

EXERCISES



BakerRipley

***Neighborhood Tax
Centers
2024 Tax Season
Volunteer Training***



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FILING STATUS EXERCISES

1. George and Betty's divorce was final on December 31, 2024. They did not remarry and they do not have any dependents. What is their filing status?
2. Bo's wife passed away November 13, 2024. 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, 2025. What are their filing status options for 2024?
4. Ronnie and Barbara are married but separated and living apart since April of 2024. They have 3 young children, ages 2, 4 and 5. The children lived with Barbara all of 2024 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 2023. Jill filed Married Filing Jointly in 2023.
 - a. What is her filing status for TY2024?
 - b. What is her filing status for TY2025?
 - c. What is her filing status for TY2026?
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 2024 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. Rob is 5 years old. Carolyn works part-time and made \$5,000 in 2024. 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?

Exercises: Scenario 1: Frederick Vale and Clara Bentwood

Interview Notes

- Frederick Vale and Clara Bentwood come to the Tax Center to file their taxes as they have done every year.
- They are not married, but they live together as a married couple, they plan to continue living together, represent themselves as married, and share all household expenses.
- You determine that they qualify to file as Married Filing Jointly.
- Both Frederick and Clara receives Social Security benefits.
- They have no other income.
- If they get a refund they would like a direct deposit to their checking account..



Intake/Interview and Quality Review Sheet

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

• Complete pages 1-6 of this form.

- You are responsible for the information on your return. Provide complete and accurate information.
- If you have questions, 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 ts.voltax@irs.gov

Your first name (<i>pronouns, optional</i>) FREDERICK	M.I.	Last name VALE	Your date of birth 03/01/1955	Your job title RETIRED
Spouse's first name (<i>pronouns, optional</i>) CLARA	M.I.	Last name BENTWOOD	Spouse's date of birth 04/01/1956	Spouse's job title
Mailing address 1212 SLEEPY BLVD	Apt #	City HOUSTON	State TX	ZIP code 77084
Your telephone number 346-555-1212	Spouse's telephone number 832-555-6789	Email address (<i>optional</i>)		

Check if you or your spouse were in 2024:

A U.S. citizen	<input checked="" type="checkbox"/> You	<input checked="" type="checkbox"/> Spouse	<input type="checkbox"/> No	Legally blind	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> No
In the U.S. on a visa	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> No	Totally and permanently disabled	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> No
A full-time student	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> No	Issued an identity protection PIN (IPPIN)	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> No

If due a refund, how would you like your refund

Direct deposit Check by mail Other _____

Split refund between accounts

If you have a balance due, how would you like to make your payment

Bank account IRS.gov Direct Pay

Set up installment agreement Mail payment to IRS

Would you like to receive written communications from the IRS in a language other than English _____

What language _____

Would you like information on how to vote and/or how to register to vote _____

Would you, or your spouse if married filing jointly, like \$3 to go to the Presidential Election Campaign Fund Yes No

Would you, or your spouse if married filing jointly, like \$3 to go to the Presidential Election Campaign Fund Yes No

As of December 31, 2024, what was your marital status

Never Married **Married** If married, were you married for all of 2024 Yes No

Divorced Did you live with your spouse during any part of the last six months of 2024 Yes No

Widowed Year of spouse's death _____

Date of final decree _____

To be completed by certified volunteer: Can anyone else claim the taxpayer or spouse on their tax return Yes No

List the names below of everyone who lived with you last year (except your spouse) **AND** anyone you supported but did not live with you last year.

		Answer Yes or No (Y/N)				To be completed by certified volunteer (Yes, No, or N/A)								
Name (first, last)	Date of birth (mm/dd/yy)	Relationship to you (child, parent, none, etc.)	Number of months lived in your home in 2024	Single or Married as of 12/31/2024 (S/M)	U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled	Issued IPPIN	Qualifying child or relative of any other person	This person provided more than 50% of their own support	This person had less than \$5,050 of income	Taxpayer(s) provided more than 50% of support for this person	Taxpayer(s) paid more than half the cost of maintaining a home for this person

Income: Answer the following questions on the left side of this page. Check only the boxes that apply to you and/or your spouse.

Received money from any of the following in 2024: (To be completed by certified volunteer) Income to be included Notes/Comments

<input type="checkbox"/> (B) Wages as a part-time or full-time employee How many jobs _____	<input type="checkbox"/> (B) W-2s # _____	
<input type="checkbox"/> (B/A) Tips	<input type="checkbox"/> (B/A) Tips (Basic when reported on W2)	
<input type="checkbox"/> (B/A) Retirement account, pension or annuity proceeds	<input type="checkbox"/> (B/A) 1099-R (Basic when taxable amount is reported) # _____	
<input type="checkbox"/> (B) Disability benefits (such as payments from insurance and worker's compensation)	<input type="checkbox"/> (A) Qualified Charitable Distribution From 1099-R \$ _____ <input type="checkbox"/> (B) Disability benefits on 1099-R or W-2 # _____	
<input checked="" type="checkbox"/> (B) Social Security or Railroad Retirement Benefits	<input type="checkbox"/> (B) SSA-1099, RRB-1099 # _____	
<input type="checkbox"/> (B) Unemployment benefits	<input type="checkbox"/> (B) 1099-G # _____	
<input type="checkbox"/> (B) Refund of state or local income tax	<input type="checkbox"/> (B) Refund \$ _____ <input type="checkbox"/> (B) Itemized last year <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> (B) Interest or dividends (bank account, bonds, etc.)	<input type="checkbox"/> (B) 1099-INT # _____ <input type="checkbox"/> (B) 1099-DIV # _____	
<input type="checkbox"/> (A) Sale of stocks, bonds or real estate	<input type="checkbox"/> (A) 1099-B (include brokerage statement) # _____	
Did you report a loss on last year's return <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Capital loss carryover <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> (B) Alimony	<input type="checkbox"/> (B) Alimony \$ _____ Excluded from income <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> (A/M) Income from renting out your house or a room in your house If yes, did you use the dwelling unit as a personal residence and rent it for fewer than 15 days <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> (A/M) Rental income (Advanced when the dwelling is a personal residence and rented for fewer than 15 days) \$ _____ <input type="checkbox"/> Rental expense \$ _____	
<input type="checkbox"/> Income from renting personal property such as a vehicle		
<input type="checkbox"/> (B) Gambling winnings, including lottery	<input type="checkbox"/> (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions) # _____	
<input type="checkbox"/> (A) Payments for contract or self-employment work	<input type="checkbox"/> (A) Schedule C # _____ <input type="checkbox"/> 1099-MISC # _____ <input type="checkbox"/> 1099-NEC # _____ <input type="checkbox"/> 1099-K # _____	
Did you report a loss on last year's return <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other income reported elsewhere \$ _____ <input type="checkbox"/> Schedule C expenses \$ _____	
<input type="checkbox"/> Any other money received during the year? (example: cash payments, jury duty, awards, digital assets, royalties, union strike benefits)	<input type="checkbox"/> Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart)	

Expenses and Tax Related Events: Answer the questions on the left side of this page. Check only the boxes that apply to you and/or your spouse.

Paid any of the following expenses to itemize in 2024?		(To be completed by certified volunteer) Standard or Itemized Deductions	Notes/Comments
<input type="checkbox"/> (A) Mortgage Interest		<input type="checkbox"/> (A) 1098 # _____	
<input type="checkbox"/> (A) Taxes: state, local, real estate, sales, etc.			
<input type="checkbox"/> (A) Medical, dental, prescription expenses		<input type="checkbox"/> (B) Standard deduction <input type="checkbox"/> (A) Itemized deduction	
<input type="checkbox"/> (A) Charitable contributions			
Paid any of these expenses in 2024?		(To be completed by certified volunteer) Expenses to report	Notes/Comments
<input type="checkbox"/> (B) Student loan interest		<input type="checkbox"/> (B) 1098-E	
<input type="checkbox"/> (B) Child and dependent care		<input type="checkbox"/> (B) Child and dependent care credit	
<input type="checkbox"/> (B/A) Contributions to a retirement account		<input type="checkbox"/> (B/A) IRA (Basic if a Roth IRA or 401K)	
<input type="checkbox"/> (B) School supplies by a teacher, teacher's aide or other educator		<input type="checkbox"/> (B) Educator expenses deduction \$ _____	
<input type="checkbox"/> (B) Alimony payments (do not include child support)		<input type="checkbox"/> (B) Alimony payments with spouse's SSN \$ _____ Adjustment to income <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did any of the following happen during 2024?		(To be completed by certified volunteer) Information to report	Notes/Comments
<input type="checkbox"/> (B) You or someone in your family took educational classes (technical school, college, job related, etc.)		<input type="checkbox"/> (B) Taxable scholarship income <input type="checkbox"/> (B) 1098-T (itemized statement from school, invoice, etc.) <input type="checkbox"/> (B) Education credit or tuition and fees deduction	
<input type="checkbox"/> (A) Sell a home		<input type="checkbox"/> (A) Sale of home (1099-S)	
<input type="checkbox"/> (A) Have a health savings account (HSA)		<input type="checkbox"/> HSA contributions <input type="checkbox"/> HSA distributions	
<input type="checkbox"/> (A) Purchase health insurance through the Marketplace (Exchange)		<input type="checkbox"/> (A) 1095-A	
<input type="checkbox"/> (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)		<input type="checkbox"/> (B) Energy efficient home improvement credit	
<input type="checkbox"/> (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender		<input type="checkbox"/> (A) 1099-C	
<input type="checkbox"/> (A) Have a loss related to a declared Federal disaster area		<input type="checkbox"/> (A) 1099-A <input type="checkbox"/> Disaster relief impacts return	
<input type="checkbox"/> (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)		<input type="checkbox"/> (B) EITC, CTC, AOTC or HOH disallowed in a previous year Year disallowed _____ Reason _____	
<input type="checkbox"/> Receive any letter or bill from the IRS		<input type="checkbox"/> Eligible for Low Income Taxpayer Clinic referral	
<input type="checkbox"/> (B) Make estimated tax payments or apply last year's refund to 2024 taxes		<input type="checkbox"/> Estimated tax payments <input type="checkbox"/> Last year's refund applied to this year <input type="checkbox"/> Last year's return available	

Optional Information

The following information is for statistical purposes only. Your responses to these questions are not a part of your tax return and are not transmitted to the IRS with your tax return. You are not required to answer these questions.

- 1. Would you say you can carry on a conversation in English Very well Well Not well Not at all Prefer not to answer
- 2. Would you say you can read a newspaper in English Very well Well Not well Not at all Prefer not to answer
- 3. Do you or any member of your household have a disability Yes No Prefer not to answer
- 4. Are you or your spouse a Veteran of the U.S. Armed Forces Yes No Prefer not to answer

5. What is your race and/or ethnicity? Select all that apply
- American Indian or Alaska Native** (for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.)
 - Asian** (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)
 - Black or African American** (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)
 - Hispanic or Latino** (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)
 - Middle Eastern or North African** (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)
 - Native Hawaiian or Pacific Islander** (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)
 - White** (for example, English, German, Irish, Italian, Polish, Scottish, etc.)
6. What is your spouse's race and/or ethnicity? Select all that apply
- American Indian or Alaska Native** (for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.)
 - Asian** (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)
 - Black or African American** (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)
 - Hispanic or Latino** (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)
 - Middle Eastern or North African** (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)
 - Native Hawaiian or Pacific Islander** (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)
 - White** (for example, English, German, Irish, Italian, Polish, Scottish, etc.)

Privacy Act and Paperwork Reduction Act Notice

We are asking for this information so you may participate in the IRS Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) program which provides IRS-certified volunteer income tax preparers to assist with basic income tax return preparation for qualified individuals. The IRS authority to collect this information is 5 U.S.C. section 301 and 26 U.S.C. section 7801. The information you provide may be disclosed to others who coordinate VITA/TCE staffing, outreach, and other VITA/TCE related activities. The IRS may only disclose your return and return information as provided by 26 U.S.C. section 6103. All other records may be disclosed only for purposes the IRS deems are compatible with the purpose for which IRS collected the records, and consistent with any routine use disclosures described in the System of Record Notice (SORN) Treasury/IRS 24.030, Customer Account Data Engine (CADE) Individual Master File (IMF). You may view Treasury/IRS SORNs on the Treasury SORN website at Treasury.gov/System of Records Notices (SORNs). Providing this information is voluntary however, if you do not provide the requested information the IRS volunteers may not be able to assist you with preparing and filing your tax return.

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:TS:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

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, 2026.

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. You have the right to receive a signed copy of this form.

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, 2026). 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 Frederick Vale <i>Frederick Vale</i>	Date 01/01/2025
Secondary taxpayer printed name and signature Clara Bentwood <i>Clara Bentwood</i>	Date 01/01/2025

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. Report a Crime or IRS Employee Misconduct - U.S. Treasury

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	01/03/1955	MEDICARE	588-00-0301
2.	CLARA BENTWOOD	01/04/1956	MEDICARE	589-00-0941
3.				
4.				
5.				
6.				

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

Routing #: 313083727 Account #: 1000414242007
 Bank Name: PRIMEWAY FEDERAL CU 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 _____

BakerRipley Neighborhood Tax Centers

Thank you for taking this quick survey to help us serve you better. All of the answers collected are private and do not impact your tax preparation.

1. Please describe your marital filing status:

(Select only 1 answer)

- A. Single male
- B. Single female
- C. Married male; filing taxes **together**
- D. Married female; filing taxes **together**
- E. Married female; filing taxes **separate**
- F. Married male; filing taxes **separate**

2. What is your race or ethnicity?

- A. Asian
- B. Caucasian/White
- C. Hispanic/Latino
- D. African American/Black
- E. Native American
- F. Pacific Islander
- G. Two or more races
- H. Other
- X. Prefer not to answer

3. What language is spoken in your home?

- A. English
- B. Spanish
- C. Chinese
- D. Burmese
- E. ASL
- F. Vietnamese
- G. Arabic
- H. Urdu
- I. Other

4. Do you or a member in your household have a disability?

- A. Yes
- B. No
- X. Prefer not to answer

5. How did you file your taxes last year?

(Select only 1 answer)

- A. BakerRipley Neighborhood Tax Centers
- B. I paid someone to prepare my taxes
- C. I had my taxes prepared for free (Other)
- D. I did my own taxes
- E. I did not file a tax return last year

6. How did you hear about our free tax service?

- A. Returning client
- B. BakerRipley
- C. School, church, or library
- D. Signs
- E. United Way/211
- F. Online/Social Media
- G. IRS
- H. Other

7. Have you received a service (other than tax preparation) from BakerRipley before?

- A. Yes
- B. No

8. What was your primary reason for choosing BakerRipley for your tax needs?

- A. Free service
- B. Previous bad experience with another service
- C. Quality of work
- D. Wanted tax advice
- E. Other

9. How would you have filed your taxes if BakerRipley did not provide free tax preparation?

- A. Paid tax preparer
- B. Online tax service for a fee
- C. Prepared it myself at no cost
- D. Would not have filed
- E. Other free tax service

10. Military Status:

- A. Veteran
- B. Active Duty
- C. Not applicable

11. If you get a refund, how do you plan to use it? (You can select **THREE** options if needed)

- A. Bills—utilities, credit card, etc.
- B. Medical expenses—doctor, insurance, etc.
- C. Home expenses—mortgage, rent, insurance, etc.
- D. Car expenses—payment, repairs, insurance, etc.
- E. Household items, food, clothing
- F. Tuition or education expenses
- G. Child care or child support
- H. Entertainment or family activities
- I. Save or invest
- J. Don't know or not getting refund



