer
12. Your race?
    ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☒ Prefer not to answer
13. Your spouse's race?
    ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Prefer not to answer ☒ No spouse
14. Your ethnicity? ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☒ Prefer not to answer
15. Your spouse's ethnicity? ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Prefer not to answer ☒ No spouse

Additional comments

Privacy Act and Paperwork Reduction Act Notice

The Privacy Act of 1974 requires that when we ask for information we tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it, and whether your response is voluntary, required to obtain a benefit, or mandatory. Our legal right to ask for information is 5 U.S.C. 301. We are asking for this information to assist us in contacting you relative to your interest and/or participation in the IRS volunteer income tax preparation and outreach programs. The information you provide may be furnished to others who coordinate activities and staffing at volunteer return preparation sites or outreach activities. The information may also be used to establish effective controls, send correspondence and recognize volunteers. Your response is voluntary. However, if you do not provide the requested information, the IRS may not be able to use your assistance in these programs. The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
ESSEX BANK, CUSTODIAN **FOR TRADITIONAL IRA OF JOANNE OAK** **300 MARIN STREET** **YOUR CITY, YOUR STATE, ZIP**	$ 2,800.00	20XX	
	2a Taxable amount $ 2,800.00	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.**
PAYER'S TIN: **48-200XXXX** / RECIPIENT'S TIN: **605-00-XXXX**	**3** Capital gain (included in box 2a) $	**4** Federal income tax withheld $ 280.00	
RECIPIENT'S name **JOANNE OAK**	**5** Employee contributions/ Designated Roth contributions or insurance premiums $	**6** Net unrealized appreciation in employer's securities $	
Street address (including apt. no.) **159 ARCHER AVENUE**	**7** Distribution code(s) **1** IRA/SEP/SIMPLE ☑	**8** Other $ %	This information is being furnished to the IRS.
City or town, state or province, country, and ZIP or foreign postal code **YOUR CITY, YOUR STATE, ZIP**	**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

	a Employee's social security number **605-00-XXXX**	OMB No. 1545-0008	Safe, accurate, FAST! Use IRS e-file	Visit the IRS website at www.irs.gov/efile
b Employer identification number (EIN) **35-700XXX**		1 Wages, tips, other compensation **$37,550.00**	2 Federal income tax withheld **$2,950.00**	
c Employer's name, address, and ZIP code **BIG DATA INCORPORATED** **200 VENTURA BLVD** **YOUR CITY, YOUR STATE, ZIP**		3 Social security wages **$38,950.00**	4 Social security tax withheld **$2,414.90**	
		5 Medicare wages and tips **$38,950.00**	6 Medicare tax withheld **$564.77**	
		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. **JOANNE OAK** **159 ARCHER BLVD** **YOUR CITY, YOUR STATE, ZIP**		11 Nonqualified plans	12a See instructions for box 12 Code **D** **$1,400**	
		13 Statutory employee ☐ / Retirement plan ☒ / Third-party sick pay ☐	12b Code	
		14 Other	12c Code	
f Employee's address and ZIP code			12d 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
YS **57-200XXX**	**$37,550.00**	**$750.00**			

Form **W-2** **Wage and Tax Statement** 20XX 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.

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		OMB No. 1545-0116	
DELICIOUS DELIVERIES **123 LILAC AVENUE** **YOUR CITY, YOUR STATE, ZIP**		20**XX** Form **1099-NEC**	**Nonemployee Compensation**

PAYER'S TIN	RECIPIENT'S TIN	1 Nonemployee compensation	Copy B For Recipient
63-400XXXX	**605-00-XXXX**	$ **1,000**	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.
RECIPIENT'S name **JOANNE OAK**		2 Payer made direct sales totaling $5,000 or more of consumer products to recipient for resale ☐	
Street address (including apt. no.) **159 ARCHER AVENUE**		3	
City or town, state or province, country, and ZIP or foreign postal code **YOUR CITY, YOUR STATE, ZIP**		4 **Federal income tax withheld** $	
Account number (see instructions)		5 State tax withheld $ / $	6 State/Payer's state no. 7 State income $ / $

