AARP Foundation Tax-Aide

National Tax Training Committee

Workbook

Tax Year 2024
Digital Version, Release 3

FOR USE BY AARP FOUNDATION TAX-AIDE VOLUNTEERS ONLY

NTTC WORKBOOK

Tax Year 2024

Greetings Tax-Aide volunteers, Welcome to tax year 2024.

This Workbook is a valuable resource for Instructors to use in training and certifying volunteers. These exercises provide practice for volunteer proficiency, certification and preparing for the IRS Test.

Core Exercises contain tax issues that are more common in the returns seen at our tax sites but are not well suited to be assigned as required "certification" exercises. These exercises are designed from very simple topics and build on those to more complex issues.

Certification Exercises are designed to test the knowledge of counselors and would be ideal for trainers to assign as Proficiency/Certification before taking the IRS Test.

Focus Exercises are designed to supplement the Training Exercises and give trainees a number of exercises to practice the concepts learned from the Training.

Training Tax Forms are designed to facilitate classroom instruction. The printed Workbook only contains the tax forms, and the Interview Notes. The guidance previously seen in prior years will be included for Instructors in the on-line edition *Workbook Instructor Guide*.

Quizzes are intended to provide learning feedback and evaluation to the counselors and to increase awareness of scope issues. These will be in the on-line edition of the *Workbook Instructor Guide*. Quizzes are useful in class, as homework, or for self-study.

This year's Workbook incorporates the new drafts of the IRS Intake/Interview & Quality Review booklet. Page one of the booklet, or a portion of page one for the Focus Exercises, is needed to *start* the exercises. These IRS forms are subject to change and have not been finalized in time to include in the printed edition of the workbook.

Note: This is the digital version of the Workbook, which incorporates the <u>errata</u> to the printed version.

We welcome your suggestions and comments for improving this workbook. Please send them to us via the *Submit a Request* link on the Volunteer Portal.

Thank you for all you do for the program,

The National Tax Training Committee

Release Notes:

Page 24 (Davis) – Bottom Line: Refund \$4,601

Page 28 (Franklin) – Page 31 (Hanson) – use banking information:

Lakeside Credit Union, Routing #: 325070760, Account # 987123654

Page 35 (Jackson) Teresa is eligible for subsidized health insurance through George's employment. They were not insolvent at the time George received the cancellation of debt.

Page 37 (Jackson) - Correct Form W-2G, Box 4 is \$294

Page 83 (Davenport) - 2024 Itemized Deductions (Sch A) Worksheet:

corrected Supplemental Insurance (MICHAEL) (\$1,500)

Page 89 (Varisian) Corrected the 1099-Q by adding check to Box 6.

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EXERCISE ISSUES MATRIX

Release 2

		1	Core	!		С	ertifi	catio	n		F	ocu	5	
Issue Description	Allman	Baxter	Caramel	Davis	Egret	Franklin	Hanson	Jackson	Miller	Adams	Baldwin	Chambers	Davis	Elliott
Wages	X	X		X				Х	X	X				X
Disability pension													Χ	
Interest	Χ	Х				Χ	Х	Х	Х	Χ			Χ	
Dividends	Χ					Χ	Χ		Х				Χ	
IRA 1099-R				Χ	Χ	Χ						Χ		
Pension 1099-R			Х		Χ	Χ	Х	Х				Χ		
Simplified Method						Χ	Х	Х				Χ		
PSO Health Insurance					Χ		Х					Χ		
Qualified Charitable Dis				Χ		Χ								
Social Security Benefits			Χ	Χ	Χ	Χ	Х	Х				Χ		
Capital Gain or Loss			Χ			Χ	Х		Х				Χ	
Alimony Paid or Received														
Self-Employment			Χ					Х			Χ			
Cancellation of Debt								Х						
Unemployment		Х							Х	Х				
Other Income								Х						
Educator Expense								Х						
Health Savings Account									Х		Х			
Self-Employed Health Ins			Χ					Х			Χ			
Penalty on early withdrawal									Х	Χ				
IRA Contribution		Х						Х						
Student Loan Interest	Χ								Х					
Standard Deduction	Χ	Х	Х	Χ	Χ	Χ	Х	Х	Х	Χ	Х	Χ	Χ	
Itemized Deduction					Χ									Χ
Education Credit		Х							Х					Χ
Estimated Payments			Χ					Х			Χ			
Qualified Business Deduction			Х					Χ			Х		Χ	
Marketplace Insurance				Χ										
Child, dependent Credit				Χ				Χ	Х					
Foreign Tax Credit						Χ	Χ		Х				Χ	
Deceased Taxpayer					Х								Χ	
Residential Energy Credit	Χ					Χ								
Child/Dependent Care Credit				Χ										

Notes for all Volunteers

Please follow your District training team's directions when using this workbook. The exercises are designed for Instructor use during classroom or virtual training. The Focus Exercises complement the NTTC Training exercises.

Completing the Core and Certification Exercise Returns

- The Core Exercises are designed to provide practice returns with tax topics most commonly seen at our tax sites. While they may not always look exactly like returns seen at a site, they do contain those common tax issues. Certification Exercises are designed for more experienced Counselors to refresh their skills on complex issues. It is understood that they do not represent typical tax returns seen at a site. Note that some of the Intake and Interview Forms for the Certification Exercises contain taxpayer errors (items erroneously checked or not checked). Make sure to correct these errors on the interviewer side of the I&I.
- The last four digits of Social Security numbers (SSN) are XXXX. Unless specified by the instructor, you may choose any four numbers for XXXX. In the unlikely event that you receive a message saying that SSN already exists, simply change the last four numbers. For employer I.D. numbers (EINs) and state ID numbers, select any digits desired for the Xs. Note that a variety of business names and addresses may prepopulate when entering EINs and you may need to update them to the information on the tax document in the exerciseSome Tax forms show the year as 20XX where XX stands for the current tax year.
- Replace YC, YS and YZIP with your city, your state and your zip code. Your instructor may provide additional state-specific guidance.
- The 2024 sales tax tables will likely be released in January 2025. TaxSlayer will also be updating its program as needed for law changes, etc. Your practice returns will "adjust" as needed for the new programming when the return is opened in Practice Lab.
- Follow your Instructor's direction for completing the e-file section and completing a state income tax return.

The Intake /Interview & Quality Review booklets are available online:

From most any internet browser:

Refer to <u>NTTC Training Resources</u> for links to NTTC Workbook and other Tax-Aide training resources. If you're using your AARP Chromebook, then you don't need to type in this link ... just click *Tax-Aide-Links* in the upper-left corner of the Chrome browser, click the *Tax Prep and Training* folder, and then click *NTTC Training Resource Links*.

Click on <u>2024 Workbook Links</u> to view any of the **Intake/Interview and Quality Review Sheets** for all the exercises.

Answers using Practice Lab 2024 will be provided as soon as possible once 2024 Practice Lab software is available.

TY24 NTTC Workbook Errata Release 4

Click <u>here</u> for the latest version of this document.

Red bar in left column denotes a change in this version.

These errata correct errors in the printed workbook. Volunteers should write these changes in their paper copy of the Workbook. This document will be updated if additional issues are identified. Corrections are marked in **red** on the **NTTC Workbook** (digital).

Reminder: The NTTC Training Exercises (for Andrews and Caldwell), the Form 13614-C Intake/Interview and Quality Review Sheets (I/I Sheet) and the taxpayer documents in the present an incomplete picture. Volunteers should participate or observe in a role-playing interview with the Instructor (playing the taxpayer) to clarify taxpayer responses and obtain additional information to prepare the return. The volunteers should markup and annotate the intake sheet just as they would at the tax site (many sites use red pens). The Workbook generally does not include state-specific information, e.g., state estimated tax payments. Instructors should add as appropriate.

These errata show the identified errors/omissions noted, however, small errors that do not affect the return such as invalid EINs, incorrect zip codes, minor misspellings should be handled by the volunteers and Instructors. The IRS forms in the 2024 NTTC Workbook were created using the Forms Generator and included the best information from the IRS at the time. The IRS may continue to issue or update tax forms.

The following are corrections to the "**printed**" **NTTC Workbook**. The Online 2024 NTTC Workbook contains these corrections:

- Page 1: (7th paragraph) Change "state" to "start". Should read "needed to **start** the exercises".
- Page 22: (Caramel) Form 1099-B, top box "Applicable Check Box" on Form 1099-B: Should be an A on this document.
- Page 24: (Davis) Revise the Bottom line Refund to be \$4,601.
- Page 26: (Egret) 2024 Itemized Deductions (Sch A) Worksheet), State/Local Taxes: Add \$11,000 to Real estate taxes. Delete \$11,000 from Personal property. Add \$5,200 in Charity / Cash Contributions
- Pages 26, 63, and 82:

On the **Itemized Deductions Worksheet** footer, correct the Federal Standard Deduction for Single (65+) \$16,550, and also for HOH (65+) \$23,850.

Page 28: (Franklin) Banking information, Lakeside Credit Union, Routing #: 325070760, Account # 987123654

Page 31: (Hanson) Banking information, Lakeside Credit Union, Routing #: 325070760, Account # 987123654

Page 35 (Jackson)

Add note: Teresa is eligible for subsidized health insurance through George's employment. They were not insolvent at the time George received the cancellation of debt.

Page 37 (Jackson) **2024 Workbook (digital)**, Form W-2G: is corrected Box 4 to \$294 Changed Box 13 to reflect "YS"

Page 42: (Miller) Form W-2, remove the amount in Box 10 Dependent care benefits.

Page 43: (Miller) Form W-2, change the amount in Box 16 State Wages to \$34,799.75.

Page 44: (Miller) (after Mary's Form 1098-T) add:

"This is Mary's first year at college; her scholarship is restricted to paying tuition; and she has had no felony drug charges"

Page 48: (Adams) add Amy Adams' Social Security Card, SSN 586-00-1800

Page 70: (Tiana Baker)

Added Mary Thomas' Social Security Card.

Page 74: (Ray Caldwell)

Replace **Mallory S Hughes'**, **name** for Mallory Caldwell on her driver's license. Her name is Mallory S Hughes on her social security card.

Page 78: (Davenport) remove the Social Security cards for Jason Caldwell and Nancy Hughes Page 82: (Davenport)

Changed the 2024 Itemized Deductions Worksheets adding Ambulance \$800, Charity Cash \$4,900, and Goodwill \$478.

The NTTC Workbook (paper version), page 82, correctly lists Supplemental Insurance as 1,500. Change the NTTC Training Exercises, page 34, Supplemental Insurance value from 1,00 and to 1,500. Additionally, at the same pages of both documents (below the 2024 Itemized Deductions (Sch A) Worksheet), add an "optional supplement":

Use your state and local tax rate for sales tax.

Page 89: (Varisian)

Replaced the 1099-Q below on page 89. The difference is that Box 6 is checked

CORE EXERCISES

ALLMAN - Ctrl+Click here to view Intake/Interview & Quality Review

Form 13614-C (October 2024)	Department of the Treasury - Internal Revenue Service Intake/Interview and Quality Review Sheet									OMB N 1545-		
Note: Do not complete this form if you will need: • Tax Information such as Forms W-2, 1 • Social Security cards or ITIN letters fo • Picture ID (such as valid driver's licens	099, 1098, 1095 r all persons on y	Your tax return	•	Complete po	d holder. ages 1-4 of this ponsible for the questions, ask	information				iplete and a	ccurate	information.
Volunteers are trained to provide h	igh quality ser	ice and uphol		t ethical sta	indards. To re	port une	thical behavi	. 8 50		email us at	wi.vo	tax@irs.gov
Your first name (pronouns, optional) SEAN	M.I. C	Last name ALLMAN		Your (date of birth	Your	job ISOR					
Spouse's first name (pronouns, optio	(29E)	Last name			se's date of bi	// C///C///C///	an interest accounts					
Mailing address 123 MAIN ST			Apt#	City YOUI	R CITY				State YOUR S	TATE	ZIP co	
Telephone number 208 884-8622	Email add	dress AN@GMAIL.C	COM	V20		Did y □ Y	ou live or wo		wo or mo	ore states i	n 2024	si.
Check if you or your spouse were in				Legal	ly blind				You	☐ Spou	ise	× No
A U.S. citizen	× You	☐ Spouse	e 🗌 No	Totall	y and perman	ently disa	bled		You	☐ Spou	ise	× No
n the U.S. on a visa	☐ You	☐ Spouse	e 🗵 No	Issue	d an identity p	rotection	PIN		You	☐ Spou	ise	× No
A full-time student	☐ You	☐ Spouse	e 🗵 No	Do yo	u own or hold	l any digit	al assets		You	☐ Spou	ise	× No
f due a refund, would you like your ☑ Direct deposit	refund Check	by mail			n have a bala ank account	nce due,	would you lik		nake a pa Direct de		ectly fr	om
Split refund between accounts	□ Other			□ Se	t up installme	nt agreer	nent		Mail pay	ment to IR	S	
Would you like to receive written com other than English □ Yes ৷ ☑ No What langua		om the IRS in a	a language		d you like info r how to regis es 🗵 No			Ele		ike \$3 to g mpaign Fu ⊠ No		e Presidenti
As of December 31, 2024, what was × Never Married	☐ Marrie		SHE SECTION SECTIONS AND		rried for all of		1,5	☐ Yes	200	No No		
Divorced	☐ Legal	ly Separated	erri 119 1 094 20 anno 20 ann 120 ann 140 ann	0 71				200000000000000000000000000000000000000	dowed			
Date of final decree		of separate ma	intenance de	cree				Yea	ar of spo	use's deatl	h	
Can anyone else claim the taxpayer	or spouse on th	eir tax return (to be comple	ted by certi	fied volunteer)				П,	Yes	× No
List the names below of everyone where spouse) AND anyone you supported	no lived with yo	u last year (exc	cept your		Answer Yes		(N)	То		oleted by o		d volunteer ab C)
Name (first, last) Date of birth (mm/dd/yy)	Relationship to you (son, daughter, parent, none, etc.)	Number of months lived in	Single or Married as of 12/31/2024 (S/M)	A U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled		fying child ndent	Qualifying relative dependent	t	Provides tax penefits (HOH, EITC, CTC, etc
					7							

Received money from any of the following in 2024:	Income to be included (To be completed by certified volunteer)	Notes/Comments
☑ (B) Wages as a part-time or full-time employee	☐ (B) W-2s Number of forms	
How many jobs 1		
☐ (B/A) Tips	☐ (B/A) Tips (basic when reported on W2)	-
☐ (B/A) Retirement account, pension or annuity proceeds	☐ (B/A) 1099-R (basic when taxable amount is reported)	
☐ (B) Disability benefits	Number of forms	_
☐ (B) Social Security or Railroad Retirement Benefits	☐ (B) SSA-1099, RRB-1099	_
☐ (B) Unemployment benefits	☐ (B) 1099-G Number of forms	_
☐ (B) Refund of state or local income tax	\square Did you receive a refund of state or local taxes \square Yes \square No	
	☐ Did you itemize last year ☐ Yes ☐ No	_
(B) Interest or dividends (bank account, bonds, etc.)	☐ (B) 1099-INT/DIV Number of forms	
(A) Sale of stocks, bonds or real estate	☐ (A) 1099-B Number of forms (include	-
Did you report a loss on last year's return ☐ Yes ☐ No	brokerage statement)	
(B) Alimony	☐ (B) Alimony Amount \$	-
	Excluded from income	
(M) Income from renting out your house or a room in your house	☐ (M) Rental income	_
If yes, did you use the dwelling unit as a personal residence and rent it for few than 15 days ☐ Yes ☐ No		
☐ Income from renting personal property such as a vehicle		
Farm activity	☐ Farm income (out of scope)	_
☐ Gambling winnings, including lottery	☐ (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions)	-
☐ Payments for contract or self-employment work	☐ (A) Schedule C	-
Did you report a loss on last year's return ☐ Yes ☐ No	☐ 1099-MISC Number	
	☐ 1099-K Number	
	☐ Other income reported elsewhere	
	☐ Schedule C expenses	
Any other money received during the year (example: cash payments, jury duty, awards, virtual currency, royalties, union strike benefits)	☐ Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart)	

Paid any of the following expenses in 2024:	Standard or Itemized Deductions (To be completed by certified volunteer)	Notes/Comments
☐ (A) Mortgage Interest	☐ (B) Taxable state/local income taxes	
☐ (A) Taxes: state, local, real estate, sales, etc.☐ (A) Medical, Dental, Prescription Expenses☐ (B) Charitable contributions	☐ (B) Standard deduction ☐ (A) Itemized deduction	
Paid any of these expenses in 2024:	Expenses to report (To be completed by certified volunteer)	Notes/Comments
⊠ (B) Student loan interest	☐ (B) 1098-E	
☐ (B) Child and dependent care	☐ (B) Child and dependent care credit	
☐ (B/A) Contributions to a retirement account	☐ (A) IRA, 401(k), etc. deduction	
☐ Repayments to a qualified retirement plan	☐ (B) Saver's credit	
$\ \square$ (B) School supplies by a teacher, teacher's aide or other educator	☐ (B) Educator expenses deduction	
☐ (B) Alimony payments (do not include child support)	☐ (B) Alimony payments with spouse's SSN \$	
	Adjustment to income	
Did any of the following happen during 2024:	Information to report (To be completed by certified volunteer)	Notes/Comments
☐ (B) You or someone in your family took educational classes (technical school, college, job related, etc.)	 ☐ (B) Taxable scholarship income ☐ (B) 1098-T (itemized statement from school, invoice, etc.) ☐ (B) Education credit or tuition and fees deduction 	
(A) Sell a home	☐ (A) Sale of home (1099-S)	
☐ (A) Have a health savings account (HSA)	☐ HSA contributions ☐ HSA distributions	
☐ (A) Purchase health insurance through the Marketplace (Exchange)	☐ (A) 1095-A	
⋈ (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)	☐ (B) Energy efficient home improvement credit	
(A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender	☐ (A) 1099-C	
☐ Have a loss related to a declared federal disaster area	☐ (A) 1099-A☐ Disaster relief impacts return	
☐ (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)	☐ (B) EITC, CTC, AOTC or HOH disallowed in a previous year Year disallowed Reason	
☐ Receive any letter or bill from the IRS	☐ Eligible for Low Income Taxpayer Clinic referral	
(B) Make estimated tax payments or apply last year's refund to	☐ Estimated tax payments	
2024 taxes	☐ Last year's refund applied to this year	
	Last year's return available	
☐ Additional information you think we should know	☐ Additional information for accurate tax preparation	

The following information is for	r statistical purposes. T	hese questions a	re o _l	ptional	l.					
1. Would you say you can carry or	n a conversation in Engli	sh	X	Very w	vell	☐ Well		Not well	□ Not at all	☐ Prefer not to answer
2. Would you say you read a news	spaper in English		X	Very w	vell	☐ 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 Veter	ran from the U.S. Armed	Forces		Yes		⊠ No		Prefer not	to answer	
5. What is your race and/or ethnic in the spaces below)	city (select all that apply a	nnd enter additional	l det	ails 6.		s your spouse's nal details in the				that apply and enter
☐ American Indian or Alaska Na Tribe of the Blackfeet Indian Re Inupiat Traditional Government	eservation of Montana, N	lative Village of Bar	row	eet 🗆	Tribe o	of the Blackfeet	India	an Reserva	tion of Montana,	le, Navajo Nation, Blackfeet Native Village of Barrow unity, Aztec, Maya, etc.)
☐ Asian (provide details below)					Asian	(provide detail	s belo	ow)		
☐ Chinese ☐] Asian Indian	☐ Filipino			☐ Chi	inese		☐ Asiar	n Indian	☐ Filipino
☐ Vietnamese ☐] Korean	☐ Japanese			☐ Vie	tnamese		☐ Korea	an	☐ Japanese
Enter, for example, Pakistani, i	Hmong, Afghan, etc.				Enter,	for example, P	akista	ani, Hmong	g, Afghan, etc.	
☐ Black or African American (p	orovide details below)				Black	or African Am	erica	an (provide	details below)	
☐ African American ☐	Jamaican	☐ Haitian			☐ Afri	ican American		☐ Jamai	ican	☐ Haitian
☐ Nigerian ☐	Ethiopian	☐ Somali			☐ Nig	erian		☐ Ethiop	oian	☐ Somali
Enter, for example, Trinidadian	n and Tobagonian, Ghan	aian, Congolese, e	tc.		Enter,	for example, T	rinida	adian and T	Tobagonian, Gha	naian, Congolese, etc.
☐ Hispanic or Latino (provide d	letails below)				Hispa	nic or Latino (provi	de details l	below)	
☐ Mexican ☐	Puerto Rican	☐ Salvadoran			☐ Me	xican		☐ Puerto	o Rican	☐ Salvadoran
☐ Cuban ☐	Dominican	☐ Guatemalan			☐ Cul	ban		☐ Domir	nican	☐ Guatemalan
Enter, for example, Colombian	n, Honduran, Spaniard, et	tc.			Enter,	for example, C	olom	bian, Hond	duran, Spaniard,	etc.
☐ Middle Eastern or North Afric	can (provide details belo	w)			Middle	e Eastern or N	orth	African (p	rovide details bei	low)
☐ Lebanese ☐	Iranian	☐ Egyptian			☐ Leb	oanese		☐ Irania	n	☐ Egyptian
☐ Syrian ☐	Iraqi	☐ Israeli			☐ Syr	ian		☐ Iraqi		☐ Israeli
Enter, for example, Moroccan,	Yemeni, Kurdish, etc.				Enter,	for example, N	1oroc	can, Yeme	ni, Kurdish, etc.	
☐ Native Hawaiian or Pacific Is	slander (provide details b	elow)			Native	Hawaiian or l	Pacif	ic Islande	r (provide details	below)
☐ Native Hawaiian ☐	Samoan	☐ Chamorro			☐ Nat	tive Hawaiian		☐ Samo	an	☐ Chamorro
☐ Tongan ☐	Fijian	☐ Marshallese			☐ Tor	ngan		☐ Fijian		☐ Marshallese
Enter, for example, Chuukese,	, Palauan, Tahitian, etc.				Enter,	for example, C	huuk	ese, Palau	ıan, Tahitian, etc.	
White (provide details below)					White	(provide detail	s belo	ow)		
	German	Irish			☐ Eng	glish		☐ Germa	an	☐ Irish
☐ Italian ☐	Polish	☐ Scottish			☐ Ital	ian		☐ Polish	1	☐ Scottish
Enter, for example, French, Swedish, Norwegian, etc.					Enter,	for example, F	rench	n, Swedish,	, Norwegian, etc.	

ditional comments	
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 USC 301 and 26 USC 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. 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 Individual Master File. 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:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

Interview Notes

Your review of the I & I sheet verifies his income, expenses and life events match the documents provided.

NOTE: All grayed out areas on the I & I sheet are the responsibility of the counselor to review with the taxpayer and complete; this includes the last question above the dependents' area, dealing with whether anyone else can claim the taxpayer(s) as a dependent.

social Security	Driver's Licens License No. 20240725193526 Name and Address	e (Tax Training Only)
212-00-XXXX THIS NUMBER HAS BEEN ESTABLISHED FOR	SEAN C ALLMAN 123 MAIN ST YC, YS YZIP	
SEAN C ALLMAN	Birth Date 06/27/1975	
For Tax Training Purposes Only	Issue Date 07/11/2024	Expiration Date 06/27/2029

	25 52	e's social security number 12-00-XXXX	OMB No.		ave. accurate, AST! Use	≁file	Visit the IRS website a www.irs.gov/efile		
72 8	rer identification number (EIN 4365018)	, , , , , , , , , , , , , , , , , , ,		, other compensation 01,686.10	2. Federal in	2. Federal income tax withheld \$5,236.28		
c. Employ	er's name, address,and ZIP o	ode		3. Social secur \$6	ity wages 57,719.06	27.000.000.000.000.000.000.000.000.000.0	4. Social security tax withheld \$4,198.58		
WESTERN GOVERNORS UNIVERSITY 4001 S 700 E STE 700 SALT LAKE CITY, UT 84107				5. Medicare wa	ages and tips 57,719.06	6. Medicare	6. Medicare tax withheld \$981.93 8. Allocated tips		
				7. Social secur	ity tips	8. Allocated			
d. Contro	l number			9.		10. Dependa	nt care benefits		
Employ	ee's address and ZIP code	Last name	0.000.707.00	11. Nonqualifie	en * >00000 €	12a. See inst	ructions for box 12 \$273.29		
SEAN C ALLMAN 123 MAIN ST YC, YS YZIP				Employee	Retirement Third-party Plan sick pay X	12b. E	\$6,032.96		
				14. Other		12c. DD	\$10,095.02		
						12d.	i i		
5. State YS	Employer's state ID number 6789123	16. State wages, tips, etc \$61,686.10	c. 17. Sta	ate income tax 4,469.52	18. Local wages, tips, et	c. 19. Local income	tax 20. Locality name		
Сору В	W-2 Wage and Statement To Be Filed With Employ rmation is being furnished to	ee's FEDERAL Tax Retu		20	24				

AGI: \$61,686 Bottom Line: Balance due of \$181

All the remaining Core problems will build on the first returns you have completed.

Allman (Continued)

Please go back to the **Allman** problem and add the following:

		CORREC	CTED (if checked)					
PAYER'S name Street address City or town, state or province, Telephone no.	country, ZIP or foreig	n postal code	Payer's RTN (optional)	OMB No. 1545-0112	Interest			
CAPITAL ONE, N.A. 1680 CAPITAL ONE DR MCLEAN, VA 22102			1 Interest income \$116.41	Income				
			2 Early withdrawal penalty			Сору В		
PAYER'S TIN 72-0210640	Service Control of the Control of th			3 Interest on US Savings Bonds and Treas, obligations				
RECIPIENT'S name Street address (including apt.no			4 Federal income tax withheld	5 Investm	This is important tax information and is being furnished to the			
City or town, state or province, SEAN C. ALLMAN	country, ZIP or foreig	n postal code	6 Foreign Tax Paid	7 Foreign	Country or US possession	IRS. If you are required to file a return, a negligence		
123 MAIN ST YC YC YZIP FATCA filing requirment Account number (see instructions)			8 Tax exempt interest	9 Specified interest	d private activity bond	penalty or other sanction may be imposed on you if this income is		
			10 Market Discount	11 Bond P	remium	taxable and the IRS determines that it has not been reported		
			12 Bond premium on Treasury obligations	13 Bond Premium on tax-exempt bond				
			14 Tax-exempt and tax credit bond CUSIP no.	15 State 16 State Identification no.		17 State tax withheld		
Form 1099-INT		-			3			

AGI: \$61,802 Bottom Line: Balance due of \$207

Stay with the Allman problem and add the following:

		CORRECTI	եր (ու գ	пескеај		
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no.				Ordinary Dividends \$120.00	OMB No. 15450110	Dividends and Distributions
PRUDENTIAL FINANCIAL INC P O BOX 43078 PROVIDENCE RI 02940-3078			1b Quali	fied Dividends \$120.00	2024 Form 1099-DIV	Сору В
		2a Total	capital gain distr.	2b Unrecap. Sec. 1250 gain	For Recipient	
PAYER'S TIN 22-1211670	RECIPIENT'S TIN 22-1211670 212-00-XXXX		2c Section	on 1202 gain	2d Collectables (28%) gain	
			2e Section	on 897 ordinary dividends	2f Section 897 capital gain	This is important tax information and is being furnished to
RECIPIENT'S name Street address (including apt. City or town, state or provinc		reign postal code	3 Nondiv	vidend distributions	4 Federal income tax withheld	the Internal Revenue Service. If you are required to file a
SEAN C ALLMAN 123 MAIN ST	c, courta y, zir or re	reigir postar code	5 Section	n 199A dividends	6 Investment expenses	return, a negligence penalty or other sanction may be imposed on you if
YC YC YZIP			7 Foreig	n Tax Paid	8 Foreign Country or US posse	this income is taxable and the IRS
		FATCA filing requirment	9 Cash li	quidation distributions	10 Noncash liquidation distribu	determines that it has not been reported.
			11 Exem	pt-Interest dividends	12 Specified private activity bond interest dividends	
Account number (see instruct	ions)	3	13 State	14 State Identification no.	. 15 State tax withheld	.70

AGI: \$61,922 Bottom Line: Balance due of \$225

Continue with the **Allman** problem and add the following:

	CORRECTED (if ch	ecked)	
RECIPIENT'S/LENDER'S name Street address City or town, state or province, country Telephone number	/, ZIP or Foreign Postal Code	OMB. 1545-1576	Student
JOMAMAS STUDENT LENDER 1 EDUCATION WAY CANTON, OHIO 45431	RS	2024	Loan Interest Statement
		Form 1098-E	
RECIPIENT'S federal identification no. 91-1234567	BORROWER'S social security nunber 212-00-XXXX	1 Student loan interest received by lender \$5,645.00	Copy B For Borrower
BORROWER'S name Street address (including apt. no.) City or town, state or province, country	/, ZIP or Foreign Postal Code	. ,	This important tax information and is being furnished to the IRS. If
SEAN C ALLMAN 123 MAIN ST YC YC YZIP			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
Account number (see instructions)		2 If checked box 1 does not include loan originat fees and/or capitalized interest for loans made September, 1 2004	on overstated a deduction for student loan interest. before
Form 1098-E			

AGI: \$59,422 Bottom Line: Refund \$101

Continue with the Allman problem and add the following:

Sean spent \$1,000 on materials and \$1,000 in labor to add insulation to his home, See Pub 4012 Tab G for additional information on qualifying for the energy credit.