BakerRipley

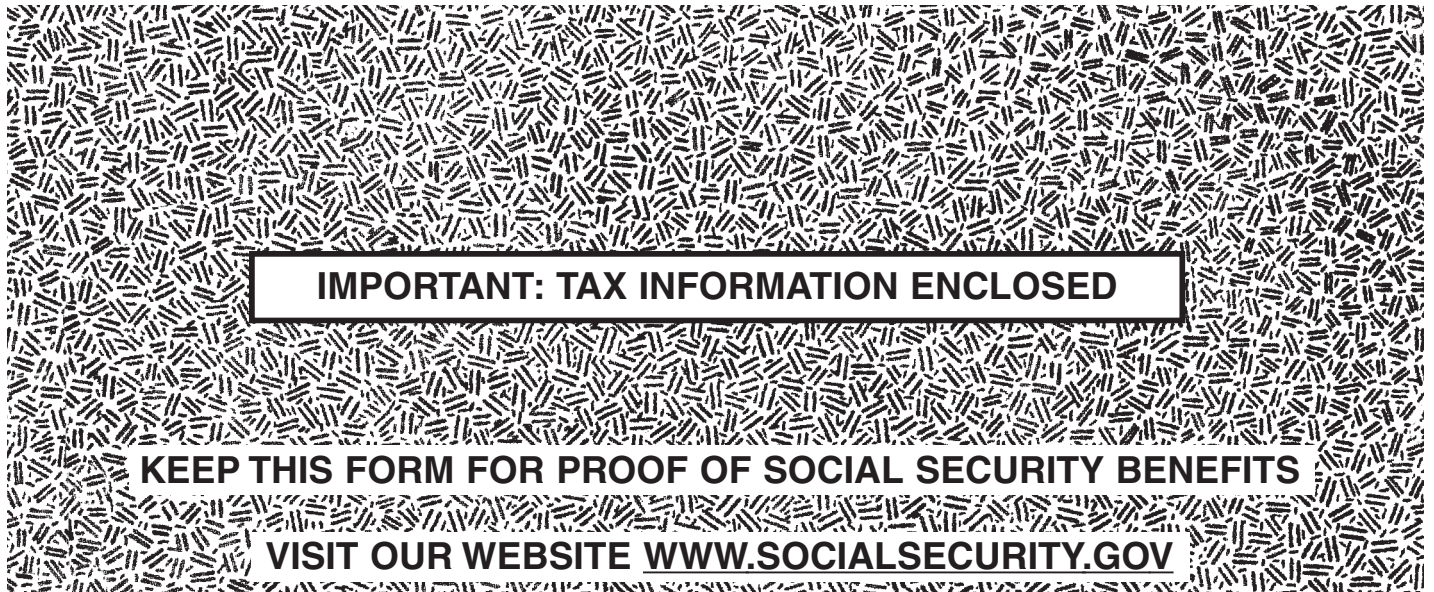
FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2024 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
 • SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name FREDERICK VALE		Box 2. Beneficiary's Social Security Number 588-00-0301
Box 3. Benefits Paid in 2024 \$20,000.00	Box 4. Benefits Repaid to SSA in 2024	Box 5. Net Benefits for 2024 <i>(Box 3 minus Box 4)</i> 20,000.00
<p style="text-align: center; margin: 0;">DESCRIPTION OF AMOUNT IN BOX 3</p> <p style="margin: 5px 0 0 20px;">Paid by check or direct deposit \$17,904</p> <p style="margin: 5px 0 0 20px;">Medicare Part B \$ 2,096</p> <p style="margin: 5px 0 0 20px;">TOTAL BENEFITS \$20,000</p>		<p style="text-align: center; margin: 0;">DESCRIPTION OF AMOUNT IN BOX 4</p>
		Box 6. Voluntary Federal Income Tax Withheld NONE
		Box 7. Address 1212 SLEEPY BLVD HOUSTON, TX 77084
		Box 8. Claim Number <i>(Use this number if you need to contact SSA.)</i>

Form SSA-1099-SM (1-2017)

DO NOT RETURN THIS FORM TO SSA OR IRS



FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2024

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

Box 1. Name

CLARA BENTWOOD

Box 2. Beneficiary's Social Security Number

589-00-0401

Box 3. Benefits Paid in 2024

\$12,000.00

Box 4. Benefits Repaid to SSA in 2024

Box 5. Net Benefits for 2024 (Box 3 minus Box 4)

12,000.00

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit	
	\$ 9,904
Medicare Part B	\$ 2,096
TOTAL BENEFITS	\$12,000

DESCRIPTION OF AMOUNT IN BOX 4

Box 6. Voluntary Federal Income Tax Withheld

NONE

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 (1-2017)

DO NOT RETURN THIS FORM TO SSA OR IRS

IMPORTANT: TAX INFORMATION ENCLOSED

KEEP THIS FORM FOR PROOF OF SOCIAL SECURITY BENEFITS

VISIT OUR WEBSITE WWW.SOCIALSECURITY.GOV

SSN _____ - _____ - _____ Taxpayer _____ Last Name, First Name _____ Date _____ Year _____

SSN _____ - _____ - _____ Spouse _____ Last Name, First Name _____ Tax Center _____

Tax Preparer # _____ Quality Reviewer # _____

TAX RETURN TRACKING
DO NOT RETAIN ANY ** CLIENT DOCUMENTS **

E-File Tax Return

Federal Tax Return _____

State Tax Return: _____

Paper Tax Return / In Progress Return

Client Notes are required for all Paper and In Progress Return. Add Notes into Tax Program

Amendment.

Prior year.

Client prefers to mail return.

Client changed mind after return complete.

MFS without spouse TIN.

TP doesn't have IP PIN.

Substitute W-2 without EIN.

New ITIN application or renewal.

Missing information.

Client changed mind before return complete.

Entered wrong year information.

Drop Off return.

Paper State Tax Return: _____

Other: _____

Correction (Manager only)

READY TO RETRANSMIT

Corrections Made to Return:

Name or SSN/ITIN changed: *Circle: Primary / Spouse / Dependent* _____

Dependent removed (Name: _____)

New 8879 needed to be signed.

IP PIN provided.

Other: _____

Client Notes are required for all Corrections. Add Notes into Tax Program

Under penalties of perjury, I declare that I have examined a copy of the income tax return I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I consent to allow BakerRipley Neighborhood Tax Centers to send my return electronically to the IRS.

Bajo pena de perjurio, declaro haber examinado una copia de la declaración del impuesto sobre el ingreso para el año tributario que estoy autorizando y, según mi leal saber y entender, es verídica, correcta y completa. Autorizo a que BakerRipley Neighborhood Centers envíe mi declaración electrónica al IRS

Taxpayer's signature: _____ Date: _____ Spouse's signature: _____ Date: _____

Tax Preparation ID#

Intake/Interview

- Verify IDs (TP/Spouse) and SSN/ITIN (everyone)
- IRS intake form is complete.
- NTC intake form is complete.
- NTC survey complete
- Review all forms and verify all info with client.
- Correct/clarify forms with red pen – all legible
- Review all documents for correct year/name.
- Verify return is in scope

Preparer Review of Return

- Is taxpayer income less than \$5,050?**
If so, can s/he be Qualifying Child or Relative?
 - Yes, check “can be claimed” in TaxSlayer.
 - No
- Is taxpayer age 19-23, FT student for 5+ months?**
If so, can s/he be claimed as Qualifying Child?
 - Yes, checked “can be claimed” in TaxSlayer.
 - No
- Is taxpayer receiving EITC?**
 - Yes
 - No - If not, **KNOW WHY!** State reason:

Does anyone on tax return have Marketplace insurance?

- Yes – does taxpayer have Form 1095-A?
- Yes – has Form 8962 been completed?
- No

TaxSlayer E-File Section

- Corrected error and warning messages.
- Selected Return Type (Federal/State) (E-File/Paper)
- Entered Bank Account Information.
- Completed Taxpayer Consent Section.
- Answered all NTC Survey questions.
- Completed Submission Page Tags.
- Marked as Ready for QR.

Quality Review ID#

Intake/Interview

- Verify IDs (TP/Spouse) and SSN/ITIN (everyone)
- Verify all items on intake forms are correct.
- Look for comments written on intake form
- Verify dependents qualify as dependents.
- Verify return is in scope

Review of Tax Return

- Main Information Page**
 - Confirm filing status
 - Entries correct for everyone on return – names, address (check for apt. number), phone number, birthdates, SSN/ITIN
 - Identity Protection PIN
- Income and Adjustments**
 - W-2 entries are correct – check EIN.
 - 1099-NEC/cash income entered on Sch. C
 - Check tax forms and IRS intake page 2-3
- Marketplace insurance**
 - TP has Form 1095-A
 - Form 8962 completed correctly.
- Is taxpayer receiving EITC?**
 - Yes
 - No – **WHY?**

Finish

- Check for any error and warning messages
- Verify Return Type (Federal/State) (E-File/Paper)
- Verify Bank Account Information**
- Taxpayer Consent Section checked
- Survey answers entered correctly
- Preparer number checked (all years)
- Enter QR number (all returns)
- Print one copy of tax return. (Print two copies for Paper returns)
- Ensure that the correct Tag(s) is assigned to the tax return.
- Mark tax return as **COMPLETE** in TaxSlayer E-File Section.

Final Processing – ID#

Client Review

- Have client verify the following:
 - Names, address, phone number, birthdates.
 - SSN/ITIN.
 - Bank account information.
- Review every line of return with taxpayer.
- Answer any questions client might have
- Before asking taxpayers to sign a tax return. Must advise taxpayers about the declaration that they make under penalties of perjury when signing the tax return.

Errors

- If errors are found during the client review.
 - Correct errors.
 - Print new copy of return.
 - Write “TRASH” and put in Client Envelope

E-File Return

- Form 8879 and Tax Return Tracking sheet signed by both taxpayer and spouse.
- Complete E-File section of Tax Return Tracking sheet.
- Ensure that correct Tag(s) is assigned to the tax return.
- Ensure Tax Return is marked as **COMPLETE**.
- Put all intake, tax forms and a copy of Tax Return in Client Envelope.

Paper Return

- If return needs to change to PAPER
 - Change return to PAPER in TaxSlayer
 - Make a note on TaxSlayer
 - Complete Paper section of Tax Return Tracking Sheet
- Put all intake and tax forms in Client Envelope

Exercises: Scenario 2: Ole and Lena Oleson

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.
- If they receive a refund they want a check in the mail.



PLEASE NOTE!

THE PRACTICE LAB WILL NOT ALLOW YOU TO ENTER THE ITIN NUMBERS AS LISTED. PLEASE USE "00" AS THE MIDDLE DIGITS WHEN YOU START THE RETURN, BUT YOU MUST EDIT THE NUMBERS LATER IN TAXSLAYER FOR THIS EXERCISE TO WORK!



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

Notice	CP565
Notice date	January 26, 2024
To contact us	Phone 1-800-908-9982 International calls: Phone 267-941-1000
Case reference number	99999
Date of birth	May 5, 1995

Page 1 of 2

OLE O. OLESON
555 OLESON ST
HOUSTON, TX 77084

Confirmation of your Individual Taxpayer Identification Number

We renewed your Individual Taxpayer Identification Number (ITIN) 970-88-1234

This notice confirms your assigned ITIN 970-88-1234.

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	970-88-1234		
Full name	OLE	O	OLESON
	First	Middle	Last
Date of birth	MAY 5, 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.

If the above information is incorrect, complete the Contact information section below and mail it to us at the address listed above.

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

Continued on back...



Contact information

INTERNAL REVENUE SERVICE
PO BOX 149342
AUSTIN, TX 78714-9342

Ole O. Oleson
555 Oleson st
Houston, TX 77084

Notice	CP565
Case reference number	99999
Notice date	January 26, 2024

Name _____

Date of birth _____

Address _____

City _____ State _____ Country _____ Zip code _____

Primary phone _____ Best time to call a.m. p.m.

Secondary phone _____ Best time to call a.m. p.m.



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

Notice	CP565
Notice date	January 26, 2024
To contact us	Phone 1-800-908-9982 International calls: Phone 267-941-1000
Case reference number	99999
Date of birth	June 6, 1996
Page 1 of 2	

LENA L. OLESON
555 OLESON ST
HOUSTON, TX 77084

Confirmation of your Individual Taxpayer Identification Number

We renewed your Individual Taxpayer Identification Number (ITIN) 970-88-4321

This notice confirms your assigned ITIN 970-88-4321.

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	970-88-4321		
Full name	LENA	L	OLESON
	First	Middle	Last
Date of birth	JUNE 6, 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.

If the above information is incorrect, complete the Contact information section below and mail it to us at the address listed above.

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

Continued on back...



Contact information

INTERNAL REVENUE SERVICE
PO BOX 149342
AUSTIN, TX 78714-9342

Lena L. Oleson
555 Oleson st
Houston, TX 77084

Notice	CP565
Case reference number	99999
Notice date	January 26, 2024

Name _____

Date of birth _____

Address _____

City _____ State _____ Country _____ Zip code _____

Primary phone _____ Best time to call a.m. p.m.

Secondary phone _____ Best time to call a.m. p.m.

Intake/Interview and Quality Review Sheet

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

• Complete pages 1-6 of this form.

- You are responsible for the information on your return. Provide complete and accurate information.
- If you have questions, 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 ts.voltax@irs.gov

Your first name (pronouns, optional) OLE	M.I. O	Last name OLESON	Your date of birth 05/05/1995	Your job title COOK
Spouse's first name (pronouns, optional) LENA	M.I. L	Last name OLESON	Spouse's date of birth 06/06/1996	Spouse's job title HOUSEWIFE
Mailing address 555 OLESON ST	Apt #	City HOUSTON	State TX	ZIP code 77084
Your telephone number 713-555-1111	Spouse's telephone number 714-555-2222	Email address (optional)	Did you live or work in two or more states in 2024 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Check if you or your spouse were in 2024:

- A U.S. citizen You Spouse No Legally blind You Spouse No
- In the U.S. on a visa You Spouse No Totally and permanently disabled You Spouse No
- A full-time student You Spouse No Issued an identity protection PIN (IPPIN) You Spouse No
- Owners or holders of any digital assets You Spouse No

If due a refund, how would you like your refund

- Direct deposit Check by mail IRS.gov Direct Pay
- Split refund between accounts Other _____ Mail payment to IRS

Would you like to receive written communications from the IRS in a language other than English You Spouse No

What language _____

Would you like information on how to vote and/or how to register to vote Yes No

Would you, or your spouse if married filing jointly, like \$3 to go to the Presidential Election Campaign Fund You Spouse No

As of December 31, 2024, what was your marital status

- Never Married Married If married, were you married for all of 2024 Yes No
- Divorced Legally Separated but not Divorced Yes No
- Date of final decree _____ Widowed Year of spouse's death _____

To be completed by certified volunteer: Can anyone else claim the taxpayer or spouse on their tax return Yes No

List the names below of everyone who lived with you last year (except your spouse) AND anyone you supported but did not live with you last year.

Name (first, last)	Date of birth (mm/dd/yy)	Relationship to you (child, parent, none, etc.)	Number of months lived in your home in 2024	Single or Married as of 12/31/2024 (S/M)	Answer Yes or No (Y/N)			To be completed by certified volunteer (Yes, No, or N/A)						
					U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled	Issued IPPIN	Qualifying child or relative of any other person	This person provided more than 50% of their own support	This person had less than \$5,050 of income	Taxpayer(s) provided more than 50% of support for this person	Taxpayer(s) paid more than half the cost of maintaining a home for this person
OLE OLESON JR	10/10/2016	SON	12	S	Y	Y	N	N	N					
STINA OLESON	11/11/2017	DAUGHTER	12	S	Y	Y	N	N	N					
PETER OLESON	12/12/2021	SON	12	S	Y	Y	N	N	N					

Income: Answer the following questions on the left side of this page. Check only the boxes that apply to you and/or your spouse.