Form **1099-NEC** (keep for your records) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	FILER'S TIN / PAYEE'S TIN	OMB No. 1545-2205	
Delicious Deliveries **123 LILAC AVENUE** **YOUR CITY, YOUR STATE, ZIP**	**63-400XXXX** **605-00-XXXX**	20**XX** Form **1099-K**	**Payment Card and Third Party Network Transactions**

	1a Gross amount of payment card/third party network transactions $ **7,692.00**	1b Card Not Present transactions $	2 Merchant category code
Check to indicate if FILER is a (an): Payment settlement entity (PSE) ☐ Electronic Payment Facilitator (EPF)/Other third party ☑	Check to indicate transactions reported are: Payment card ☐ Third party network ☑	3 Number of payment transactions **325**	4 **Federal income tax withheld** $

PAYEE'S name	5a January	5b February	Copy B For Payee
JOANNE OAK	$ **795.00**	$ **850.00**	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 taxable income results from this transaction and the IRS determines that it has not been reported.
Street address (including apt. no.) **159 ARCHER AVENUE**	5c March $ **710.00**	5d April $ **660.00**	
	5e May $ **560.00**	5f June $ **440.00**	
	5g July $ **510.00**	5h August $ **378.00**	
City or town, state or province, country, and ZIP or foreign postal code **YOUR CITY, YOUR STATE, ZIP**	5i September $ **710.00**	5j October $ **800.00**	
PSE'S name and telephone number	5k November $ **600.00**	5l December $ **679.00**	
Account number (see instructions)	6 State	7 State identification no.	8 State income tax withheld $ / $

Form **1099-K** (Keep for your records) www.irs.gov/Form1099K Department of the Treasury - Internal Revenue Service

Note: She also received $455 in cash payments per the interview notes.

ABC Investments

456 Pima Plaza
Your City, YS, ZIP

20XX TAX REPORTING STATEMENT

JOANNE OAK
159 Archer Avenue
Your City, YS, ZIP
Account No. 111-222
Recipient ID No. 605-00-XXXX
Payer's Fed ID Number: 40-200XXXX

Form 1099-DIV* 20XX Dividends and Distributions

Copy B for Recipient (OMB NO. 1545-0110)

1a	Total Ordinary Dividends	235.00
1b	Quali ied Dividends	185.00
2a	Total Capital Gain Distributions (Includes 2b- 2d)	350.00
2b	Capital Gains that represent Unrecaptured 1250 Gain	0.00
2c	Capital Gains that represent Section 1202 Gain	0.00
2d	Capital Gains that represent Collectibles (28%) Gain	0.00
2e	Section 897 Ordinary Dividends	0.00
2f	Section 897 Capital Gains	0.00
2	Nondividend Distributions	0.00
3	Nondividend Distributions	0.00
4	**Federal Income Tax Withheld**	0.00
5	Section 199A Dividends	32.00
6	Investment Expenses	0.00
7	Foreign Tax Paid	0.00
8	Foreign Country or U.S. Possession	0.00
9	Cash Liquidation Distributions	0.00
10	Noncash Liquidation Distributions	0.00
11	Exempt-Interest Dividends	0.00
12	Speci ied Private Activity Bond Interest Dividends	0.00
13	State	0.00
14	State Identi ication No.	0.00
15	State Tax Withheld FATCA Filing Requirement	☐

Form 1099-MISC* 20XX Miscellaneous Income

Copy B for Recipient (OMB NO. 1545-0115)

2	Royalties	0.00
4	Federal Income Tax Withheld	0.00
8	Substitute Payments in Lieu of Dividends or Interest	0.00
16	State Tax Withheld	0.00
17	State/ Payer's State No.	
18	State Income	0.00

Form 1099-INT* 20XX Interest Income

Copy B for Recipient (OMB NO. 1545-0112)

1	Interest Income	16.00
2	Early Withdrawal Penalty	0.00
3	Interest on U.S. Savings Bonds and Treas. Obligations	0.00
4	Federal Income Tax Withheld	0.00
5	Investment Expenses	0.00
6	Foreign Tax Paid	0.00
7	Foreign Country or U.S. Possession	0.00
8	Tax-Exempt Interest	0.00
9	Speci ied Private Activity Bond Interest	0.00
14	Tax-Exempt Bond CUSIP No.	