AGI: \$59,422 Bottom Line: Refund \$401

He would like a refund direct deposited or a direct debit if he owes taxes.

He produces a card from his bank USAA showing his routing number is 314074269 and his account number for his checking account is 305551234.

BAXTER – Ctrl+Click <u>here</u> to view Intake/Interview & Quality Review

Form 13614-C		Ī.			Department of the Treasury - Internal Revenue Service Intake/Interview and Quality Review Sheet								
(October 2024)							/IEW S	JIICC L			1545-1964		
Note: Do not complete this fo	rm if you (o	r your spou	use) are not a L	J.S. citizen o	green car	d holder.							
You will need:	1010 1000	1000 1005				settinini ta ta mesmodi	•						
Tax Information such as Form Social Security cards or ITIN I						pages 1-4 of this		on on your retu	ırn Provide com	olete and a	ccurate information.		
Picture ID (such as valid drive						questions, ask				Jiete allu at	ocurate information.		
Volunteers are trained to pro	ovide high	quality serv	vice and uphol	d the highes	ethical st	andards. To re	port une	thical behavi	or to the IRS, e	mail us at	wi.voltax@irs.go		
Your first name (pronouns, op	tional)	M.I.	Last name		Your	date of birth	Your	job			3000		
HAZEL		A	BAXTER		06/20)/90	UNE	MPLOYED					
Spouse's first name (pronoun	s, optional)	M.I.	Last name	Spouse's date of birth Spouse's job									
Mailing address				Apt #	City				State	ZIP code			
1356 N FIRST ST		To the second			YOU	R CITY			YOUR S		YOUR ZIP		
Telephone number 208 824-8122	Email address						Did y □ Y		ork in two or mo o	re states i	n 2024		
Check if you or your spouse v	vere in 2024	4:			0	lly blind			☐ You	☐ Spou	se 🗵 No		
A U.S. citizen			☐ Spouse	e 🗌 No	Total	Totally and permanently disal			☐ You	☐ Spou	se 🗵 No		
n the U.S. on a visa		☐ You	☐ Spouse	e 🗵 No	Issue	ed an identity p	rotection			☐ Spou	se 🗵 No		
A full-time student		☐ You	☐ Spouse	e ⊠ No	Do you own or hold any digital assets			☐ You	☐ Spou	se × No			
f due a refund, would you lik	e your refu	nd			If yo	u have a bala	nce due,	would you lik	e to make a pa	yment dire	ectly from		
 Direct deposit 		☐ Check	by mail		□В	ank account				bit			
Split refund between acco	ounts	☐ Other			□ S	et up installme	nt agreer	ment	☐ Mail payr	ment to IR	S		
Would you like to receive writ	ten commu	nications fro	om the IRS in a	alanguage		ld you like info or how to regis			Would you li Election Car		o to the President		
The state of the s	language				□ Y		ter to vote	5		npaign Fu ⊠ No	nu		
As of December 31, 2024, wh	0 0	r marital ata	atue			CC				110			
Never Married	iai was you	⊓ Marrie		If married w	ere vou ma	arried for all of	2024	T	☐ Yes ☐	No			
_ Never Married			ou live with you						□ Yes □				
✓ Divorced		1.00	ly Separated	opodoo dan	ng any pai	it of the last of	· monino	12	☐ Widowed	110			
Date of final decree	2012	M 10	of separate mai	ntenance de	cree			, L	Year of spou	ise's deatl	h		
Can anyone else claim the ta	S000 0000	-0				ified volunteer)		7 3 3 1 3 1 3 1 3 1		Yes ⋉ No		
List the names below of every spouse) AND anyone you sup	one who liv	red with you	u last year (exc	ept your	,	Answer Yes		/N)			certified voluntee 012 Tab C)		
		ationship to	Number of	Single or	A U.S.	Resident of	Full-time	Totally and	Qualifying child	Qualifying	Provides tax		
(mm/c	dd/yy) you dau	(son, ighter, parent, ie, etc.)	months lived in	Married as of 12/31/2024 (S/M)	Citizen	U.S., Canada or Mexico		permanently disabled	dependent	relative dependent	benefits (HOH		

Received money from any of the following in 2024:	Income to be included (To be completed by certified volunteer)	Notes/Comment
☑ (B) Wages as a part-time or full-time employee [☐ (B) W-2s Number of forms	
How many jobs		
☐ (B/A) Tips	☐ (B/A) Tips (basic when reported on W2)	_
☐ (B/A) Retirement account, pension or annuity proceeds	☐ (B/A) 1099-R (basic when taxable amount is reported)	
☐ (B) Disability benefits	Number of forms	_
☐ (B) Social Security or Railroad Retirement Benefits [☐ (B) SSA-1099, RRB-1099	_
☑ (B) Unemployment benefits	☐ (B) 1099-G Number of forms	_
☐ (B) Refund of state or local income tax	\square Did you receive a refund of state or local taxes \square Yes \square No	
J	☐ Did you itemize last year ☐ Yes ☐ No	_
(B) Interest or dividends (bank account, bonds, etc.)	☐ (B) 1099-INT/DIV Number of forms	_
(A) Sale of stocks, bonds or real estate	☐ (A) 1099-B Number of forms (include	
Did you report a loss on last year's return ☐ Yes ☐ No	brokerage statement)	
☐ (B) Alimony	☐ (B) Alimony Amount \$	
	Excluded from income	
☐ (M) Income from renting out your house or a room in your house [☐ (M) Rental income	
If yes, did you use the dwelling unit as a personal residence and rent it for few than 15 days ☐ Yes ☐ No		
☐ Income from renting personal property such as a vehicle		
Farm activity	☐ Farm income (out of scope)	_
Gambling winnings, including lottery	☐ (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions)	-
Payments for contract or self-employment work	☐ (A) Schedule C	-
Did you report a loss on last year's return ☐ Yes ☐ No	☐ 1099-MISC Number	
	☐ 1099-K Number	
	☐ Other income reported elsewhere	
	☐ Schedule C expenses	
Any other money received during the year (example: cash payments, jury duty, awards, virtual currency, royalties, union strike benefits)	☐ Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart)	-

Paid any of the following expenses in 2024:	Standard or Itemized Deductions (To be completed by certified volunteer)	Notes/Comments
☐ (A) Mortgage Interest	☐ (B) Taxable state/local income taxes	
☐ (A) Taxes: state, local, real estate, sales, etc.☐ (A) Medical, Dental, Prescription Expenses☐ (B) Charitable contributions	☐ (B) Standard deduction ☐ (A) Itemized deduction	
Paid any of these expenses in 2024:	Expenses to report (To be completed by certified volunteer)	Notes/Comments
☐ (B) Student loan interest	☐ (B) 1098-E	
☐ (B) Child and dependent care	☐ (B) Child and dependent care credit	
☐ (B/A) Contributions to a retirement account	☐ (A) IRA, 401(k), etc. deduction	
☐ Repayments to a qualified retirement plan	☐ (B) Saver's credit	
$\ \square$ (B) School supplies by a teacher, teacher's aide or other educator	☐ (B) Educator expenses deduction	
☐ (B) Alimony payments (do not include child support)	☐ (B) Alimony payments with spouse's SSN \$	
	Adjustment to income	
Did any of the following happen during 2024:	Information to report (To be completed by certified volunteer)	Notes/Comments
⋈ (B) You or someone in your family took educational classes (technical school, college, job related, etc.)	 ☐ (B) Taxable scholarship income ☐ (B) 1098-T (itemized statement from school, invoice, etc.) ☐ (B) Education credit or tuition and fees deduction 	
(A) Sell a home	☐ (A) Sale of home (1099-S)	
☐ (A) Have a health savings account (HSA)	☐ HSA contributions ☐ HSA distributions	
☐ (A) Purchase health insurance through the Marketplace (Exchange)	☐ (A) 1095-A	
☐ (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)	☐ (B) Energy efficient home improvement credit	
(A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender	☐ (A) 1099-C	
☐ Have a loss related to a declared federal disaster area	☐ (A) 1099-A☐ Disaster relief impacts return	
☐ (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)	☐ (B) EITC, CTC, AOTC or HOH disallowed in a previous year Year disallowed Reason	
☐ Receive any letter or bill from the IRS	☐ Eligible for Low Income Taxpayer Clinic referral	
(B) Make estimated tax payments or apply last year's refund to	☐ Estimated tax payments	
2024 taxes	Last year's refund applied to this year	
	Last year's return available	
☐ Additional information you think we should know	☐ Additional information for accurate tax preparation	

The following information	າ is for statistical purposes	s. These questions a	are o	ptiona	l.								
1. Would you say you can	carry on a conversation in Er	nglish	X	Very w	vell	□ V	Vell	□ N	lot well	☐ Not at	all	☐ Prefer not to answ	/er
2. Would you say you read	a newspaper in English		X	Very w	vell	□ V	Vell	□ N	lot well	☐ Not at	all	☐ Prefer not to answ	/er
3. Do you or any member of	of your household have a dis	ability		Yes		X N	No	□ P	refer not	to answer			
4. Are you or your spouse a	a Veteran from the U.S. Arm	ed Forces		Yes		X	No	□ P	refer not	to answer			
5. What is your race and/or in the spaces below)	ethnicity (select all that app	ly and enter additiona	al de	tails 6			ır spouse's letails in the				t all t	hat apply and enter	
Tribe of the Blackfeet In	aska Native (enter, for exam dian Reservation of Montana rnment, Nome Eskimo Comr	, Native Village of Ba	rrow		Tribe	of the	e Blackfeet	Indiar	n Reserva	ition of Mont	ana, I	e, Navajo Nation, Black Native Village of Barrov unity, Aztec, Maya, etc.	N
☐ Asian (provide details b	nelow)				Asia	n (pro	vide details	s belo	N)				
☐ Chinese	☐ Asian Indian	☐ Filipino			☐ CI	hinese	е		☐ Asiar	n Indian		☐ Filipino	
☐ Vietnamese	☐ Korean	☐ Japanese			☐ Vi	etnan	nese		☐ Kore	an		☐ Japanese	
Enter, for example, Pak	istani, Hmong, Afghan, etc.				Enter	r, for e	example, P	Pakistai	ni, Hmong	g, Afghan, ei	tc.		
☐ Black or African Amer	ican (provide details below)] Blacl	k or A	African Am	nericar	ı (provide	e details belo	w)		
African American	☐ Jamaican	☐ Haitian			☐ Af	frican	American		☐ Jama	ican		☐ Haitian	
☐ Nigerian	☐ Ethiopian	☐ Somali			☐ Ni	igeria	n		☐ Ethiop	oian		☐ Somali	
Enter, for example, Trin	idadian and Tobagonian, Gh	anaian, Congolese, e	etc.		Enter	r, for e	example, T	rinidad	dian and T	Tobagonian,	Ghai	naian, Congolese, etc.	
☐ Hispanic or Latino (pro	ovide details below)] Hisp	anic c	or Latino (provid	e details i	below)			
☐ Mexican	☐ Puerto Rican	☐ Salvadoran				exica	n		☐ Puerte	o Rican		☐ Salvadoran	
☐ Cuban	☐ Dominican	☐ Guatemalan			☐ Ci	uban			□ Domir	nican		☐ Guatemalan	
Enter, for example, Colo	ombian, Honduran, Spaniard	, etc.			Enter	r, for e	example, C	colomb	ian, Hond	duran, Spani	ard, e	etc.	
	th African (provide details b	elow)] Midd	le Ea	stern or N	orth A	African (p	rovide detail	ls bel	ow)	
☐ Lebanese	☐ Iranian	☐ Egyptian			□ Le	ebane	se		☐ Irania	n		☐ Egyptian	
☐ Syrian	☐ Iraqi	☐ Israeli			☐ Sy	yrian			□ Iraqi			☐ Israeli	
Enter, for example, Mor	occan, Yemeni, Kurdish, etc				Enter	r, for e	example, M	1orocc	an, Yeme	eni, Kurdish,	etc.		
	cific Islander (provide detail	•								r (provide de	etails	below)	
Native Hawaiian	☐ Samoan	☐ Chamorro					Hawaiian		☐ Samo			☐ Chamorro	
☐ Tongan	☐ Fijian	☐ Marshallese			□ To	ongan	1		☐ Fijian			☐ Marshallese	
Enter, for example, Chu	ukese, Palauan, Tahitian, et	C.			Enter	r, for e	example, C	huuke	se, Palau	ıan, Tahitian	, etc.		
White (provide details be a second of the control of the	pelow)] Whit	e (pro	vide detail:	s belo	N)				
	☐ German	☐ Irish			☐ Er	-			☐ Germ	an		☐ Irish	
☐ Italian	☐ Polish	☐ Scottish			☐ Ita	alian			☐ Polish	1		☐ Scottish	
Enter, for example, Frei	nch, Swedish, Norwegian, et	C.			Enter	r, for e	example, F	rench,	Swedish	, Norwegian	, etc.		

ditional comments	
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 USC 301 and 26 USC 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. 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 Individual Master File. 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:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

Interview Notes

Your review of the I & I sheet verifies her income, expenses and life events match the documents provided.

200	ocial Securit
	213-00-2024
	THIS NUMBER HAS BEEN ESTABLISHED FOR
	HAZEL A BAXTER
	For Tax Training Purposes Only

1	Driver's Licens	se (Tax Training	Only)
License No. Name and A HAZEL A E 1356 N FI YC, YS YZ	BAXTER RST ST	1	
Birth Date	06/20/1990		
Issue Date	05/31/2024	Expiration Date	05/31/2029

	25 42	e's social security number 13-00-2024	OMB No		ave. accurate AST! Use	(RSE)	file	Visit the IRS website at www.irs.gov/efile
777 85	er identification number (EIN)	- 8	1. Wages, tips	, other compe	ensation	2. Federal	income tax withheld \$1,400.00
c. Employe	er's name, address,and ZIP o	ode		3. Social secur	Apple to the control of the control		4. Social se	\$1,833.15
7367	RO MULTIMEDIA GLACIER VIEW RD			5. Medicare was	ages and tips 29,567.00		6. Medicare	e tax withheld \$428.72
LONG	10NT, CO 80503			7. Social secur	ity tips		8. Allocate	d tips
d. Control	number			9.			10. Depend	dant care benefits
	ee's first name and initial ee's address and ZIP code	Last name	Suff.	11. Nonqualifie	d plans		12a. See ins	structions for box 12
The state of the s	A BAXTER I FIRST ST S YZIP			Employee	Retirement Plan	Third-party sick pay	12b. D	\$2,000.00
				14. Other			12c.	22
							12d.	
15. State YS	Employer's state ID number 234567	16. State wages, tips, etc \$27,567.00	17. S	tate income tax	18. Local wag	ges, tips, etc.	19. Local incom	e tax 20. Locality name
Сору В	N-2 Wage and Statement To Be Filed With Employ mation is being furnished to	ee's FEDERAL Tax Retu		20	24	-		

AGI: \$27,567 Bottom Line: Refund \$275

Baxter (Continued)

Please go back to the **Baxter** problem and add the following:

	_ CORRE	CTED (f checked)				
PAYER'S name Street address City or town, state or province, or Telephone no.	ountry, ZIP or foreign postal code	1 Unemplo	yment compensation \$7,500.00	538075	No. 1545-0120		Certain
STATE EMPLOYMENT D 317 W MAIN ST YC,YS YZIP	EVELOPMENT DIV		local income tax credits or offsets	2360	20 24 rm 1099-G		Government Payments
		. Box 2 am	ount is for tax year	4 Fe	deral income tax with	held	Сору В
PAYER'S TIN 32-1341234	RECIPIENT'S TIN \$750.00 341234 213-00-2024						For Recipient This is important tax information and is
RECIPIENT'S name Street address City or town, state or province, country, ZIP or foreign postal cod		5 RTAA pa	yments	6 Ta	xable grants	being furnished to the IRS. If you are required to file a return, a	
HAZEL A BAXTER 1356 N FIRST ST	Jana y, Zir G To eigh postar code	7 Agricultu	ire payments	tra	checked, box 2 is ade or business come >		negligence penalty or other sanction may be imposed on you if this
YC, YS YZIP		9 Market g	ain				income is taxable and the IRS determines that it has not been
Account number (see instructions)	10. State	10b State identification	on no.	11 State income tax	withheld	reported.
Form 1099-G		,	9)				

AGI: \$35,067 Bottom Line: Refund \$125

Continue with the **Baxter** problem, please add the following:

COR	REC	CTED (if checked)				
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no.				OMB No. 1545-0112	Interest	
CAPITAL ONE, N.A. P O BOX 30249 SALT LAKE CITY, UT 84130				20 24 Form 1099-INT	Income	
en synthamic		2 Early withdrawal penalty	550		Сору В	
	66	3 Interest on US Savings Bonds and \$200.00	For Recipient			
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code		4 Federal income tax withheld			This is important tax information and is being furnished to the IRS. If you are	
ir or foreign postal	code	6 Foreign Tax Paid	7 Foreign	Country or US possession	required to file a return, a negligence	
1356 N FIRST ST YC, YS YZIP		8 Tax exempt interest \$100.00			penalty or other sanction may be imposed on you if this income is	
		10 Market Discount	11 Bond F	Premium	taxable and the IRS determines that it has not been reported	
]	12 Bond premium on Treasury obligations	13 Bond F	Premium on tax-exempt bond	307	
Account number (see instructions)		14 Tax-exempt and tax credit bond CUSIP no.	15 State	16 State Identification no.	17 State tax withheld	
E	ENT'S TIN 213-00-2024 EIP or foreign postal	EIP or foreign postal code ENT'S TIN 213-00-2024 EIP or foreign postal code	Payer's RTN (optional) Interest income \$3,000.00 2 Early withdrawal penalty Savings Bonds and \$200.00 4 Federal income tax withheld FATCA filing requirment 10 Market Discount 12 Bond premium on Treasury obligations 14 Tax-exempt and tax credit	Payer's RTN (optional) Interest income \$3,000.00 2 Early withdrawal penalty 3 Interest on US Savings Bonds and Treas. obliving Savings Bonds and Treas.	Payer's RTN (optional) OMB No. 1545-0112 20 24 1 Interest income \$3,000.00 Form 1099-INT 2 Early withdrawal penalty 3 Interest on US Savings Bonds and Treas. obligations \$200.00 4 Federal income tax withheld 5 Investment expenses 6 Foreign Tax Paid 7 Foreign Country or US possession 8 Tax exempt interest 9 Specified private activity bond interest \$100.00 FATCA filing requirment 12 Bond premium on Treasury obligations 13 Bond Premium on tax-exempt bond 14 Tax-exempt and tax credit 15 State 16 State Identification no.	

AGI: \$38,267 Bottom Line: Balance Due \$459

Hazel tells you that in the past, she has put some extra into her IRA to reduce her tax liability and asks if it would help her this year. What would happen if she put \$20 in her IRA by the due date of the return and classified it as a 2024 contribution? Why?

AGI: \$38,247 Bottom Line: Balance Due \$253

Hazel took a few courses at the local college to improve her job skills while she was unemployed. Her tuition was \$1500. She shows you her 1098-T on her phone. The school is Anne Arundel Community College, the address is 101 College Parkway, Arnold, MD 21012. The school's identification number is 52-0905706. She did not attend at least half-time.

AGI: \$38,247 Bottom Line: Refund \$47

She would like a refund directly deposited or a direct debit if she owes taxes.

HAZEL A BAXTER 1356 N FIRST ST YC, YS YZIP			Ø	1234
PAY TO THE			\$	-
ORDER OF			DOLLARS	
YOUR BANK ADDRESS CITY, STATE ZIP				
For	987123654	1234		

CARAMEL – Ctrl+Click <u>here</u> to view Intake/Interview & Quality Review

Form 13614-C (October 2024)		In				Department of the Treasury - Internal Revenue Service Intake/Interview and Quality Review Sheet								
Note: Do not complete th	nis form if you	(or your spou	se) are not a l	J.S. citizen or	green car	d holder.								
You will need:														
 Tax Information such as Social Security cards or I 						pages 1-4 of this			en Dravida sana	ulata and aga	urate information.			
Picture ID (such as valid)						guestions, ask				piete and acc	urate information.			
Volunteers are trained					1. C	M G			N	mail us at <u>v</u>	vi.voltax@irs.gov			
Your first name (pronour	s, optional)	M.I.	Last name		Your	date of birth	Your	job						
LESTER "			CARAMEL		02/10	/1953		IRED						
Spouse's first name (pro	nouns, option	al) M.I.	Last name		Spou	se's date of b	and the same of the same of	use's job						
WANDA		~	CARAMEL	T 10 10 10 10 10	6/27/	1956	RET	IRED	1000 B	To a	598642 Pt			
Mailing address				Apt #	City	D CHEST			State	1000	IP code			
157 E BRENT RD Telephone number		Email add	Irocc		100	R CITY	Dida	ou live or wo	YOUR S'		OUR ZIP			
2082342934		Elliali auc	11 655							ire states iii	2024			
Check if you or your spor	use were in 20)24:			Lega	lly blind			☐ You	X Spouse	e 🗌 No			
A U.S. citizen		X You	X Spouse	e 🗌 No		ly and permar	nently disa	abled	☐ You	☐ Spouse				
In the U.S. on a visa		☐ You	☐ Spouse	e 🔀 No	Issued an identity protect			PIN	☐ You	X Spouse	e 🗌 No			
A full-time student		☐ You	☐ Spouse	e 🔀 No	Do you own or hold any digital assets				☐ Spouse	e 🗶 No				
If due a refund, would y	ou like your re	fund			If you	u have a bala	nce due,	would you lik	e to make a pa	yment direc	tly from			
□ Direct deposit □ Direct deposit	-	☐ Check	by mail		□ Ba	ank account			□ Direct de □ Dir	bit	•			
Split refund between	accounts	☐ Other			☐ Se	et up installme	ent agreer	ment	☐ Mail payı	ment to IRS				
Would you like to receive	written comn	nunications fro	om the IRS in a	a language		d you like info			Would you li	ike \$3 to go	to the Presidentia			
other than English						or how to regis	ster to vot	е	Election Car		d			
	What languag				☐ Ye	es 🗵 No				□ No				
As of December 31, 202	4, what was y			(Characteristics)		and the Landson House	5 000 4			NU				
Never Married		⊠ Marrie		The second secon	2	arried for all of		1.00	Yes					
		160	u live with you	ir spouse duri	ng any par	t of the last si	x months	01/20/24	Yes 🗌	IVO				
☐ Divorced			y Separated	intonopoo do:	roo			L	☐ Widowed	ion's doath				
Date of final decree		-0	f separate ma	The second secon	3				Year of spot					
Can anyone else claim the		-		•	ted by cert	ified volunteei	r)			☐ Ye				
List the names below of one spouse) AND anyone yo			100	200 200		Answer Yes	or No (Y	/N)		er to Pub 40	rtified volunteer 12 Tab C)			
		Relationship to	Number of	Single or	A U.S.	Resident of	Full-time	Totally and	Qualifying child	Qualifying	Provides tax			
	ALUMBER SERVICE CONTRACTOR	rou (son, laughter, parent,	months lived in your home in	Married as of 12/31/2024	Citizen	U.S., Canada or Mexico	student	permanently disabled	dependent	relative dependent	benefits (HOH, EITC, CTC, etc.			
		one, etc.)	2024	(S/M)										

Received money from any of the following in 2024:	Income to be included (To be completed by certified volunteer)	Notes/Comments
☐ (B) Wages as a part-time or full-time employee	☐ (B) W-2s Number of forms	
How many jobs		
☐ (B/A) Tips	☐ (B/A) Tips (basic when reported on W2)	_
☑ (B/A) Retirement account, pension or annuity proceeds	☐ (B/A) 1099-R (basic when taxable amount is reported)	
☐ (B) Disability benefits	Number of forms	_
(B) Social Security or Railroad Retirement Benefits	☐ (B) SSA-1099, RRB-1099	
☐ (B) Unemployment benefits [☐ (B) 1099-G Number of forms	
☐ (B) Refund of state or local income tax	\square Did you receive a refund of state or local taxes \square Yes \square No	
ן	☐ Did you itemize last year ☐ Yes ☐ No	
(B) Interest or dividends (bank account, bonds, etc.)	☐ (B) 1099-INT/DIV Number of forms	_
(A) Sale of stocks, bonds or real estate	☐ (A) 1099-B Number of forms (include	_
Did you report a loss on last year's return ☐ Yes ☐ No	brokerage statement)	
(B) Alimony	☐ (B) Alimony Amount \$	_
	Excluded from income	
(M) Income from renting out your house or a room in your house	☐ (M) Rental income	-
If yes, did you use the dwelling unit as a personal residence and rent it for few than 15 days ☐ Yes ☐ No		
☐ Income from renting personal property such as a vehicle		
Farm activity	☐ Farm income (out of scope)	_
Gambling winnings, including lottery	☐ (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions)	-
☑ Payments for contract or self-employment work [☐ (A) Schedule C	-
Did you report a loss on last year's return ☐ Yes ☒ No	☐ 1099-MISC Number	
	☐ 1099-K Number	
	☐ Other income reported elsewhere	
	☐ Schedule C expenses	
Any other money received during the year (example: cash payments, jury duty, awards, virtual currency, royalties, union strike benefits)	☐ Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart)	-

Paid any of the following expenses in 2024:	Standard or Itemized Deductions (To be completed by certified volunteer)	Notes/Comments
☐ (A) Mortgage Interest	☐ (B) Taxable state/local income taxes	
☐ (A) Taxes: state, local, real estate, sales, etc.☐ (A) Medical, Dental, Prescription Expenses☐ (B) Charitable contributions	☐ (B) Standard deduction ☐ (A) Itemized deduction	
Paid any of these expenses in 2024:	Expenses to report (To be completed by certified volunteer)	Notes/Comments
☐ (B) Student loan interest	☐ (B) 1098-E	
☐ (B) Child and dependent care	☐ (B) Child and dependent care credit	
☐ (B/A) Contributions to a retirement account	☐ (A) IRA, 401(k), etc. deduction	
☐ Repayments to a qualified retirement plan	☐ (B) Saver's credit	
☐ (B) School supplies by a teacher, teacher's aide or other educator	☐ (B) Educator expenses deduction	
☐ (B) Alimony payments (do not include child support)	☐ (B) Alimony payments with spouse's SSN \$	
	Adjustment to income	
Did any of the following happen during 2024:	Information to report (To be completed by certified volunteer)	Notes/Comments
☐ (B) You or someone in your family took educational classes (technical school, college, job related, etc.)	 ☐ (B) Taxable scholarship income ☐ (B) 1098-T (itemized statement from school, invoice, etc.) ☐ (B) Education credit or tuition and fees deduction 	
(A) Sell a home	☐ (A) Sale of home (1099-S)	
☐ (A) Have a health savings account (HSA)	☐ HSA contributions ☐ HSA distributions	
☐ (A) Purchase health insurance through the Marketplace (Exchange)	☐ (A) 1095-A	
(A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)	☐ (B) Energy efficient home improvement credit	
☐ (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender	☐ (A) 1099-C	
☐ Have a loss related to a declared federal disaster area	☐ (A) 1099-A☐ Disaster relief impacts return	
☐ (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)	☐ (B) EITC, CTC, AOTC or HOH disallowed in a previous year Year disallowed Reason	
Receive any letter or bill from the IRS	☐ Eligible for Low Income Taxpayer Clinic referral	
⊠ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax pa	☐ Estimated tax payments	
2024 taxes	☐ Last year's refund applied to this year	
	Last year's return available	
Additional information you think we should know	☐ Additional information for accurate tax preparation	