Received money from any of the following in 2024: (To be completed by certified volunteer) Income to be included Notes/Comments

<input checked="" type="checkbox"/> (B) Wages as a part-time or full-time employee How many jobs 1 _____	<input type="checkbox"/> (B) W-2s # _____	
<input type="checkbox"/> (B/A) Tips	<input type="checkbox"/> (B/A) Tips (Basic when reported on W2)	
<input type="checkbox"/> (B/A) Retirement account, pension or annuity proceeds	<input type="checkbox"/> (B/A) 1099-R (Basic when taxable amount is reported) # _____	
<input type="checkbox"/> (B) Disability benefits (such as payments from insurance and worker's compensation)	<input type="checkbox"/> (A) Qualified Charitable Distribution From 1099-R \$ _____ <input type="checkbox"/> (B) Disability benefits on 1099-R or W-2 # _____	
<input type="checkbox"/> (B) Social Security or Railroad Retirement Benefits	<input type="checkbox"/> (B) SSA-1099, RRB-1099 # _____	
<input type="checkbox"/> (B) Unemployment benefits	<input type="checkbox"/> (B) 1099-G # _____	
<input type="checkbox"/> (B) Refund of state or local income tax	<input type="checkbox"/> (B) Refund \$ _____ <input type="checkbox"/> (B) Itemized last year <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> (B) Interest or dividends (bank account, bonds, etc.)	<input type="checkbox"/> (B) 1099-INT # _____ <input type="checkbox"/> (B) 1099-DIV # _____	
<input type="checkbox"/> (A) Sale of stocks, bonds or real estate	<input type="checkbox"/> (A) 1099-B (include brokerage statement) # _____	
Did you report a loss on last year's return <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Capital loss carryover <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> (B) Alimony	<input type="checkbox"/> (B) Alimony \$ _____ Excluded from income <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> (A/M) Income from renting out your house or a room in your house If yes, did you use the dwelling unit as a personal residence and rent it for fewer than 15 days <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> (A/M) Rental income (Advanced when the dwelling is a personal residence and rented for fewer than 15 days) \$ _____ <input type="checkbox"/> Rental expense \$ _____	
<input type="checkbox"/> Income from renting personal property such as a vehicle		
<input type="checkbox"/> (B) Gambling winnings, including lottery	<input type="checkbox"/> (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions) # _____	
<input type="checkbox"/> (A) Payments for contract or self-employment work	<input type="checkbox"/> (A) Schedule C # _____ <input type="checkbox"/> 1099-MISC # _____ <input type="checkbox"/> 1099-NEC # _____ <input type="checkbox"/> 1099-K # _____	
Did you report a loss on last year's return <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other income reported elsewhere \$ _____ <input type="checkbox"/> Schedule C expenses \$ _____	
<input type="checkbox"/> Any other money received during the year? (example: cash payments, jury duty, awards, digital assets, royalties, union strike benefits)	<input type="checkbox"/> Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart)	

Expenses and Tax Related Events: Answer the questions on the left side of this page. Check only the boxes that apply to you and/or your spouse.

Paid any of the following expenses to itemize in 2024?		(To be completed by certified volunteer) Standard or Itemized Deductions	Notes/Comments
<input type="checkbox"/> (A) Mortgage Interest		<input type="checkbox"/> (A) 1098 # _____	
<input type="checkbox"/> (A) Taxes: state, local, real estate, sales, etc.			
<input type="checkbox"/> (A) Medical, dental, prescription expenses		<input type="checkbox"/> (B) Standard deduction <input type="checkbox"/> (A) Itemized deduction	
<input type="checkbox"/> (A) Charitable contributions			
Paid any of these expenses in 2024?		(To be completed by certified volunteer) Expenses to report	Notes/Comments
<input type="checkbox"/> (B) Student loan interest		<input type="checkbox"/> (B) 1098-E	
<input type="checkbox"/> (B) Child and dependent care		<input type="checkbox"/> (B) Child and dependent care credit	
<input type="checkbox"/> (B/A) Contributions to a retirement account		<input type="checkbox"/> (B/A) IRA (Basic if a Roth IRA or 401K)	
<input type="checkbox"/> (B) School supplies by a teacher, teacher's aide or other educator		<input type="checkbox"/> (B) Educator expenses deduction \$ _____	
<input type="checkbox"/> (B) Alimony payments (do not include child support)		<input type="checkbox"/> (B) Alimony payments with spouse's SSN \$ _____ Adjustment to income <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did any of the following happen during 2024?		(To be completed by certified volunteer) Information to report	Notes/Comments
<input type="checkbox"/> (B) You or someone in your family took educational classes (technical school, college, job related, etc.)		<input type="checkbox"/> (B) Taxable scholarship income <input type="checkbox"/> (B) 1098-T (itemized statement from school, invoice, etc.) <input type="checkbox"/> (B) Education credit or tuition and fees deduction	
<input type="checkbox"/> (A) Sell a home		<input type="checkbox"/> (A) Sale of home (1099-S)	
<input type="checkbox"/> (A) Have a health savings account (HSA)		<input type="checkbox"/> HSA contributions <input type="checkbox"/> HSA distributions	
<input type="checkbox"/> (A) Purchase health insurance through the Marketplace (Exchange)		<input type="checkbox"/> (A) 1095-A	
<input type="checkbox"/> (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)		<input type="checkbox"/> (B) Energy efficient home improvement credit	
<input type="checkbox"/> (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender		<input type="checkbox"/> (A) 1099-C	
<input type="checkbox"/> (A) Have a loss related to a declared Federal disaster area		<input type="checkbox"/> (A) 1099-A <input type="checkbox"/> Disaster relief impacts return	
<input type="checkbox"/> (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)		<input type="checkbox"/> (B) EITC, CTC, AOTC or HOH disallowed in a previous year Year disallowed _____ Reason _____	
<input type="checkbox"/> Receive any letter or bill from the IRS		<input type="checkbox"/> Eligible for Low Income Taxpayer Clinic referral	
<input type="checkbox"/> (B) Make estimated tax payments or apply last year's refund to 2024 taxes		<input type="checkbox"/> Estimated tax payments _____ <input type="checkbox"/> Last year's refund applied to this year _____ <input type="checkbox"/> Last year's return available _____	

Optional Information

The following information is for statistical purposes only. Your responses to these questions are not a part of your tax return and are not transmitted to the IRS with your tax return. You are not required to answer these questions.

- 1. Would you say you can carry on a conversation in English Very well Well Not well Not at all Prefer not to answer
- 2. Would you say you can read a newspaper in English Very well Well Not well Not at all Prefer not to answer
- 3. Do you or any member of your household have a disability Yes No Prefer not to answer
- 4. Are you or your spouse a Veteran of the U.S. Armed Forces Yes No Prefer not to answer

5. What is your race and/or ethnicity? Select all that apply
- American Indian or Alaska Native** (for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.)
 - Asian** (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)
 - Black or African American** (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)
 - Hispanic or Latino** (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)
 - Middle Eastern or North African** (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)
 - Native Hawaiian or Pacific Islander** (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)
 - White** (for example, English, German, Irish, Italian, Polish, Scottish, etc.)
6. What is your spouse's race and/or ethnicity? Select all that apply
- American Indian or Alaska Native** (for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.)
 - Asian** (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)
 - Black or African American** (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)
 - Hispanic or Latino** (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)
 - Middle Eastern or North African** (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)
 - Native Hawaiian or Pacific Islander** (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)
 - White** (for example, English, German, Irish, Italian, Polish, Scottish, etc.)

Privacy Act and Paperwork Reduction Act Notice

We are asking for this information so you may participate in the IRS Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) program which provides IRS-certified volunteer income tax preparers to assist with basic income tax return preparation for qualified individuals. The IRS authority to collect this information is 5 U.S.C. section 301 and 26 U.S.C. section 7801. The information you provide may be disclosed to others who coordinate VITA/TCE staffing, outreach, and other VITA/TCE related activities. The IRS may only disclose your return and return information as provided by 26 U.S.C. section 6103. All other records may be disclosed only for purposes the IRS deems are compatible with the purpose for which IRS collected the records, and consistent with any routine use disclosures described in the System of Record Notice (SORN) Treasury/IRS 24.030, Customer Account Data Engine (CADE) Individual Master File (IMF). You may view Treasury/IRS SORNs on the Treasury SORN website at Treasury.gov/System of Records Notices (SORNs). Providing this information is voluntary however, if you do not provide the requested information the IRS volunteers may not be able to assist you with preparing and filing your tax return.

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:TS:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

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, 2026.

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. You have the right to receive a signed copy of this form.

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, 2026). 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 Ole O. Oleson	Date 01/01/2025
<i>Ole Oleson</i>	
Secondary taxpayer printed name and signature Lena L. Oleson	Date 01/01/2025
<i>Lena Oleson</i>	

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. Report a Crime or IRS Employee Misconduct - U.S. Treasury Inspector General for Tax Administration (TIGTA) (<https://www.tigta.gov/reportcrime-misconduct>).

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	970-88-1234
2.	LENA OLESON	06/06/1996	N/A	970-88-4321
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 _____



Updated 11/01/22

BakerRipley Neighborhood Tax Centers

Thank you for taking this quick survey to help us serve you better. All of the answers collected are private and do not impact your tax preparation.

1. Please describe your marital filing status:

(Select only 1 answer)

- A. Single male
 B. Single female
 C. Married male; filing taxes **together**
 D. Married female; filing taxes **together**
 E. Married female; filing taxes **separate**
 F. Married male; filing taxes **separate**

2. What is your race or ethnicity?

- A. Asian
 B. Caucasian/White
 C. Hispanic/Latino
 D. African American/Black
 E. Native American
 F. Pacific Islander
 G. Two or more races
 H. Other
 X. Prefer not to answer

3. What language is spoken in your home?

- A. English
 B. Spanish
 C. Chinese
 D. Burmese
 E. ASL
 F. Vietnamese
 G. Arabic
 H. Urdu
 I. Other

4. Do you or a member in your household have a disability?

- A. Yes
 B. No
 X. Prefer not to answer

5. How did you file your taxes last year?

(Select only 1 answer)

- A. BakerRipley Neighborhood Tax Centers
 B. I paid someone to prepare my taxes
 C. I had my taxes prepared for free (Other)
 D. I did my own taxes
 E. I did not file a tax return last year

6. How did you hear about our free tax service?

- A. Returning client
 B. BakerRipley
 C. School, church, or library
 D. Signs
 E. United Way/211
 F. Online/Social Media
 G. IRS
 H. Other

7. Have you received a service (other than tax preparation) from BakerRipley before?

- A. Yes
 B. No

8. What was your primary reason for choosing BakerRipley for your tax needs?

- A. Free service
 B. Previous bad experience with another service
 C. Quality of work
 D. Wanted tax advice
 E. Other

9. How would you have filed your taxes if BakerRipley did not provide free tax preparation?

- A. Paid tax preparer
 B. Online tax service for a fee
 C. Prepared it myself at no cost
 D. Would not have filed
 E. Other free tax service

10. Military Status:

- A. Veteran
 B. Active Duty
 C. Not applicable

11. If you get a refund, how do you plan to use it? (You can select **THREE** options if needed)

- A. Bills—utilities, credit card, etc.
 B. Medical expenses—doctor, insurance, etc.
 C. Home expenses—mortgage, rent, insurance, etc.
 D. Car expenses—payment, repairs, insurance, etc.
 E. Household items, food, clothing
 F. Tuition or education expenses
 G. Child care or child support
 H. Entertainment or family activities
 I. Save or invest
 J. Don't know or not getting refund



BakerRipley

22222		a Employee's social security number 587-00-4444		OMB No. 1545-0008		
b Employer identification number (EIN) 68-7501234			1 Wages, tips, other compensation 46,000.00		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 46,000.00		4 Social security tax withheld 2,852.00	
			5 Medicare wages and tips 46,000.00		6 Medicare tax withheld 667.00	
			7 Social security tips		8 Allocated tips	
d Control number 01010101			9		10 Dependent care benefits	
e Employee's first name and initial OLE		Last name OLESON	Suff.	11 Nonqualified plans		12a C o o d e
555 OLESON ST HOUSTON, TX 77084			13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b C o o d e
			14 Other		12c C o o d e	
					12d C o o d e	
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
-----	-----	-----	-----	-----	-----	-----

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2024

Department of the Treasury—Internal Revenue Service

SSN _____ - _____ - _____ Taxpayer _____ Date _____ Year _____
Last Name, First Name

SSN _____ - _____ - _____ Spouse _____ Tax Center _____
Last Name, First Name

Tax Preparer # _____ Quality Reviewer # _____

TAX RETURN TRACKING
DO NOT RETAIN ANY ** CLIENT DOCUMENTS **

E-File Tax Return

Federal Tax Return _____

State Tax Return: _____

Paper Tax Return / In Progress Return

Client Notes are required for all Paper and In Progress Return. Add Notes into Tax Program

Amendment.

Prior year.

Client prefers to mail return.

Client changed mind after return complete.

MFS without spouse TIN.

TP doesn't have IP PIN.

Substitute W-2 without EIN.

New ITIN application or renewal.

Missing information.

Client changed mind before return complete.

Entered wrong year information.

Drop Off return.

Paper State Tax Return: _____

Other: _____

Correction (Manager only)

READY TO RETRANSMIT

Corrections Made to Return:

Name or SSN/ITIN changed: *Circle: Primary / Spouse / Dependent* _____

Dependent removed (Name: _____)

New 8879 needed to be signed.

IP PIN provided.

Other: _____

Client Notes are required for all Corrections. Add Notes into Tax Program

Under penalties of perjury, I declare that I have examined a copy of the income tax return I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I consent to allow BakerRipley Neighborhood Tax Centers to send my return electronically to the IRS.

Bajo pena de perjurio, declaro haber examinado una copia de la declaración del impuesto sobre el ingreso para el año tributario que estoy autorizando y, según mi leal saber y entender, es verídica, correcta y completa. Autorizo a que BakerRipley Neighborhood Centers envíe mi declaración electrónica al IRS

Taxpayer's signature: _____ Date: _____ Spouse's signature: _____ Date: _____

Tax Preparation ID#

Intake/Interview

- Verify IDs (TP/Spouse) and SSN/ITIN (everyone)
- IRS intake form is complete.
- NTC intake form is complete.
- NTC survey complete
- Review all forms and verify all info with client.
- Correct/clarify forms with red pen – all legible
- Review all documents for correct year/name.
- Verify return is in scope

Preparer Review of Return

- Is taxpayer income less than \$5,050?**
If so, can s/he be Qualifying Child or Relative?
 - Yes, check “can be claimed” in TaxSlayer.
 - No
- Is taxpayer age 19-23, FT student for 5+ months?**
If so, can s/he be claimed as Qualifying Child?
 - Yes, checked “can be claimed” in TaxSlayer.
 - No
- Is taxpayer receiving EITC?**
 - Yes
 - No - If not, **KNOW WHY!** State reason:

- Does anyone on tax return have Marketplace insurance?**

- Yes – does taxpayer have Form 1095-A?
- Yes – has Form 8962 been completed?
- No

TaxSlayer E-File Section

- Corrected error and warning messages.
- Selected Return Type (Federal/State) (E-File/Paper)
- Entered Bank Account Information.
- Completed Taxpayer Consent Section.
- Answered all NTC Survey questions.
- Completed Submission Page Tags.
- Marked as Ready for QR.