Summary of 20XX Proceeds From Broker and Barter Exchange Transactions

Sales Price of Stocks, Bonds, etc.	5,550.00
Federal Income Tax Withheld	0.00

Gross Proceeds from each of your security transactions are reported individually to the IRS. Refer to the Form 1099-B section of this statement. Report gross proceeds individually for each security on the appropriate IRS tax return. Do not report gross proceeds in aggregate.

ABC Investments
456 Pima Plaza
Your City, YS, ZIP

20XX TAX REPORTING STATEMENT
JOANNE OAK
159 Archer Avenue
Your City, YS, ZIP
Account No. 111-222
Recipient ID No. 605-00-XXXX
Payer's Fed ID Number: 40-200XXXX

FORM 1099-B* 20XX Proceeds from Broker and Barter Exchange Transactions

Copy B for Recipient OMB NO. 1545-0715

Short-term transactions for which basis is reported to the IRS
Report on Form 8949 with Box A checked and/or Schedule D, Part I
(This Label is a Substitute for Boxes 1c & 6)

8 Description, **1d** Stock or Other Symbol, CUSIP (IRS Form 1099-B box numbers are shown below in bold type)

Action	**1b** Date Acquired	**1c** Date sold disposed	**1a** Quantity Sold	**1d** Proceeds	**1e** Cost or Other Basis	Gain / Loss (-)	**1g** Wash Sale Loss Disallowed	**4** Federal Income Tax Withheld	**14** State	**15** State Tax Withheld
Iowa Co. Common Stock										
Sale	01/08/20XX	10/30/20XX	200.000	1,750.00	2,500.00	(750.00)				
TOTALS				**1,750.00**	**2,500.00**					

FORM 1099-B* 20XX Proceeds from Broker and Barter Exchange Transactions

Copy B for Recipient OMB NO. 1545-0715

Long-term transactions for which basis is not reported to the IRS
Report on Form 8949 with Box E checked and/or Schedule D, Part II
(This Label is a Substitute for Boxes 1c & 6)

8 Description, **1d** Stock or Other Symbol, CUSIP (IRS Form 1099-B box numbers are shown below in bold type)

Action	**1b** Date Acquired	**1c** Date sold disposed	**1a** Quantity Sold	**1d** Proceeds	**1e** Cost or Other Basis	Gain / Loss (-)	**1g** Wash Sale Loss Disallowed	**4** Federal Income Tax Withheld	**14** State	**15** State Tax Withheld
Iowa Co. Common Stock										
Sale	10/12/2008	11/01/20XX	200.000	3,800.00	1,900.00	1,900.00				
TOTALS				**3,800.00**	**1,900.00**					

This is important tax information and is being furnished to the Internal Revenue Service. 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.