The following information is for statistical	purposes. These questions a	are opti	onal				
1. Would you say you can carry on a conversa	ation in English	□ Ve	ery w	rell 🗵 Well	☐ Not wel	l □ Not at all	☐ Prefer not to answer
2. Would you say you read a newspaper in Er	nglish	□ Ve	ery w	rell ⊠ Well	☐ Not wel	l □ Not at all	☐ Prefer not to answer
3. Do you or any member of your household h	ave a disability	X Y	es	☐ No	☐ Prefer r	ot to answer	
4. Are you or your spouse a Veteran from the	U.S. Armed Forces	□ Yee	es	No	☐ Prefer r	ot to answer	
5. What is your race and/or ethnicity (select al in the spaces below)	I that apply and enter addition	al detail	s 6.	What is your spouse additional details in			that apply and enter
☐ American Indian or Alaska Native (enter, Tribe of the Blackfeet Indian Reservation o Inupiat Traditional Government, Nome Esk	f Montana, Native Village of Ba	arrow	t 🗆	Tribe of the Blackfe	et Indian Rese	rvation of Montana	ole, Navajo Nation, Blackfeet , Native Village of Barrow nunity, Aztec, Maya, etc.)
☐ Asian (provide details below)				Asian (provide deta	ails below)		
☐ Chinese ☐ Asian India	an 🗌 Filipino			☐ Chinese	□ As	sian Indian	☐ Filipino
☐ Vietnamese ☐ Korean	☐ Japanese			☐ Vietnamese	□ Ke	orean	☐ Japanese
Enter, for example, Pakistani, Hmong, Afg.	han, etc.			Enter, for example,	Pakistani, Hm	ong, Afghan, etc.	
⊠ Black or African American (provide detail	ils below)		\boxtimes	Black or African A	merican (prov	vide details below)	
☐ African American ☒ Jamaican	☐ Haitian			☐ African America	n 🗌 Jai	maican	☐ Haitian
☐ Nigerian ☐ Ethiopian	☐ Somali			Nigerian	☐ Eth	niopian	☐ Somali
Enter, for example, Trinidadian and Tobag	onian, Ghanaian, Congolese, e	etc.		Enter, for example,	Trinidadian ar	nd Tobagonian, Gh	anaian, Congolese, etc.
☐ Hispanic or Latino (provide details below)			Hispanic or Latino	(provide deta	ils below)	
☐ Mexican ☐ Puerto Rica	ın 🗌 Salvadoran			☐ Mexican	☐ Pu	erto Rican	☐ Salvadoran
☐ Cuban ☐ Dominican	☐ Guatemalan			☐ Cuban	☐ Do	minican	☐ Guatemalan
Enter, for example, Colombian, Honduran,	Spaniard, etc.			Enter, for example,	Colombian, H	onduran, Spaniard,	etc.
☐ Middle Eastern or North African (provide	e details below)			Middle Eastern or	North Africar	(provide details be	elow)
☐ Lebanese ☐ Iranian	☐ Egyptian			☐ Lebanese	☐ Ira	nian	☐ Egyptian
☐ Syrian ☐ Iraqi	☐ Israeli			☐ Syrian	☐ Ira	qi	☐ Israeli
Enter, for example, Moroccan, Yemeni, Ku	rdish, etc.			Enter, for example,	Moroccan, Ye	meni, Kurdish, etc.	
☐ Native Hawaiian or Pacific Islander (pro	vide details below)			Native Hawaiian o	r Pacific Islan	der (provide detail	s below)
☐ Native Hawaiian ☐ Samoan	☐ Chamorro			☐ Native Hawaiian	ı 🗌 Sa	moan	☐ Chamorro
☐ Tongan ☐ Fijian	☐ Marshallese			☐ Tongan	☐ Fiji	an	☐ Marshallese
Enter, for example, Chuukese, Palauan, T	ahitian, etc.			Enter, for example,	Chuukese, Pa	lauan, Tahitian, et	c .
☐ White (provide details below)				White (provide deta	ails below)		
☐ English ☐ German	☐ Irish			☐ English	☐ Ge	rman	☐ Irish
☐ Italian ☐ Polish	☐ Scottish			☐ Italian	☐ Po	lish	☐ Scottish
Enter, for example, French, Swedish, Norv	vegian. etc.			Enter, for example,	French. Swed	ish, Norwegian, etc	2.

ditional comments	
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 USC 301 and 26 USC 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. 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 Individual Master File. 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:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

Interview Notes

Your review of the I & I sheet verifies their income, expenses and life events match the documents provided.

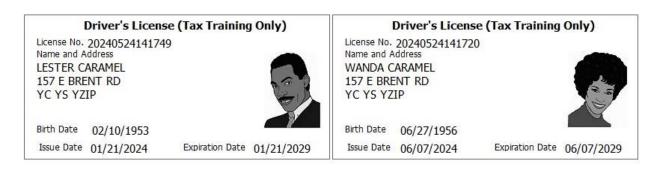
Please note that in this example they have no AGI, but do have a refund, so they can e-file for this return.

They did not initially bring in their Social Security cards; verify with your Instructor if your state or district has a policy that allows them to use their Social Security Benefit Statements for their Social Security Number. See the Social Security cards that follow.

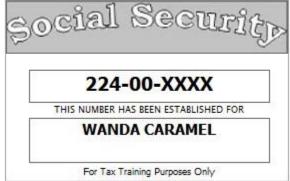
NOTE: All grayed out areas are the responsibility of the counselor to review with the taxpayer and complete. This includes the last question above the dependents' area dealing with whether anyone else can claim the taxpayer(s) as a dependent.

Wanda's Identity Protection Pin is 543456.

Wanda's driver's license can only be used for identification purposes.







FORM	I SSA-1099 - SOCIAL SE	CURIT	Y BENEFIT STATEMENT			
	YOUR SOCIAL SECURITY BENE REVERSE FOR MORE INFORMA		NN IN BOX 5 MAY BE TAXABLE INCOME.			
Box 1. Name LESTER CARAMEL			Box 2. Beneficiary's Social Security 214-00-XXXX			
Box 3. Benefits Paid in 2024 \$28,496.40	Box 4. Benefits Repaid to SSA	in 2024	Box 5. Net Benefits Paid for 2024 (Box 3 minus Box 4) \$28,496.40			
DESCRIPTION OF A	AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4			
Paid by check or direct deposit	\$26,400.00					
Medicare Part B premiums deduction from your benefits	\$2,096.40					
Medicare Prescription Drug premiums (Part D) deducted f your benefits	rom					
Total Additions	\$2,096.40	Box 6. Voluntary Federal Income Tax Withheld				
Benefits for 2024	\$28,496.40					
Benefits for 2023			R CARAMEL BRENT RD			
Benefits for 2022						
Benefits for 2021		Box 8. Cla	im Number (use this number if you need to contact SSA) 214-00-XXXXA			

Form SSA-1099-SM

FORM	M SSA-1099 - SOCIAL SI	ECURIT	Y BENEFIT STATEMENT		
	YOUR SOCIAL SECURITY BENE REVERSE FOR MORE INFORMA		WN IN BOX 5 MAY BE TAXABLE INCOME.		
Box 1. Name WANDA CARAMEL			Box 2. Beneficiary's Social Security 224-00-XXXX		
Box 3. Benefits Paid in 2024 \$14,744.40	Box 4. Benefits Repaid to SSA	s in 2024 Box 5. Net Benefits Paid for 2024 (Box 3 minus Box \$14,744.40			
DESCRIPTION OF A Paid by check or direct deposit Medicare Part B premiums deduction from your benefits Medicare Prescription Drug premiums (Part D) deducted your benefits	\$12,528.00 cted \$2,096.40		DESCRIPTION OF AMOUNT IN BOX 4		
Total Additions Benefits for 2024	\$2,216.40 \$14,744.40	Box 6. Vo	luntary Federal Income Tax Withheld \$120.00		
Benefits for 2023 Benefits for 2022		100000000000000000000000000000000000000	A CARAMEL BRENT RD		
Benefits for 2021		Box 8. Cla	im Number (use this number if you need to contact SSA 224-00-XXXXA		

Form SSA-1099-SM

AGI: \$0 Bottom Line: Refund \$120

Caramel (Continued)

Please go back to the **Caramel** problem and add the following:

		CORR	ECTED (if cl	necked)	£X		Distributions From	
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. DEFENSE FINANCE AND ACCOUNTING SERVICE 8899 E 56TH ST INDIANAPOLIS IN 46249-1200			2a Taxable amo	5,800.00	2024 Form 1099-R		Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
			2b Taxable amo not determin		Total Distribution		Copy B Report this	
INDIANAPOLIS IN 40249-1200		3 Capital gain (i in box 2a).	ncluded	4 Federal income tax withheld	40)	income on your federal tax return. If this form shows		
PAYER'S TIN 34-0727612	RECIPIENT'S	-00-XXXX	5 Employee cor Designated R contributions	toth	6 Net unrealized appreciation in employer's securities		federal income tax withheld in box 4, attach this copy to your return.	
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal LESTER CARAMEL 157 E BRENT RD			7 Distribution Code(s)	IRA/ SEP/ SIMPLE	8 Other	%	This information is being furnished to the IRS	
YC YS YZIP		9a Your percentage of total distribution %		9b Total Employee Contributions				
10 Amount allocable to IRR within 5 years			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		1	1		J			

AGI: \$34,707 Bottom Line: Refund \$34

Continuing with this problem, Wanda is a medical transcriber, and her only expense is office supplies of \$500.

	CORRE	ECTED (if checked)	100	
PAYER'S name Street address City or town, state or provin Telephone no. ST LUKES HEALTH S 132 S EAGLE DRIVE	ce, country, ZIP or foreign postal code YSTEM, LTD		OMB No. 1545-0116 2024 Form 1099-NEC	Nonemployee Compensation
MERIDIAN, ID 83646	5	1 Nonemployee compensation \$2,000.00	Copy B For Recipient	
PAYER'S TIN 56-2570681	RECIPIENT'S TIN 224-00-XXXX	2		This is important tax
	.no.) ce, country, ZIP or foreign postal code	3	information and is being furnished to the IRS. If you are required to file a return, a negligence	
WANDA CARAMEL 157 E BRENT RD YC YS YZIP		4 Federal income tax withhele	penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has	
	FATCA filing requirment	_		not been reported.
Account number (see instruc	tions)	5 State tax withheld	6 State/Payer's state no.	7 State income
Form 1099-NEC		I		

AGI: \$34,707 Bottom Line: Balance Due \$178

AGI: \$34,707 Bottom Line: Refund \$122

		CORR	ECTED			
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. MORGAN STANLEY CAPITAL MGT			Applicable Check Box on Form 8949	Proceeds From Broker and Barter Exchange Transactions		
P O BOX 484		1a Description of Property (Example 100 SH GAMESTOP	e 100 sh. XYZ Co.)			
JERSEY CITY, NJ 073	03-0464		1b Date acquired 02/01/2024	1c Date sold or disposed 05/14/2024	Copy B For Recipient	
PAYER'S TIN 11-3658445	RECIPIENT'S	S TIN 4-00-XXXX	1d Proceeds \$2,479.00	1e Cost or other basis \$1,978.89	ror recipient	
			1f Accrued Market Discount	1g Wash sale loss disallowed		
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code LESTER CARAMEL 157 E BRENT RD YC YS YZIP Account number (see instructions)		2 Short term gain or loss X Long term gain or loss Ordinary 4 Federal income tax withheld	3 If checked, proceeds from: Collectables QOF 5 If checked, noncovered security	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		
		6 Reported to IRS Gross proceeds Net proceeds	7 If checked, loss is not allowed due to amount in 1d	this income is taxable and the IRS determines that it has not beer		
		22	8 Profit or (loss) realized in 2024 on closed contracts	9 Unrealized profit or (loss) on open contracts - 12/31/2024	reported.	
CUSIP number	CUSIP number FATCA filing requirement					
14 State Name 15 State identification no. 16 State tax withheld		10 Unrealized profiit or (loss) on open contracts - 12/31/2024	11 Aggragate profit or (loss) on contracts			
			12 If checked, basis reported to IRS	13 Bartering		
Form 1099-B	,					

AGI: \$35,632 Bottom Line: Refund \$29

Although they indicated they wanted a direct deposit, they realized they did not have their checkbook, so they decided to just get a check mailed to them for their refund.

DAVIS - Ctrl+Click here to view Intake/Interview & Quality Review

Form 13614-C (October 2024)		Department of the Treasury - Internal Revenue Service Intake/Interview and Quality Review Sheet								/IB Number 545-1964	
Note: Do not complete th	nis form if you	ı (or your spou	se) are not a l	J.S. citizen or	green car	d holder.					
You will need:											
 Tax Information such as 						pages 1-4 of this				W 50 W0	
 Social Security cards or I Picture ID (such as valid 						sponsible for the questions, ask				plete and acci	urate information.
Volunteers are trained										mail ue at v	i voltav@irc ao
Street Street of the Street	V000 1000	The state of the s		u tile iligilesi	100.000	NE VON CONTRACTOR		40. 50	or to the iks, e	iliali us at <u>w</u>	1.voitax@iis.go
Your first name (pronoun MARILYN	is, optional)		Last name DAVIS			date of birth 10, 1951		r job LMART GREI	TTED		
Spouse's first name (pro	ooune ontion	1007635	Last name		1 2222	se's date of b	U. 10.10.00.00.00.00.00.00.00.00.00.00.00.0	CONTRACTOR AND ACCUSED OF THE	SIEK		
spouse's first riaffie (prof	louris, option	iai) ivi.i.	Lastrianie		Spou	ise's date of b	iitii Spoi	use's job			
Mailing address				Apt#	City		-		State	7	IP code
172 N GARY LN				1. 1/2-11		R CITY			YOUR S'	100	OUR ZIP
Telephone number		Email add	ress		1		Did	you live or wo	rk in two or mo		
208 555-1897							☐ Y	es 🗵 No	0		
Check if you or your spot	use were in 2	024:			Lega	lly blind	15t		☐ You	☐ Spouse	≥ ⊠ No
A U.S. citizen		× You	☐ Spouse	e 🗌 No	Total	ly and permar	nently dis	abled	☐ You	☐ Spouse	≥ × No
n the U.S. on a visa		☐ You	☐ Spouse	e 🗵 No	Issue	ed an identity	orotection	PIN	☐ You	☐ Spouse	e ⊠ No
A full-time student		☐ You	☐ Spouse	e 🗵 No	Do yo	ou own or hole	d any digi	tal assets	☐ You	☐ Spouse	× No
If due a refund, would yo	ou like vour re	efund			If you	u have a bala	nce due	would you lik	ke to make a pa	vment direc	tlv from
Direct deposit	,	☐ Check	by mail			ank account		,	□ Direct de □ Dir		,
Split refund between	accounts	Other			Se	et up installme	ent agree	ment	☐ Mail payı	ment to IRS	
Would you like to receive	written com	munications fro	m the IRS in a	a language	Woul	d you like info	rmation o	n how to vote	e Would you I	ke \$3 to go	to the Presidenti
other than English		Trainioacionio me		a language		or how to regis			Election Car		
Yes × No	What languag	ge			☐ Ye	es 🗵 No			☐ Yes	× No	
As of December 31, 202	4, what was y	our marital sta	tus								
Never Married		■ Marrie	d	If married, we	ere you ma	arried for all of	f 2024	[☐ Yes ☐	No	
		Did yo	u live with you	r spouse duri	ng any par	t of the last si	x months	of 2024	☐ Yes ☐	No	
Divorced		☐ Legall	y Separated					[× Widowed		
Date of final decree		No. 10 Test Care Care Care Care Care Care Care Care	f separate ma	intenance ded	cree				Year of spor	use's death	2020
Can anyone else claim th	ne taxpaver o					ified voluntee	r)			ΠYe	es × No
ist the names below of	1 4	•	,	S	J 37 3011	inou voidineoo	' /		To be comp		rtified voluntee
spouse) AND anyone yo			The state of the s	The state of the s		Answer Yes	or No (Y	7N)	and the second s	er to Pub 401	
por a resource of the same		Relationship to	Number of	Single or	A U.S.	Resident of	Full-time	Totally and	Qualifying child	Qualifying	Provides tax
	(mm/dd/yy)	you (son,	months lived in	Married as of	Citizen	U.S., Canada		permanently	dependent	relative	benefits (HOH,
		daughter, parent, none, etc.)	your home in 2024	12/31/2024 (S/M)		or Mexico		disabled		dependent	EITC, CTC, etc
CASSIDY DAVIS		GRAND DAU		S	Y	Y	Y	N	Y	N	Y
CADDID I DAVID	0-12-2014	GIVAIND DAU	12	D D	1	1	1	IN	1	IN	1
						1	+				
					8	10	1	9			
					www.irs.gov					1	14-C (Rev. 10-202

Received money from any of the following in 2024:	Income to be included (To be completed by certified volunteer)	Notes/Comment
☑ (B) Wages as a part-time or full-time employee	☐ (B) W-2s Number of forms	
How many jobs		
☐ (B/A) Tips	☐ (B/A) Tips (basic when reported on W2)	_
☑ (B/A) Retirement account, pension or annuity proceeds	☐ (B/A) 1099-R (basic when taxable amount is reported)	
☐ (B) Disability benefits	Number of forms	_
☑ (B) Social Security or Railroad Retirement Benefits	☐ (B) SSA-1099, RRB-1099	_
☐ (B) Unemployment benefits	☐ (B) 1099-G Number of forms	_
☐ (B) Refund of state or local income tax	\square Did you receive a refund of state or local taxes \square Yes \square No	
	☐ Did you itemize last year ☐ Yes ☐ No	_
☐ (B) Interest or dividends (bank account, bonds, etc.)	☐ (B) 1099-INT/DIV Number of forms	
(A) Sale of stocks, bonds or real estate	☐ (A) 1099-B Number of forms (include	
Did you report a loss on last year's return ☐ Yes ☐ No	brokerage statement)	
(B) Alimony	☐ (B) Alimony Amount \$	_
	Excluded from income	
(M) Income from renting out your house or a room in your house	☐ (M) Rental income	_
If yes, did you use the dwelling unit as a personal residence and rent it for few than 15 days ☐ Yes ☐ No		
☐ Income from renting personal property such as a vehicle		
Farm activity	☐ Farm income (out of scope)	_
☐ Gambling winnings, including lottery	☐ (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions)	-
☐ Payments for contract or self-employment work	☐ (A) Schedule C	-
Did you report a loss on last year's return ☐ Yes ☐ No	☐ 1099-MISC Number	
	☐ 1099-K Number	
	☐ Other income reported elsewhere	
	☐ Schedule C expenses	
Any other money received during the year (example: cash payments, jury duty, awards, virtual currency, royalties, union strike benefits)	☐ Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart)	_

Paid any of the following expenses in 2024:	Standard or Itemized Deductions (To be completed by certified volunteer)	Notes/Comments
☐ (A) Mortgage Interest	☐ (B) Taxable state/local income taxes	
 ☐ (A) Taxes: state, local, real estate, sales, etc. ☐ (A) Medical, Dental, Prescription Expenses ☑ (B) Charitable contributions 	☐ (B) Standard deduction ☐ (A) Itemized deduction	
Paid any of these expenses in 2024:	Expenses to report (To be completed by certified volunteer)	Notes/Comments
☐ (B) Student loan interest	☐ (B) 1098-E	
⋈ (B) Child and dependent care	☐ (B) Child and dependent care credit	
☐ (B/A) Contributions to a retirement account	☐ (A) IRA, 401(k), etc. deduction	
☐ Repayments to a qualified retirement plan	☐ (B) Saver's credit	
☐ (B) School supplies by a teacher, teacher's aide or other educator	☐ (B) Educator expenses deduction	
☐ (B) Alimony payments (do not include child support)	☐ (B) Alimony payments with spouse's SSN \$	
	Adjustment to income	
Did any of the following happen during 2024:	Information to report (To be completed by certified volunteer)	Notes/Comments
☐ (B) You or someone in your family took educational classes (technical school, college, job related, etc.)	 ☐ (B) Taxable scholarship income ☐ (B) 1098-T (itemized statement from school, invoice, etc.) ☐ (B) Education credit or tuition and fees deduction 	
(A) Sell a home	☐ (A) Sale of home (1099-S)	
☐ (A) Have a health savings account (HSA)	☐ HSA contributions ☐ HSA distributions	
☑ (A) Purchase health insurance through the Marketplace (Exchange)	☐ (A) 1095-A	
☐ (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)	☐ (B) Energy efficient home improvement credit	
☐ (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender	☐ (A) 1099-C	
☐ Have a loss related to a declared federal disaster area	☐ (A) 1099-A☐ Disaster relief impacts return	
☐ (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)	☐ (B) EITC, CTC, AOTC or HOH disallowed in a previous year Year disallowed Reason	
Receive any letter or bill from the IRS	☐ Eligible for Low Income Taxpayer Clinic referral	
☐ (B) Make estimated tax payments or apply last year's refund to	☐ Estimated tax payments	
2024 taxes	☐ Last year's refund applied to this year	
	Last year's return available	
Additional information you think we should know	☐ Additional information for accurate tax preparation	

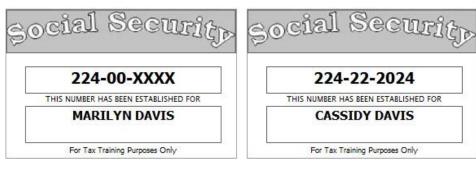
The following information i	s for statistical purposes.	These questions a	re o	ptiona	l.						
1. Would you say you can carry on a conversation in English				Very w	vell 🗵	Well		Not well	□ Not at all	☐ Prefer not to answer	
Would you say you read a newspaper in English				Very w	vell 🔀	Well		Not well	☐ Not at all	☐ Prefer not to answer	
3. Do you or any member of your household have a disability				Yes	X	No		Prefer not	to answer		
4. Are you or your spouse a	Veteran from the U.S. Armed	d Forces		Yes	X	No		Prefer not	to answer		
5. What is your race and/or e in the spaces below)	ethnicity (select all that apply	and enter additiona	l det	ails 6		our spouse': <i>I details in th</i>				that apply and enter	
	ka Native (enter, for examplian Reservation of Montana, ament, Nome Eskimo Commi	Native Village of Ba	rrow	eet	Tribe of	the Blackfee	et India	an Reserva	ation of Montana,	ole, Navajo Nation, Blackfee , Native Village of Barrow nunity, Aztec, Maya, etc.)	
☐ Asian (provide details below)					☐ Asian (provide details below)						
☐ Chinese	☐ Asian Indian	☐ Filipino			☐ Chine	ese		☐ Asia	n Indian	☐ Filipino	
☐ Vietnamese	☐ Korean	☐ Japanese			☐ Vietn	amese		☐ Kore	an	☐ Japanese	
Enter, for example, Pakistani, Hmong, Afghan, etc.					Enter, for example, Pakistani, Hmong, Afghan, etc.						
☐ Black or African American (provide details below)					☐ Black or African American (provide details below)						
☐ African American	☐ Jamaican	☐ Haitian			☐ Africa	an American		☐ Jama	ican	☐ Haitian	
☐ Nigerian	☐ Ethiopian	☐ Somali			☐ Niger	rian		☐ Ethio	pian	☐ Somali	
Enter, for example, Trinid	adian and Tobagonian, Gha	naian, Congolese, e	etc.		Enter, fo	r example, ī	Trinida	adian and	Tobagonian, Gha	anaian, Congolese, etc.	
☐ Hispanic or Latino (provide details below)					☐ Hispanic or Latino (provide details below)						
☐ Mexican	☐ Puerto Rican	☐ Salvadoran			☐ Mexi	can		☐ Puert	o Rican	☐ Salvadoran	
☐ Cuban	☐ Dominican	☐ Guatemalan			☐ Cuba	ın		☐ Domi	nican	☐ Guatemalan	
Enter, for example, Colombian, Honduran, Spaniard, etc.					Enter, for example, Colombian, Honduran, Spaniard, etc.						
☐ Middle Eastern or North African (provide details below)					☐ Middle Eastern or North African (provide details below)						
☐ Lebanese	☐ Iranian	☐ Egyptian			☐ Leba	nese		☐ Irania	n	☐ Egyptian	
☐ Syrian	☐ Iraqi	☐ Israeli			☐ Syria	n		☐ Iraqi		☐ Israeli	
Enter, for example, Morod	ccan, Yemeni, Kurdish, etc.				Enter, fo	r example, I	Moroc	can, Yeme	eni, Kurdish, etc.		
☐ Native Hawaiian or Pacific Islander (provide details below)					☐ Native Hawaiian or Pacific Islander (provide details below)						
☐ Native Hawaiian	☐ Samoan	☐ Chamorro			☐ Nativ	e Hawaiian		☐ Samo	oan	☐ Chamorro	
☐ Tongan	☐ Fijian	☐ Marshallese			☐ Tong	an		☐ Fijian		☐ Marshallese	
Enter, for example, Chuu	kese, Palauan, Tahitian, etc.				Enter, fo	r example, (Chuuk	kese, Palau	uan, Tahitian, etc	: .	
☐ White (provide details below)					☐ White (provide details below)						
☐ English	☐ German	☐ Irish			☐ Engli	sh		☐ Germ	an	☐ Irish	
☐ Italian	☐ Polish	☐ Scottish			☐ Italia	n		☐ Polish	า	☐ Scottish	
Enter, for example, Frence	n, Swedish, Norwegian, etc.				Enter, for example, French, Swedish, Norwegian, etc.						

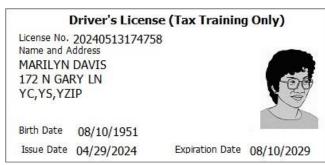
ditional comments	
Privacy Act and Paperwork Reduction Act Notice	

Interview Notes

Your review of the I & I sheet verifies her income, expenses and life events match the documents provided.

Marilyn's son and daughter-in-law passed away in a car accident in 2022, and their daughter Cassidy has lived with her since then. Marilyn provides all support for Cassidy.