Quality Review ID#

Intake/Interview

- Verify IDs (TP/Spouse) and SSN/ITIN (everyone)
- Verify all items on intake forms are correct.
- Look for comments written on intake form
- Verify dependents qualify as dependents.
- Verify return is in scope

Review of Tax Return

- Main Information Page**
 - Confirm filing status
 - Entries correct for everyone on return – names, address (check for apt. number), phone number, birthdates, SSN/ITIN
 - Identity Protection PIN
- Income and Adjustments**
 - W-2 entries are correct – check EIN.
 - 1099-NEC/cash income entered on Sch. C
 - Check tax forms and IRS intake page 2-3
- Marketplace insurance**
 - TP has Form 1095-A
 - Form 8962 completed correctly.
- Is taxpayer receiving EITC?**
 - Yes
 - No – **WHY?**

Finish

- Check for any error and warning messages
- Verify Return Type (Federal/State) (E-File/Paper)

Verify Bank Account Information

- Taxpayer Consent Section checked
- Survey answers entered correctly
- Preparer number checked (all years)
- Enter QR number (all returns)
- Print one copy of tax return. (Print two copies for Paper returns)
- Ensure that the correct Tag(s) is assigned to the tax return.
- Mark tax return as **COMPLETE** in TaxSlayer E-File Section.

Final Processing – ID#

Client Review

- Have client verify the following:
 - Names, address, phone number, birthdates.
 - SSN/ITIN.
 - Bank account information.
- Review every line of return with taxpayer.
- Answer any questions client might have
- Before asking taxpayers to sign a tax return. Must advise taxpayers about the declaration that they make under penalties of perjury when signing the tax return.

Errors

- If errors are found during the client review.
 - Correct errors.
 - Print new copy of return.
 - Write “TRASH” and put in Client Envelope

E-File Return

- Form 8879 and Tax Return Tracking sheet signed by both taxpayer and spouse.
- Complete E-File section of Tax Return Tracking sheet.
- Ensure that correct Tag(s) is assigned to the tax return.
- Ensure Tax Return is marked as **COMPLETE**.
- Put all intake, tax forms and a copy of Tax Return in Client Envelope.

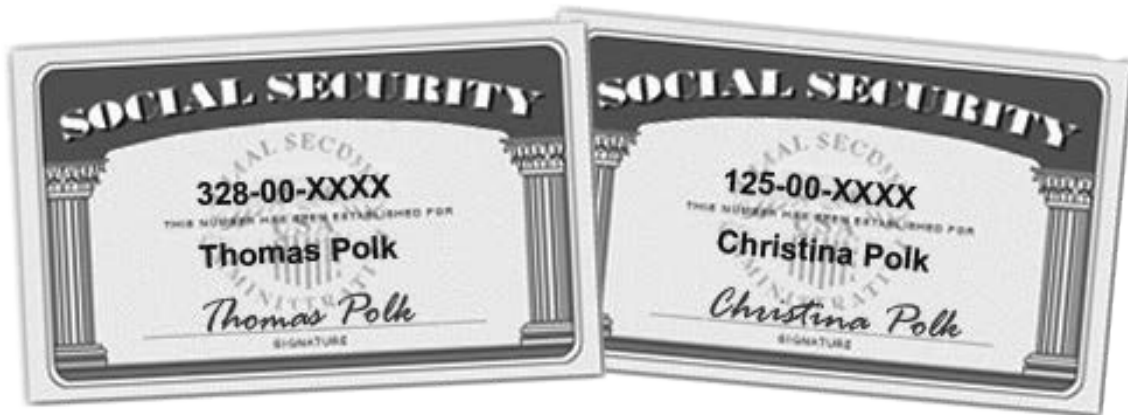
Paper Return

- If return needs to change to PAPER
 - Change return to PAPER in TaxSlayer
 - Make a note on TaxSlayer
 - Complete Paper section of Tax Return Tracking Sheet
- Put all intake and tax forms in Client Envelope

Exercises: Scenario 3: Thomas Polk

Interview Notes

- Thomas is age 42 and was widowed in July, 2022. He has a daughter, Christina, age 8.
- 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 \$260 for Jury Duty.
- Thomas and Christina are U.S. citizens and lived in the United States all year in 2024.
- Thomas has received a letter from the IRS with an Identity Theft PIN. The PIN is 123456.



REPLACE XXXX WITH NUMBERS OF YOUR CHOICE

Notice	CP01A
Tax year	2024
Notice date	January 4, 2025
To contact us	Phone 800-XXX-XXXX

Page 1 of 2

**THOMAS POLK
100 BROOKS DRIVE
HOUSTON, TX 77084**

Important information about filing your 2024 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.

Intake/Interview and Quality Review Sheet

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

• Complete pages 1-6 of this form.

- You are responsible for the information on your return. Provide complete and accurate information.
- If you have questions, 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 ts.voltax@irs.gov

Your first name (<i>pronouns, optional</i>) THOMAS		M.I.	Last name POLK	Your date of birth 03/11/1982	Your job title EXTERMINATOR									
Spouse's first name (<i>pronouns, optional</i>)		M.I.	Last name	Spouse's date of birth	Spouse's job title									
Mailing address 100 BROOKS DRIVE		Apt #	City HOUSTON	State TX	ZIP code 77084									
Your telephone number 832-555-5555		Spouse's telephone number		Did you live or work in two or more states in 2024 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
Check if you or your spouse were in 2024:														
A U.S. citizen		<input checked="" type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No	<input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No									
In the U.S. on a visa		<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No	<input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No									
A full-time student		<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No	<input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No									
If due a refund, how would you like your refund														
<input type="checkbox"/> Direct deposit		<input checked="" type="checkbox"/> Check by mail		<input type="checkbox"/> IRS.gov Direct Pay										
<input type="checkbox"/> Split refund between accounts		<input type="checkbox"/> Other _____		<input checked="" type="checkbox"/> Mail payment to IRS										
Would you like to receive written communications from the IRS in a language other than English What language _____														
Would you like information on how to vote and/or how to register to vote _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														
Would you, or your spouse if married filing jointly, like \$3 to go to the Presidential Election Campaign Fund _____ <input type="checkbox"/> Yes <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No														
As of December 31, 2024, what was your marital status														
<input type="checkbox"/> Never Married		<input type="checkbox"/> Married		If married, were you married for all of 2024 <input type="checkbox"/> Yes <input type="checkbox"/> No										
<input type="checkbox"/> Divorced		<input type="checkbox"/> Legally Separated but not Divorced		Did you live with your spouse during any part of the last six months of 2024 <input type="checkbox"/> Yes <input type="checkbox"/> No										
Date of final decree _____		Date of separate maintenance decree _____		<input checked="" type="checkbox"/> Widowed Year of spouse's death 2022										
To be completed by certified volunteer: Can anyone else claim the taxpayer or spouse on their tax return <input type="checkbox"/> Yes <input type="checkbox"/> No														
List the names below of everyone who lived with you last year (except your spouse) AND anyone you supported but did not live with you last year.														
Name (first, last)	Date of birth (mm/dd/yy)	Relationship to you (child, parent, none, etc.)	Number of months lived in your home in 2024	Single or Married as of 12/31/2024 (S/M)	U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled	Issued IPPIN	Qualifying child or relative of any other person	This person provided more than 50% of their own support	This person had less than \$5,050 of income	Taxpayer(s) provided more than 50% of support for this person	Taxpayer(s) paid more than half the cost of maintaining a home for this person
CHRISTINA POLK	08/25/2016	DAUGHTER	12	S	Y	Y	Y	N	N	N	N	N	N	N

Income: Answer the following questions on the left side of this page. Check only the boxes that apply to you and/or your spouse.

Received money from any of the following in 2024: (To be completed by certified volunteer) Income to be included Notes/Comments

	<input type="checkbox"/> (B) W-2s	#	
<input checked="" type="checkbox"/> (B) Wages as a part-time or full-time employee How many jobs 1 _____	<input type="checkbox"/>	_____	
<input type="checkbox"/> (B/A) Tips	<input type="checkbox"/> (B/A) Tips (Basic when reported on W2)	_____	
<input type="checkbox"/> (B/A) Retirement account, pension or annuity proceeds	<input type="checkbox"/> (B/A) 1099-R (Basic when taxable amount is reported)	#	
<input type="checkbox"/> (B) Disability benefits (such as payments from insurance and worker's compensation)	<input type="checkbox"/> (A) Qualified Charitable Distribution From 1099-R	\$	
<input type="checkbox"/> (B) Social Security or Railroad Retirement Benefits	<input type="checkbox"/> (B) Disability benefits on 1099-R or W-2	#	
<input type="checkbox"/> (B) Unemployment benefits	<input type="checkbox"/> (B) SSA-1099, RRB-1099	#	
<input type="checkbox"/> (B) Refund of state or local income tax	<input type="checkbox"/> (B) 1099-G	#	
<input type="checkbox"/> (B) Refund of state or local income tax	<input type="checkbox"/> (B) Refund	\$	
<input type="checkbox"/> (B) Interest or dividends (bank account, bonds, etc.)	<input type="checkbox"/> (B) Itemized last year	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> (A) Sale of stocks, bonds or real estate	<input type="checkbox"/> (B) 1099-INT # _____ <input type="checkbox"/> (B) 1099-DIV # _____	#	
Did you report a loss on last year's return <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> (A) 1099-B (include brokerage statement)	#	
<input type="checkbox"/> (B) Alimony	<input type="checkbox"/> Capital loss carryover	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> (A/M) Income from renting out your house or a room in your house If yes, did you use the dwelling unit as a personal residence and rent it for fewer than 15 days <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> (B) Alimony	\$	
<input type="checkbox"/> Income from renting personal property such as a vehicle	Excluded from income	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> (B) Gambling winnings, including lottery	<input type="checkbox"/> (A/M) Rental income (Advanced when the dwelling is a personal residence and rented for fewer than 15 days)	\$	
<input type="checkbox"/> (A) Payments for contract or self-employment work	<input type="checkbox"/> Rental expense	\$	
Did you report a loss on last year's return <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions)	#	
	<input type="checkbox"/> (A) Schedule C	_____	
	<input type="checkbox"/> 1099-MISC	#	
	<input type="checkbox"/> 1099-NEC	#	
	<input type="checkbox"/> 1099-K	#	
	<input type="checkbox"/> Other income reported elsewhere	_____	
	<input type="checkbox"/> Schedule C expenses	\$	
<input checked="" type="checkbox"/> Any other money received during the year? (example: cash payments, jury duty, awards, digital assets, royalties, union strike benefits)	<input type="checkbox"/> Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart)	_____	

Expenses and Tax Related Events: Answer the questions on the left side of this page. Check only the boxes that apply to you and/or your spouse.

Paid any of the following expenses to itemize in 2024?		(To be completed by certified volunteer) Standard or Itemized Deductions	Notes/Comments
<input type="checkbox"/> (A) Mortgage Interest		<input type="checkbox"/> (A) 1098 # _____	
<input type="checkbox"/> (A) Taxes: state, local, real estate, sales, etc.			
<input type="checkbox"/> (A) Medical, dental, prescription expenses		<input type="checkbox"/> (B) Standard deduction <input type="checkbox"/> (A) Itemized deduction	
<input type="checkbox"/> (A) Charitable contributions			
Paid any of these expenses in 2024?		(To be completed by certified volunteer) Expenses to report	Notes/Comments
<input type="checkbox"/> (B) Student loan interest		<input type="checkbox"/> (B) 1098-E	
<input checked="" type="checkbox"/> (B) Child and dependent care		<input type="checkbox"/> (B) Child and dependent care credit	
<input checked="" type="checkbox"/> (B/A) Contributions to a retirement account		<input type="checkbox"/> (B/A) IRA (Basic if a Roth IRA or 401K)	
<input type="checkbox"/> (B) School supplies by a teacher, teacher's aide or other educator		<input type="checkbox"/> (B) Educator expenses deduction \$ _____	
<input type="checkbox"/> (B) Alimony payments (do not include child support)		<input type="checkbox"/> (B) Alimony payments with spouse's SSN \$ _____ Adjustment to income <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did any of the following happen during 2024?		(To be completed by certified volunteer) Information to report	Notes/Comments
<input type="checkbox"/> (B) You or someone in your family took educational classes (technical school, college, job related, etc.)		<input type="checkbox"/> (B) Taxable scholarship income <input type="checkbox"/> (B) 1098-T (itemized statement from school, invoice, etc.) <input type="checkbox"/> (B) Education credit or tuition and fees deduction	
<input type="checkbox"/> (A) Sell a home		<input type="checkbox"/> (A) Sale of home (1099-S)	
<input type="checkbox"/> (A) Have a health savings account (HSA)		<input type="checkbox"/> HSA contributions <input type="checkbox"/> HSA distributions	
<input checked="" type="checkbox"/> (A) Purchase health insurance through the Marketplace (Exchange)		<input type="checkbox"/> (A) 1095-A	
<input type="checkbox"/> (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)		<input type="checkbox"/> (B) Energy efficient home improvement credit	
<input type="checkbox"/> (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender		<input type="checkbox"/> (A) 1099-C	
<input type="checkbox"/> (A) Have a loss related to a declared Federal disaster area		<input type="checkbox"/> (A) 1099-A <input type="checkbox"/> Disaster relief impacts return	
<input type="checkbox"/> (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)		<input type="checkbox"/> (B) EITC, CTC, AOTC or HOH disallowed in a previous year Year disallowed _____ Reason _____	
<input type="checkbox"/> Receive any letter or bill from the IRS		<input type="checkbox"/> Eligible for Low Income Taxpayer Clinic referral	
<input type="checkbox"/> (B) Make estimated tax payments or apply last year's refund to 2024 taxes		<input type="checkbox"/> Estimated tax payments _____ <input type="checkbox"/> Last year's refund applied to this year _____ <input type="checkbox"/> Last year's return available _____	

Optional Information

The following information is for statistical purposes only. Your responses to these questions are not a part of your tax return and are not transmitted to the IRS with your tax return. You are not required to answer these questions.

- 1. Would you say you can carry on a conversation in English Very well Well Not well Not at all Prefer not to answer
- 2. Would you say you can read a newspaper in English Very well Well Not well Not at all Prefer not to answer
- 3. Do you or any member of your household have a disability Yes No Prefer not to answer
- 4. Are you or your spouse a Veteran of the U.S. Armed Forces Yes No Prefer not to answer

5. What is your race and/or ethnicity? Select all that apply
- American Indian or Alaska Native** (for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.)
 - Asian** (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)
 - Black or African American** (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)
 - Hispanic or Latino** (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)
 - Middle Eastern or North African** (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)
 - Native Hawaiian or Pacific Islander** (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)
 - White** (for example, English, German, Irish, Italian, Polish, Scottish, etc.)
6. What is your spouse's race and/or ethnicity? Select all that apply
- American Indian or Alaska Native** (for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.)
 - Asian** (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)
 - Black or African American** (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)
 - Hispanic or Latino** (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)
 - Middle Eastern or North African** (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)
 - Native Hawaiian or Pacific Islander** (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)
 - White** (for example, English, German, Irish, Italian, Polish, Scottish, etc.)

Privacy Act and Paperwork Reduction Act Notice

We are asking for this information so you may participate in the IRS Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) program which provides IRS-certified volunteer income tax preparers to assist with basic income tax return preparation for qualified individuals. The IRS authority to collect this information is 5 U.S.C. section 301 and 26 U.S.C. section 7801. The information you provide may be disclosed to others who coordinate VITA/TCE staffing, outreach, and other VITA/TCE related activities. The IRS may only disclose your return and return information as provided by 26 U.S.C. section 6103. All other records may be disclosed only for purposes the IRS deems are compatible with the purpose for which IRS collected the records, and consistent with any routine use disclosures described in the System of Record Notice (SORN) Treasury/IRS 24.030, Customer Account Data Engine (CADE) Individual Master File (IMF). You may view Treasury/IRS SORNs on the Treasury SORN website at Treasury.gov/System of Records Notices (SORNs). Providing this information is voluntary however, if you do not provide the requested information the IRS volunteers may not be able to assist you with preparing and filing your tax return.

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:TS:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

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, 2026.

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. You have the right to receive a signed copy of this form.

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, 2026). 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 Thomas Polk <i>Thomas Polk</i>	Date 01/01/2025
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. Report a Crime or IRS Employee Misconduct - U.S. Treasury Inspector General for Tax Administration (TIGTA) (<https://www.tigta.gov/reportcrime-misconduct>).