☐ VOID ☐ CORRECTED

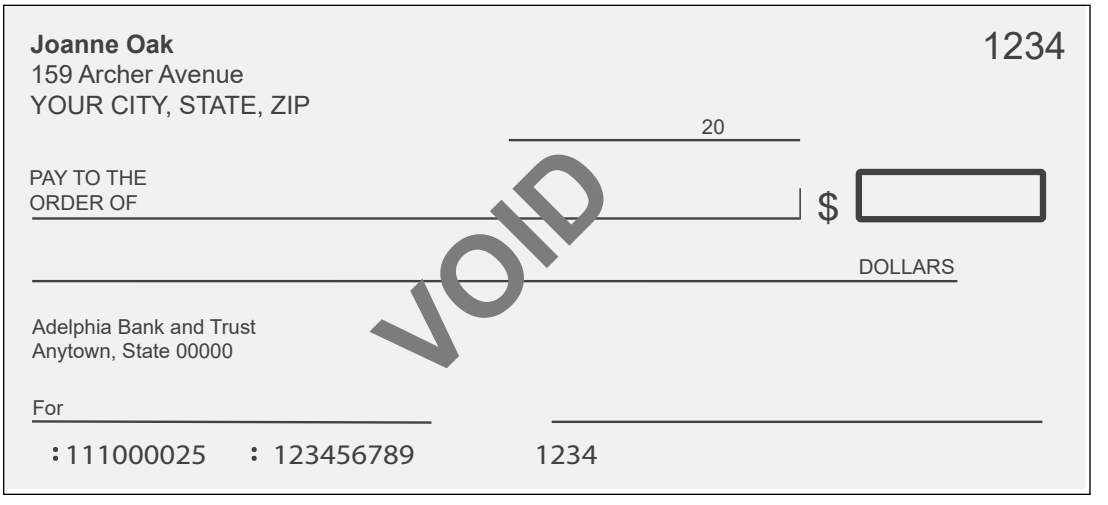
RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number			OMB No. 1545-1576	**Student Loan Interest Statement**
FINANCIAL AID PARTNERS **305 WASHINGTON DR** **YOUR CITY, YOUR STATE, ZIP**			20**XX** Form **1098-E**	
RECIPIENT'S TIN **38-800XXXX**	BORROWER'S TIN **605-00-XXXX**	**1** Student loan interest received by lender $ **3,330.00**		**Copy C** **For Recipient**
BORROWER'S name **JOANNE OAK** Street address (including apt. no.) **159 ARCHER AVENUE** City or town, state or province, country, and ZIP or foreign postal code **YOUR CITY, YOUR STATE, ZIP**				For Privacy Act and Paperwork Reduction Act Notice, see the **20XX General Instructions for Certain Information Returns.**
Account number (see instructions)		**2** Check if box 1 does **not** include loan origination fees and/or capitalized interest, and the loan was made before September 1, 2004 ☐		

Form **1098-E** www.irs.gov/Form1098E Department of the Treasury - Internal Revenue Service

☐ CORRECTED

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number		**1** Payments received for qualified tuition and related expenses	OMB No. 1545-1574	**Tuition Statement**
NASSAU COLLEGE **10 COLLEGE AVENUE** **YOUR CITY, YOUR STATE, ZIP**		$ **2,400.00** **2**	20**XX** Form **1098-T**	
FILER'S employer identification no. **37-700XXXX**	STUDENT'S TIN **605-00-XXXX**	**3**		**Copy B** **For Student**
STUDENT'S name **JOANNE OAK**		**4** Adjustments made for a prior year $	**5** Scholarships or grants $	This is important tax information and is being furnished to the IRS. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.
Street address (including apt. no.) **159 ARCHER AVENUE** City or town, state or province, country, and ZIP or foreign postal code **YOUR CITY, YOUR STATE, ZIP**		**6** Adjustments to scholarships or grants for a prior year $	**7** Checked if the amount in box 1 includes amounts for an academic period beginning January–March 20XX ☐	
Service Provider/Acct. No. (see instr.)	**8** Checked if at least half-time student ☐	**9** Checked if a graduate student ☑	**10** Ins. contract reimb./refund $	

Form **1098-T** (keep for your records) www.irs.gov/Form1098T Department of the Treasury - Internal Revenue Service


Joanne Oak
159 Archer Avenue
YOUR CITY, STATE, ZIP
1234
20
PAY TO THE
ORDER OF
$
DOLLARS
VOID
Adelphia Bank and Trust
Anytown, State 00000
For
:111000025 : 123456789 1234

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