	25 32	yee's social security number 224-00-XXXX	OMB N		ave. accurate, AST! Use		Visit the IRS website at www.irs.gov/efile			
25 2	er identification number (EI 6076821	N)	- 8	57400	s, other compensation	2. Federal inc	ome tax withheld			
c. Employer's name, address,and ZIP code WALMART 785 E BRENDA DR YC, YS, YZIP				3. Social security wages \$25,000.00 \$1,550. 5. Medicare wages and tips \$25,000.00 \$362. 7. Social security tips \$8. Allocated tips						
d. Control number				9.		10. Dependa	nt care benefits			
MARIL	ee's first name and initial ee's address and ZIP code YN DAVIS GARY LN ,YZIP	Last name	Suff.	11. Nonqualifie 13. Statutory Employee 14. Other	Retirement Third-party	12a. See instr	uctions for box 12			
15. State YS	Employer's state ID numb 716076823	16. State wages, tips, etc \$25,000.00	17. S	tate income tax 250.00	18. Local wages, tips, etc	. 19. Local income	tax 20. Locality name			
Сору В		d Tax nt oyee's FEDERAL Tax Retu o the Internal Revenue Servic		20	24	1				

/ / / / /	YOUR SOCIAL SECURITY BENE REVERSE FOR MORE INFORMA		WN IN BOX 5 MAY BE TAXABLE INCOME.
Box 1. Name MARILYN DAVIS			Box 2. Beneficiary's Social Security 224-00-XXXX
Box 3. Benefits Paid in 2024 \$26,000.40	Box 4. Benefits Repaid to SSA	in 2024	Box 5. Net Benefits Paid for 2024 (Box 3 minus Box 4) \$26,000.40
DESCRIPTION OF A	AMOUNT IN BOX 3	0	DESCRIPTION OF AMOUNT IN BOX 4
Paid by check or direct deposit	\$23,904.00		
Medicare Part B premiums deduc from your benefits	ted \$2,096.40		
Medicare Prescription Drug premiums (Part D) deducted f your benefits	rom		
Total Additions	\$2,096.40	Box 6. Vo	luntary Federal Income Tax Withheld
Benefits for 2024	\$26,000.40	65	
Benefits for 2023		4 7 1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	YN DAVIS GARY LN
Benefits for 2022		10,15,	1 (1)
Benefits for 2021		Box 8. Cla	im Number (use this number if you need to contact SSA 224-00-XXXXA

Form SSA-1099-SM

AGI: \$32,900 Bottom Line: Refund \$4,174

Davis (Continued)

Please go back to the **Davis** problem and add the following:

		CORRI	ECTED (if ch	ecked)	63		Distributions From Pensions, Annuities,	
PAYER'S name Street address City or town, state or province Telephone no. NA CUST FOR IRA PR	2a Taxable amo	2,000.00	2024 Form 1099-R		Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.			
1378 W WILLIAMS ST YC, YS YZIP			2b Taxable amor			Copy B Report this		
			3 Capital gain (ir in box 2a).	ncluded	4 Federal income tax withheld		income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.	
PAYER'S TIN 43-6853075	5 Employee cor Designated R contributions	oth	6 Net unrealized appreciation in employer's securities					
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal MARILYN DAVIS 172 N GARY LN			7 Distribution Code(s)	IRA/ SEP/ SIMPLE	8 Other	%	This information is being furnished to the IRS	
YC,YS,YZIP			9a Your percent distribution	age of total	9b Total Employee Contri			
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth	12 FATCA filing requirment	14 State tax withheld		15 State/Payer's state no.		16 State distribution	
Account number (see instructions) 13 Date of payment		17 Local tax with	hheld	18 Name of locality	19 Local distribution			
Form 1099-R		1	J.		1		Le .	

AGI: \$55,100 Bottom Line: Balance Due \$922

Continuing with **Davis**, please add the following:

Now Marilyn produces a statement from the trustee of her IRA and receipts from her church showing the above \$12,000 went directly from the trustee to her church in her name.

AGI: \$32,900 Bottom Line: Refund \$4,174

Continuing with the Davis problem, add the below:

Cassidy is involved with a summer program and spends most weekdays with this program, but Marilyn paid Fran Wise a total of \$500 to watch Cassidy during summer vacation when Marilyn was at work. Fran's address is 174 N Gary Ln, and her social security number is 212-00-2024.

AGI: \$32,900 Bottom Line: Refund \$4,304

Finally for the Davis problem, she purchased insurance for Cassidy from the marketplace:

Form 1095	-A He	alth Insurance	Mark	etplace	Stat	ement		OMB No. 1545-2232		
Department of the Tre Internal Revenue Serv	> Do n	ot attach to your tax retu rs.gov/Form1095A for instr				tion. COR	RECTED	2024		
Part I Recipien	t Information									
1 Marketplace Identi	fier	2 Marketplace-assigned police	y number	3 Policy issuer's name						
20-071234	15	45987		BLUE C	ROSS					
Recipient's name				5 Recipient's		2000,000		ate of birth		
MARILYN DAY					00-XXX		08/10/			
Recipient's spouses	's name			8 Recipient's	spouse's	SSN 9 Red	ipient's sp	ouse's date of birth		
10 Policy start date		11 Policy termination date		Printed Control of the Printed States		duding apartmen	it number)	()		
01/01/202	1010	12/31/2024		172 N	GARY	LN				
13 City or town, Stat YC, YS YZII		nd ZIP or foreign postal code								
Part II Covered	The state of the s	193 Ve W18								
A Covere	d individual name	B Covered individual SSN	C. Date	e of birth	D. Co	verage start dat	e E. Co	verage termination dat		
16 CASSIDY DA	VIS	224-22-XXXX	06/19/2014 01			/01/2024		12/31/2024		
17			90		5 6		38			
18										
19			38 28		37		32			
20										
Part III Coverag	e Information	9.00 	34		50		92			
Month	A Monthly Enrollment Prem	iums B Monthly second lower	st cost silver	plan (SLCSP) pre	emium	C. Monthly ad	lvance payr	ment of premium tax credit		
21 January	\$250.00		\$300.	00				\$.00		
22 February	\$250.00		\$300.			20	\$1	.00.00		
23 March	\$250.00		\$300.	00		23	\$1	.00.00		
24 April	\$250.00		\$300.	00		8	\$1	00.00		
25 May	\$250.00		\$300.	00		9	\$1	.00.00		
26 June	\$250.00		\$300.	00			\$1	.00.00		
27 July	\$250.00	8	\$300.					.00.00		
28 August \$250,00 \$300.								.00.00		
29 September \$250.00 \$300.				-				.00.00		
30 October	\$250.00		\$300.	S10.01				.00.00		
31 November	\$250.00		\$300.	00		(A)	\$1	.00.00		
32 December	\$250.00		\$300.				52-60-20-30-30-30-30-30-30-30-30-30-30-30-30-30	.00.00		
33 Annual Totals	\$3,000.00	00			\$1,1	.00.00				

AGI: \$32,900 Bottom Line: Refund \$4,601

She shows you her phone to show her bank, Central Credit Union, the routing number is 274972883 and checking account number is 305551234.

EGRET - Ctrl+Click here to view Intake/Interview & Quality Review

Form 13614-C (October 2024)	1 (1 - 0 - 1 · 0 - 1 · 0 · 1 · 0 · 1										MB Number 1545-1964
Note: Do not complete th	is form if you	(or your spou	ıse) are not a l	J.S. citizen or	green card	d holder.					
You will need:											
Tax Information such as F						ages 1-4 of this					
Social Security cards or IT Picture ID (such as valid of								tion on your ret certified volunte		plete and ac	curate information.
Volunteers are trained to	10									mail ue at	wi voltav@ire do
Washington of the Authority and Authorit	WO. 1	1 2000 00		iu tile iligilest	Transaction of the same of the	nte vond number vonder		48 5V	ioi to tile iks, e	eman us at	wi.voitax@iis.go
our first name (pronouns) CONALD	s, optional)	M.I. P	Last name EGRET		10/31/	date of birth		ur job TIRED			
Spouse's first name (pror	auna antion		Last name			se's date of b	B. 2029 (C.C.)	ouse's job			
JLY	iouris, optioni	M M	EGRET		12/25/		10.00000	CEASED			
Mailing address		IVI	EORET	Apt#	City	1902	DE	CEABED	State	T:	ZIP code
722 EMERALD WAY				/ Apt #		RCITY			YOUR S	100	YOUR ZIP
elephone number		Email add	dress	-	1.00.		Did	vou live or wo	ork in two or mo		
085552456								Yes ⊠ N			
Check if you or your spou	ise were in 20	024:			Legal	ly blind	8		☐ You	Spous	se 🗶 No
U.S. citizen		X You	X Spous	e □ No	Totall	y and permar	ently dis	sabled	☐ You	☐ Spous	se 🔀 No
n the U.S. on a visa		☐ You	Spous	e 🗶 No	Issue	d an identity p	orotectio	n PIN	You	Spous	se 🔀 No
full-time student		☐ You	☐ Spous	e 🗷 No	Do yo	u own or hold	any dig	gital assets	☐ You	Spous	se 🔀 No
f due a refund, would yo	ou like vour re	fund	2 200 00000000		If you	have a bala	nce due	would you li	ke to make a pa	avment dire	ctly from
Direct deposit	, ,	☐ Check	bv mail			ink account		,		10.00	ou,
Split refund between	accounts	☐ Other	,			t up installme	nt agree	ement	☐ Mail pay		3
Vould you like to receive	written comm	nunications fro	om the IRS in :	a language	05 10	12		on how to vot			to the Presidenti
ther than English	WILLETT COITIN	idilications in		a lariguage		r how to regis			Election Car		
Yes ⊠ No V	What languag	е			☐ Ye				× Yes	□ No	
as of December 31, 2024	what was vo	our marital sta	atus							The control of the co	
Never Married	,	☐ Marrie		If married, we	ere vou ma	rried for all of	2024		☐ Yes ☐	No	
		22 SS 200000 AC	u live with you		3E0					No	
Divorced			ly Separated		3 7				X Widowed		
Date of final decree		10 10 10 10 10 10 10 10 10 10 10 10 10 1	of separate ma	intenance ded	ree				Year of spor	use's death	2024
BRITISHER SHILMFARK VALUESIANE P.	o toypoyer or				and the same of th	fied valuateer	A		, car or ope		
Can anyone else claim th			•	S. S.	ed by certi	ilea volunteer)				-
ist the names below of e pouse) AND anyone you			The state of the s			Answer Yes	or No (Y/N)		er to Pub 40	ertified voluntee 112 Tab C)
		Relationship to	Number of	Single or	A U.S.	Resident of	Full-time		Qualifying child	Qualifying	Provides tax
9		you (son, daughter, parent,	months lived in your home in	Married as of 12/31/2024	Citizen	U.S., Canada or Mexico	student	permanently disabled	dependent	relative dependent	benefits (HOH, EITC, CTC, etc
		none, etc.)	2024	(S/M)		S. WICKIGO		Sisting		Gopondont	2110, 010, 610
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						1					
-						140					
	//			l.	li.	40	1			1	614-C (Rev. 10-202

Received money from any of the following in 2024:	Income to be included (To be completed by certified volunteer)	Notes/Comments
☐ (B) Wages as a part-time or full-time employee	☐ (B) W-2s Number of forms	
How many jobs		
☐ (B/A) Tips	☐ (B/A) Tips (basic when reported on W2)	_
☑ (B/A) Retirement account, pension or annuity proceeds	☐ (B/A) 1099-R (basic when taxable amount is reported)	
☐ (B) Disability benefits	Number of forms	_
☑ (B) Social Security or Railroad Retirement Benefits	☐ (B) SSA-1099, RRB-1099	_
☐ (B) Unemployment benefits	☐ (B) 1099-G Number of forms	_
☐ (B) Refund of state or local income tax	\square Did you receive a refund of state or local taxes \square Yes \square No	
	☐ Did you itemize last year ☐ Yes ☐ No	_
☐ (B) Interest or dividends (bank account, bonds, etc.)	☐ (B) 1099-INT/DIV Number of forms	
(A) Sale of stocks, bonds or real estate	☐ (A) 1099-B Number of forms (include	
Did you report a loss on last year's return ☐ Yes ☐ No	brokerage statement)	
(B) Alimony	☐ (B) Alimony Amount \$	_
	Excluded from income	
(M) Income from renting out your house or a room in your house	☐ (M) Rental income	_
If yes, did you use the dwelling unit as a personal residence and rent it for few than 15 days ☐ Yes ☐ No		
☐ Income from renting personal property such as a vehicle		
Farm activity	☐ Farm income (out of scope)	_
☐ Gambling winnings, including lottery	☐ (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions)	-
☐ Payments for contract or self-employment work	☐ (A) Schedule C	-
Did you report a loss on last year's return ☐ Yes ☐ No	☐ 1099-MISC Number	
	☐ 1099-K Number	
	☐ Other income reported elsewhere	
	☐ Schedule C expenses	
Any other money received during the year (example: cash payments, jury duty, awards, virtual currency, royalties, union strike benefits)	☐ Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart)	_

Paid any of the following expenses in 2024:	Standard or Itemized Deductions (To be completed by certified volunteer)	Notes/Comments
	☐ (B) Taxable state/local income taxes	
☒ (A) Taxes: state, local, real estate, sales, etc.☒ (A) Medical, Dental, Prescription Expenses☒ (B) Charitable contributions	☐ (B) Standard deduction ☐ (A) Itemized deduction	
Paid any of these expenses in 2024:	Expenses to report (To be completed by certified volunteer)	Notes/Comments
☐ (B) Student loan interest	☐ (B) 1098-E	
☐ (B) Child and dependent care	☐ (B) Child and dependent care credit	
☐ (B/A) Contributions to a retirement account	☐ (A) IRA, 401(k), etc. deduction	
Repayments to a qualified retirement plan	☐ (B) Saver's credit	
$\ \square$ (B) School supplies by a teacher, teacher's aide or other educator	☐ (B) Educator expenses deduction	
☐ (B) Alimony payments (do not include child support)	☐ (B) Alimony payments with spouse's SSN \$	
	Adjustment to income	
Did any of the following happen during 2024:	Information to report (To be completed by certified volunteer)	Notes/Comments
☐ (B) You or someone in your family took educational classes (technical school, college, job related, etc.)	 ☐ (B) Taxable scholarship income ☐ (B) 1098-T (itemized statement from school, invoice, etc.) ☐ (B) Education credit or tuition and fees deduction 	
(A) Sell a home	☐ (A) Sale of home (1099-S)	
☐ (A) Have a health savings account (HSA)	☐ HSA contributions ☐ HSA distributions	
(A) Purchase health insurance through the Marketplace (Exchange)	☐ (A) 1095-A	
☐ (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)	☐ (B) Energy efficient home improvement credit	
☐ (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender	☐ (A) 1099-C	
☐ Have a loss related to a declared federal disaster area	☐ (A) 1099-A☐ Disaster relief impacts return	
☐ (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)	☐ (B) EITC, CTC, AOTC or HOH disallowed in a previous year Year disallowed Reason	
Receive any letter or bill from the IRS	☐ Eligible for Low Income Taxpayer Clinic referral	
☐ (B) Make estimated tax payments or apply last year's refund to	☐ Estimated tax payments	
2024 taxes	☐ Last year's refund applied to this year	
	Last year's return available	
Additional information you think we should know	☐ Additional information for accurate tax preparation	

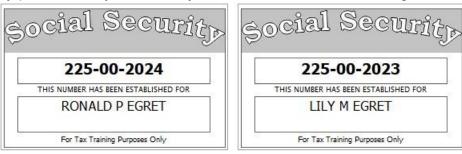
The fol	llowing information is	for statistical purposes.	These questions a	re o	ptional	l.								
1. Wou	ld you say you can carr	y on a conversation in Engl	ish	X	Very w	vell	□ We	ell		Not well	☐ Not	at all	☐ Prefe	er not to answer
2. Wou	ld you say you read a n	ewspaper in English			Very w	vell	⊠ W€	ell		Not well	☐ Not	at all	☐ Prefe	er not to answer
3. Do y	ou or any member of yo	our household have a disab	ility		Yes		⊠ No)		Prefer not	to answe	r		
4. Are y	you or your spouse a Ve	eteran from the U.S. Armed	Forces	X	Yes		☐ No	1		Prefer not	to answe	r		
	t is your race and/or ethe spaces below)	nnicity (select all that apply	and enter additiona	l det	ails 6					and/or etl		elect all th	hat apply	and enter
Trib	e of the Blackfeet India	a Native (enter, for example in Reservation of Montana, I nent, Nome Eskimo Commu	Native Village of Ba	rrow		Tribe	of the E	Blackfeet .	India	n Reserva	ation of Mo	ontana, N	Vative Vill	Nation, Blackfeet lage of Barrow c, Maya, etc.)
☐ Asia	an (provide details belo	w)				Asia	n (provi	de details	s belo	ow)				
	Chinese	☐ Asian Indian	☐ Filipino			□ C	hinese			☐ Asia	n Indian		☐ Filip	ino
□ \	√ietnamese	☐ Korean	☐ Japanese			□ V	ietname	ese		☐ Kore	an		☐ Japa	anese
Ente	er, for example, Pakista	ni, Hmong, Afghan, etc.				Ente	r, for ex	ample, Pa	akista	ani, Hmon	g, Afghan	, etc.		
☐ Blac	ck or African America	n (provide details below)				Blac	k or Afr	rican Am	erica	an (provide	e details b	elow)		
\Box F	African American	☐ Jamaican	☐ Haitian			☐ A	frican A	merican		☐ Jama	ican		☐ Haitia	an
□ 1	Nigerian	☐ Ethiopian	☐ Somali			\square N	igerian			☐ Ethio	pian		☐ Som	ali
Ente	er, for example, Trinidad	dian and Tobagonian, Ghar	naian, Congolese, e	etc.		Ente	r, for ex	ample, Tr	rinida	ndian and	Tobagonia	an, Ghan	naian, Coi	ngolese, etc.
☐ His	panic or Latino (provid	le details below)				Hisp	anic or	Latino (p	orovi	de details	below)			
	Mexican	☐ Puerto Rican	☐ Salvadoran			□ M	exican			☐ Puert	o Rican		☐ Salva	adoran
	Cuban	☐ Dominican	☐ Guatemalan			□ C	uban			☐ Domi	nican		☐ Guat	emalan
Ente	er, for example, Colomb	pian, Honduran, Spaniard, e	etc.			Ente	r, for ex	ample, Co	olom	bian, Hond	duran, Sp	aniard, e	etc.	
☐ Mid	dle Eastern or North A	African (provide details belo	ow)		×	Midd	lle East	ern or No	orth	African (p	rovide de	tails belo	ow)	
□ L	_ebanese	☐ Iranian	☐ Egyptian			X L	ebanese	Э		☐ Irania	n		☐ Egyp	otian
	Syrian	☐ Iraqi	☐ Israeli			□ S	yrian			☐ Iraqi			☐ Israe	li
Ente	er, for example, Morocc	an, Yemeni, Kurdish, etc.				Ente	r, for ex	ample, Mo	oroc	can, Yeme	eni, Kurdis	sh, etc.		
Nati	ive Hawaiian or Pacifi	c Islander (provide details	below)] Nativ	e Hawa	aiian or P	Pacif	ic Islande	r (provide	details l	below)	
□ 1	Native Hawaiian	☐ Samoan	☐ Chamorro			□ N	ative Ha	awaiian		☐ Samo	oan		☐ Char	morro
□ 1	Tongan		☐ Marshallese			□ Te	ongan			☐ Fijian			☐ Mars	hallese
Ente	er, for example, Chuuke	ese, Palauan, Tahitian, etc.				Ente	r, for ex	ample, Cl	huuk	ese, Palau	ıan, Tahit	ian, etc.		
☐ Whi	ite (provide details belo	w)] Whit	e (provi	de details	s belo	ow)				
	English	☐ German	☐ Irish			□ E	nglish			☐ Germ	an		☐ Irish	
	talian	☐ Polish	☐ Scottish			☐ Ita	alian			☐ Polish	า		☐ Scott	tish
Ente	er, for example, French,	, Swedish, Norwegian, etc.				Ente	r, for ex	ample, Fr	rench	n, Swedish	, Norwegi	ian, etc.		

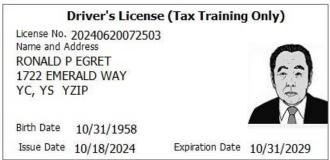
ditional comments	
Privacy Act and Paperwork Reduction Act Notice	

Interview Notes

Your review of the I & I sheet verifies their income, expenses and life events match the documents provided.

Lily passed away on January 2 of 2024 and had no earnings for this year.





FORM	I SSA-1099 - SOCIAL SE	CURIT	BENEFIT STATEMENT
/11/4	YOUR SOCIAL SECURITY BENE REVERSE FOR MORE INFORMA		VN IN BOX 5 MAY BE TAXABLE INCOME.
Box 1. Name RONALD P EGRET			Box 2. Beneficiary's Social Security 225-00-2024
Box 3. Benefits Paid in 2024 \$26,000.40	Box 4. Benefits Repaid to SSA	in 2024	Box 5. Net Benefits Paid for 2024 (Box 3 minus Box 4) \$26,000.40
DESCRIPTION OF A	AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4
Paid by check or direct deposit	\$23,904.00		
Medicare Part B premiums deduc from you <mark>r</mark> benefits	\$2,096.40		
Medicare Prescription Drug premiums (Part D) deducted f your benefits	rom		
Total Additions	\$2,096.40	Box 6. Vo	luntary Federal Income Tax Withheld
Benefits for 2024	\$26,000.40	63	
Benefits for 2023 Benefits for 2022			D P EGRET MERALD WAY
Benefits for 2021		Box 8 Cla	im Number (use this number if you need to contact SSA)
Daniello 101 2021		DON O. CIA	225-00-2024A

Form SSA-1099-SM

AGI: \$1 Bottom Line: Balance due of \$0

HINT: How can we e-file this return with 0 AGI? See Tab D and look for "Other Income."

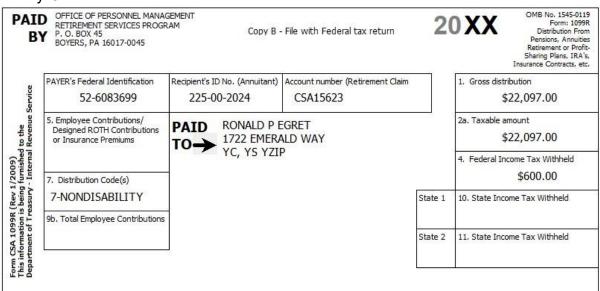
Egret (Continued)

Please go back to the **Egret** and add the following:

		CORR	ECTED (if cl	necked)	- 5%		Distributions From Pensions, Annuities,	
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. NA CUST FOR IRA PROGRAM			2a Taxable amo	2,000.00	20 XX Form 1099-R	20 XX Form 1099-R		
1378 W WILLIAMS S YC, YS, YZIP	2b Taxable amount not determined.				Copy B Report this			
10, 13, 121			3 Capital gain (i in box 2a).	ncluded	4 Federal income tax withheld		income on your federal tax return. If this form shows	
PAYER'S TIN RECIPIENT'S TIN 225-00-2024			5 Employee cor Designated R contributions	toth	6 Net unrealized appreciation in employer's securities		federal income tax withheld in box 4, attach this copy to your return.	
Street address (including apt				IRA/ SEP/ SIMPLE	8 Other	%	This information is being furnished to the IRS	
YC, YS YZIP			9a Your percent distribution	tage of total	9b Total Employee Contri			
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth	12 FATCA filing requirment	14 State tax wit	thheld	15 State/Payer's state no		16 State distribution	
Account number (see instructions) 13 Date of payment		17 Local tax wit	hheld	18 Name of locality	19 Local distribution			
Form 1099-R		I.	1		1		L	

AGI: \$12,000 Bottom Line: Refund \$0

When you interview Ronald, you determine that he is a retired police officer and a Public Safety Officer.



AGI: \$38,852 Bottom Line: Balance due \$213

Next consider the below itemized deductions available on the Egret return:

2024 Itemized De	ductions ((Sch A) Worksheet (fillab	ole)
I donated a vehicle worth more thanI paid interest on borrowings for inve		nade more than \$5,000 of noncash epaid income (taxed in prior year) o	
If you checked any of the above,	please stop l	here and speak with one of ou	r Counselors.
If none is checked: enter your totals Please ask if you are unsure or hav Your name: ROBERT EGRET		•	details.
MEDICAL EXPENSES you paid for	or vourself or	STATE/LOCAL TAXES	
your dependent that were not reim		State/local income tax paid	
Insurance* (specify)	\$ 2,096	(other than through withholding)	\$
пізаганов (эрвену)	\$	Sales tax on car or home	
	\$	improvement purchases	\$
	\$	Real estate taxes (not service	
*Not paid pre-tax from paycheck fo	or health	fees like garbage or sewer)	\$ 11,000
dental, vision, long-term care. Prov		Personal property (e.g. tax	*
1095-A from Marketplace if receive		portion of car registration)	\$
Doctors, dentist, etc.	\$	Other taxes paid (specify):	,
Hospital, medically needed care			\$
facility, etc.	\$		\$
Prescriptions (even if filled with		INTEREST	
over the counter meds)	\$	Home mortgage interest	
Medical aids (canes, glasses, etc.)	\$	- on main home	\$ 7,500
COVID protective items	\$	- on second loan or home	\$
Other (specify):	\$	Loan balance owed at Jan 1 or	
	\$	date acquired (Form 1098):	\$
Parking	\$	Amount of loan used to buy,	
Bus or car service	\$	build, or improve home, if	
		less than the full amount	\$
Medical miles	mi.	Mortgage insurance required	
CHARITY (you need to keep evidence		by lender	\$
\$250 or more, must be in writing from		Year loan originated	Yr:
Cash contributions (total)	\$ 5,200	Other (specify):	
Other than cash, specify name of			\$
(provide thrift store value) (no apprec	ciated items)	OTHER:	
	\$	Gambling losses/expenses	\$
	\$	Other (specify):	
Objects blood to	\$		\$
Charitable miles We'll use your 2024 federal standar		_	mized
deductions above (if blind, add \$1,8		•	¢24.000
_	ried (filing join		\$21,900
_ , _ , _ , , _ , , , , , , , , , , , ,	ried (one 65+) ried (both 65+		\$23,850

At this point Ronald thinks he may be able to itemize; what do you think?

	☐ CORRECTED	(if checked)		
RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code amd telephone no. PENNYMAC FINANCIAL SERVICES 3043 TOWNSGATE ROAD, SUITE 200 WESTLAKE VILLAGE, CA 91361		* Caution: The amount si not be fully deductible Limits based on the loa and the cost and value secured property may; you may only deduct in extent it was incurred lactually paid by you, an reimbursed by another	by you. n amount of the apply. Also, terest to the by you, d not Form 109	Statement
		Mortgage interest received \$7,500.00	d from payer(s)/borrower(s) *	Copy B For Payer/Borrower
RECIPIENT"S/LENDER'S TIN 26-2049351	PAYER'S/BORROWER'S TIN 225-00-2024	2. Outstanding mortgage principal as of 1/1/2024 \$100,090.00	3. Mortgage origination date 07/12/2004	The information is boxes 1 through 9 is important tax information and is being furnished to the IRS. If you are
PAYER'S/BORROWER'S name, street address, city or town, state or province, country, ZIP or foreign postal code amd telephone no. RONALD P EGRET 1722 EMERALD WAY		4. Refund of overpaid interest	5. Mortgage insurance premiums	required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that
		6. Points paid on purchase of	an underpayment of tax results because you overstated a deduction for	
YC, YS YZIP			r securing mortgage is the same ddress, the box is checked, or n is entered in box 8.	this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because
Number of properties securing mortgage	the 10. Other REAL ESTATE	8. Address or description of property securing mortgage (see Instructions)		you daimed a non-deductible item.
	TAXES \$5390			11. Mortgage acquisition date
Account number (see instructions)			

Form 1098

In addition to the real estate taxes above, they inherited a summer home years ago and own it free and clear; but they do pay property taxes each year and for 2024 the amount was \$5,610.

Since his standard deduction is higher than his itemized deductions there is no change at this point. He will mail his payment.

AGI: \$38,852 Bottom Line: Balance due \$213

Finally, notice that Ronald's wife passed away at the beginning of 2024, so what will his filing status be in 2025?

Using the 2024 numbers, what effect will this have on his tax situation next year?

AGI: \$45,852 Bottom Line: Balance due \$1,949

RONALD P EGRET LILY M EGRET 1722 EMERALD WAY			9	1234
YC, YS YZIP PAY TO THE			\$	
ORDER OF			DOLLARS	
NEW CREDIT UNION 10TH AND MAIN YC, YS, YZIP				
For	987123654	1234		

Form **13614-C**

Department of the Treasury - Internal Revenue Service

(October 2024)

Intake/Interview and Quality Review Sheet

OMB Number 1545-1964

Note: Do not complete this form if you (or your spouse) are not a U.S. citizen or green card holder.

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 1-4 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.