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.	THOMAS POLK	03/11/1982	N/A	328-00-4567
2.	CHRISTINA POLK	08/25/2016	MEDICAID	125-00-7890
3.				
4.				
5.				
6.				

Bank Account Information for Direct Deposit – check 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 123456
- Spouse _____
- Dependent _____



BakerRipley Neighborhood Tax Centers

Thank you for taking this quick survey to help us serve you better. All of the answers collected are private and do not impact your tax preparation.

1. Please describe your marital filing status:

(Select only 1 answer)

- A. Single male
 B. Single female
 C. Married male; filing taxes **together**
 D. Married female; filing taxes **together**
 E. Married female; filing taxes **separate**
 F. Married male; filing taxes **separate**

2. What is your race or ethnicity?

- A. Asian
 B. Caucasian/White
 C. Hispanic/Latino
 D. African American/Black
 E. Native American
 F. Pacific Islander
 G. Two or more races
 H. Other
 X. Prefer not to answer

3. What language is spoken in your home?

- A. English
 B. Spanish
 C. Chinese
 D. Burmese
 E. ASL
 F. Vietnamese
 G. Arabic
 H. Urdu
 I. Other

4. Do you or a member in your household have a disability?

- A. Yes
 B. No
 X. Prefer not to answer

5. How did you file your taxes last year?

(Select only 1 answer)

- A. BakerRipley Neighborhood Tax Centers
 B. I paid someone to prepare my taxes
 C. I had my taxes prepared for free (Other)
 D. I did my own taxes
 E. I did not file a tax return last year

6. How did you hear about our free tax service?

- A. Returning client
 B. BakerRipley
 C. School, church, or library
 D. Signs
 E. United Way/211
 F. Online/Social Media
 G. IRS
 H. Other

7. Have you received a service (other than tax preparation) from BakerRipley before?

- A. Yes
 B. No

8. What was your primary reason for choosing BakerRipley for your tax needs?

- A. Free service
 B. Previous bad experience with another service
 C. Quality of work
 D. Wanted tax advice
 E. Other

9. How would you have filed your taxes if BakerRipley did not provide free tax preparation?

- A. Paid tax preparer
 B. Online tax service for a fee
 C. Prepared it myself at no cost
 D. Would not have filed
 E. Other free tax service

10. Military Status:

- A. Veteran
 B. Active Duty
 C. Not applicable

11. If you get a refund, how do you plan to use it? (You can select **THREE** options if needed)

- A. Bills—utilities, credit card, etc.
 B. Medical expenses—doctor, insurance, etc.
 C. Home expenses—mortgage, rent, insurance, etc.
 D. Car expenses—payment, repairs, insurance, etc.
 E. Household items, food, clothing
 F. Tuition or education expenses
 G. Child care or child support
 H. Entertainment or family activities
 I. Save or invest
 J. Don't know or not getting refund



BakerRipley

22222		a Employee's social security number 328-00-4567		OMB No. 1545-0008		
b Employer identification number (EIN) 34-8001234			1 Wages, tips, other compensation \$38,300.00		2 Federal income tax withheld \$1,915.00	
c Employer's name, address, and ZIP code PESTS B GONE 1453 ROOSEVELT CIRCLE HOUSTON, TX 77001			3 Social security wages \$39,900.00		4 Social security tax withheld \$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 THOMAS		Last name POLK	Suff.	11 Nonqualified plans		12a C o d e D \$1,600.00
100 BROOKS DRIVE HOUSTON, TX 77084			13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b C o d e
			14 Other			12c C o d e
f Employee's address and ZIP code						
15 State TX	Employer's state ID number NOT NEEDED	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
Copy 1—For State, City, or Local Tax Department

2024

Department of the Treasury—Internal Revenue Service

VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. ADELPHI BANK AND TRUST 8020 YONKERS BLVD HOUSTON, TX 77001		Payer's RTN (optional)		OMB No. 1545-0112 Form 1099-INT (Rev. January 2024) For calendar year <u>2024</u>		Interest Income
PAYER'S TIN 22-7001234		RECIPIENT'S TIN 328-00-4567		1 Interest income \$ 136.00		
2 Early withdrawal penalty \$ 26.00		3 Interest on U.S. Savings Bonds and Treasury obligations \$		4 Federal income tax withheld \$		For State Tax Department
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 HOUSTON, TX 77084		5 Investment expenses \$		6 Foreign tax paid \$		
8 Tax-exempt interest \$		9 Specified private activity bond interest \$		10 Market discount \$		
11 Bond premium \$		12 Bond premium on Treasury obligations \$		13 Bond premium on tax-exempt bond \$		14 Tax-exempt and tax credit bond CUSIP no.
FATCA filing requirement <input type="checkbox"/>		15 State		16 State identification no.		
Account number (see instructions)		15 State		16 State identification no.		17 State tax withheld \$

Part I Recipient Information

1 Marketplace identifier 12-3456789	2 Marketplace-assigned policy number 987654	3 Policy issuer's name		
4 Recipient's name THOMAS POLK		5 Recipient's SSN 328-00-4567	6 Recipient's date of birth 03/11/1982	
7 Recipient's spouse's name		8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth	
10 Policy start date 01/01/2024	11 Policy termination date 12/31/2024	12 Street address (including apartment no.) 100 BROOKS DR		
13 City or town HOUSTON	14 State or province TX	15 Country and ZIP or foreign postal code 77084		

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	328-00-4567	03/11/1982	01/01/2024	12/31/2024
17	CHRISTINA POLK	125-00-7890	08/25/2016	01/01/2024	12/31/2024
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
Houston, TX 77001
Ph: (555) 555-1234

December 31, 2024

Received from Thomas Polk

\$2,400 for daycare services for Christina

Total amount received for child care in 2024- \$2,400

Ellen River

EIN: 35-9005678

SSN _____ - _____ - _____ Taxpayer _____ Date _____ Year _____
Last Name, First Name

SSN _____ - _____ - _____ Spouse _____ Tax Center _____
Last Name, First Name

Tax Preparer # _____ Quality Reviewer # _____

TAX RETURN TRACKING
DO NOT RETAIN ANY ** CLIENT DOCUMENTS **

E-File Tax Return

Federal Tax Return _____

State Tax Return: _____

Paper Tax Return / In Progress Return

Client Notes are required for all Paper and In Progress Return. Add Notes into Tax Program

Amendment. New ITIN application or renewal.

Prior year. Missing information.

Client prefers to mail return. Client changed mind before return complete.

Client changed mind after return complete. Entered wrong year information.

MFS without spouse TIN. Drop Off return.

TP doesn't have IP PIN. Paper State Tax Return: _____

Substitute W-2 without EIN. Other: _____

Correction (Manager only)

Client Notes are required for all Corrections. Add Notes into Tax Program

READY TO RETRANSMIT

Corrections Made to Return:

Name or SSN/ITIN changed: *Circle: Primary / Spouse / Dependent* _____

Dependent removed (Name: _____)

New 8879 needed to be signed.

IP PIN provided.

Other: _____

Under penalties of perjury, I declare that I have examined a copy of the income tax return I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I consent to allow BakerRipley Neighborhood Tax Centers to send my return electronically to the IRS.

Bajo pena de perjurio, declaro haber examinado una copia de la declaración del impuesto sobre el ingreso para el año tributario que estoy autorizando y, según mi leal saber y entender, es verídica, correcta y completa. Autorizo a que BakerRipley Neighborhood Centers envíe mi declaración electrónica al IRS

Taxpayer's signature: _____ Date: _____ Spouse's signature: _____ Date: _____

Tax Preparation ID#

Intake/Interview

- Verify IDs (TP/Spouse) and SSN/ITIN (everyone)
- IRS intake form is complete.
- NTC intake form is complete.
- NTC survey complete
- Review all forms and verify all info with client.
- Correct/clarify forms with red pen – all legible
- Review all documents for correct year/name.
- Verify return is in scope

Preparer Review of Return

- Is taxpayer income less than \$5,050?**
If so, can s/he be Qualifying Child or Relative?
 - Yes, check “can be claimed” in TaxSlayer.
 - No
- Is taxpayer age 19-23, FT student for 5+ months?**
If so, can s/he be claimed as Qualifying Child?
 - Yes, checked “can be claimed” in TaxSlayer.
 - No
- Is taxpayer receiving EITC?**
 - Yes
 - No - If not, **KNOW WHY!** State reason:

- Does anyone on tax return have Marketplace insurance?**

- Yes – does taxpayer have Form 1095-A?
- Yes – has Form 8962 been completed?
- No

TaxSlayer E-File Section

- Corrected error and warning messages.
- Selected Return Type (Federal/State) (E-File/Paper)
- Entered Bank Account Information.
- Completed Taxpayer Consent Section.
- Answered all NTC Survey questions.
- Completed Submission Page Tags.
- Marked as Ready for QR.

Quality Review ID#

Intake/Interview

- Verify IDs (TP/Spouse) and SSN/ITIN (everyone)
- Verify all items on intake forms are correct.
- Look for comments written on intake form
- Verify dependents qualify as dependents.
- Verify return is in scope

Review of Tax Return

- Main Information Page**
 - Confirm filing status
 - Entries correct for everyone on return – names, address (check for apt. number), phone number, birthdates, SSN/ITIN
 - Identity Protection PIN
- Income and Adjustments**
 - W-2 entries are correct – check EIN.
 - 1099-NEC/cash income entered on Sch. C
 - Check tax forms and IRS intake page 2-3
- Marketplace insurance**
 - TP has Form 1095-A
 - Form 8962 completed correctly.
- Is taxpayer receiving EITC?**
 - Yes
 - No – **WHY?**

Finish

- Check for any error and warning messages
- Verify Return Type (Federal/State) (E-File/Paper)

Verify Bank Account Information

- Taxpayer Consent Section checked
- Survey answers entered correctly
- Preparer number checked (all years)
- Enter QR number (all returns)
- Print one copy of tax return. (Print two copies for Paper returns)
- Ensure that the correct Tag(s) is assigned to the tax return.
- Mark tax return as **COMPLETE** in TaxSlayer E-File Section.

Final Processing – ID#

Client Review

- Have client verify the following:
 - Names, address, phone number, birthdates.
 - SSN/ITIN.
 - Bank account information.
- Review every line of return with taxpayer.
- Answer any questions client might have
- Before asking taxpayers to sign a tax return. Must advise taxpayers about the declaration that they make under penalties of perjury when signing the tax return.

Errors

- If errors are found during the client review.
 - Correct errors.
 - Print new copy of return.
 - Write “TRASH” and put in Client Envelope

E-File Return

- Form 8879 and Tax Return Tracking sheet signed by both taxpayer and spouse.
- Complete E-File section of Tax Return Tracking sheet.
- Ensure that correct Tag(s) is assigned to the tax return.
- Ensure Tax Return is marked as **COMPLETE**.
- Put all intake, tax forms and a copy of Tax Return in Client Envelope.

Paper Return

- If return needs to change to PAPER
 - Change return to PAPER in TaxSlayer
 - Make a note on TaxSlayer
 - Complete Paper section of Tax Return Tracking Sheet
- Put all intake and tax forms in Client Envelope

Exercises: Scenario 4: Robert and Emily Lincoln

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 2024 tax return.
- Robert worked a total of 1,800 hours in 2024. During the school year, he spent \$733 on unreimbursed classroom expenses.
- Emily retired in 2021 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 2024. 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

Intake/Interview and Quality Review Sheet

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

• Complete pages 1-6 of this form.

- You are responsible for the information on your return. Provide complete and accurate information.
- If you have questions, 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 ts.voltax@irs.gov

Your first name (<i>pronouns, optional</i>) ROBERT	M.I. LINCOLN	Last name LINCOLN	Your date of birth 04/30/1964	Your job title TEACHER
Spouse's first name (<i>pronouns, optional</i>) EMILY	M.I. LINCOLN	Last name LINCOLN	Spouse's date of birth 10/07/1955	Spouse's job title RETIRED
Mailing address 135 DISCOVER AVENUE	Apt #	City HOUSTON	State TX	ZIP code 77084

Your telephone number 346-555-5556 Spouse's telephone number 346-555-5557
 Email address (*optional*)

Check if you or your spouse were in 2024:

A U.S. citizen You Spouse No Legally blind You Spouse No

In the U.S. on a visa You Spouse No Totally and permanently disabled You Spouse No

A full-time student You Spouse No Issued an identity protection PIN (IPPIN) You Spouse No

Owners or holders of any digital assets You Spouse No

If due a refund, how would you like your refund

Direct deposit Check by mail If you have a balance due, how would you like to make your payment

Split refund between accounts Other _____ Bank account IRS.gov Direct Pay

Set up installment agreement Mail payment to IRS You Spouse No

Would you like to receive written communications from the IRS in a language other than English _____
 What language _____

Would you like information on how to vote and/or how to register to vote _____
 Yes No

Would you, or your spouse if married filing jointly, like \$3 to go to the Presidential Election Campaign Fund _____
 You Spouse No

As of December 31, 2024, what was your marital status _____
 Never Married Married If married, were you married for all of 2024 Yes No

Divorced Legally Separated but not Divorced Widowed
 Date of final decree _____
 Date of separate maintenance decree _____
 Year of spouse's death _____

To be completed by certified volunteer: Can anyone else claim the taxpayer or spouse on their tax return _____
 Yes No

List the names below of everyone who lived with you last year (except your spouse) AND anyone you supported but did not live with you last year.				Answer Yes or No (Y/N)				To be completed by certified volunteer (Yes, No, or N/A)						
Name (first, last)	Date of birth (mm/dd/yy)	Relationship to you (child, parent, none, etc.)	Number of months lived in your home in 2024	Single or Married as of 12/31/2024 (S/M)	U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled	Issued IPPIN	Qualifying child or relative of any other person	This person provided more than 50% of their own support	This person had less than \$5,050 of income	Taxpayer(s) provided more than 50% of support for this person	Taxpayer(s) paid more than half the cost of maintaining a home for this person
SAFARI LINCOLN	07/04/2005	DAUGHTER	12	S	Y	Y	Y	N	N	N	N	N	N	N

Income: Answer the following questions on the left side of this page. Check only the boxes that apply to you and/or your spouse.

Received money from any of the following in 2024: (To be completed by certified volunteer) Income to be included Notes/Comments

<input checked="" type="checkbox"/> (B) Wages as a part-time or full-time employee How many jobs 1 _____	<input type="checkbox"/> (B) W-2s # _____	
<input type="checkbox"/> (B/A) Tips	<input type="checkbox"/> (B/A) Tips (Basic when reported on W2)	
<input checked="" type="checkbox"/> (B/A) Retirement account, pension or annuity proceeds	<input type="checkbox"/> (B/A) 1099-R (Basic when taxable amount is reported) # _____	
<input type="checkbox"/> (B) Disability benefits (such as payments from insurance and worker's compensation)	<input type="checkbox"/> (A) Qualified Charitable Distribution From 1099-R \$ _____	
<input checked="" type="checkbox"/> (B) Social Security or Railroad Retirement Benefits	<input type="checkbox"/> (B) Disability benefits on 1099-R or W-2 # _____	
<input type="checkbox"/> (B) Unemployment benefits	<input type="checkbox"/> (B) SSA-1099, RRB-1099 # _____	
<input type="checkbox"/> (B) Refund of state or local income tax	<input type="checkbox"/> (B) 1099-G # _____	
<input type="checkbox"/> (B) Interest or dividends (bank account, bonds, etc.)	<input type="checkbox"/> (B) Refund \$ _____	
<input type="checkbox"/> (A) Sale of stocks, bonds or real estate	<input type="checkbox"/> (B) Itemized last year <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you report a loss on last year's return <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> (B) 1099-INT # _____ <input type="checkbox"/> (B) 1099-DIV # _____	
<input type="checkbox"/> (B) Alimony	<input type="checkbox"/> (A) 1099-B (include brokerage statement) # _____	
<input type="checkbox"/> (A/M) Income from renting out your house or a room in your house If yes, did you use the dwelling unit as a personal residence and rent it for fewer than 15 days <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Capital loss carryover <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Income from renting personal property such as a vehicle	<input type="checkbox"/> (B) Alimony \$ _____	
<input checked="" type="checkbox"/> (B) Gambling winnings, including lottery	Excluded from income <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> (A) Payments for contract or self-employment work	<input type="checkbox"/> (A/M) Rental income (Advanced when the dwelling is a personal residence and rented for fewer than 15 days) \$ _____	
Did you report a loss on last year's return <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Rental expense \$ _____	
<input type="checkbox"/> (A) Any other money received during the year? (example: cash payments, jury duty, awards, digital assets, royalties, union strike benefits)	<input type="checkbox"/> (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions) # _____	
	<input type="checkbox"/> (A) Schedule C # _____	
	<input type="checkbox"/> 1099-MISC # _____	
	<input type="checkbox"/> 1099-NEC # _____	
	<input type="checkbox"/> 1099-K # _____	
	<input type="checkbox"/> Other income reported elsewhere \$ _____	
	<input type="checkbox"/> Schedule C expenses \$ _____	
	<input type="checkbox"/> Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart)	

Expenses and Tax Related Events: Answer the questions on the left side of this page. Check only the boxes that apply to you and/or your spouse.