Tiotale IB (each ac valid		, ,	•		•						
Volunteers are trained			ice and uphol	d the highest			-		or to the IRS, e	mail us at <u>w</u> i	i.voltax@irs.gov
Your first name (pronour	ns, optional)		Last name			late of birth	Your	•			
IRENE			FRANKLIN		JAN 2:			IRED			
Spouse's first name (pro	nouns, option	al) M.I.	_ast name		Spous	e's date of bi	rth Spot	use's job			
Mailing address				Apt #	City				State	ZI	P code
1313 MOCKING BIRD W	/AY				YOUR	CITY			YOUR ST	ΓATE Y	OUR ZIP
Telephone number 208 555-8735		Email add	ress				Did y □ Y		k in two or mo	re states in 2	2024
Check if you or your spo	use were in 20	024:			Legally	y blind			☐ You	☐ Spouse	No
A U.S. citizen		⊠ You	☐ Spouse	e 🗆 No		, and perman	ently disa	abled	_ □ You	☐ Spouse	
n the U.S. on a visa		_ □ You	☐ Spouse		•	l an identity p	•		_ ☐ You	☐ Spouse	_
A full-time student		☐ You	☐ Spouse	e 🗵 No	Do you	u own or hold	l any digit	tal assets	☐ You	☐ Spouse	⋉ No
f due a refund, would y	ou like your re	efund			If you	have a balaı	nce due,	would you like	e to make a pa	yment direct	ly from
☑ Direct deposit	•	☐ Check	by mail		□ Baı	nk account		•		bit	
☐ Split refund betweer	n accounts	☐ Other			☐ Set	t up installme	nt agreer	ment	☐ Mail payr	ment to IRS	
Nould you like to receive	e written comn	nunications fro	m the IRS in a	language				n how to vote			o the Presidentia
other than English						how to regis	ter to vot	e		npaign Fund	
	What languag				☐ Yes	s 🔀 No				□ No	
As of December 31, 202	4, what was y										
■ Never Married		☐ Marrie		If married, we	•] Yes \square	No	
		Did you	ı live with youı	r spouse durin	g any part	of the last six	c months	of 2024] Yes \square	No	
□ Divorced		☐ Legall	y Separated					×	Widowed		
Date of final decree		Date o	f separate mai	ntenance dec	ree				Year of spou	ıse's death	2020
Can anyone else claim t	he taxpayer oı	r spouse on the	eir tax return (t	to be complete	ed by certif	ied volunteer)			☐ Ye:	s 🗌 No
ist the names below of spouse) AND anyone yo	•	•	• `			Answer Yes	or No (Y	/N)	-	leted by cer er to Pub 401	tified volunteer
· , , , , , , , , , , , , , , , , , , ,						1		_	`		
Name (first, last)	(mm/dd/yy)	Relationship to you (son, daughter, parent, none, etc.)	Number of months lived in your home in 2024	Single or Married as of 12/31/2024 (S/M)	A U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled	Qualifying child dependent	Qualifying relative dependent	Provides tax benefits (HOH, EITC, CTC, etc.)
							1				

Received money from any of the following in 2024:	Income to be included (To be completed by certified volunteer)	Notes/Comment
☐ (B) Wages as a part-time or full-time employee How many jobs	☐ (B) W-2s Number of forms	
	☐ (B/A) Tips (basic when reported on W2)	
	☐ (B/A) 1099-R (basic when taxable amount is reported)	-
☐ (B) Disability benefits	Number of forms	
☐ (B) Social Security or Railroad Retirement Benefits	☐ (B) SSA-1099, RRB-1099	
☐ (B) Unemployment benefits	☐ (B) 1099-G Number of forms	
☐ (B) Refund of state or local income tax	$\ \square$ Did you receive a refund of state or local taxes $\ \square$ Yes $\ \square$ No	
	☐ Did you itemize last year ☐ Yes ☐ No	
☑ (B) Interest or dividends (bank account, bonds, etc.)	☐ (B) 1099-INT/DIV Number of forms	
☐ (A) Sale of stocks, bonds or real estate	☐ (A) 1099-B Number of forms (include	
Did you report a loss on last year's return ☐ Yes ☐ No	brokerage statement)	
☐ (B) Alimony	☐ (B) Alimony Amount \$	
	Excluded from income	
☐ (M) Income from renting out your house or a room in your house	☐ (M) Rental income	
If yes, did you use the dwelling unit as a personal residence and rent it for few than 15 days ☐ Yes ☐ No		
☐ Income from renting personal property such as a vehicle		
☐ Farm activity	☐ Farm income (out of scope)	-
☐ Gambling winnings, including lottery	☐ (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions)	
☐ Payments for contract or self-employment work	☐ (A) Schedule C	-
Did you report a loss on last year's return ☐ Yes ☐ No	☐ 1099-MISC Number	
	☐ 1099-K Number	
	☐ Other income reported elsewhere	
	☐ Schedule C expenses	
Any other money received during the year (example: cash payments, jury duty, awards, virtual currency, royalties, union strike benefits)	☐ Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart)	

Paid any of the following expenses in 2024:	Standard or Itemized Deductions (To be completed by certified volunteer)	Notes/Comments
☐ (A) Mortgage Interest	☐ (B) Taxable state/local income taxes	
☐ (A) Taxes: state, local, real estate, sales, etc.		
(A) Medical, Dental, Prescription Expenses	☐ (B) Standard deduction ☐ (A) Itemized deduction	
(B) Charitable contributions		
Paid any of these expenses in 2024:	Expenses to report (To be completed by certified volunteer)	Notes/Comments
☐ (B) Student loan interest	☐ (B) 1098-E	
☐ (B) Child and dependent care	☐ (B) Child and dependent care credit	
☐ (B/A) Contributions to a retirement account	☐ (A) IRA, 401(k), etc. deduction	
Repayments to a qualified retirement plan	☐ (B) Saver's credit	
☐ (B) School supplies by a teacher, teacher's aide or other educator	☐ (B) Educator expenses deduction	
☐ (B) Alimony payments (do not include child support)	☐ (B) Alimony payments with spouse's SSN \$	
	Adjustment to income	
Did any of the following happen during 2024:	Information to report (To be completed by certified volunteer)	Notes/Comments
\square (B) You or someone in your family took educational classes	☐ (B) Taxable scholarship income	
(technical school, college, job related, etc.)	☐ (B) 1098-T (itemized statement from school, invoice, etc.)	
	(B) Education credit or tuition and fees deduction	
☐ (A) Sell a home	☐ (A) Sale of home (1099-S)	
☐ (A) Have a health savings account (HSA)	☐ HSA contributions ☐ HSA distributions	
(A) Purchase health insurance through the Marketplace (Exchange)	☐ (A) 1095-A	
(A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)	☐ (B) Energy efficient home improvement credit	
☐ (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender	☐ (A) 1099-C	
☐ Have a loss related to a declared federal disaster area	☐ (A) 1099-A	
	☐ Disaster relief impacts return	
☐ (B) Have a tax credit disallowed (example: earned income credit,	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	
child tax credit, or American opportunity credit)	Year disallowed Reason	
☐ Receive any letter or bill from the IRS	☐ Eligible for Low Income Taxpayer Clinic referral	
☐ (B) Make estimated tax payments or apply last year's refund to	☐ Estimated tax payments	
2024 taxes	☐ Last year's refund applied to this year	
	Last year's return available	
☐ Additional information you think we should know	☐ Additional information for accurate tax preparation	

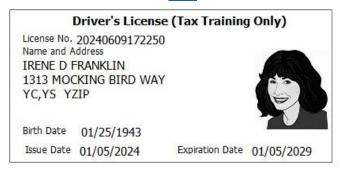
The following information is for statistical purposes. These questions are option	onal.
1. Would you say you can carry on a conversation in English	ry well 🗵 Well 🗌 Not well 🔲 Not at all 🔲 Prefer not to answer
2. Would you say you read a newspaper in English Ue	ry well 🗵 Well 🗌 Not well 🔲 Not at all 🔲 Prefer not to answer
3. Do you or any member of your household have a disability	s 🗵 No 🗌 Prefer not to answer
4. Are you or your spouse a Veteran from the U.S. Armed Forces	s 🗵 No 🗌 Prefer not to answer
 What is your race and/or ethnicity (select all that apply and enter additional details in the spaces below) 	6. What is your spouse's race and/or ethnicity (select all that apply and enter additional details in the spaces below)
☐ American Indian or Alaska Native (enter, 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.)	☐ American Indian or Alaska Native (enter, for example, Navajo Nation, Blackfee Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.)
☐ Asian (provide details below)	☐ Asian (provide details below)
☐ Chinese ☐ Asian Indian ☐ Filipino	☐ Chinese ☐ Asian Indian ☐ Filipino
☐ Vietnamese ☐ Korean ☐ Japanese	☐ Vietnamese ☐ Korean ☐ Japanese
Enter, for example, Pakistani, Hmong, Afghan, etc.	Enter, for example, Pakistani, Hmong, Afghan, etc.
☐ Black or African American (provide details below)	☐ Black or African American (provide details below)
☐ African American ☐ Jamaican ☐ Haitian	☐ African American ☐ Jamaican ☐ Haitian
☐ Nigerian ☐ Ethiopian ☐ Somali	☐ Nigerian ☐ Ethiopian ☐ Somali
Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.	Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.
☐ Hispanic or Latino (provide details below)	☐ Hispanic or Latino (provide details below)
☐ Mexican ☐ Puerto Rican ☐ Salvadoran	☐ Mexican ☐ Puerto Rican ☐ Salvadoran
☐ Cuban ☐ Dominican ☐ Guatemalan	☐ Cuban ☐ Dominican ☐ Guatemalan
Enter, for example, Colombian, Honduran, Spaniard, etc.	Enter, for example, Colombian, Honduran, Spaniard, etc.
☐ Middle Eastern or North African (provide details below)	☐ Middle Eastern or North African (provide details below)
☐ Lebanese ☐ Iranian ☐ Egyptian	☐ Lebanese ☐ Iranian ☐ Egyptian
☐ Syrian ☐ Iraqi ☐ Israeli	☐ Syrian ☐ Iraqi ☐ Israeli
Enter, for example, Moroccan, Yemeni, Kurdish, etc.	Enter, for example, Moroccan, Yemeni, Kurdish, etc.
☐ Native Hawaiian or Pacific Islander (provide details below)	☐ Native Hawaiian or Pacific Islander (provide details below)
☐ Native Hawaiian☐ Samoan☐ Chamorro	☐ Native Hawaiian ☐ Samoan ☐ Chamorro
☐ Tongan ☐ Fijian ☐ Marshallese	☐ Tongan ☐ Fijian ☐ Marshallese
Enter, for example, Chuukese, Palauan, Tahitian, etc.	Enter, for example, Chuukese, Palauan, Tahitian, etc.
White (provide details below)	☐ White (provide details below)
	☐ English ☐ German ☐ Irish
☐ Italian ☐ Polish ☐ Scottish	☐ Italian ☐ Polish ☐ Scottish
Enter, for example, French, Swedish, Norwegian, etc.	Enter, for example, French, Swedish, Norwegian, etc.

Additional comments		
	Drivery Act and Denominals Reduction Act Notice	

Privacy Act and Paperwork Reduction Act Notice

CERTIFICATION EXERCISES

FRANKLIN - Ctrl+Click here to view Intake/Interview & Quality Review





Irene's banking information is:

Lakeside Credit Union, Routing #: 325070760, Account # 987123654

	YOUR SOCIAL SECURITY BENE REVERSE FOR MORE INFORMA		VN IN BOX 5 MAY BE TAXABLE INCOME.
Box 1. Name IRENE D FRANKLIN			Box 2. Beneficiary's Social Security 216-00-2024
Box 3. Benefits Paid in 2024 \$43,196.40	Box 4. Benefits Repaid to SSA	in 2024	Box 5. Net Benefits Paid for 2024 (Box 3 minus Box 4) \$43,196.40
DESCRIPTION OF AMOUNT IN BOX 3			DESCRIPTION OF AMOUNT IN BOX 4
Paid by check or direct deposit	\$41,100.00		
Medicare Part B premiums deduct from your benefits	\$2,096.40		
Medicare Prescription Drug premiums (Part D) deducted fi your benefits	rom		
Total Additions	\$2,096.40	Box 6. Vo	luntary Federal Income Tax Withheld
Benefits for 2024	\$43,196.40	65	
Benefits for 2023			D FRANKLIN OCKING BIRD WAY
Benefits for 2022			
Benefits for 2021		Box 8. Cla	im Number (use this number if you need to contact SSA 216-00-2024A

Form SSA-1099-SM

		CORRI	ECTED (if ch	ecked)			Distributions From
PAYER'S name Street address		fersion mostal ands	1 Gross distribut	ion 5,867.00	2024		Pensions, Annuities, Retirement or Profit-Sharing Plans,
City or town, state or province Telephone no.		Toreign postal code	2a Taxable amo	unt	Form 1099-R		IRAs, Insurance Contracts, etc.
7588 PEACHTREE ST ATLANTA, GA 30301			2b Taxable amo not determin		Total Distribution		Copy B Report this
			3 Capital gain (ir in box 2a).	ncluded	4 Federal income tax withheld \$3,00	00.00	income on your federal tax return. If this form shows
PAYER'S TIN 94-1XXXXXX	RECIPIENT'S 216	TIN -00-2024	5 Employee cor Designated R contributions	oth	6 Net unrealized appreciation in employer's securities		federal income tax withheld in box 4, attach this copy to your return.
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal			7 Distribution Code(s)	IRA/ SEP/	8 Other		This information is
IRENE D FRANKLIN 1313 MOCKING BIRE	WAY		7	SIMPLE		%	being furnished to the IRS
YC,YS YZIP			9a Your percentage of total distribution %		9b Total Employee Contributions \$18,756.00		
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth	12 FATCA filing requirment	14 State tax wit \$1	hheld .,200.00	15 State/Payer's state no YS23123654		16 State distribution \$25,867.00
Account number (see instructions) 13 Date of payment			17 Local tax with	nheld	18 Name of locality		19 Local distribution
Form 1099-R		1	l.		l.		

Irene retired Feb 1, 2008, and chose self-only coverage.

Distributions From Pensions, Annuities, Retirement or	OMB No. 1545-0119		1 Gross distribution \$6,000.00		PAYER'S name, street address, city or town, state or province country, ZIP or foreign postal code and phone no.				
Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		20 24 Form 1099-R		2a Taxable amount \$6,000.00		TEACHERS FEDERAL CREDIT UNION 174 W PIKE RD YC, YS YZIP			
Сору В		Total Distribution	X	2b Taxable amount not determined.					
Report this income on your federal tax			3 Capital gain (included in box 2a).	PAYER'S TIN RECIPIENT'S TIN 216-00-2024					
return. If this form shows federal income tax withheld in box 4, attach this copy to	ī	6 Net unrealized appreciation in employer's securities	ons/	5 Employee contribution Designated Roth contributions or insurance premiums	RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code IRENE D FRANKLIN				
your return. This information is	%	8 Other	IRA/ SEP/ SIMPLE	7 Distribution Code(s)		1313 MOCKING BIRD WAY YC,YS YZIP			
being furnished to the IRS	9b Total Employee Contributions		9a Your percentage of total distribution %						
16 State distribution	no.	15 State/Payer's state r		14 State tax withheld		10 Amount allocable to IRR within 5 years 11 1st year of desig. Roth contrib. 12 FATCA filing requirment			
19 Local distribution	18 Name of locality		17 Local tax withheld		13 Date of payment				

Irene produces a statement from the trustee of her IRA and receipts from her church showing that, of the total above \$3,000 went directly from the trustee to her church in her name.

or foreign postal code	Payer's RTN (optional)	OMB No. 1545-0112	Interest
To the second	1 Interest income		
	\$378.51	2024 Form 1099-INT	Income
	2 Early withdrawal penalty	is-	Сору В
T'S TIN	9		For Recipient
16-00-2024	3 Interest on US Savings Bonds and \$250.00	Treas. obligations	•
	4 Federal income tax withheld	5 Investment expenses	This is important tax information and is being furnished to the
City or town, state or province, country, ZIP or foreign postal code IRENE D FRANKLIN 1313 MOCKING BIRD WAY YC,YS YZIP FATCA filing requirment		7 Foreign Country or US possession	IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is
		9 Specified private activity bond interest	
		11 Bond Premium \$256.97	taxable and the IRS determines that it has not been reported
		13 Bond Premium on tax-exempt bond	
	14 Tax-exempt and tax credit bond CUSIP no.	15 State 16 State Identification no.	17 State tax withheld
1	FATCA filing	3 Interest on US Savings Bonds and \$250.00 4 Federal income tax withheld 6 Foreign Tax Paid 8 Tax exempt interest \$922.83 10 Market Discount requirment 12 Bond premium on Treasury obligations 14 Tax-exempt and tax credit	3 Interest on US Savings Bonds and Treas. obligations \$250.00 4 Federal income tax withheld 5 Investment expenses 6 Foreign Tax Paid 7 Foreign Country or US possession 8 Tax exempt interest 9 Specified private activity bond interest \$922.83 10 Market Discount 11 Bond Premium \$256.97 12 Bond premium on Treasury obligations 13 Bond Premium on tax-exempt bond 14 Tax-exempt and tax credit 15 State 16 State Identification no.

			- 121					
Dividends and	OMB No. 1545-0110 Form 1099-DIV	Ordinary Dividends \$11,798.34	e, country, ZIP 1	PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code and telephone no. DAVENPORT AND COMPANY LLC				
Distributions	(Rev. January, 2022)	fied Dividends	<u> </u>	A STATE OF THE STA	901 EAST CARY ST - 12			
	For calendar Year 20 <u>24</u>	\$9,087.34		ICHMOND, VA 23219				
Copy E For Recipient	2b Unrecap. Sec. 1250 gain	capital gain distr. \$2,158.06	2					
52,000	2d Collectables (28%) gain	on 1202 gain		RECIPIENT'S TIN 216-00-2	PAYER'S TIN 54-183XXXX			
This is important tax information and is	2f Section 897 capital gain	on 897 ordinary dividends	2					
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	4 Federal income tax withheld \$1,200.00	vidend distributions \$34.50		RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code IRENE D FRANKLIN				
	6 Investment expenses	n 199A dividends \$450.00	5				E D FRANKLIN	
	8 Foreign Country or US possession VARIOUS	n Tax Paid \$9.34	7	1313 MOCKING BIRD WAY YC,YS YZIP				
and the IRS determines that it has not been reported	10 Noncash liquidation distribution	iquidation distributions	9 Cash liquida					
not been reported	13 Specified private activity bond interest dividends	npt-Interest dividends		11 FATCA filir requirment				
	15 State tax withheld	14 State Identification no.	19	Account number (see instructions)				

Irene paid \$250 for a home energy audit by a certified auditor and based on this audit, she had a central air conditioner costing \$3,500 and a natural gas furnace costing \$3,600 installed. Irene provides documentation showing that the energy audit, air conditioner and furnace qualify for the Energy Efficient Home Improvement Credit.

Form **13614-C**

Department of the Treasury - Internal Revenue Service

OMB Number 1545-1964

(October 2024)

Intake/Interview and Quality Review Sheet

Note: Do not complete this form if you (or your spouse) are not a U.S. citizen or green card holder.

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

 Signal ID (such as well drived license) for your and your applies.

- · Complete pages 1-4 of this form.
- You are responsible for the information on your return. Provide complete and accurate information.

 You are responsible for the information on your return. Provide complete and accurate information.

 Picture ID (such as valid Volunteers are trained 			•		•	•		ertified voluntee thical behavio		mail us at <u>wi</u>	.voltax@irs.gov
Your first name (pronou ADAM	ns, optional)	1	_ast name HANSON	-	Your 6 4-28-1	date of birth 1949	Your RET	r job TRED			
Spouse's first name (pro MARTHA	onouns, option		_ast name HANSON		Spous 6-26-1	se's date of bi 1956		use's job ⁄IEMAKER			
Mailing address 134 MASON ST				Apt #	City YOUI	R CITY			State YOUR ST		ode OUR ZIP
Telephone number (208) 555-2816		Email add	ress				Did y □ Y		k in two or mo	re states in 2	024
Check if you or your spo	ouse were in 2	024:			Legall	ly blind			☐ You		☐ No
A U.S. citizen			Spouse	e □ No	Totall	y and perman	ently disa	abled	☐ You	☐ Spouse	⋉ No
In the U.S. on a visa		☐ You	☐ Spouse	e 🗵 No	Issue	d an identity p	rotection	PIN	☐ You	☐ Spouse	⋉ No
A full-time student		☐ You	☐ Spouse	e ⊠ No	Do yo	u own or hold	l any digi	tal assets	☐ You	☐ Spouse	⋉ No
If due a refund, would y	ou like your re	efund			If you	have a bala	nce due,	would you like	e to make a pa	yment directl	y from
	•	☐ Check	by mail		□ Ba	nk account		•	☐ Direct de	bit	
☐ Split refund betweer	n accounts	☐ Other			☐ Se	et up installme	nt agreer	ment	🗵 Mail payr	ment to IRS	
Would you like to receiv other than English □ Yes ⊠ No	e written comr What languag		m the IRS in a	a language		r how to regis		on how to vote e	Election Car	ke \$3 to go to npaign Fund □ No	the Presidentia
As of December 31, 202	24, what was y	our marital stat							•		
Never Married		⊠ Marrie		If married, we	•			V			
		•	ı live with you	r spouse durir	ng any part	of the last six	k months	of 2024	Yes	No	
☐ Divorced			/ Separated						Widowed		
Date of final decree		Date of	separate mai	ntenance dec	ree				Year of spou	ıse's death	
Can anyone else claim t	the taxpayer o	r spouse on the	eir tax return (to be complet	ed by certif	fied volunteer)			☐ Yes	s □ No
List the names below of spouse) AND anyone yo						Answer Yes	or No (Y	//N)		leted by certer to Pub 4012	ified volunteer 2 Tab C)
Name (first, last)	(mm/dd/yy)	Relationship to you (son, daughter, parent, none, etc.)	Number of months lived in your home in 2024	Single or Married as of 12/31/2024 (S/M)	A U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled	Qualifying child dependent	Qualifying relative dependent	Provides tax benefits (HOH, EITC, CTC, etc.)
	1			I	1	I	I	1			

Received money from any of the following in 2024:	Income to be included (To be completed by certified volunteer)	Notes/Comment				
☐ (B) Wages as a part-time or full-time employee	☐ (B) W-2s Number of forms					
How many jobs						
☐ (B/A) Tips	☐ (B/A) Tips (basic when reported on W2)					
☑ (B/A) Retirement account, pension or annuity proceeds	☐ (B/A) 1099-R (basic when taxable amount is reported)					
☐ (B) Disability benefits	Number of forms	_				
☑ (B) Social Security or Railroad Retirement Benefits	☐ (B) SSA-1099, RRB-1099	_				
☐ (B) Unemployment benefits	☐ (B) 1099-G Number of forms	_				
☐ (B) Refund of state or local income tax	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $					
	☐ Did you itemize last year ☐ Yes ☐ No	_				
(B) Interest or dividends (bank account, bonds, etc.)	☐ (B) 1099-INT/DIV Number of forms	_				
☐ (A) Sale of stocks, bonds or real estate	☐ (A) 1099-B Number of forms (include					
Did you report a loss on last year's return ☐ Yes ☐ No	brokerage statement) Capital Loss carryover	_				
☐ (B) Alimony	☐ (B) Alimony Amount \$					
	Excluded from income	_				
\square (M) Income from renting out your house or a room in your house	☐ (M) Rental income					
If yes, did you use the dwelling unit as a personal residence and rent it for few than 15 days ☐ Yes ☐ No						
☐ Income from renting personal property such as a vehicle						
☐ Farm activity	☐ Farm income (out of scope)	_				
Gambling winnings, including lottery	☐ (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions)	_				
Payments for contract or self-employment work	☐ (A) Schedule C	_				
Did you report a loss on last year's return ☐ Yes ☐ No	☐ 1099-MISC Number					
	☐ 1099-K Number					
	☐ Other income reported elsewhere					
	☐ Schedule C expenses					
Any other money received during the year (example: cash payments, jury duty, awards, virtual currency, royalties, union strike benefits)	☐ Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart)					

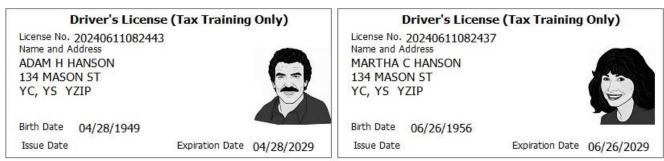
Paid any of the following expenses in 2024:	Standard or Itemized Deductions (To be completed by certified volunteer)	Notes/Comments
☐ (A) Mortgage Interest	☐ (B) Taxable state/local income taxes	
 (A) Taxes: state, local, real estate, sales, etc. (A) Medical, Dental, Prescription Expenses (B) Charitable contributions 	☐ (B) Standard deduction ☐ (A) Itemized deduction	
Paid any of these expenses in 2024:	Expenses to report (To be completed by certified volunteer)	Notes/Comments
☐ (B) Student loan interest	☐ (B) 1098-E	
☐ (B) Child and dependent care	☐ (B) Child and dependent care credit	
☐ (B/A) Contributions to a retirement account	☐ (A) IRA, 401(k), etc. deduction	
☐ Repayments to a qualified retirement plan	☐ (B) Saver's credit	
☐ (B) School supplies by a teacher, teacher's aide or other educator	☐ (B) Educator expenses deduction	
☐ (B) Alimony payments (do not include child support)	☐ (B) Alimony payments with spouse's SSN \$	
	Adjustment to income	
Did any of the following happen during 2024:	Information to report (To be completed by certified volunteer)	Notes/Comments
☐ (B) You or someone in your family took educational classes (technical school, college, job related, etc.)	 ☐ (B) Taxable scholarship income ☐ (B) 1098-T (itemized statement from school, invoice, etc.) ☐ (B) Education credit or tuition and fees deduction 	
☐ (A) Sell a home	☐ (A) Sale of home (1099-S)	
☐ (A) Have a health savings account (HSA)	☐ HSA contributions ☐ HSA distributions	
(A) Purchase health insurance through the Marketplace (Exchange)	☐ (A) 1095-A	
☐ (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)	☐ (B) Energy efficient home improvement credit	
☐ (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender	☐ (A) 1099-C	
☐ Have a loss related to a declared federal disaster area	☐ (A) 1099-A☐ Disaster relief impacts return	
☐ (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)	☐ (B) EITC, CTC, AOTC or HOH disallowed in a previous year Year disallowed Reason	
☐ Receive any letter or bill from the IRS	☐ Eligible for Low Income Taxpayer Clinic referral	
☐ (B) Make estimated tax payments or apply last year's refund to	☐ Estimated tax payments	
2024 taxes	☐ Last year's refund applied to this year	
	☐ Last year's return available	
☐ Additional information you think we should know	☐ Additional information for accurate tax preparation	

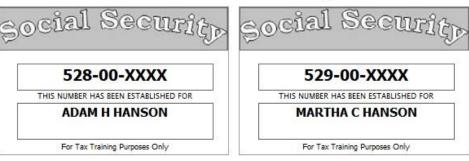
The following information is	s for statistical purposes.	These questions a	re op	otiona	ıl.							
1. Would you say you can car	ry on a conversation in Eng	ish		Very v	well	× W	/ell		Not well	Not at all		Prefer not to answer
2. Would you say you read a	newspaper in English			Very v	vell	× W	/ell		Not well	☐ Not at all		Prefer not to answer
3. Do you or any member of y	our household have a disab	ility		Yes		X N	0		Prefer not	to answer		
4. Are you or your spouse a V	eteran from the U.S. Armed	Forces	X	Yes		□ N	0		Prefer not	to answer		
5. What is your race and/or et in the spaces below)	hnicity (select all that apply	and enter additiona	l deta	ails 6		-	•		e and/or etl aces below	• •	ll that	apply and enter
Tribe of the Blackfeet India	ka Native (enter, for exampl an Reservation of Montana, ment, Nome Eskimo Commo	Native Village of Ba	arrow		Tribe	of the	Blackfeet	Indi	an Reserva	ation of Montan	a, Na	lavajo Nation, Blackfeet tive Village of Barrow y, Aztec, Maya, etc.)
☐ Asian (provide details belo	ow)				Asiar	ı (prov	vide details	s bel	ow)			
☐ Chinese	☐ Asian Indian	☐ Filipino			☐ Cl	ninese			☐ Asia	n Indian] Filipino
	☐ Korean				☐ Vi	etnam	ese		☐ Kore	an		☐ Japanese
Enter, for example, Pakista	ani, Hmong, Afghan, etc.				Enter	, for ex	xample, Pa	akist	tani, Hmon	g, Afghan, etc.		
☐ Black or African America	an (provide details below)				Black	k or Af	frican Am	eric	an (provide	e details below))	
African American	☐ Jamaican	☐ Haitian			☐ Af	rican A	American		☐ Jama	ican] Haitian
☐ Nigerian	☐ Ethiopian	☐ Somali			☐ Ni	gerian			☐ Ethio	pian] Somali
Enter, for example, Trinida	adian and Tobagonian, Ghar	naian, Congolese, e	tc.		Enter	, for ex	xample, Tr	rinida	adian and	Tobagonian, Gi	hanai	an, Congolese, etc.
☐ Hispanic or Latino (provi	de details below)] Hispa	anic o	r Latino (p	orovi	ide details	below)		
☐ Mexican	☐ Puerto Rican	☐ Salvadoran			□ M	exican			☐ Puert	o Rican] Salvadoran
☐ Cuban	□ Dominican	☐ Guatemalan			☐ Cı	uban			□ Domi	nican		Guatemalan
Enter, for example, Colom	ibian, Honduran, Spaniard, e	tc.			Enter	, for ex	xample, Co	olon	nbian, Hond	duran, Spaniar	d, etc.	
	African (provide details belo	ow)			Midd	le Eas	tern or No	orth	African (p	orovide details b	elow)	
☐ Lebanese	☐ Iranian	☐ Egyptian			☐ Le	ebanes	se		☐ Irania	n] Egyptian
☐ Syrian	☐ Iraqi	☐ Israeli			☐ Sy	/rian			☐ Iraqi] Israeli
Enter, for example, Moroco	can, Yemeni, Kurdish, etc.				Enter	, for ex	xample, M	oroc	can, Yeme	eni, Kurdish, etc) .	
☐ Native Hawaiian or Pacif	ic Islander (provide details	below)] Nativ	e Haw	aiian or P	Pacif	fic Islande	r (provide deta	ils bel	'ow)
☐ Native Hawaiian	☐ Samoan	☐ Chamorro			☐ Na	ative H	lawaiian		☐ Samo	oan] Chamorro
☐ Tongan	☐ Fijian	Marshallese			□ To	ongan			☐ Fijian			Marshallese
Enter, for example, Chuuk	ese, Palauan, Tahitian, etc.				Enter	, for ex	xample, Cl	huuk	kese, Palau	ıan, Tahitian, e	tc.	
White (provide details below)	ow)			×	∀ White	e (prov	vide details	s bel	ow)			
⊠ English	☐ German	☐ Irish			☐ Er	nglish			☐ Germ	an	X] Irish
☐ Italian	□ Polish	☐ Scottish			☐ Ita	alian			☐ Polish	า] Scottish
Enter, for example, French	h, Swedish, Norwegian, etc.				Enter	, for ex	xample, Fr	enc	h, Swedish	, Norwegian, e	tc.	

Page 5	Pac	ıe	Ę
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Additional comments	

Privacy Act and Paperwork Reduction Act Notice





Martha's driver's license can only be used for identification purposes.

The Hanson's banking information is: Lakeside Credit Union, Routing #: 325070760, Account # 987123654

	YOUR SOCIAL SECURITY BENE REVERSE FOR MORE INFORMA		VN IN BOX 5 MAY BE TAXABLE INCOME.
Box 1. Name ADAM H HANSON			Box 2. Beneficiary's Social Security Number 528-00-XXXX
Box 3. Benefits Paid in 2024 Box 4. Benefits Repaid to SSA \$28,904.40		in 2024	Box 5. Net Benefits Paid for 2024 (Box 3 minus Box 4) \$28,904.40
DESCRIPTION OF A	MOUNT IN BOX 3	0	DESCRIPTION OF AMOUNT IN BOX 4
Paid by check or direct deposit	\$26,808.00		
Medicare Part B premiums deduc from you <mark>r</mark> benefits	\$2,096.40		
Medicare Prescription Drug premiums (Part D) deducted fi your benefits	rom		
Total Additions	\$2,096.40	Box 6. Vo	luntary Federal Income Tax Withheld
Benefits for 2024	\$28,904.40	4.5	
Benefits for 2023		10/10/03/2002	H HANSON ASON ST
Benefits for 2022			
Benefits for 2021		Box 8. Cla	im Number (use this number if you need to contact SSA 528-00-XXXXA

Form SSA-1099-SM

	YOUR SOCIAL SECURITY BENE REVERSE FOR MORE INFORMA		VN IN BOX 5 MAY BE TAXABLE INCOME.
Box 1. Name MARTHA C HANSON			Box 2. Beneficiary's Social Security Number 529-00-XXXX
Box 3. Benefits Paid in 2024 \$15,500.40			Box 5. Net Benefits Paid for 2024 (Box 3 minus Box 4) \$15,500.40
DESCRIPTION OF A			DESCRIPTION OF AMOUNT IN BOX 4
Medicare Part B premiums deduc from your benefits	\$13,404.00 ted \$2,096.40		
Medicare Prescription Drug premiums (Part D) deducted f your benefits	rom		
Total Additions	\$2,096.40	Box 6. Vo	luntary Federal Income Tax Withheld
Benefits for 2024	\$15,500.40	65	
Benefits for 2023		100000000000000000000000000000000000000	IA C HANSON ASON ST
Benefits for 2022 Benefits for 2021		Box 8. Cla	im Number (use this number if you need to contact SSA 529-00-XXXXA

Form SSA-1099-SM

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	Payer's RTN (optional)	OMB No. 1545-0112	Interest
BAKER FINANCIAL SERVICES P O BOX 237	15 (S) (S) (S)	(Rev. January, 2022)	Income
JACKSONVILLE, FL 32209	1 Interest income \$6,435.89	For calendar Year 20 <u>24</u>	
	2 Early withdrawal penalty	3	Сору В
PAYER'S TIN RECIPIENT'S TIN	3 Interest on US Savings Bonds and \$500.00	Treas. obligations	For Recipient
RECIPIENT'S name Street address (including apt.no.)	4 Federal income tax withheld	5 Investment expenses	This is important tax information and is being furnished to the IRS. If you are required to file a return, a nealigence
City or town, state or province, country, ZIP or foreign postal code MARTHA C HANSON	6 Foreign Tax Paid	7 Foreign Country or US possession	
134 MASON ST YC, YS YZIP	8 Tax exempt interest \$672.78	9 Specified private activity bond interest	penalty or other sanction may be imposed on you if this income is
FATCA filing	10 Market Discount	11 Bond Premium	taxable and the IRS determines that it has not been reported
	12 Bond premium on Treasury obligations	13 Bond Premium on tax-exempt bon	
Account number (see instructions)	14 Tax-exempt and tax credit bond CUSIP no.	15 State 16 State Identification no	. 17 State tax withheld

	[CORRECT	ED (if c	hecked)		8					
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no.			1 Total C	ordinary Dividends \$6,752.49	OMB No. 15450110	Dividends and Distributions					
P O BOX 237	BAKER FINANCIAL SERVICES P O BOX 237 JACKSONVILLE, FL 32209		O BOX 237			fied Dividends \$6,071.51	2024 Form 1099-DIV	Copy B			
333			2a Total	capital gain distr. \$42.34	2b Unrecap. Sec. 1250 gain	For Recipient					
PAYER'S TIN	RECIPIENT'S	2 <u>7,</u>	2c Section	on 1202 gain	2d Collectables (28%) gain						
25-/01XXXX	25-701XXXX 528-00-XXXX		2e Section 897 ordinary dividends		2f Section 897 capital gain	This is important tax information and is being furnished to					
RECIPIENT'S name Street address (including apt.no.)			3 Nondiv	ridend distributions \$35.00	4 Federal income tax withheld	the Internal Revenue Service. If you are required to file a					
ADAM H HANSON 134 MASON ST			M H HANSON		1 H HANSON			H HANSON S Section 199A dividends 6 Investment expenses			return, a negligence penalty or other sanction may be
YC, YS YZIP			7 Foreig	n Tax Paid \$5.13	8 Foreign Country or US posse VARIOUS	and the IRS					
			9 Cash li	quidation distributions	10 Noncash liquidation distribut	determines that it has not been reported.					
11 FATCA filing requirment		12 Exempt-Interest dividends \$424.56		13 Specified private activity bond interest dividends							
Account number (see instructions)		15 State	14 State Identification no.	. 15 State tax withheld							
Form 1099-DIV		-									

		CORRI	ECTED (if ch	ecked)	- 57		Distributions From	
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no.			1 Gross distribut	ion),567.00	2024		Pensions, Annuities, Retirement or Profit-Sharing Plans,	
			2a Taxable amo	unt	Form 1099-R		IRAs, Insurance Contracts, etc.	
CALVERT COUNTY SHERIFF'S DEPARTMENT 18 COUNTY RD 16 LEWISTON, ME 04240			2b Taxable amo not determin		Total Distribution		Copy B Report this	
	ELWISTON, THE 01210		3 Capital gain (ir in box 2a).	ncluded	4 Federal income tax withheld \$3,200.00		income on your federal tax return. If this form shows	
PAYER'S TIN 87-6XXXXXX		RECIPIENT'S TIN 529-00-XXXX		ntributions/ oth or	6 Net unrealized appreciation in employer's securities		federal income tax withheld in box 4, attach this copy to your return.	
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal MARTHA C HANSON 134 MASON ST			7 Distribution Code(s)	IRA/ SEP/ SIMPLE	8 Other	This information being furn		
YC, YS YZIP		9a Your percent distribution	age of total	9b Total Employee Contributions \$110,650.00		-		
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth	12 FATCA filing requirment	14 State tax wit	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		J.	1		J.			

Martha was an unarmed administrative specialist with the Sheriff's office and retired on 1 July 2021 and elected self-only coverage.

		CORR	ECTED (if cl	necked)	- ex		Distributions From	
PAYER'S name Street address City or town, state or province		0,877.00	2024		Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance			
Telephone no. CALVERT COUNTRY SHERIFF'S DEPARTMENT			2a Taxable amo	unt	Form 1099-R	Form 1099-R		
18 COUNTY RD 16 LEWISTON, ME 0424		PARTMENT	2b Taxable amo		Total Distribution		Copy B Report this	
LEWISTON, FIL 01210		3 Capital gain (included in box 2a).		4 Federal income tax withheld \$9,200.00		income on your federal tax return. If this		
PAYER'S TIN 87-6XXXXXX	RECIPIENT'S	-00-XXXX	5 Employee cor Designated R contributions	toth	6 Net unrealized appreciation in employer's securities		federal income tax withheld in box 4, attach this copy to your return.	
RECIPIENT'S name Street address (including apt City or town, state or proving ADAM H HANSON 134 MASON ST	7 Distribution Code(s)	IRA/ SEP/ SIMPLE	8 Other	%	This information is being furnished to the IRS			
YC, YS YZIP		9a Your percentage of total distribution %		9b Total Employee Contributions \$110,790.00				
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth	12 FATCA filing requirment	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		ı	1		1			

Adam retired after 30 years as an armed officer for the sheriff's office. He retired 1 May 2011 and chose self-only coverage.

Distributions From Pensions, Annuities,	OMB No. 1545-0119	stribution \$2,100.00	PAYER'S name, street address, city or town, state or province country, ZIP or foreign postal code and phone no. CAPITAL INSURERS 18 OAK ST ATLANTA, GA 30301			
Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	20 24 Form 1099-R	e amount \$2,100.00				
Сору В	Total Distribution	e amount termined.				
Report this income on your federal tax return. If this	4 Federal income tax withheld \$210.00	3 Capital gain (included in box 2a).		PAYER'S TIN RECIPIENT'S TIN 42-5XXXXXX 529-00-XXXXX		
federal income federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS	6 Net unrealized appreciation in employer's securities	5 Employee contributions/ Designated Roth contributions or insurance premiums		RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code MARTHA C HANSON		
	8 Other	ion IRA/ SEP/ SIMPLE	134 MASON ST YC, YS YZIP			
	9b Total Employee Contributions	9a Your percentage of total distribution %				
16 State distribution	15 State/Payer's state no.	14 State tax withheld		11 1st year of desig. Roth contrib.	10 Amount allocable to IRR within 5 years	
19 Local distribution	18 Name of locality	17 Local tax withheld		Account number (see instructions) 13 Date of payment		

Form **13614-C**

Department of the Treasury - Internal Revenue Service

OMB Number 1545-1964

(October 2024)

Intake/Interview and Quality Review Sheet

Note: Do not complete this form if you (or your spouse) are not a U.S. citizen or green card holder.

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 1-4 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.

Voluntaere ere treined		, ,	•		,	andordo To re				omoi	luo ot wis	ر مالامیر هان	
Volunteers are trained	`	- 	•	a the nignest			-		or to the IRS	, email	i us at <u>wi.v</u>	<u>oitax@ii</u>	s.gov
Your first name (pronou GEORGE	ns, optional)		Last name JACKSON		5/5/1	date of birth 967	Your TEA	Job CHER					
Spouse's first name (pro TERESA	onouns, option		Last name JACKSON		Spou 3/11/	ise's date of b 1959		ıse's job IRED					
Mailing address 123 TALL OAKS DR Apt #					City YC				State YS		ZIP YZI	code P	
Telephone number 812-555-1212	r Email address					Did you live or work in two or more states in 2024 ☐ Yes ☒ No							
Check if you or your spo	ouse were in 2	:024:			Lega	lly blind			☐ You		Spouse	X N	0
A U.S. citizen			Spouse	e 🗌 No	Total	ly and permar	ently disa	abled	☐ You		Spouse	× N	0
In the U.S. on a visa		☐ You	☐ Spouse	e ⊠ No	Issue	ed an identity p	rotection	PIN	☐ You	X	Spouse	□ N	0
A full-time student		☐ You	☐ Spouse	e ⊠ No	Do yo	ou own or hold	d any digit	tal assets	☐ You		Spouse	× N	0
If due a refund, would y	you like your re	efund			If you	u have a bala	nce due,	would you lik	e to make a	payme	ent directly	from	-
☑ Direct deposit ☐ Check by mail			☐ Bank account			☐ Direct debit							
☐ Split refund between accounts ☐ Other			□ Se	☐ Set up installment agreement ☑ Mail payment to IRS									
Would you like to receive written communications from the IRS in a language other than English ☐ Yes ☑ No What language					d you like info or how to regis es ⊠ No			Would you Election C		•	the Pres	identia	
As of December 31, 202 ☐ Never Married	24, what was y	Marrie Did you	d u live with you		-	arried for all of t of the last si		·		□ No			
□ Divorced		_ •	y Separated						Widowed				
Date of final decree		Date o	f separate mai	intenance dec	ree				Year of sp	ouse's	death _		
Can anyone else claim t	the taxpayer o	r spouse on th	eir tax return (to be complet	ed by cert	ified volunteer)				☐ Yes	_ N	No
List the names below of spouse) AND anyone yo						Answer Yes	or No (Y	/N)	To be cor		d by certi t Pub 4012		ınteer
Name (first, last)	(mm/dd/yy)	Relationship to you (son, daughter, parent, none, etc.)	Number of months lived in your home in 2024	Single or Married as of 12/31/2024 (S/M)	A U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled	Qualifying chi dependent	rela	alifying ative pendent	Provides benefits EITC, CT	(HOH,
THOMAS O JACKSON	10/10/1992	SON	12	S	Y	Y	N	Y					

Received money from any of the following in 2024:	Income to be included (To be completed by certified volunteer)	Notes/Comment
☑ (B) Wages as a part-time or full-time employee [☐ (B) W-2s Number of forms	
How many jobs 1		
☐ (B/A) Tips	☐ (B/A) Tips (basic when reported on W2)	
☑ (B/A) Retirement account, pension or annuity proceeds []	☐ (B/A) 1099-R (basic when taxable amount is reported)	
☐ (B) Disability benefits	Number of forms	_
☑ (B) Social Security or Railroad Retirement Benefits	☐ (B) SSA-1099, RRB-1099	_
(B) Unemployment benefits	☐ (B) 1099-G Number of forms	_
☐ (B) Refund of state or local income tax [$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	
	☐ Did you itemize last year ☐ Yes ☐ No	_
☑ (B) Interest or dividends (bank account, bonds, etc.)	☐ (B) 1099-INT/DIV Number of forms	_
☐ (A) Sale of stocks, bonds or real estate	☐ (A) 1099-B Number of forms (include	
Did you report a loss on last year's return ☐ Yes ☐ No	brokerage statement) Capital Loss carryover	_
☐ (B) Alimony	☐ (B) Alimony Amount \$	
	Excluded from income	_
☐ (M) Income from renting out your house or a room in your house [☐ (M) Rental income	_
If yes, did you use the dwelling unit as a personal residence and rent it for few than 15 days Yes No		
☐ Income from renting personal property such as a vehicle		
☐ Farm activity	☐ Farm income (out of scope)	_
☑ Gambling winnings, including lottery [☐ (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions)	_
⊠ Payments for contract or self-employment work [☐ (A) Schedule C	_
Did you report a loss on last year's return ☐ Yes ☐ No	☐ 1099-MISC Number	
	☐ 1099-K Number	
	☐ Other income reported elsewhere	
	☐ Schedule C expenses	
Any other money received during the year (example: cash payments, jury duty, awards, virtual currency, royalties, union strike benefits)	☐ Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart)	

Paid any of the following expenses in 2024:	Standard or Itemized Deductions (To be completed by certified volunteer)	Notes/Comments				
	☐ (B) Taxable state/local income taxes					
 ⋈ (A) Taxes: state, local, real estate, sales, etc. ⋈ (A) Medical, Dental, Prescription Expenses ⋈ (B) Charitable contributions 	☐ (B) Standard deduction ☐ (A) Itemized deduction					
Paid any of these expenses in 2024:	Expenses to report (To be completed by certified volunteer)	Notes/Comments				
☐ (B) Student loan interest	☐ (B) 1098-E					
☐ (B) Child and dependent care	☐ (B) Child and dependent care credit					
⊠ (B/A) Contributions to a retirement account	☐ (A) IRA, 401(k), etc. deduction					
☐ Repayments to a qualified retirement plan	☐ (B) Saver's credit					
☑ (B) School supplies by a teacher, teacher's aide or other educator	☐ (B) Educator expenses deduction					
☐ (B) Alimony payments (do not include child support)	☐ (B) Alimony payments with spouse's SSN \$					
	Adjustment to income					
Did any of the following happen during 2024:	Information to report (To be completed by certified volunteer)	Notes/Comments				
☐ (B) You or someone in your family took educational classes (technical school, college, job related, etc.)						
☐ (A) Sell a home	☐ (A) Sale of home (1099-S)					
(A) Have a health savings account (HSA)	☐ HSA contributions ☐ HSA distributions					
(A) Purchase health insurance through the Marketplace (Exchange)	☐ (A) 1095-A					
☐ (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)	☐ (B) Energy efficient home improvement credit					
(A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender	☐ (A) 1099-C					
☐ Have a loss related to a declared federal disaster area	☐ (A) 1099-A☐ Disaster relief impacts return					
☐ (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)	☐ (B) EITC, CTC, AOTC or HOH disallowed in a previous year Year disallowed Reason					
Receive any letter or bill from the IRS	☐ Eligible for Low Income Taxpayer Clinic referral					
⊠ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments or apply last year's refund to □ (B) Make estimated tax payments year year year year year year year year	☐ Estimated tax payments					
2024 taxes	☐ Last year's refund applied to this year					
	☐ Last year's return available					
☐ Additional information you think we should know	Additional information for accurate tax preparation					

The following information is for statis	itical purposes. These questions a	re opt	ional	l .			
1. Would you say you can carry on a cor	nversation in English	×V	ery w	/ell ☐ Well	☐ Not well	□ Not at all	☐ Prefer not to answer
2. Would you say you read a newspaper	in English	XV	ery w	/ell 🗌 Well	☐ Not well	☐ Not at all	☐ Prefer not to answer
3. Do you or any member of your house	hold have a disability	XY	es	□ No	☐ Prefer n	ot to answer	
4. Are you or your spouse a Veteran from	m the U.S. Armed Forces	□ Y	es	⋉ No	☐ Prefer n	ot to answer	
5. What is your race and/or ethnicity (see in the spaces below)	lect all that apply and enter additional	l detail	<i>ls</i> 6.	. What is your spouse's additional details in the		• •	that apply and enter
American Indian or Alaska Native (Tribe of the Blackfeet Indian Reserva Inupiat Traditional Government, Nom	ation of Montana, Native Village of Ba	arrow	et 🗆	Tribe of the Blackfeet	Indian Rese	rvation of Montana,	le, Navajo Nation, Blackfeet , Native Village of Barrow nunity, Aztec, Maya, etc.)
☐ Asian (provide details below)				Asian (provide details	s below)		
☐ Chinese ☐ Asiar	n Indian 🔲 Filipino			☐ Chinese	☐ As	ian Indian	☐ Filipino
☐ Vietnamese ☐ Korea	an 🗌 Japanese			☐ Vietnamese	☐ Ko	rean	
Enter, for example, Pakistani, Hmong	g, Afghan, etc.			Enter, for example, Pa	akistani, Hmo	ong, Afghan, etc.	
☐ Black or African American (provide	details below)			Black or African Am	erican (prov	ide details below)	
☐ African American ☐ Jamai	ican 🗌 Haitian			African American	☐ Jan	naican	☐ Haitian
☐ Nigerian ☐ Ethiop	oian 🗌 Somali			☐ Nigerian	☐ Eth	iopian	☐ Somali
Enter, for example, Trinidadian and T	Гоbagonian, Ghanaian, Congolese, e	etc.		Enter, for example, Tr	inidadian an	d Tobagonian, Gha	nnaian, Congolese, etc.
☐ Hispanic or Latino (provide details l	below)] Hispanic or Latino (μ	orovide detail	's below)	
☐ Mexican ☐ Puerto	o Rican 🔲 Salvadoran			☐ Mexican	☐ Pue	erto Rican	☐ Salvadoran
☐ Cuban ☐ Domir	nican 🗌 Guatemalan			☐ Cuban	☐ Doi	minican	☐ Guatemalan
Enter, for example, Colombian, Hono	duran, Spaniard, etc.			Enter, for example, Co	olombian, Ho	nduran, Spaniard,	etc.
☐ Middle Eastern or North African (p.	rovide details below)			Middle Eastern or No	orth African	(provide details be	low)
☐ Lebanese ☐ Irania	n 🗌 Egyptian			☐ Lebanese	☐ Irar	nian	☐ Egyptian
☐ Syrian ☐ Iraqi	☐ Israeli			☐ Syrian	☐ Irac	ļi	☐ Israeli
Enter, for example, Moroccan, Yeme	ni, Kurdish, etc.			Enter, for example, M	oroccan, Yer	meni, Kurdish, etc.	
☐ Native Hawaiian or Pacific Islande	r (provide details below)			Native Hawaiian or F	Pacific Island	der (provide details	s below)
☐ Native Hawaiian ☐ Samo	oan 🗌 Chamorro			Native Hawaiian	☐ Sar	noan	☐ Chamorro
☐ Tongan ☐ Fijian	☐ Marshallese			☐ Tongan	☐ Fijia	an	Marshallese
Enter, for example, Chuukese, Palau	an, Tahitian, etc.			Enter, for example, Cl	huukese, Pal	auan, Tahitian, etc	
White (provide details below)			×	White (provide details	below)		
☐ English ☒ Germa	an 🗌 Irish			☐ English	☐ Ge	rman	
☐ Italian ☐ Polish	n ☐ Scottish			☐ Italian	☐ Pol	ish	☐ Scottish
Enter, for example, French, Swedish,		Enter, for example, Fr	ench, Swedi	sh, Norwegian, etc	-		

Page 5	Pa	ae	. 5
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Additional comments	

Privacy Act and Paperwork Reduction Act Notice

JACKSON - Ctrl+Click here to view Intake/Interview & Quality Review

George is a teacher and Teresa is retired. She retired on March 1, 2020 and started receiving her pension at that time. She elected a joint and survivor pension when she retired.

They have a disabled son Thomas living with them.

Teresa and George went on a cruise. She enjoyed playing the slots and won.

Teresa transcribes medical records for a medical center and also for several doctors in the area. In addition to the 1099-NEC she received from the medical center, she received cash and checks totaling \$2,000 from the doctors. Some days she drove to the medical office and then to the doctor's offices to pick up the transcripts. Her between offices business mileage was 650 miles for which she kept written records. She drives a 2018 Toyota that she purchased on 6/15/2020. This year her only expenses were for paper (\$50) and toner (\$35).

They are unsure if they have enough expenses to itemize. Their real estate taxes were \$3,000, mortgage interest was \$5,367.49, a long-term disability insurance policy for Teresa was \$1,050 and charitable donations to their church were \$1,020.

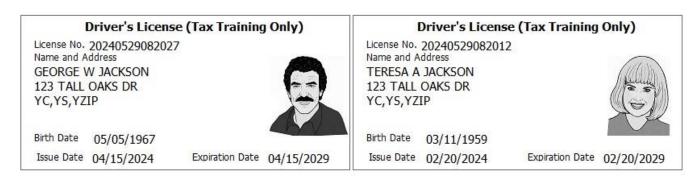
Teresa made a \$3,000 contribution to her traditional IRA during the tax year. Teresa is eligible for subsidized health insurance through George's employment.

George spent \$387 for classroom supplies. He has receipts and received no reimbursements.

Teresa received a letter from the IRS telling her that her identity had been compromised and issued her an Identity Protection PIN of 456852.

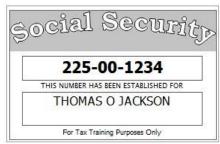
They were not insolvent at the time George received the cancellation of debt, and they made 4 quarterly federal tax payments of \$100 and 4 quarterly state payments of \$25.

If they receive a refund, they want a direct deposit to the bank account shown below. If they owe, they will write a check.