Paid any of the following expenses to itemize in 2024?		(To be completed by certified volunteer) Standard or Itemized Deductions	Notes/Comments
<input type="checkbox"/>	(A) Mortgage Interest	<input type="checkbox"/> (A) 1098 # _____	
<input type="checkbox"/>	(A) Taxes: state, local, real estate, sales, etc.		
<input type="checkbox"/>	(A) Medical, dental, prescription expenses	<input type="checkbox"/> (B) Standard deduction <input type="checkbox"/> (A) Itemized deduction	
<input type="checkbox"/>	(A) Charitable contributions		
Paid any of these expenses in 2024?		(To be completed by certified volunteer) Expenses to report	Notes/Comments
<input type="checkbox"/>	(B) Student loan interest	<input type="checkbox"/> (B) 1098-E	
<input type="checkbox"/>	(B) Child and dependent care	<input type="checkbox"/> (B) Child and dependent care credit	
<input checked="" type="checkbox"/>	(B/A) Contributions to a retirement account	<input type="checkbox"/> (B/A) IRA (Basic if a Roth IRA or 401K)	
<input checked="" type="checkbox"/>	(B) School supplies by a teacher, teacher's aide or other educator	<input type="checkbox"/> (B) Educator expenses deduction \$ _____	
<input type="checkbox"/>	(B) Alimony payments (do not include child support)	<input type="checkbox"/> (B) Alimony payments with spouse's SSN \$ _____ Adjustment to income <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did any of the following happen during 2024?		(To be completed by certified volunteer) Information to report	Notes/Comments
<input checked="" type="checkbox"/>	(B) You or someone in your family took educational classes (technical school, college, job related, etc.)	<input type="checkbox"/> (B) Taxable scholarship income <input type="checkbox"/> (B) 1098-T (itemized statement from school, invoice, etc.) <input type="checkbox"/> (B) Education credit or tuition and fees deduction	
<input type="checkbox"/>	(A) Sell a home	<input type="checkbox"/> (A) Sale of home (1099-S)	
<input type="checkbox"/>	(A) Have a health savings account (HSA)	<input type="checkbox"/> HSA contributions <input type="checkbox"/> HSA distributions	
<input type="checkbox"/>	(A) Purchase health insurance through the Marketplace (Exchange)	<input type="checkbox"/> (A) 1095-A	
<input type="checkbox"/>	(A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)	<input type="checkbox"/> (B) Energy efficient home improvement credit	
<input checked="" type="checkbox"/>	(A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender	<input type="checkbox"/> (A) 1099-C	
<input type="checkbox"/>	(A) Have a loss related to a declared Federal disaster area	<input type="checkbox"/> (A) 1099-A <input type="checkbox"/> Disaster relief impacts return	
<input type="checkbox"/>	(B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)	<input type="checkbox"/> (B) EITC, CTC, AOTC or HOH disallowed in a previous year Year disallowed _____ Reason _____	
<input type="checkbox"/>	Receive any letter or bill from the IRS	<input type="checkbox"/> Eligible for Low Income Taxpayer Clinic referral	
<input type="checkbox"/>	(B) Make estimated tax payments or apply last year's refund to 2024 taxes	<input type="checkbox"/> Estimated tax payments _____ <input type="checkbox"/> Last year's refund applied to this year _____ <input type="checkbox"/> Last year's return available _____	

Optional Information

The following information is for statistical purposes only. Your responses to these questions are not a part of your tax return and are not transmitted to the IRS with your tax return. You are not required to answer these questions.

- 1. Would you say you can carry on a conversation in English Very well Well Not well Not at all Prefer not to answer
- 2. Would you say you can read a newspaper in English Very well Well Not well Not at all Prefer not to answer
- 3. Do you or any member of your household have a disability Yes No Prefer not to answer
- 4. Are you or your spouse a Veteran of the U.S. Armed Forces Yes No Prefer not to answer

5. What is your race and/or ethnicity? Select all that apply

<input type="checkbox"/> American Indian or Alaska Native (for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.) <input type="checkbox"/> Asian (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.) <input type="checkbox"/> Black or African American (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.) <input type="checkbox"/> Hispanic or Latino (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.) <input type="checkbox"/> Middle Eastern or North African (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.) <input type="checkbox"/> Native Hawaiian or Pacific Islander (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.) <input checked="" type="checkbox"/> White (for example, English, German, Irish, Italian, Polish, Scottish, etc.)	<input type="checkbox"/> American Indian or Alaska Native (for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.) <input type="checkbox"/> Asian (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.) <input type="checkbox"/> Black or African American (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.) <input type="checkbox"/> Hispanic or Latino (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.) <input type="checkbox"/> Middle Eastern or North African (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.) <input type="checkbox"/> Native Hawaiian or Pacific Islander (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.) <input checked="" type="checkbox"/> White (for example, English, German, Irish, Italian, Polish, Scottish, etc.)
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Privacy Act and Paperwork Reduction Act Notice

We are asking for this information so you may participate in the IRS Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) program which provides IRS-certified volunteer income tax preparers to assist with basic income tax return preparation for qualified individuals. The IRS authority to collect this information is 5 U.S.C. section 301 and 26 U.S.C. section 7801. The information you provide may be disclosed to others who coordinate VITA/TCE staffing, outreach, and other VITA/TCE related activities. The IRS may only disclose your return and return information as provided by 26 U.S.C. section 6103. All other records may be disclosed only for purposes the IRS deems are compatible with the purpose for which IRS collected the records, and consistent with any routine use disclosures described in the System of Record Notice (SORN) Treasury/IRS 24.030, Customer Account Data Engine (CADE) Individual Master File (IMF). You may view Treasury/IRS SORNs on the Treasury SORN website at Treasury.gov/System of Records Notices (SORNs). Providing this information is voluntary however, if you do not provide the requested information the IRS volunteers may not be able to assist you with preparing and filing your tax return.

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:TS:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

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, 2026.

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. You have the right to receive a signed copy of this form.

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, 2026). 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 Robert Lincoln	<i>Robert Lincoln</i>	Date 01/01/2025
Secondary taxpayer printed name and signature Emily Lincoln	<i>Emily Lincoln</i>	Date 01/01/2025

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. Report a Crime or IRS Employee Misconduct - U.S. Treasury Inspector General for Tax Administration (TIGTA) (<https://www.tigta.gov/reportcrime-misconduct>).

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.				
2.				
3.				
4.				
5.				
6.				

Bank Account Information for Direct Deposit – check 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 Neighborhood Tax Centers

Thank you for taking this quick survey to help us serve you better. All of the answers collected are private and do not impact your tax preparation.

1. Please describe your marital filing status:

(Select only 1 answer)

- A. Single male
- B. Single female
- C. Married male; filing taxes **together**
- D. Married female; filing taxes **together**
- E. Married female; filing taxes **separate**
- F. Married male; filing taxes **separate**

2. What is your race or ethnicity?

- A. Asian
- B. Caucasian/White
- C. Hispanic/Latino
- D. African American/Black
- E. Native American
- F. Pacific Islander
- G. Two or more races
- H. Other
- X. Prefer not to answer

3. What language is spoken in your home?

- A. English
- B. Spanish
- C. Chinese
- D. Burmese
- E. ASL
- F. Vietnamese
- G. Arabic
- H. Urdu
- I. Other

4. Do you or a member in your household have a disability?

- A. Yes
- B. No
- X. Prefer not to answer

5. How did you file your taxes last year?

(Select only 1 answer)

- A. BakerRipley Neighborhood Tax Centers
- B. I paid someone to prepare my taxes
- C. I had my taxes prepared for free (Other)
- D. I did my own taxes
- E. I did not file a tax return last year

6. How did you hear about our free tax service?

- A. Returning client
- B. BakerRipley
- C. School, church, or library
- D. Signs
- E. United Way/211
- F. Online/Social Media
- G. IRS
- H. Other

7. Have you received a service (other than tax preparation) from BakerRipley before?

- A. Yes
- B. No

8. What was your primary reason for choosing BakerRipley for your tax needs?

- A. Free service
- B. Previous bad experience with another service
- C. Quality of work
- D. Wanted tax advice
- E. Other

9. How would you have filed your taxes if BakerRipley did not provide free tax preparation?

- A. Paid tax preparer
- B. Online tax service for a fee
- C. Prepared it myself at no cost
- D. Would not have filed
- E. Other free tax service

10. Military Status:

- A. Veteran
- B. Active Duty
- C. Not applicable

11. If you get a refund, how do you plan to use it? (You can select **THREE** options if needed)

- A. Bills—utilities, credit card, etc.
- B. Medical expenses—doctor, insurance, etc.
- C. Home expenses—mortgage, rent, insurance, etc.
- D. Car expenses—payment, repairs, insurance, etc.
- E. Household items, food, clothing
- F. Tuition or education expenses
- G. Child care or child support
- H. Entertainment or family activities
- I. Save or invest
- J. Don't know or not getting refund



BakerRipley

a Employee's social security number 416-00-XXXX		Safe, accurate, FAST! Use		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 35-7001234		1 Wages, tips, other compensation \$34,728.00	2 Federal income tax withheld \$3,100.00		
c Employer's name, address, and ZIP code EASTRIDGE SCHOOL DISTRICT 244 HARVARD STREET HOUSTON, TX 77001		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		
d Control number		9	10 Dependent care benefits		
e Employee's first name and initial Last name Suff. ROBERT LINCOLN 135 DISCOVER AVENUE HOUSTON, TX 77084		11 Nonqualified plans	12a See instructions for box 12 D \$1,200.00		
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	12b		
		14 Other	12c		
			12d		
f Employee's address and ZIP code		15 State Employer's state ID number TX 35-700XXXX	16 State wages, tips, etc. \$34,728.00	17 State income tax \$360.00	18 Local wages, tips, etc.
		19 Local income tax	20 Locality name		

Form **W-2** Wage and Tax Statement **2024** Department of the Treasury—Internal Revenue Service
Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

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 HOUSTON, TX 77001		1 Gross distribution \$ 19,750.00	OMB No. 1545-0119 2024 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. 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.
PAYER'S TIN 41-2001234		2a Taxable amount \$	2b Taxable amount not determined <input checked="" type="checkbox"/> Total distribution <input type="checkbox"/>		
RECIPIENT'S name EMILY LINCOLN	RECIPIENT'S TIN 417-00-XXXX	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 1,975.00		
RECIPIENT'S name Street address (including apt. no.) 135 DISCOVER AVENUE		5 Employee contributions/ Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
City or town, state or province, country, and ZIP or foreign postal code HOUSTON, TX 77084		7 Distribution code(s) 7	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %	
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib. <input type="checkbox"/>	12 FATCA filing requirement <input type="checkbox"/>	9a Your percentage of total distribution %	9b Total employee contributions \$ 14,500.00	
Account number (see instructions)		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 \$

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

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2024

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

Box 1. Name EMILY LINCOLN		Box 2. Beneficiary's Social Security Number 417-00-XXXX	
Box 3. Benefits Paid in 2024 \$22,400	Box 4. Benefits Repaid to SSA in 2024	Box 5. Net Benefits for 20XX (Box 3 minus Box 4) \$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 2024: \$22,400		DESCRIPTION OF AMOUNT IN BOX 4	
		Box 6. Voluntary Federal Income Tax Withholding \$2,100	
		Box 7. Address 135 DISCOVER AVENUE 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)

CREDITOR'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. ADAMS BANK 1254 ORANGE AVENUE HOUSTON, TX 77084		1 Date of identifiable event 08/25/2024	OMB No. 1545-1424 Form 1099-C (Rev. January 2022)	Cancellation of Debt 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.
		2 Amount of debt discharged \$ 875.00		
		CREDITOR'S TIN 31-7001234	DEBTOR'S TIN 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 HOUSTON, TX 77084		5 If checked, the debtor was personally liable for repayment of the debt <input checked="" type="checkbox"/>		
Account number (see instructions)		6 Identifiable event code	7 Fair market value of property \$	

Form **1099-C** (Rev. 1-2022)

(keep for your records)

www.irs.gov/Form1099C

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

OMB No. 1545-0238

**Form W-2G
Certain
Gambling
Winnings**

(Rev. January 2021)

For calendar year
20 24

This information
is being furnished
to the Internal
Revenue Service.

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 name, street address, city or town, province or state, country, and ZIP or foreign postal code FORD CASINO 1 WINNER CIRCLE HOUSTON, TX 77001		1 Reportable winnings \$ 4,414.00	2 Date won 4/05/2024
PAYER'S federal identification number 36-8001234		3 Type of wager SLOT MACHINE	4 Federal income tax withheld \$
PAYER'S telephone number		5 Transaction	6 Race
WINNER'S name EMILY LINCOLN		7 Winnings from identical wagers \$	8 Cashier AR
Street address (including apt. no.) 135 DISCOVER AVENUE		9 Winner's taxpayer identification no. 417-00-XXXX	10 Window
City or town, province or state, country, and ZIP or foreign postal code HOUSTON, TX 77084		11 First identification	12 Second identification
		13 State/Payer's state identification no.	14 State winnings \$
		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 MARTIN COLLEGE 10 COLLEGE AVENUE HOUSTON, TX 77001		1 Payments received for qualified tuition and related expenses \$ 5,865.00	OMB No. 1545-1574 2024 Form 1098-T	
FILER'S employer identification no. 39-8001234	STUDENT'S TIN 608-00-XXXX	2		
STUDENT'S name SAFARI LINCOLN		3	Copy B For Student 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		4 Adjustments made for a prior year \$		5 Scholarships or grants \$ 3,102.00
City or town, state or province, country, and ZIP or foreign postal code HOUSTON, TX 77001		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 2025 <input type="checkbox"/>
Service Provider/Acct. No. (see instr.)	8 Checked if at least half-time student <input checked="" type="checkbox"/>	9 Checked if a graduate student <input type="checkbox"/>		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, 2024

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

12/31/2024 Account Balance.....\$0.00

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

1234

_____ 20 _____

PAY TO THE
ORDER OF

\$

_____ DOLLARS

Adelphia Bank and Trust
Anytown, State 00000

For

_____ : 111000025

_____ : 123456789

_____ 1234

VOID

SSN _____ - _____ - _____ Taxpayer _____ Date _____ Year _____
Last Name, First Name

SSN _____ - _____ - _____ Spouse _____ Tax Center _____
Last Name, First Name

Tax Preparer # _____ Quality Reviewer # _____

TAX RETURN TRACKING
DO NOT RETAIN ANY ** CLIENT DOCUMENTS **

E-File Tax Return

Federal Tax Return _____

State Tax Return: _____

Paper Tax Return / In Progress Return

Client Notes are required for all Paper and In Progress Return. Add Notes into Tax Program

Amendment.

Prior year.

Client prefers to mail return.

Client changed mind after return complete.

MFS without spouse TIN.

TP doesn't have IP PIN.

Substitute W-2 without EIN.

New ITIN application or renewal.

Missing information.

Client changed mind before return complete.

Entered wrong year information.

Drop Off return.

Paper State Tax Return: _____

Other: _____

Correction (Manager only)

READY TO RETRANSMIT

Corrections Made to Return:

Name or SSN/ITIN changed: *Circle: Primary / Spouse / Dependent* _____

Dependent removed (Name: _____)

New 8879 needed to be signed.

IP PIN provided.

Other: _____

Client Notes are required for all Corrections. Add Notes into Tax Program

Under penalties of perjury, I declare that I have examined a copy of the income tax return I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I consent to allow BakerRipley Neighborhood Tax Centers to send my return electronically to the IRS.

Bajo pena de perjurio, declaro haber examinado una copia de la declaración del impuesto sobre el ingreso para el año tributario que estoy autorizando y, según mi leal saber y entender, es verídica, correcta y completa. Autorizo a que BakerRipley Neighborhood Centers envíe mi declaración electrónica al IRS

Taxpayer's signature: _____ Date: _____ Spouse's signature: _____ Date: _____

Tax Preparation ID#

Intake/Interview

- Verify IDs (TP/Spouse) and SSN/ITIN (everyone)
- IRS intake form is complete.
- NTC intake form is complete.
- NTC survey complete
- Review all forms and verify all info with client.
- Correct/clarify forms with red pen – all legible
- Review all documents for correct year/name.
- Verify return is in scope

Preparer Review of Return

- Is taxpayer income less than \$5,050?**
If so, can s/he be Qualifying Child or Relative?
 - Yes, check “can be claimed” in TaxSlayer.
 - No
- Is taxpayer age 19-23, FT student for 5+ months?**
If so, can s/he be claimed as Qualifying Child?
 - Yes, checked “can be claimed” in TaxSlayer.
 - No
- Is taxpayer receiving EITC?**
 - Yes
 - No - If not, **KNOW WHY!** State reason:

- Does anyone on tax return have Marketplace insurance?**

- Yes – does taxpayer have Form 1095-A?
- Yes – has Form 8962 been completed?
- No

TaxSlayer E-File Section

- Corrected error and warning messages.
- Selected Return Type (Federal/State) (E-File/Paper)
- Entered Bank Account Information.
- Completed Taxpayer Consent Section.
- Answered all NTC Survey questions.
- Completed Submission Page Tags.
- Marked as Ready for QR.

Quality Review ID#

Intake/Interview

- Verify IDs (TP/Spouse) and SSN/ITIN (everyone)
- Verify all items on intake forms are correct.
- Look for comments written on intake form
- Verify dependents qualify as dependents.
- Verify return is in scope

Review of Tax Return

- Main Information Page**
 - Confirm filing status
 - Entries correct for everyone on return – names, address (check for apt. number), phone number, birthdates, SSN/ITIN
 - Identity Protection PIN
- Income and Adjustments**
 - W-2 entries are correct – check EIN.
 - 1099-NEC/cash income entered on Sch. C
 - Check tax forms and IRS intake page 2-3
- Marketplace insurance**
 - TP has Form 1095-A
 - Form 8962 completed correctly.
- Is taxpayer receiving EITC?**
 - Yes
 - No – **WHY?**

Finish

- Check for any error and warning messages
- Verify Return Type (Federal/State) (E-File/Paper)

Verify Bank Account Information

- Taxpayer Consent Section checked
- Survey answers entered correctly
- Preparer number checked (all years)
- Enter QR number (all returns)
- Print one copy of tax return. (Print two copies for Paper returns)
- Ensure that the correct Tag(s) is assigned to the tax return.
- Mark tax return as **COMPLETE** in TaxSlayer E-File Section.

Final Processing – ID#

Client Review

- Have client verify the following:
 - Names, address, phone number, birthdates.
 - SSN/ITIN.
 - Bank account information.
- Review every line of return with taxpayer.
- Answer any questions client might have
- Before asking taxpayers to sign a tax return. Must advise taxpayers about the declaration that they make under penalties of perjury when signing the tax return.

Errors

- If errors are found during the client review.
 - Correct errors.
 - Print new copy of return.
 - Write “TRASH” and put in Client Envelope

E-File Return

- Form 8879 and Tax Return Tracking sheet signed by both taxpayer and spouse.
- Complete E-File section of Tax Return Tracking sheet.
- Ensure that correct Tag(s) is assigned to the tax return.
- Ensure Tax Return is marked as **COMPLETE**.
- Put all intake, tax forms and a copy of Tax Return in Client Envelope.

Paper Return

- If return needs to change to PAPER
 - Change return to PAPER in TaxSlayer
 - Make a note on TaxSlayer
 - Complete Paper section of Tax Return Tracking Sheet
- Put all intake and tax forms in Client Envelope

Exercises: Scenario 5: 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. 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 2024 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 2019.
- 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

Intake/Interview and Quality Review Sheet

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

• Complete pages 1-6 of this form.

- You are responsible for the information on your return. Provide complete and accurate information.
- If you have questions, 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 ts.voltax@irs.gov

Your first name (pronouns, optional) JOANNE	M.I.	Last name OAK	Your date of birth 02/06/1998	Your job title DATA ENTRY CLERK										
Spouse's first name (pronouns, optional)	M.I.	Last name	Spouse's date of birth	Spouse's job title										
Mailing address 159 ARCHER AVENUE	Apt #	City HOUSTON	State TX	ZIP code 77084										
Your telephone number 346-555-5558	Spouse's telephone number	Email address (optional)	Did you live or work in two or more states in 2024 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
Check if you or your spouse were in 2024:														
A U.S. citizen	<input checked="" type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No	Legally blind	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No									
In the U.S. on a visa	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> No	Totally and permanently disabled	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No									
A full-time student	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> No	Issued an identity protection PIN (IPPIN)	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No									
If due a refund, how would you like your refund														
<input checked="" type="checkbox"/> Direct deposit	<input type="checkbox"/> Check by mail		<input type="checkbox"/> Bank account											
<input type="checkbox"/> Split refund between accounts	<input type="checkbox"/> Other		<input type="checkbox"/> Set up installment agreement											
Would you like to receive written communications from the IRS in a language other than English What language _____														
Would you like information on how to vote and/or how to register to vote _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														
Would you, or your spouse if married filing jointly, like \$3 to go to the Presidential Election Campaign Fund _____ <input type="checkbox"/> Yes <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No														
As of December 31, 2024, what was your marital status														
<input checked="" type="checkbox"/> Never Married	<input type="checkbox"/> Married		If married, were you married for all of 2024 <input type="checkbox"/> Yes <input type="checkbox"/> No											
<input type="checkbox"/> Divorced	<input type="checkbox"/> Legally Separated but not Divorced		Did you live with your spouse during any part of the last six months of 2024 <input type="checkbox"/> Yes <input type="checkbox"/> No											
Date of final decree _____	Date of separate maintenance decree _____		<input type="checkbox"/> Widowed Year of spouse's death _____											
To be completed by certified volunteer: Can anyone else claim the taxpayer or spouse on their tax return <input type="checkbox"/> Yes <input type="checkbox"/> No														
List the names below of everyone who lived with you last year (except your spouse) AND anyone you supported but did not live with you last year.														
Name (first, last)	Date of birth (mm/dd/yy)	Relationship to you (child, parent, none, etc.)	Number of months lived in your home in 2024	Single or Married as of 12/31/2024 (S/M)	U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled	Issued IPPIN	Qualifying child or relative of any other person	This person provided more than 50% of their own support	This person had less than \$5,050 of income	Taxpayer(s) provided more than 50% of support for this person	Taxpayer(s) paid more than half the cost of maintaining a home for this person

Income: Answer the following questions on the left side of this page. Check only the boxes that apply to you and/or your spouse.

Received money from any of the following in 2024: (To be completed by certified volunteer) Income to be included Notes/Comments

	<input type="checkbox"/> (B) W-2s	#	
<input checked="" type="checkbox"/> (B) Wages as a part-time or full-time employee How many jobs 1 _____	<input type="checkbox"/>	_____	
<input checked="" type="checkbox"/> (B/A) Tips	<input type="checkbox"/> (B/A) Tips (Basic when reported on W2)	_____	
<input checked="" type="checkbox"/> (B/A) Retirement account, pension or annuity proceeds	<input type="checkbox"/> (B/A) 1099-R (Basic when taxable amount is reported)	# _____	
<input type="checkbox"/> (B) Disability benefits (such as payments from insurance and worker's compensation)	<input type="checkbox"/> (A) Qualified Charitable Distribution From 1099-R	\$ _____	
<input type="checkbox"/> (B) Social Security or Railroad Retirement Benefits	<input type="checkbox"/> (B) Disability benefits on 1099-R or W-2	# _____	
<input type="checkbox"/> (B) Unemployment benefits	<input type="checkbox"/> (B) SSA-1099, RRB-1099	# _____	
<input type="checkbox"/> (B) Refund of state or local income tax	<input type="checkbox"/> (B) 1099-G	# _____	
<input checked="" type="checkbox"/> (B) Interest or dividends (bank account, bonds, etc.)	<input type="checkbox"/> (B) Refund	\$ _____	
<input checked="" type="checkbox"/> (A) Sale of stocks, bonds or real estate	<input type="checkbox"/> (B) Itemized last year	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you report a loss on last year's return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> (B) 1099-INT # _____	<input type="checkbox"/> (B) 1099-DIV # _____	
<input type="checkbox"/> (B) Alimony	<input type="checkbox"/> (A) 1099-B (include brokerage statement)	# _____	
<input type="checkbox"/> (A/M) Income from renting out your house or a room in your house If yes, did you use the dwelling unit as a personal residence and rent it for fewer than 15 days <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Capital loss carryover	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Income from renting personal property such as a vehicle	<input type="checkbox"/> (B) Alimony	\$ _____	
<input type="checkbox"/> (B) Gambling winnings, including lottery	Excluded from income	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> (A) Payments for contract or self-employment work	<input type="checkbox"/> (A/M) Rental income (Advanced when the dwelling is a personal residence and rented for fewer than 15 days)	\$ _____	
Did you report a loss on last year's return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Rental expense	\$ _____	
	<input type="checkbox"/> (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions)	# _____	
	<input type="checkbox"/> (A) Schedule C	_____	
	<input type="checkbox"/> 1099-MISC	# _____	
	<input type="checkbox"/> 1099-NEC	# _____	
	<input type="checkbox"/> 1099-K	# _____	
	<input type="checkbox"/> Other income reported elsewhere	_____	
	<input type="checkbox"/> Schedule C expenses	\$ _____	
<input checked="" type="checkbox"/> Any other money received during the year? (example: cash payments, jury duty, awards, digital assets, royalties, union strike benefits)	<input type="checkbox"/> Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart)	_____	

Expenses and Tax Related Events: Answer the questions on the left side of this page. Check only the boxes that apply to you and/or your spouse.

Paid any of the following expenses to itemize in 2024?		(To be completed by certified volunteer) Standard or Itemized Deductions	Notes/Comments
<input type="checkbox"/>	(A) Mortgage Interest	<input type="checkbox"/> (A) 1098 # _____	
<input type="checkbox"/>	(A) Taxes: state, local, real estate, sales, etc.		
<input type="checkbox"/>	(A) Medical, dental, prescription expenses	<input type="checkbox"/> (B) Standard deduction <input type="checkbox"/> (A) Itemized deduction	
<input type="checkbox"/>	(A) Charitable contributions		
Paid any of these expenses in 2024?		(To be completed by certified volunteer) Expenses to report	Notes/Comments
<input checked="" type="checkbox"/>	(B) Student loan interest	<input type="checkbox"/> (B) 1098-E	
<input type="checkbox"/>	(B) Child and dependent care	<input type="checkbox"/> (B) Child and dependent care credit	
<input checked="" type="checkbox"/>	(B/A) Contributions to a retirement account	<input type="checkbox"/> (B/A) IRA (Basic if a Roth IRA or 401K)	
<input type="checkbox"/>	(B) School supplies by a teacher, teacher's aide or other educator	<input type="checkbox"/> (B) Educator expenses deduction \$ _____	
<input type="checkbox"/>	(B) Alimony payments (do not include child support)	<input type="checkbox"/> (B) Alimony payments with spouse's SSN \$ _____ Adjustment to income <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did any of the following happen during 2024?		(To be completed by certified volunteer) Information to report	Notes/Comments
<input checked="" type="checkbox"/>	(B) You or someone in your family took educational classes (technical school, college, job related, etc.)	<input type="checkbox"/> (B) Taxable scholarship income <input type="checkbox"/> (B) 1098-T (itemized statement from school, invoice, etc.) <input type="checkbox"/> (B) Education credit or tuition and fees deduction	
<input type="checkbox"/>	(A) Sell a home	<input type="checkbox"/> (A) Sale of home (1099-S)	
<input type="checkbox"/>	(A) Have a health savings account (HSA)	<input type="checkbox"/> HSA contributions <input type="checkbox"/> HSA distributions	
<input type="checkbox"/>	(A) Purchase health insurance through the Marketplace (Exchange)	<input type="checkbox"/> (A) 1095-A	
<input type="checkbox"/>	(A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)	<input type="checkbox"/> (B) Energy efficient home improvement credit	
<input type="checkbox"/>	(A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender	<input type="checkbox"/> (A) 1099-C	
<input type="checkbox"/>	(A) Have a loss related to a declared Federal disaster area	<input type="checkbox"/> (A) 1099-A <input type="checkbox"/> Disaster relief impacts return	
<input type="checkbox"/>	(B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)	<input type="checkbox"/> (B) EITC, CTC, AOTC or HOH disallowed in a previous year Year disallowed _____ Reason _____	
<input type="checkbox"/>	Receive any letter or bill from the IRS	<input type="checkbox"/> Eligible for Low Income Taxpayer Clinic referral	
<input type="checkbox"/>	(B) Make estimated tax payments or apply last year's refund to 2024 taxes	<input type="checkbox"/> Estimated tax payments _____ <input type="checkbox"/> Last year's refund applied to this year _____ <input type="checkbox"/> Last year's return available _____	

Optional Information

The following information is for statistical purposes only. Your responses to these questions are not a part of your tax return and are not transmitted to the IRS with your tax return. You are not required to answer these questions.

- 1. Would you say you can carry on a conversation in English Very well Well Not well Not at all Prefer not to answer
- 2. Would you say you can read a newspaper in English Very well Well Not well Not at all Prefer not to answer
- 3. Do you or any member of your household have a disability Yes No Prefer not to answer
- 4. Are you or your spouse a Veteran of the U.S. Armed Forces Yes No Prefer not to answer

5. What is your race and/or ethnicity? Select all that apply
- American Indian or Alaska Native** (for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.)
 - Asian** (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)
 - Black or African American** (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)
 - Hispanic or Latino** (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)
 - Middle Eastern or North African** (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)
 - Native Hawaiian or Pacific Islander** (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)
 - White** (for example, English, German, Irish, Italian, Polish, Scottish, etc.)
6. What is your spouse's race and/or ethnicity? Select all that apply
- American Indian or Alaska Native** (for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.)
 - Asian** (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)
 - Black or African American** (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)
 - Hispanic or Latino** (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)
 - Middle Eastern or North African** (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)
 - Native Hawaiian or Pacific Islander** (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)
 - White** (for example, English, German, Irish, Italian, Polish, Scottish, etc.)