	55 33	e's social security number 4-00-XXXX	OMB No.		ive. accurate, AST! Use	rs e 1		Visit the IRS website a www.irs.gov/efile
b. Employer identifica 35-1101018				5722	, other compensat 5,505.75	ion		come tax withheld \$4,505.06
c. Employer's name, a	address,and ZIP c	ode		3. Social securi \$4	ty wages 7,505.75		202002070202000000000000000000000000000	rity tax withheld \$2,945.36
SCOTT COUNT 375 E MCCLAII		DISTRICT #2		5. Medicare wages and tips \$47,505.75			6. Medicare tax withheld \$688.83	
SCOTTSBURG,	IN 47170			7. Social securi	ty tips		8. Allocated t	tips
d. Control number				9.			10. Dependa	nt care benefits
e. Employee's first na Employee's addres		ast name	Suff.	11. Nonqualified	d plans	V-1	12a. See instr	uctions for box 12 \$2,000.00
GEORGE W JA 123 TALL OAK YC,YS,YZIP				Employee I	Retirement Third Plan sick p		12b. DD	\$6,200.00
				14. Other			12c.	2
							12d.	
5. State Employer's		16. State wages, tips, etc. \$45,505.75	c. 17. Sta	te income tax	18. Local wages,	tips, etc. 1	9. Local income	tax 20. Locality name
Form W-2	Wage and Statement		urn.	20	24			

	YOUR SOCIAL SECURITY BENE REVERSE FOR MORE INFORMA		VN IN BOX 5 MAY BE TAXABLE INCOME.		
Box 1. Name TERESA A JACKSON			Box 2. Beneficiary's Social Security 225-00-XXXX		
Box 3. Benefits Paid in 2024 Box 4. Benefits Repaid to SSA \$21,104.40			A in 2024 Box 5. Net Benefits Paid for 2024 (Box 3 minus Box \$21,104.40		
DESCRIPTION OF A	MOUNT IN BOX 3 \$19,008.00	(5)	DESCRIPTION OF AMOUNT IN BOX 4		
Medicare Part B premiums deduc from your benefits	SOURCE STATE OF THE PROPERTY O				
Medicare Prescription Drug premiums (Part D) deducted f your benefits	rom				
Total Additions	\$2,096.40	Box 6. Voluntary Federal Income Tax Withheld			
Benefits for 2024	\$21,104.40	63			
Benefits for 2023 Benefits for 2022			A A JACKSON ILL OAKS DR		
Benefits for 2021		Box 8. Cla	im Number (use this number if you need to contact SSA) 225-00-XXXXA		

Form SSA-1099-SM

	CORI	RECTED (if checked)		OMB No 1545-0238
PAYER'S name, street address, city or province, country, ZIP or Foreign Post CARNIVAL CORPORATION 3655 NW 87 AVE MIAMI FL 33178		1. Reportable winnings \$2,941.00 3. Type of wager SLOT MACH 5. Transaction 7. Winnings from identical wagers	2. Date won 05/16/20XX 4. Federal income tax withheld \$294.00	20 XX Form W2-G Certain Gambling
PAYER'S Federal identification number 59-1562976 WINNER'S name, street address, city		9. Winner's taxpayer identification no. 225-00-XXXX	10. Window	Winnings This information is being furnished
province, country, ZIP or Foreign Post TERESA A JACKSON 123 TALL OAKS DR	, country, ZIP or Foreign Postal Code A A JACKSON	11. First I.D. 20240529082012 13. State/Payer's state identification no. YS591562976	12. Second I.D. 14. State Winnings \$2,941.00	to the Internal Revenue Service Copy B Report this income
YC,YS YZIP	15. State income tax withheld \$147.00 17. Local income tax withheld	16. Local Winnings 18. Name of locality	on your federal tax return. If this form shows federal income tax withheld in	
box 4, attach this copy to your return. Under penalty of perjury, I declare that, to the best of my knowledge and belief, the name, address, taxpayer indentification number that I furnished correctly identify me as the recipient of this payment and any payment from identical wagers, and no other person is entitled to any part of these payments.				
Signature >	f this payment and any pay	Date >	erson is entitled to any part of the	ese payments.
Form W-2G				

		CORR	RECTED (if ch	ackad)			Distributions From
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. STATE STREET RETIREE SERVICES PO BOX 5149 BOSTON, MA 02206		1 Gross distribution \$36,404.52		2024 Form 1099-R		Pensions, Annuities Retirement o Profit-Sharing Plans IRAs, Insuranc Contracts, etc	
		3	2b Taxable amount not determined.		Total Distribution		Copy B Report this
		3 Capital gain (included in box 2a).		4 Federal income tax withheld \$3,506.25		income on your federal tax return. If this form shows	
PAYER'S TIN 04-3581074	RECIPIENT'S	TIN -00-XXXX	5 Employee contributions/ Designated Roth contributions or		Designated Roth appreciation in		federal income tax withheld in box 4, attach this copy to your return.
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal TERESA A JACKSON 123 TALL OAKS DR		7 Distribution Code(s)	IRA/ SEP/ SIMPLE	8 Other	%	This information being furnished t the IR	
YC,YS,YZIP			9a Your percent distribution	age of total	9b Total Employee Contr		
10 Amount allocable to IRR within 5 years			14 State tax wit	hheld 1,161.15	15 State/Payer's state n YS043581074	0.	16 State distribution \$36,404.52
Account number (see instructions) 13 Date of payment			17 Local tax with	hheld	18 Name of locality		19 Local distribution
Form 1099-R			<u>.</u>				
-							
		CORRECT	ED (if checke	ed)	8		507
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no.			Payer's RTN (optional)		OMB No. 1549		Interest
			Interest income		202	4	Income

	CORREC	CTED (if checked)				
PAYER'S name Street address City or town, state or province, country, ZIP or foreig Telephone no.	Payer's RTN (optional)		OMB No. 1545-0112	Interest		
STOCKYARDS BANK AND TRUST PO BOX 32890 LOUISVILLE, KY 40206		1 Interest income \$535.05	20 24 Form 1099-INT		Income	
		2 Early withdrawal penalty			Сору В	
PAYER'S TIN RECIPIENT'S TIN 225-00-XXXX		3 Interest on US Savings Bonds and \$314.24	Treas. oblig	gations	For Recipient	
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code TERESA A JACKSON 123 TALL OAKS DR YC,YS,YZIP		4 Federal income tax withheld	5 Investment expenses inform being furn		This is important tax information and is being furnished to the	
		6 Foreign Tax Paid	7 Foreign Country or US possession		IRS. If you are required to file a return, a negligence	
		8 Tax exempt interest	9 Specifier interest	d private activity bond	penalty or other sanction may be imposed on you if this income is	
FATCA filing requirment		10 Market Discount	11 Bond Premium		taxable and the IRS determines that it has not been reported	
		12 Bond premium on Treasury obligations	13 Bond P	remium on tax-exempt bond	183	
Account number (see instructions)		14 Tax-exempt and tax credit bond CUSIP no.	15 State	16 State Identification no.	17 State tax withheld	
Form 1099-INT						

	CORRE	ECTED (if checked)			
CREDITOR'S name Street address City or town, state or province	e country. ZIP or foreign postal code	1 Date of Identifiable Event 06/30/2024	OMB No. 1545-1424	Cancellation	
City or town, state or province, country, ZIP or foreign postal code Telephone no. CHASE CARD SERVICES		2 Amount of debt discharged \$1,489.34	2024	of Debt	
PO BOX 17799	Lo	3 Interest if included in Box 2			
WILMINGTON, DE 19850-7799		\$171.23	Form 1099-C		
		4 Debt description CREDIT CARD		Copy B For Debtor	
CREDITOR'S TIN DEBTOR'S TIN			This is important tax information and is being		
76-5XXXXXX	224-00-XXXX		furnished to the IRS. If		
DEBTOR'S name Street address (including apt.no) City or town, state or province, country, ZIP or foreign postal code GEORGE W JACKSON 123 TALL OAKS DR YC,YS,YZIP Account number (see instructions) XXXX-XXXX-XXXX-2398		5 If checked, the debtor was repayment of this debt	personally liable for > X	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.	
		6 Identifiable Event Code	7 Fair market value of property		
Form 1099-C		,			

	CORRE	CTED (if checked)		
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. HEARTFELT MEDICAL CENTER			OMB No. 1545-0116 2024	Nonemployee Compensation
674 WELLNESS AVE			Form 1099-NEC	
YC, YS, YZIP		1 Nonemployee compensation \$1,608.00		Copy B For Recipient
PAYER'S TIN	RECIPIENT'S TIN	2		
25-734XXXX	225-00-XXXX			This is important tax
RECIPIENT'S name Street address (including apt.n City or town, state or province TERESA A JACKSON	o.) , country, ZIP or foreign postal code	3		information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other
123 TALL OAKS DR YC,YS,YZIP		4 Federal income tax withheld		sanction may be imposed on you if this income is taxable and the IRS
				determines that it has not been reported.
	FATCA filing requirment			not been reported.
Account number (see instruction	ons)	5 State tax withheld	6 State/Payer's state no.	7 State income
Form 1099-NEC				

2024 Self-Employed (Sch C) Worksheet (type-in fillable)

(Complete a separate worksheet for each business)

Business owner's name: TERES	A JACKSON
I paid employees or other individuals	I want to deduct a home office
I had more than \$35,000 in business expenses	I received Form 1095-A for health coverage
I kept an inventory for my business	I need to report a business loss
I have assets to depreciate (any > \$2,500)	I don't use the cash method of accounting

If you checked any of the above, please stop here and speak with one of our Counselors.

If you checked none of these above, please continue by completing the worksheet below for each business.

Income	
Forms 1099 (-NEC, -MISC, -K)	\$ 1608.00
Cash, checks, etc. (incl. tips)	\$ 2000.00
Business expenses	
Advertising	\$
Commissions and fees	\$
Health insurance premiums	\$
Business insurance	\$
Interest on business loans	\$
Office expense/supplies	\$
Rent (not home office)	\$
Repairs	\$
Supplies	\$ 85
Licenses or fees	\$

Business expenses (cont.)	
Business part of phone	\$
Training for this business	\$
Tools, etc. under \$2,500 each	\$
Travel away from home	\$
Business meals from restaurants	\$
Other business meals	\$
Other (specify)	\$
	\$
	\$
	\$
	\$
	\$
	Ś

Business use of car or truck				
Total mileage for year	mi.			
Business miles	650 mi.			
Commuting miles	mi.			
Other miles mi.				
Vehicle description: 2018 TOYOTA				
Date placed in service:6/15/2020				

Car or truck expenses	
Car loan interest	\$
Parking, tolls	\$
Other (specify)	\$
	\$
	\$
	\$

Drivers – be sure you have with you today:

- All Forms 1099 AND the detail provided by the company (Door Dash, Lyft, Postmates, Uber, etc.) you need to download and print the detail from each company's web site.
- Your trip miles AND your between-trip miles (do not include from home to first stop nor from last stop to home).

National Tax Training Committee

Nov. 26, 2024

CORRECTED (if checked) Caution: The amount shown may RECIPIENT'S/LENDER'S name, street address, city or town, state or not be fully deductible by you. Mortgage province, country, ZIP or foreign postal code amd telephone no. Limits based on the loan amount 2024 Interest and the cost and value of the secured property may apply. Also, Statement 800 NICOLLET MALL you may only deduct interest to the MINNEAPOLIS MN 55402 extent it was incurred by you, actually paid by you, and not Form 1098 reimbursed by another person. 1. Mortgage interest received from payer(s)/borrower(s) * Copy B For Payer/Borrower \$5,367.49 2. Outstanding mortgage principal as of 1/1/2024 RECIPIENT"S/LENDER'S TIN PAYER'S/BORROWER'S TIN 3. Mortgage origination date The information is boxes 1 through 9 is important 224-00-XXXX tax information and is being furnished to the IRS. If you are 31-0841368 \$120,851.30 05/23/2015 4. Refund of overpaid 5. Mortgage insurance required to file a return, a negligence penalty or other sanction may be imposed on PAYER'S/BORROWER'S name, street address, city or town, state or province, country, ZIP or foreign postal code amd telephone no. you if the IRS determines that 6. Points paid on purchase of principal residence an underpayment of tax results because you GEORGE W JACKSON 123 TALL OAKS DR overstated a deduction for this mortgage interest or for these points, reported in YC, YS, YZIP 7. X If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or boxes 1 and 6; or because or the address or description is entered in box 8. you didn't report the refund of interest (box 4); or because you claimed a non-deductible 9. Number of properties securing the 10. Other 8. Address or description of property securing mortgage (see mortgage PROPERTY TAX \$3,000 11. Mortgage acquisition date Account number (see instructions)

Form 1098

GEORGE W JACKSON TERESA A JACKSON 123 TALL OAKS DR YC, YS, YZIP			₹0	1234
PAY TO THE			\$	
ORDER OF			DOLLARS	
YOUR BANK ADDRESS CITY, STATE ZIP				
For				
325070760	987123654	1234		

Form **13614-C**

Department of the Treasury - Internal Revenue Service

OMB Number 1545-1964

(October 2024)

Intake/Interview and Quality Review Sheet

Note: Do not complete this form if you (or your spouse) are not a U.S. citizen or green card holder.

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 1-4 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 wi.voltax@irs.gov Your first name (pronouns, optional) M.I. Last name Your date of birth Your iob **MACHINIST** MICHAEL **MILLER** 4-1-85 Spouse's first name (pronouns, optional) M.I. Spouse's date of birth | Spouse's job Last name LOIS **MILLER** 11-11-87 STYLIST Mailing address State ZIP code Apt # City 18762 EL CAMINO REAL YOUR CITY YOUR STATE YOUR ZIP Telephone number Email address Did you live or work in two or more states in 2024 ☐ Yes X No 2085558282 Legally blind ☐ Spouse ✓ No Check if you or your spouse were in 2024: ☐ You A U.S. citizen ☐ No Totally and permanently disabled ☐ You □ Spouse ⋉ No X You In the U.S. on a visa ☐ You □ Spouse X No Issued an identity protection PIN ☐ You ☐ Spouse X No A full-time student ☐ You ☐ Spouse ⊠ No Do you own or hold any digital assets ☐ You □ Spouse ▼ No If due a refund, would you like your refund If you have a balance due, would you like to make a payment directly from ☐ Check by mail □ Direct deposit ☐ Bank account ☐ Direct debit ☐ Split refund between accounts □ Other ☐ Set up installment agreement Mail payment to IRS Would you like to receive written communications from the IRS in a language Would you like information on how to vote Would you like \$3 to go to the Presidential **Election Campaign Fund** other than English and/or how to register to vote ☐ Yes X No What language □ Yes X No ☐ Yes X No As of December 31, 2024, what was your marital status If married, were you married for all of 2024 □ Never Married **⋈** Married √ Yes □ No Did you live with your spouse during any part of the last six months of 2024 □ No √ Yes □ Divorced □ Legally Separated Date of separate maintenance decree Date of final decree Year of spouse's death Can anyone else claim the taxpayer or spouse on their tax return (to be completed by certified volunteer) □ Yes □ No List the names below of everyone who lived with you last year (except your To be completed by certified volunteer Answer Yes or No (Y/N) spouse) **AND** anyone you supported but did not live with you last year. (Refer to Pub 4012 Tab C) Name (first, last) Date of birth Relationship to Number of Single or A U.S. Resident of Full-time Totally and Qualifying child Qualifying Provides tax Married as of (mm/dd/yy) vou (son. months lived in Citizen U.S., Canada student dependent benefits (HOH. permanently relative daughter, parent. your home in 12/31/2024 or Mexico disabled dependent EITC, CTC, etc.) 2024 none, etc.) (S/M) MARY MILLER S Y Y Y N 5-8-2006 **DAUGHTER** 12

Received money from any of the following in 2024:	Income to be included (To be completed by certified volunteer)	Notes/Comment
∑ (B) Wages as a part-time or full-time employee	☐ (B) W-2s Number of forms	
How many jobs 2		
☐ (B/A) Tips	☐ (B/A) Tips (basic when reported on W2)	
(B/A) Retirement account, pension or annuity proceeds	☐ (B/A) 1099-R (basic when taxable amount is reported)	
☐ (B) Disability benefits	Number of forms	
☐ (B) Social Security or Railroad Retirement Benefits	☐ (B) SSA-1099, RRB-1099	
⊠ (B) Unemployment benefits	☐ (B) 1099-G Number of forms	
☐ (B) Refund of state or local income tax	☐ Did you receive a refund of state or local taxes ☐ Yes ☐ No	
	☐ Did you itemize last year ☐ Yes ☐ No	
(B) Interest or dividends (bank account, bonds, etc.)	☐ (B) 1099-INT/DIV Number of forms	
☑ (A) Sale of stocks, bonds or real estate	☐ (A) 1099-B Number of forms (include	
Did you report a loss on last year's return ☐ Yes ☒ No	brokerage statement) Capital Loss carryover	
☐ (B) Alimony	☐ (B) Alimony Amount \$	
	Excluded from income	
☐ (M) Income from renting out your house or a room in your house	☐ (M) Rental income	
If yes, did you use the dwelling unit as a personal residence and rent it for few than 15 days ☐ Yes ☐ No		
☐ Income from renting personal property such as a vehicle		
Farm activity	☐ Farm income (out of scope)	
☐ Gambling winnings, including lottery	☐ (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions)	
Payments for contract or self-employment work	☐ (A) Schedule C	
Did you report a loss on last year's return ☐ Yes ☐ No	☐ 1099-MISC Number	
	☐ Other income reported elsewhere	
	☐ Schedule C expenses	
Any other money received during the year (example: cash payments, jury duty, awards, virtual currency, royalties, union strike benefits)	☐ Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart)	

Paid any of the following expenses in 2024:	Standard or Itemized Deductions (To be completed by certified volunteer)	Notes/Comments
☐ (A) Mortgage Interest	☐ (B) Taxable state/local income taxes	
 ☐ (A) Taxes: state, local, real estate, sales, etc. ☐ (A) Medical, Dental, Prescription Expenses ☐ (B) Charitable contributions 	☐ (B) Standard deduction ☐ (A) Itemized deduction	
Paid any of these expenses in 2024:	Expenses to report (To be completed by certified volunteer)	Notes/Comments
⋈ (B) Student loan interest	☐ (B) 1098-E	
☐ (B) Child and dependent care	☐ (B) Child and dependent care credit	
	☐ (A) IRA, 401(k), etc. deduction	
☐ Repayments to a qualified retirement plan	☐ (B) Saver's credit	
☐ (B) School supplies by a teacher, teacher's aide or other educator	☐ (B) Educator expenses deduction	
☐ (B) Alimony payments (do not include child support)	☐ (B) Alimony payments with spouse's SSN \$	
	Adjustment to income	
Did any of the following happen during 2024:	Information to report (To be completed by certified volunteer)	Notes/Comments
⋈ (B) You or someone in your family took educational classes (technical school, college, job related, etc.)	 ☐ (B) Taxable scholarship income ☐ (B) 1098-T (itemized statement from school, invoice, etc.) ☐ (B) Education credit or tuition and fees deduction 	
☐ (A) Sell a home	☐ (A) Sale of home (1099-S)	
	☐ HSA contributions ☐ HSA distributions	
(A) Purchase health insurance through the Marketplace (Exchange)	☐ (A) 1095-A	
(A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)	☐ (B) Energy efficient home improvement credit	
☐ (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender	☐ (A) 1099-C	
☐ Have a loss related to a declared federal disaster area	☐ (A) 1099-A☐ Disaster relief impacts return	
☐ (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)	☐ (B) EITC, CTC, AOTC or HOH disallowed in a previous year Year disallowed Reason	
☐ Receive any letter or bill from the IRS	☐ Eligible for Low Income Taxpayer Clinic referral	
☐ (B) Make estimated tax payments or apply last year's refund to	☐ Estimated tax payments	
2024 taxes	☐ Last year's refund applied to this year	
	Last year's return available	
☐ Additional information you think we should know	☐ Additional information for accurate tax preparation	

The	e following information is	for statistical purposes. T	hese questions a	re o	ption	ıal.									
1.\	Nould you say you can carr	ry on a conversation in Engl	ish	\times	Very	well		Well		Not well	☐ Not a	at all	☐ Pr	efer not to answer	
2. \	Nould you say you read a n	ewspaper in English		X	Very	well		Well		Not well	☐ Not a	at all	☐ Pr	efer not to answer	•
3. [Do you or any member of yo	our household have a disab	ility		Yes		×	No		Prefer not	to answer				
4. /	Are you or your spouse a Ve	eteran from the U.S. Armed	Forces		Yes		X	No		Prefer not	to answer				
	What is your race and/or eth n the spaces below)	nnicity (select all that apply a	and enter additiona	l det	tails			ur spouse's details in th				ect all ti	hat app	oly and enter	
	Tribe of the Blackfeet India	a Native (enter, for example n Reservation of Montana, I nent, Nome Eskimo Commu	Native Village of Ba	arrov	v	Tri	be of th	ne Blackfee	t Indi	an Reserv	ation of Mo	ntana,	Native	njo Nation, Blackfe Village of Barrow ztec, Maya, etc.)	∍t
	Asian (provide details belo	w)				☐ As	ian (pro	ovide detai	ls be	low)					
	☐ Chinese	☐ Asian Indian	☐ Filipino				Chines	se		☐ Asia	n Indian		□ F	ilipino	
	☐ Vietnamese		☐ Japanese				Vietna	mese		☐ Kore	an			apanese	
	Enter, for example, Pakista	ni, Hmong, Afghan, etc.				En	ter, for	example, F	Pakis	tani, Hmon	g, Afghan,	etc.			
X	Black or African America	n (provide details below)				⊠ Bla	ack or A	African An	neric	an (provide	e details be	low)			
	🔀 African American	☐ Jamaican	☐ Haitian			X	African	n American		☐ Jama	ican		☐ Ha	aitian	
	☐ Nigerian	☐ Ethiopian	☐ Somali				Nigeria	an		☐ Ethio	pian			omali	
	Enter, for example, Trinidad	dian and Tobagonian, Ghan	aian, Congolese, e	tc.		En	ter, for	example, 7	rinid	adian and	Tobagoniar	n, Ghar	naian, (Congolese, etc.	
	Hispanic or Latino (provid	le details below)				☐ His	spanic	or Latino	(prov	ide details	below)				
	☐ Mexican	☐ Puerto Rican	☐ Salvadoran				Mexica	an		☐ Puert	o Rican		☐ Sa	alvadoran	
	☐ Cuban	□ Dominican	☐ Guatemalan				Cuban			□ Domi	nican		☐ G	uatemalan	
	Enter, for example, Colomb	pian, Honduran, Spaniard, e	tc.			En	ter, for	example, (Colon	nbian, Hon	duran, Spai	niard, e	tc.		
	Middle Eastern or North A	African (provide details belo	ow)			☐ Mie	ddle Ea	astern or N	lorth	African (p	orovide deta	ails belo	ow)		
	Lebanese	☐ Iranian	☐ Egyptian				Lebane	ese		☐ Irania	ın		□ Eq	gyptian	
	☐ Syrian	☐ Iraqi	☐ Israeli				Syrian			☐ Iraqi			☐ Isi	raeli	
	Enter, for example, Morocc	an, Yemeni, Kurdish, etc.				En	ter, for	example, N	/loro	ccan, Yeme	eni, Kurdish	, etc.			
	Native Hawaiian or Pacific	c Islander (provide details l	below)			□ Na	itive Ha	awaiian or	Paci	fic Islande	r (provide d	details i	below)		
	_	☐ Samoan	☐ Chamorro					Hawaiian		☐ Samo				namorro	
	☐ Tongan	☐ Fijian	Marshallese				Tonga	n		☐ Fijian			☐ Ma	arshallese	
	Enter, for example, Chuuke	se, Palauan, Tahitian, etc.				En	ter, for	example, (Chuul	kese, Palai	uan, Tahitia	n, etc.			
	White (provide details belo	w)				□ Wh	hite (pr	ovide detai	ls be	low)					
	☐ English	☐ German	☐ Irish				English	n		☐ Germ	nan		☐ Iri	sh	
	☐ Italian	☐ Polish	☐ Scottish				Italian			☐ Polisl	h		□ Sc	cottish	
	Enter, for example, French,	Swedish, Norwegian, etc.				En	ter, for	example, F	renc	h, Swedish	i, Norwegia	n, etc.			

Page 5	Pac	ıe	Ę
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Additional comments	

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 USC 301 and 26 USC 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. 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 Individual Master File. 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:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

Driver's License (Tax Training Only)

License No. 20240628152926 Name and Address MICHAEL MILLER 18762 EL CAMINO REAL YC, YS YZIP



Birth Date 04/01/1985

Issue Date Expiration Date 04/01/2029

Driver's License (Tax Training Only)

License No. 20240628152915 Name and Address LOIS MILLER 18762 EL CAMINO REAL YC, YS YZIP



Birth Date 11/11/1987

Issue Date Expiration Date 11/11/2029



			e's social security number 8-00-XXXX	OMB No		ave. accurate, AST! Use	(RSP)	file	Visit the IRS website at www.irs.gov/efile
b. Employ	er identification n	umber (EIN)			1. Wages, tips	, other comper	nsation	2. Federal in	come tax withheld
67-	8851234				\$3	35,200.00		1	\$1,020.00
c. Employ	er's name, addres	s.and ZIP co	ode		3. Social secur	ity wages		4. Social sec	urity tax withheld
		-,			\$4	10,480.00			\$2,509.76
KRAME	R WELDING	ASSOCI	ATES		5. Medicare w	ages and tips		6. Medicare	tax withheld
16 CO	MMERCIAL B	LVD			\$4	10,480.00			\$586.96
YC, YS	S YZIP				7. Social secur	ity tips		8. Allocated	tips
d. Control	l number				9.			10. Dependa	nt care benefits
	ee's first name ar ee's address and		ast name	Suff.	11. Nonqualifie	d plans		12a. See instr	ructions for box 12 \$5,280,00
	AEL MILLER EL CAMINO S YZIP	REAL			13.Statutory Employee		hird-party ck pay	12b. DD	\$9,123.00
					14. Other			12c. W	\$1,000.00
								12d.	
15. State	Employer's state	ID number	16. State wages, tips, et	c. 17. St	ate income tax	18. Local wag	es, tips, etc.	19. Local income	tax 20. Locality name
YS	67885XXX	X	\$35,200.00		1,400.00				
Сору В		ith Employ	ee's FEDERAL Tax Reti		20	XX	I		
This infor	mation is being fu	ırnished to t	he Internal Revenue Servi	ice.					

	a. Employee's social security number 569-00-XXXX	OMB No		ave. accurate, AST! Use	IRSP -	file	Visit the IRS website at www.irs.gov/efile
b. Employer identification r	number (EIN)			, other comper	nsation	2. Federal in	ncome tax withheld
44-3XXXXXX				34,799.75			\$215.00
c. Employer's name, addre	ss,and ZIP code		3. Social secur	ity wages		4. Social sec	curity tax withheld
			\$3	34,799.75			\$2,157.58
REINHARDT TECH	NOLOGY		5. Medicare w	ages and tips		6. Medicare	tax withheld
74 LAWERENCE AV	/E		\$3	34,799.75			\$504.60
ST PETERSBURG F	FL 33702		7. Social secur	ity tips		8. Allocated	tips
d. Control number			9.			10. Dependa	ant care benefits
e. Employee's first name a Employee's address and		Suff.	11. Nonqualifie	d plans		12a. See inst	tructions for box 12
LOIS MILLER 18760 EL CAMINO YC, YS YZIP	REAL		Employee	Retirement Th Plan sid	nird-party ck pay	12b.	
			14. Other			12c.	
						12d.	
15. State Employer's state YS 44312XXX	e ID number 16. State wages, tips, et ★ \$34,799.75	ic. 17. S	tate income tax	18. Local wage	es, tips, etc. 1	19. Local income	tax 20. Locality name
Copy B - To Be FIled W	age and Tax atement /ith Employee's FEDERAL Tax Retrigrationships in pished to the Internal Revenue Serve		20	XX			

PAYER'S name, street address, coor foreign postal code and teleph STATE UNEMPLOYMEN		1 Unemploym	\$960.00	OMB No	0. 1545-0120 099-G		Certain
1 FIRST ST			al income tax	(Rev. J	anuary, 2022)		Government
YC, YS YZIP		refunds, cr	edits or offsets		lendar Year 0 <u>24</u>		Payments
		3. Box 2 amo	unt is for tax year	4 Federa	al income tax with	nheld	Сору В
PAYER'S TIN	RECIPIENT'S TIN				\$96.00		For Recipient
83-1231234	569-00-XXXX				1010		This is important tax
RECIPIENT'S name Street address City or town, state or province, o	country, ZIP or foreign postal code	5 RTAA paym	2002/2007/20	6 Taxable	8 = 54000-2	20	information and is being furnished to the IRS. If you are required to file a return, a
LOIS MILLER 18762 EL CAMINO REAL	<u>-</u> .	7 Agriculture	payments		r business		negligence penalty or other sanction may be imposed on you if this
YC, YS YZIP		9 Market gair	1				income is taxable and the IRS determines that it has not been
Account number (see instructions)	10a State YS	10b State identi 125XXXX	Estraphysical Con-	11 State income tax 4	withheld 8.00	reported.

	CORRI	ECTED (if checked)		
country, ZIP or foreign postal of BANK OF HSA 35 OAK LANE	et address, city or town, state or province ode and telephone no.		OMB No. 1545-1517 Form 1099-SA (Rev. January, 2022)	Distributions From an HSA, Archer MSA, or
YC, YS YZIP			For calendar Year 20 24	Medicare Advantage MSA
PAYER'S TIN 32-5XXXXXX	RECIEPIENT'S TIN 468-00-XXXX	1 Gross Distribution \$496.00	2 Earnings on excess cont.	Copy B For
RECIPIENT'S name Street address (including apt.no City or town, state or province,	o.) country, ZIP or foreign postal code	3 Distribution Code	4 FMV on date of death	Recipient
MICHAEL MILLER 18762 EL CAMINO REA YC, YS YZIP	L.	5 HSA X Archer MSA MA MSA MSA		This information is being furnished to the IRS.
Account number (see instruction	(ar			
Form 1099-SA (Re	v. 1-2019) (keep for your records)	www.irs.gov/l	Form1099SA Department of	the Treasury - Internal Revenue Service

Lois's mother gave the Millers \$1,000 to contribute to Michael's HSA since he has a high deductible health plan that provides family coverage. The Millers have receipts showing that they spent the above \$496 on medical expenses.