Privacy Act and Paperwork Reduction Act Notice

We are asking for this information so you may participate in the IRS Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) program which provides IRS-certified volunteer income tax preparers to assist with basic income tax return preparation for qualified individuals. The IRS authority to collect this information is 5 U.S.C. section 301 and 26 U.S.C. section 7801. The information you provide may be disclosed to others who coordinate VITA/TCE staffing, outreach, and other VITA/TCE related activities. The IRS may only disclose your return and return information as provided by 26 U.S.C. section 6103. All other records may be disclosed only for purposes the IRS deems are compatible with the purpose for which IRS collected the records, and consistent with any routine use disclosures described in the System of Record Notice (SORN) Treasury/IRS 24.030, Customer Account Data Engine (CADE) Individual Master File (IMF). You may view Treasury/IRS SORNs on the Treasury SORN website at Treasury.gov/System of Records Notices (SORNs). Providing this information is voluntary however, if you do not provide the requested information the IRS volunteers may not be able to assist you with preparing and filing your tax return.

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:TS:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

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, 2026.

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. You have the right to receive a signed copy of this form.

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, 2026). 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 Joanne Oak <i>Joanne Oak</i>	Date 01/01/2025
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. Report a Crime or IRS Employee Misconduct - U.S. Treasury Inspector General for Tax Administration (TIGTA) (<https://www.tigta.gov/reportcrime-misconduct>).

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.	Joanne Oak	02/06/1998		605-00-4321
2.				
3.				
4.				
5.				
6.				

Bank Account Information for Direct Deposit – check one: Checking Savings

Routing #: 111000025 Account #: 123456789

Bank Name: Adelphia Bank and Trust 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 _____



BakerRipley Neighborhood Tax Centers

Thank you for taking this quick survey to help us serve you better. All of the answers collected are private and do not impact your tax preparation.

1. Please describe your marital filing status:

(Select only 1 answer)

- A. Single male
 B. Single female
 C. Married male; filing taxes **together**
 D. Married female; filing taxes **together**
 E. Married female; filing taxes **separate**
 F. Married male; filing taxes **separate**

2. What is your race or ethnicity?

- A. Asian
 B. Caucasian/White
 C. Hispanic/Latino
 D. African American/Black
 E. Native American
 F. Pacific Islander
 G. Two or more races
 H. Other
 X. Prefer not to answer

3. What language is spoken in your home?

- A. English
 B. Spanish
 C. Chinese
 D. Burmese
 E. ASL
 F. Vietnamese
 G. Arabic
 H. Urdu
 I. Other

4. Do you or a member in your household have a disability?

- A. Yes
 B. No
 X. Prefer not to answer

5. How did you file your taxes last year?

(Select only 1 answer)

- A. BakerRipley Neighborhood Tax Centers
 B. I paid someone to prepare my taxes
 C. I had my taxes prepared for free (Other)
 D. I did my own taxes
 E. I did not file a tax return last year

6. How did you hear about our free tax service?

- A. Returning client
 B. BakerRipley
 C. School, church, or library
 D. Signs
 E. United Way/211
 F. Online/Social Media
 G. IRS
 H. Other

7. Have you received a service (other than tax preparation) from BakerRipley before?

- A. Yes
 B. No

8. What was your primary reason for choosing BakerRipley for your tax needs?

- A. Free service
 B. Previous bad experience with another service
 C. Quality of work
 D. Wanted tax advice
 E. Other

9. How would you have filed your taxes if BakerRipley did not provide free tax preparation?

- A. Paid tax preparer
 B. Online tax service for a fee
 C. Prepared it myself at no cost
 D. Would not have filed
 E. Other free tax service

10. Military Status:

- A. Veteran
 B. Active Duty
 C. Not applicable

11. If you get a refund, how do you plan to use it? (You can select **THREE** options if needed)

- A. Bills—utilities, credit card, etc.
 B. Medical expenses—doctor, insurance, etc.
 C. Home expenses—mortgage, rent, insurance, etc.
 D. Car expenses—payment, repairs, insurance, etc.
 E. Household items, food, clothing
 F. Tuition or education expenses
 G. Child care or child support
 H. Entertainment or family activities
 I. Save or invest
 J. Don't know or not getting refund



BakerRipley

VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. ESSEX BANK, CUSTODIAN FOR TRADITIONAL IRA OF JOANNE OAK 300 MARIN STREET HOUSTON, TX 77001		1 Gross distribution \$ 2,800.00	OMB No. 1545-0119 2024		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S TIN 48-2001234		2a Taxable amount \$ 2,800.00	Form 1099-R		
RECIPIENT'S TIN 605-00-XXXX		2b Taxable amount not determined <input checked="" type="checkbox"/>	Total distribution <input type="checkbox"/>		Copy 1 For State, City, or Local Tax Department
3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 280.00			
RECIPIENT'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 HOUSTON, TX 77084		5 Employee contributions/ Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
		7 Distribution code(s) 1	IRA/ SEP/ SIMPLE <input checked="" type="checkbox"/>	8 Other \$ %	
		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 <input type="checkbox"/>	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				Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 35-7001234		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 HOUSTON, TX 77001		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 JOANNE OAK Last name 159 ARCHER BLVD HOUSTON, TX 77084		11 Nonqualified plans		12a See instructions for box 12 D \$1,400					
		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b					
		14 Other		12c					
f Employee's address and ZIP code				12d					
15 State Employer's state ID number TX 57-200XXX	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 **2024** Department of the Treasury—Internal Revenue Service
Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. DELICIOUS DELIVERIES 123 LILAC AVENUE HOUSTON, TX 77001		OMB No. 1545-0116 Form 1099-NEC (Rev. January 2024) For calendar year <u>2024</u>		Nonemployee Compensation
PAYER'S TIN <u>63-4001234</u>	RECIPIENT'S TIN <u>605-00-XXXX</u>	1 Nonemployee compensation \$ 1,000.00		
RECIPIENT'S name JOANNE OAK Street address (including apt. no.) <u>159 ARCHER AVENUE</u> City or town, state or province, country, and ZIP or foreign postal code <u>HOUSTON, TX 77084</u> Account number (see instructions)		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/> 3 4 Federal income tax withheld \$ 5 State tax withheld \$ 6 State/Payer's state no.		Copy B For Recipient <small>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.</small>
		7 State income \$		

Form **1099-NEC** (Rev. 1-2024) (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. DELICIOUS DELIVERIES 123 LILAC AVENUE HOUSTON, TX 77001		FILER'S TIN <u>63-4001234</u>	OMB No. 1545-2205 Form 1099-K (Rev. March 2024) For calendar year <u>2024</u>	Payment Card and Third Party Network Transactions
		PAYEE'S TIN <u>605-00-XXXX</u>	1a Gross amount of payment card/third party network transactions \$ 7,692.00	
Check to indicate if FILER is a (an): Payment settlement entity (PSE) <input type="checkbox"/> Electronic Payment Facilitator (EPF)/Other third party <input checked="" type="checkbox"/>	Check to indicate transactions reported are: Payment card <input type="checkbox"/> Third party network <input checked="" type="checkbox"/>	1b Card Not Present transactions \$	2 Merchant category code	Copy B For Payee <small>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.</small>
		3 Number of payment transactions <u>325</u>	4 Federal income tax withheld \$	
PAYEE'S name JOANNE OAK Street address (including apt. no.) <u>159 ARCHER AVENUE</u> City or town, state or province, country, and ZIP or foreign postal code <u>HOUSTON, TX 77084</u> PSE'S name and telephone number		5a January \$ 795.00	5b February \$ 850.00	
		5c March \$ 710.00	5d April \$ 660.00	
		5e May \$ 560.00	5f June \$ 440.00	
		5g July \$ 510.00	5h August \$ 378.00	
		5i September \$ 710.00	5j October \$ 800.00	
		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** (Rev. 3-2024) (Keep for your records) www.irs.gov/Form1099K Department of the Treasury - Internal Revenue Service

Please note: She also received additional cash payments of \$455 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	Qualified 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	Specified Private Activity Bond Interest Dividends	0.00
13	State	0.00
14	State Identification No.	0.00
15	State Tax Withheld FATCA Filing Requirement	<input type="checkbox"/>

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	Specified 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.	6,550.00
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 Investments456 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 IRSReport 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 Tax Withheld	15 State Tax Withheld
Iowa Co. Common Stock										
Sale	01/08/2024	10/30/2024	200.000	2,750.00	2,500.00	250.00				
TOTALS				2,750.00	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 IRSReport 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 Tax Withheld	15 State Tax Withheld
Iowa Co. Common Stock										
Sale	10/12/2008	11/01/2024	200.000	3,800.00	4,000.00	(200.00)				
TOTALS				3,800.00	4,000.00					

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.

CORRECTED (if checked)

Student Loan Interest Statement

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number FINANCIAL AND PARTNERS 305 WASHINGTON AVENUE HOUSTON, TX 77001			OMB No. 1545-1576 <h1 style="text-align: center;">2024</h1> Form 1098-E	
RECIPIENT'S TIN 38-8001234	BORROWER'S TIN 605-00-XXXX	1 Student loan interest received by lender \$ 3,330.00		Copy B For Borrower 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 the IRS determines that an underpayment of tax results because you overstated a deduction for student loan interest.
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 HOUSTON, TX 77084		2 If checked, box 1 does not include loan origination fees and/or capitalized interest for loans made before September 1, 2004 <input type="checkbox"/>		
Account number (see instructions)				

Form **1098-E** (keep for your records) www.irs.gov/Form1098E Department of the Treasury - Internal Revenue Service

CORRECTED

Tuition Statement

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number NASSAU COLLEGE 10 COLLEGE AVE HOUSTON, TX 77001			OMB No. 1545-1574 <h1 style="text-align: center;">2024</h1> Form 1098-T	
FILER'S employer identification no. 37-7001234	STUDENT'S TIN 605-00-XXXX	1 Payments received for qualified tuition and related expenses \$ 2,400.00 2		Copy B For Student 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.
STUDENT'S name JOANNE OAK Street address (including apt. no.) 159 ARCHER AVE City or town, state or province, country, and ZIP or foreign postal code HOUSTON, TX 77084		3	4 Adjustments made for a prior year \$ 5 Scholarships or grants \$	
Service Provider/Acct. No. (see instr.)		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 2025 <input type="checkbox"/>	
8 Checked if at least half-time student <input type="checkbox"/>		9 Checked if a graduate student <input checked="" type="checkbox"/>	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

Adelphia Bank and Trust
Anytown, State 00000

For

: 111000025

: 123456789

1234

VOID

SSN _____ - _____ - _____ Taxpayer _____ Date _____ Year _____
Last Name, First Name

SSN _____ - _____ - _____ Spouse _____ Tax Center _____
Last Name, First Name

Tax Preparer # _____ Quality Reviewer # _____

TAX RETURN TRACKING
DO NOT RETAIN ANY ** CLIENT DOCUMENTS **

E-File Tax Return

Federal Tax Return _____

State Tax Return: _____

Paper Tax Return / In Progress Return

Client Notes are required for all Paper and In Progress Return. Add Notes into Tax Program

Amendment.

Prior year.

Client prefers to mail return.

Client changed mind after return complete.

MFS without spouse TIN.

TP doesn't have IP PIN.

Substitute W-2 without EIN.

New ITIN application or renewal.

Missing information.

Client changed mind before return complete.

Entered wrong year information.

Drop Off return.

Paper State Tax Return: _____

Other: _____

Correction (Manager only)

READY TO RETRANSMIT

Corrections Made to Return:

Name or SSN/ITIN changed: *Circle: Primary / Spouse / Dependent* _____

Dependent removed (Name: _____)

New 8879 needed to be signed.

IP PIN provided.

Other: _____

Client Notes are required for all Corrections. Add Notes into Tax Program

Under penalties of perjury, I declare that I have examined a copy of the income tax return I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I consent to allow BakerRipley Neighborhood Tax Centers to send my return electronically to the IRS.

Bajo pena de perjurio, declaro haber examinado una copia de la declaración del impuesto sobre el ingreso para el año tributario que estoy autorizando y, según mi leal saber y entender, es verídica, correcta y completa. Autorizo a que BakerRipley Neighborhood Centers envíe mi declaración electrónica al IRS

Taxpayer's signature: _____ Date: _____ Spouse's signature: _____ Date: _____

Tax Preparation ID#

Intake/Interview

- Verify IDs (TP/Spouse) and SSN/ITIN (everyone)
- IRS intake form is complete.
- NTC intake form is complete.
- NTC survey complete
- Review all forms and verify all info with client.
- Correct/clarify forms with red pen – all legible
- Review all documents for correct year/name.
- Verify return is in scope

Preparer Review of Return

- Is taxpayer income less than \$5,050?**
If so, can s/he be Qualifying Child or Relative?
 - Yes, check “can be claimed” in TaxSlayer.
 - No
- Is taxpayer age 19-23, FT student for 5+ months?**
If so, can s/he be claimed as Qualifying Child?
 - Yes, checked “can be claimed” in TaxSlayer.
 - No
- Is taxpayer receiving EITC?**
 - Yes
 - No - If not, **KNOW WHY!** State reason:

Does anyone on tax return have Marketplace insurance?

- Yes – does taxpayer have Form 1095-A?
- Yes – has Form 8962 been completed?
- No

TaxSlayer E-File Section

- Corrected error and warning messages.
- Selected Return Type (Federal/State) (E-File/Paper)
- Entered Bank Account Information.
- Completed Taxpayer Consent Section.
- Answered all NTC Survey questions.
- Completed Submission Page Tags.
- Marked as Ready for QR.

Quality Review ID#

Intake/Interview

- Verify IDs (TP/Spouse) and SSN/ITIN (everyone)
- Verify all items on intake forms are correct.
- Look for comments written on intake form
- Verify dependents qualify as dependents.
- Verify return is in scope

Review of Tax Return

- Main Information Page**
 - Confirm filing status
 - Entries correct for everyone on return – names, address (check for apt. number), phone number, birthdates, SSN/ITIN
 - Identity Protection PIN
- Income and Adjustments**
 - W-2 entries are correct – check EIN.
 - 1099-NEC/cash income entered on Sch. C
 - Check tax forms and IRS intake page 2-3
- Marketplace insurance**
 - TP has Form 1095-A
 - Form 8962 completed correctly.
- Is taxpayer receiving EITC?**
 - Yes
 - No – **WHY?**

Finish

- Check for any error and warning messages
- Verify Return Type (Federal/State) (E-File/Paper)
- Verify Bank Account Information**
- Taxpayer Consent Section checked
- Survey answers entered correctly
- Preparer number checked (all years)
- Enter QR number (all returns)
- Print one copy of tax return. (Print two copies for Paper returns)
- Ensure that the correct Tag(s) is assigned to the tax return.
- Mark tax return as **COMPLETE** in TaxSlayer E-File Section.

Final Processing – ID#

Client Review

- Have client verify the following:
 - Names, address, phone number, birthdates.
 - SSN/ITIN.
 - Bank account information.
- Review every line of return with taxpayer.
- Answer any questions client might have
- Before asking taxpayers to sign a tax return. Must advise taxpayers about the declaration that they make under penalties of perjury when signing the tax return.

Errors

- If errors are found during the client review.
 - Correct errors.
 - Print new copy of return.
 - Write “TRASH” and put in Client Envelope

E-File Return

- Form 8879 and Tax Return Tracking sheet signed by both taxpayer and spouse.
- Complete E-File section of Tax Return Tracking sheet.
- Ensure that correct Tag(s) is assigned to the tax return.
- Ensure Tax Return is marked as **COMPLETE**.
- Put all intake, tax forms and a copy of Tax Return in Client Envelope.

Paper Return

- If return needs to change to PAPER
 - Change return to PAPER in TaxSlayer
 - Make a note on TaxSlayer
 - Complete Paper section of Tax Return Tracking Sheet
- Put all intake and tax forms in Client Envelope