		CORREC	CTED	(if checked)			
RECIPIENT'S,LENDER'S name province, country, ZIP or for US DEPARTMENT O P O BOX 82561 LINCOLN, NE 6850: 888-486-4722	eign postal	code and telephone number			MB No. 1545-1576 20 24 rm 1098-E		Student Loan Interest Statement
RECIPIENT'S TIN	во	RROWER'S TIN	1 Stud	dent loan interest received by	lender	-	Сору В
52-1198289		468-00-XXXX		\$3,200.00			For Borrower
BORROWER'S name Street address (including ap City or town, state or provir MICHAEL MILLER 18762 EL CAMINO R YC, YS YZIP Account number (see instruc	REAL	y, ZIP or foreign postal code	fees	necked box 1 does not include and/or capitalized interest for rember, 1 2004	loans made before		This 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
Form 1098-E		(keep for your records)		www.irs.gov/Form109E	D		for student loan interest. - Internal Revenue Service
1030-L		***************************************	DDE		Department of the In	easur y	- Internal Revenue Service
FILER'S name, street address foreign postal code and telep LUCKY COLLEGE 1 COLLEGE WAY SALISBURY NC 2814	hone numb	wn, state or province, country,	0.000.000.00	1 Payments received for qualified tuition and related expenses \$5,000.00	OMB No. 1545-1574 20 24 Form 1098-T		Tuition Statement
FILER'S employer identification	on no.	STUDENT'S TIN		3			Copy B

STUDENT'S name Street address (including apt. no.) City or town, state or province, country, ZIP or foreign postal code

8. Checked if at least half-time student

(keep for your records)

MARY MILLER

YC, YS YZIP

Form 1098-T

18762 EL CAMINO REAL

Service Provider/Acct No. (see instr.)

In addition to the above, the Millers show you a receipt from the school indicating they paid \$1,000 for required books this year. This is Mary's first year at college, her scholarship is restricted to paying tuition, and she has had no felony drug charges.

Adjustments made for a

prior year

6 Adustments to

9 Checked if a graduate student

www.irs.gov/Form1098T

5 Scholarships or grants

7 Checked if the amount in box 1 or 2 includes amounts for an academic period begining January-March 2025.

10 Ins. contract reimb./refund

\$2,000.00

Department of the Treasury - Internal Revenue Service

This is important tax information and is being furnished to the IRS. This form

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.

CHARLES SCHWAB		ACCOUNT NUMBER XXX	(X-5555					COMPOSIT 1099 FOR TAX YEAR	20:
Form 1099 B		RECIPIENT'S NAME AND	ADDRESS					PAYERS NAME AND ADDRESS	
		MICHAEL MILLER							
		LOIS MILLER						CHARLES SCHWAB & CO., INC.	
		18763 ELCAMINO REAL						211 MAIN STREET	
		YC, YS, YZIP						SAN FRANCISCO, CA 94105	
		TAXPAYER ID NUMBER						Telephone Number: (800) 435-4	າດດຕ
		468-XX-XXXX						Federal ID Number: 94-1737782	
Long-term transactions fo	r which basis is	s reported to IRS							
Description of property				Cor	at or other				
	Date		Proceeds		st or other	Gain/l	220	Wash sale loss disallowed	
(Example 100 sh. XYZ)		Date sold or disposed	Proceeds \$ 9,999.00	Cos bas		Gain/L	oss 164.00	Wash sale loss disallowed	
(Example 100 sh. XYZ) 100 SH MMM	Date acquired 4/24/2018	Date sold or disposed 3 11/4/2024		bas	is	100,000,000,000	NAME OF TAXABLE PARTY.		
Description of property (Example 100 sh. XYZ) 100 SH MMM Long-term transactions for	Date acquired 4/24/2018	Date sold or disposed 3 11/4/2024		bas	is	\$	NAME OF TAXABLE PARTY.	\$	
(Example 100 sh. XYZ) 100 SH MMM Long-term transactions for TOTAL LONG-TERM SHORT TERM GAIN OR LO	Date acquired 4/24/2018 or which basis is	Date sold or disposed 3 11/4/2024 s NOT reported to IRS	\$ 9,999.00	bas	9,835.00	\$	164.00	\$	
(Example 100 sh. XYZ) 100 SH MMM Long-term transactions for TOTAL LONG-TERM SHORT TERM GAIN OR LO	Date acquired 4/24/2018 or which basis is	Date sold or disposed 3 11/4/2024 s NOT reported to IRS	\$ 9,999.00	bas \$	9,835.00	\$	164.00	\$	
(Example 100 sh. XYZ) 100 SH MMM Long-term transactions for TOTAL LONG-TERM	Date acquired 4/24/2018 or which basis is	Date sold or disposed 3 11/4/2024 s NOT reported to IRS	\$ 9,999.00	bas \$	9,835.00 9,835.00 9,835.00	\$	164.00	\$	

\$ 101.00 \$

109.00 \$

(8.00) \$

TOTAL SHORT-TERM

5.00



SCHWAB ACCOUNT NUMBER XXXX-5555

COMPOSIT 1099 FOR TAX YEAR 2024

RECIPIENT'S NAME AND ADDRESS

TEON LETT O HAVE AND ADDRESS

MICHAEL MILLER LOIS MILLER

18763 ELCAMINO REAL

YC, YS, YZIP

TAXPAYER ID NUMBER 468-XX-XXXX

PAYERS NAME AND ADDRESS

CHARLES SCHWAB & CO., INC.

211 MAIN STREET

SAN FRANCISCO, CA 94105

Telephone Number: (800) 435-4000 Federal ID Number: 94-1737782

INTEREST INCOME - 2024 Form 1099-INT Box Description AMOUNT

ROX	Description	AMOUNT	
	1 Interest Income	\$	235.24
	2 Early withdrawal penalty	\$	20.00
	3 Interest on U.S. Savings Bonds and Treasury Obligations	\$	125.00
	4 Federal Income Tax Withheld	\$	-
	5 Investment Expenses	\$	E 50
	6 Foreign Tax Paid	\$	2.50
	7 Foreign Country or U.S. Possession	\$	-
	8 Tax-Exempt Interest	\$	40.00
	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	\$	-
	15 State		
	16 State Identification No.		
W.	17 State Tax Withheld	\$	-
	<u> </u>		·

FATCA filing requirement

⁸ Tax-Exempt Interest is all Your State.



SCHWAB ACCOUNT NUMBER XXXX-5555

RECIPIENT'S NAME AND ADDRESS

MICHAEL MILLER

18763 ELCAMINO REAL

YC, YS, YZIP

LOIS MILLER

TAXPAYER ID NUMBER 468-XX-XXXX

COMPOSIT 1099 FOR TAX YEAR 2024

PAYERS NAME AND ADDRESS

CHARLES SCHWAB & CO., INC.

211 MAIN STREET

SAN FRANCISCO, CA 94105

Telephone Number: (800) 435-4000

Federal ID Number: 94-1737782

DIVIDE	ENDS AND DISTRIBUTIONS - 2024	Form 1099-DIV
Вох	Description	Amount
	Total Ordinary Dividends (Includes amount shown in box	
1a	1b)	\$ 325.00
1b	Qualified Dividends	\$ 257.00
	Total Capital Gain Distributions (Includes amounts	
2a	shown in boxes 2b 2c and 2d)	\$ 12.00
2b	Unrecap. Sec. 1250 Gain	
2c	Section 1202 Gain	
2d	Collectibles(28 %) Gain	
2e	Section 897 ordinary dividends	
<u>2f</u>	Section 897 capital gain	
	3 Nondividend Distributions	\$ 25.00
	4 Federal Income Tax Withheld	\$ <u> </u>
	5 DIV-199A	\$ 13.00
	6 Investment Expenses	
*	7 Foreign Tax Paid	
*	8 Foreign Country or U.S. Possession	
	9 Cash Liquidation Distributions	
2	10 Noncash Liquidation Distributions	
	11 Exempt-interest Dividends	
	12 Specified Private Activity Bond Interest Dividends	
	13 State	
*	14 State Identification No.	
	15 State Tax Withheld	
	FATCA filing requirement	

Form **13614-C** (October 2024)

Department of the Treasury - Internal Revenue Service

Intake/Interview and Quality Review Sheet

OMB Number 1545-1964

Note: Do not complete this form if you (or your spouse) are not a U.S. citizen or green card holder.

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 1-4 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.

	al) M	1.I. L	_ast name		Your	date of birth	Your	,					
JOHN			ADAMS		08/	03/1965		CTRICIA	<u> </u>				
Spouse's first name (pronouns, o	otional) M	1.I. L	_ast name		Spou	se's date of bi	rth Spou	ıse's job					
Mailing address 143 CONCORD LANE				Apt #	City YOU	R CITY				State YOUR S	TATE		code /R ZIP
Telephone number 904-555-1212	I	mail addı TOHNA	ress I DAMS@E A	NAIL.XXX	,		Did y □ Y	ou live or wo		two or m	ore states	in 202	24
Check if you or your spouse were						lly blind	•			You	☐ Spo	use	⊠ No
A U.S. citizen	X] You	☐ Spouse	e □ No	Totall	y and perman	ently disa	abled		You	☐ Spo	use	⋉ No
In the U.S. on a visa] You	☐ Spouse	e ⊠ No	Issue	d an identity p	rotection	PIN		You	☐ Spo	use	⋉ No
A full-time student] You	☐ Spouse	e ⊠ No	Do yo	ou own or hold	any digit	al assets		You	☐ Spo	use	⋉ No
If due a refund, would you like yo ☑ Direct deposit] Check	bv mail		-	ı have a balaı ank account	nce due,	would you lik		nake a p	•	rectly	from
☐ Split refund between account] Other	,		1-	et up installme	nt agreer	nent			ment to II	RS	
Would you like to receive written on other than English □ Yes ☑ No What lan		ations fro	m the IRS in a	ı language		d you like information in the second displayment displayment of the second displayment dis			Ele		like \$3 to impaign F ເx∷No		the Presidentia
As of December 31, 2024, what w ☐ Never Married	•	Marrie			-	arried for all of t of the last six		_] Ye	_	No No		
□ Divorced		Legally	y Separated					[2	W i	dowed			
Date of final decree		Date of	f separate mai	ntenance dec	ree				Ye	ar of spo	use's dea	ıth _	2015
Can anyone else claim the taxpay	er or spou	ise on the	eir tax return (t	o be complet	ed by certi	ified volunteer)					Yes	☐ No
List the names below of everyone spouse) AND anyone you suppor						Answer Yes	or No (Y	/N)	То		pleted by er to Pub		ied volunteer Tab C)
Name (first, last) Date of bird (mm/dd/yy	you (so	er, parent,	Number of months lived in your home in 2024	Single or Married as of 12/31/2024 (S/M)	A U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled		ifying child ndent	Qualifying relative depender	•	Provides tax benefits (HOH, EITC, CTC, etc.)
AMY ADAMS 05/04/19	996 DAUG	HTER	12	5	N	У	N	У					
7,7,7,7,8,7,7,8			1										
7007 7007000													

Received money from any of the following in 2024:	Income to be included (To be completed by certified volunteer)	Notes/Comments
☑ (B) Wages as a part-time or full-time employee	☐ (B) W-2s Number of forms	
How many jobs		
☐ (B/A) Tips	☐ (B/A) Tips (basic when reported on W2)	•
☐ (B/A) Retirement account, pension or annuity proceeds	☐ (B/A) 1099-R (basic when taxable amount is reported)	
☐ (B) Disability benefits	Number of forms	
☐ (B) Social Security or Railroad Retirement Benefits	☐ (B) SSA-1099, RRB-1099	
☑ (B) Unemployment benefits	☐ (B) 1099-G Number of forms	
☐ (B) Refund of state or local income tax	☐ Did you receive a refund of state or local taxes ☐ Yes ☐ No	
	☐ Did you itemize last year ☐ Yes ☐ No	
(B) Interest or dividends (bank account, bonds, etc.)	☐ (B) 1099-INT/DIV Number of forms	
☐ (A) Sale of stocks, bonds or real estate	☐ (A) 1099-B Number of forms (include	
Did you report a loss on last year's return ☐ Yes ☐ No	brokerage statement)	
☐ (B) Alimony	☐ (B) Alimony Amount \$	
	Excluded from income	
☐ (M) Income from renting out your house or a room in your house	☐ (M) Rental income	
If yes, did you use the dwelling unit as a personal residence and rent it for few than 15 days ☐ Yes ☐ No		
☐ Income from renting personal property such as a vehicle		
☐ Farm activity	☐ Farm income (out of scope)	
☐ Gambling winnings, including lottery	☐ (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions)	
Payments for contract or self-employment work	☐ (A) Schedule C	
Did you report a loss on last year's return ☐ Yes ☐ No	☐ 1099-MISC Number	
	☐ 1099-K Number	
	☐ Other income reported elsewhere	
	☐ Schedule C expenses	
Any other money received during the year (example: cash payments, jury duty, awards, virtual currency, royalties, union strike benefits)	☐ Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart)	

Paid any of the following expenses in 2024:	Standard or Itemized Deductions (To be completed by certified volunteer)	Notes/Comments
☐ (A) Mortgage Interest	☐ (B) Taxable state/local income taxes	
☐ (A) Taxes: state, local, real estate, sales, etc.☐ (A) Medical, Dental, Prescription Expenses☐ (B) Charitable contributions	☐ (B) Standard deduction ☐ (A) Itemized deduction	
Paid any of these expenses in 2024:	Expenses to report (To be completed by certified volunteer)	Notes/Comments
☐ (B) Student loan interest	☐ (B) 1098-E	
☐ (B) Child and dependent care	☐ (B) Child and dependent care credit	
☐ (B/A) Contributions to a retirement account	☐ (A) IRA, 401(k), etc. deduction	
☐ Repayments to a qualified retirement plan	☐ (B) Saver's credit	
$\ \square$ (B) School supplies by a teacher, teacher's aide or other educator	☐ (B) Educator expenses deduction	
☐ (B) Alimony payments (do not include child support)	☐ (B) Alimony payments with spouse's SSN \$	
	Adjustment to income	
Did any of the following happen during 2024:	Information to report (To be completed by certified volunteer)	Notes/Comments
☐ (B) You or someone in your family took educational classes (technical school, college, job related, etc.)	 ☐ (B) Taxable scholarship income ☐ (B) 1098-T (itemized statement from school, invoice, etc.) ☐ (B) Education credit or tuition and fees deduction 	
(A) Sell a home	☐ (A) Sale of home (1099-S)	
☐ (A) Have a health savings account (HSA)	☐ HSA contributions ☐ HSA distributions	
☐ (A) Purchase health insurance through the Marketplace (Exchange)	☐ (A) 1095-A	
☐ (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)	☐ (B) Energy efficient home improvement credit	
(A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender	☐ (A) 1099-C	
☐ Have a loss related to a declared federal disaster area	☐ (A) 1099-A☐ Disaster relief impacts return	
☐ (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)	☐ (B) EITC, CTC, AOTC or HOH disallowed in a previous year Year disallowed Reason	
☐ Receive any letter or bill from the IRS	☐ Eligible for Low Income Taxpayer Clinic referral	
(B) Make estimated tax payments or apply last year's refund to	☐ Estimated tax payments	
2024 taxes	☐ Last year's refund applied to this year	
	Last year's return available	
☐ Additional information you think we should know	☐ Additional information for accurate tax preparation	

The following information	is for statistical purposes.	These questions a	re op	otional	l .				
1. Would you say you can ca	ırry on a conversation in Enç	ılish		Very w	vell ☐ Well		Not well	☐ Not at all	☐ Prefer not to answer
2. Would you say you read a	newspaper in English			Very w	vell □ Well		Not well	☐ Not at all	☐ Prefer not to answer
3. Do you or any member of	your household have a disal	bility		Yes	☐ No		Prefer not	to answer	
4. Are you or your spouse a	Veteran from the U.S. Armed	d Forces		Yes	☐ No		Prefer not	to answer	
5. What is your race and/or e in the spaces below)	thnicity (select all that apply	and enter additiona	ıl deta	ails 6.	What is your sp additional detail				that apply and enter
	ska Native (enter, for examplian Reservation of Montana, nment, Nome Eskimo Commo	Native Village of Ba	rrow	eet 🗀	Tribe of the Bla	ackfeet Indi	an Reserva	ation of Montana,	ole, Navajo Nation, Blackfeet Native Village of Barrow nunity, Aztec, Maya, etc.)
☐ Asian (provide details be	low)				Asian (provide	details be	low)		
☐ Chinese	☐ Asian Indian	☐ Filipino			☐ Chinese		☐ Asia	n Indian	☐ Filipino
☐ Vietnamese	☐ Korean	☐ Japanese			☐ Vietnamese	9	☐ Kore	ean	☐ Japanese
Enter, for example, Pakis	tani, Hmong, Afghan, etc.				Enter, for exam	nple, Pakis	tani, Hmon	g, Afghan, etc.	
⊠ Black or African Americ	an (provide details below)				Black or Afric	an Americ	an (provide	e details below)	
	☐ Jamaican	☐ Haitian			☐ African Ame	erican	☐ Jama	ican	☐ Haitian
☐ Nigerian	☐ Ethiopian	☐ Somali			☐ Nigerian		☐ Ethio	pian	☐ Somali
Enter, for example, Trinio	ladian and Tobagonian, Gha	naian, Congolese, e	etc.		Enter, for exan	nple, Trinid	adian and	Tobagonian, Gha	anaian, Congolese, etc.
☐ Hispanic or Latino (prov	ride details below)				Hispanic or La	atino (prov	ide details	below)	
☐ Mexican	☐ Puerto Rican	☐ Salvadoran			☐ Mexican		☐ Puert	o Rican	☐ Salvadoran
☐ Cuban	☐ Dominican	☐ Guatemalan			☐ Cuban		☐ Domi	nican	☐ Guatemalan
Enter, for example, Color	nbian, Honduran, Spaniard,	etc.			Enter, for exan	nple, Colon	nbian, Hon	duran, Spaniard,	etc.
☐ Middle Eastern or North	African (provide details bei	low)			Middle Easter	n or North	African (p	provide details be	elow)
☐ Lebanese	☐ Iranian	☐ Egyptian			☐ Lebanese		☐ Irania	an	☐ Egyptian
☐ Syrian	☐ Iraqi	☐ Israeli			☐ Syrian		☐ Iraqi		☐ Israeli
Enter, for example, Moro	ccan, Yemeni, Kurdish, etc.				Enter, for exan	nple, Morod	ccan, Yeme	eni, Kurdish, etc.	
□ Native Hawaiian or Paci	fic Islander (provide details	below)			Native Hawaii	an or Paci	fic Islande	r (provide details	s below)
☐ Native Hawaiian	☐ Samoan	☐ Chamorro			☐ Native Haw	aiian	☐ Samo	oan	☐ Chamorro
☐ Tongan	☐ Fijian	☐ Marshallese			☐ Tongan		☐ Fijian	l	☐ Marshallese
Enter, for example, Chuu	kese, Palauan, Tahitian, etc.				Enter, for exan	nple, Chuui	kese, Palai	uan, Tahitian, etc).
☐ White (provide details be	low)				White (provide	details be	low)		
☐ English	☐ German	☐ Irish			☐ English		☐ Germ	nan	☐ Irish
☐ Italian	☐ Polish	☐ Scottish			☐ Italian		☐ Polis	h	☐ Scottish
Enter, for example, Frence	ch, Swedish, Norwegian, etc.				Enter, for exam	nple, Frenc	h, Swedish	n, Norwegian, etc	.

ditional comments	
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 USC 301 and 26 USC 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. 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 Individual Master File. 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:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

FOCUS EXERCISES

User Note for Instructors and Volunteers

The following five exercises focus on specific tax topics. They are designed to be used in concert with the four Training Exercises to reinforce the tax law and TaxSlayer entry for the specific tax issues for new volunteers. Returning volunteers can also use these to refresh their knowledge and software skills for specific tax topics.

John Adams - Basic income

Your first name (pronouns, optional) JOHN	M.I.	Last name ADAMS		Your date of birth 08/03/1965	Your job ELECTRICIAN	
Spouse's first name (pronouns, optional)	M.I.	Last name		Spouse's date of birth	Spouse's job	
Mailing address 143 CONCORD IANE) 20	L	Apt #	City YOUR CITY		State YOUR STATE

Click to find John's full Intake/Interview and Quality Review Sheet.



Interview Notes

John is an electrician employed by a construction company.

He was laid off for two months, received unemployment, and cashed in a certificate of deposit to help pay bills.

Amy, his daughter, is totally and permanently disabled with no income.

	27 Tay	CORREC	CTED (if checked)			
Street address City or town, state or province, country, ZIP or foreign postal code Telephone no.		Payer's RTN (optional)	OMB No. 1545-0112	Interest		
		1 Interest income \$265.87		20 XX Form 1099-INT	Income	
PAYER'S TIN	RECIPIENT'S TIN		2 Early withdrawal penalty \$27.00			Copy B For Recipient
53-011XXXX	572-00-1	1801	3 Interest on US Savings Bonds and	3 Interest on US Savings Bonds and Treas. obligations		
RECIPIENT'S name Street address (including apt.no.)		4 Federal income tax withheld	5 Investr	ent expenses	This is important tax information and is being furnished to the	
JOHN ADAMS	untry, ZIP or foreig	gn postal code	6 Foreign Tax Paid	7 Foreign	Country or US possession	IRS. If you are required to file a return, a negligence
143 CONCORD LANE YC/YS/YZIP			8 Tax exempt interest	9 Specifie interes	d private activity bond t	penalty or other sanction may be imposed on you if this income is
FATCA filing		10 Market Discount	11 Bond F	remium	taxable and the IRS determines that it has not been reported	
			12 Bond premium on Treasury obligations	13 Bond F	remium on tax-exempt bond	(a)
Account number (see instructions)			14 Tax-exempt and tax credit bond CUSIP no.	15 State	16 State Identification no.	17 State tax withheld
Form 1099-INT					I.	1

	25 47	e's social security number 72-00-1801	OMB No		ave. accurate, AST! Use	9	file		the IRS website at v.irs.gov/efile
b. Employer identification number (EIN) 94-3XXXXXX				\$3	o, other compensation, 500.00	on		\$3,	tax withheld 400.00
c. Employer's name, a	ddress,and ZIP o	ode		Charles and the second	31,500.00	30	27.00-050-050	\$1,	tax withheld 953.00
WALKER CONS	PIKE			5. Medicare wa	ages and tips 31,500.00		6. Medicar		ithheld 456.75
FAIRFAX VA 22	030			7. Social secur	ity tips		8. Allocate	d tips	
d. Control number 239063				9.			10. Depen	dant ca	re benefits
e. Employee's first nar Employee's address		Last name	Suff.	11. Nonqualifie			12a. See in	structio	strate of the strategy of the
JOHN ADAMS 143 CONCORD YC/YS/YZIP	LANE			Employee	Retirement Third-p Plan sick pa		12b. DD	i i	\$3,980.00
				14. Other			12c.	100	
							12d.	ă ă	
15. State Employer's YS 943XX		16. State wages, tips, etc \$30,500.00	. 17. S	tate income tax	18. Local wages, ti	ps, etc. 19	. Local incon	ne tax	20. Locality name
			3.55555						7.5557.5557.55
Form W-2		Tax ree's FEDERAL Tax Retu	PD.	20	XX				

	CORRE	CTED (if checked)				
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. STATE UNEMPLOYMENT COMMISSION 1 GOVERNMENT CIR YC, YS, YZIP		1 Unemplo	syment compensation \$3,250.00	OMB No. 1545-0120		Certain	
			local income tax credits or offsets	20 XX Form 1099-G		Government Payments	
		. Box 2 an	ount is for tax year	4 Federal income tax	withheld	Сору В	
PAYER'S TIN	RECIPIENT'S TIN			\$32	For Recipient		
91-6XXXXXX	572-00-1801					This is important tax information and is being furnished to the IRS. If you are required to file a return, a	
RECIPIENT'S name Street address City or town, state or province,	ovince, country, ZIP or foreign postal code		ne te or province, country, ZIP or foreign postal code		ayments		6 Taxable grants
JOHN ADAMS 143 CONCORD LANE		7 Agricultu	ire payments	8 If checked, box 2 is trade or business income >	s	negligence penalty or other sanction may be imposed on you if this	
YC/YS/YZIP		9 Market g	gain			income is taxable and the IRS determines that it has not been	
Account number (see instruction	s)	10. State	10b State identification	on no. 11 State income	tax withheld	reported.	
Form 1099-G		45		*			

JOHN ADAMS 143 CONCORD LANE YOUR CITY, YS YZIP	1234
PAY TO THE	\$
ORDER OF	DOLLARS
IST STREET CREDIT UNION IST AND MAIN YOUR CITY, YS YZIP	
For	

AGI \$_____ Federal (refund/owe) \$_____

Complete the E-file Section: add bank information; record the taxpayer consent forms and the answers to their custom questions; and check "mark tax return ready for review" and "save and exit" on the Submission Page.

Form **13614-C**

Department of the Treasury - Internal Revenue Service

OMB Number 1545-1964

(October 2024)

Intake/Interview and Quality Review Sheet

Note: Do not complete this form if you (or your spouse) are not a U.S. citizen or green card holder.

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 1-4 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 t	to provide hig	h quality serv	ice and uphol	d the highest	ethical st	andards. To re	eport une	thical behavio	or to	the IRS, e	mail us at	t <u>wi.vo</u>	ltax@irs.gov
Your first name (pronoun TERRY	ıs, optiona l)		Last name <i>BALDWIN</i>	1	I	date of birth 03/1965	Your PA :	rjob INTER					
Spouse's first name (pro	nouns, optiona	al) M.I.	Last name		Spou	se's date of bi	irth Spot	use's job					
Mailing address 142 CONCORD				Apt #	City you	R CITY				State YOUR ST	ATE	ZIP co	
Геlephone number 904-555-1212		Email add	ress B <i>ALDWIN</i> @	@EMAIL.X	XX		Did y □ Y	you live or wor ′es ⊠ No		wo or moi	re states i	n 2024	ļ
Check if you or your spor	use were in 20)24:			Lega	lly blind				You	☐ Spou	ise	⊠ No
A U.S. citizen		🗙 You	☐ Spouse	e 🗌 No	Total	ly and perman	ently disa	abled		You	☐ Spou	ise	⊠ No
n the U.S. on a visa		☐ You	☐ Spouse	e ⊠ No	Issue	d an identity p	rotection	PIN		You	☐ Spou	ise	⊠ No
A full-time student		☐ You	☐ Spouse	e ⊠ No	Do yo	ou own or hold	l any digi	tal assets		You	☐ Spou	ise	⊠ No
f due a refund, would yo ☑ Direct deposit	ou like your re	fund ☐ Check	by mail			u have a bala ank account	nce due,	would you lik		nake a pa Direct del	•	ectly fr	om
☐ Split refund between	accounts	☐ Other			□ Se	et up installme	ent agreer	ment	×	Mail payn	nent to IR	S	
Would you like to receive other than English □ Yes ☑ No \	written comm		om the IRS in a	a language		d you like info or how to regis es ☑ No			Ele	ection Can			e Presidentia
As of December 31, 2024 ☐ Never Married	4, what was yo	☐ Marrie			•	arried for all of t of the last six] Ye				
☐ Divorced		☐ Legall	y Separated					×	Wi-	dowed			2045
Date of final decree		Date o	f separate mai	intenance dec	ree				Ye	ar of spou	se's deat	h	2015
Can anyone else claim th	ne taxpayer or	spouse on the	eir tax return (to be complet	ed by cert	ified volunteer	.)					Yes	☐ No
ist the names below of espouse) AND anyone yo	•	•	• .			Answer Yes	or No (Y	//N)	То		eted by o		ed volunteer ab C)
` ' '	(mm/dd/yy) y	Relationship to ou (son, laughter, parent, lone, etc.)	Number of months lived in your home in 2024	Single or Married as of 12/31/2024 (S/M)	A U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled		ifying child ndent	Qualifying relative dependent	ı	Provides tax penefits (HOH, EITC, CTC, etc.)
AMY BALDWIN	05/04/1996	DAUGHTER	12	5	У	У	N	N					
	1		1	1			1	- 1					

Received money from any of the following in 2024:	Income to be included (To be completed by certified volunteer)	Notes/Comments
☐ (B) Wages as a part-time or full-time employee	☐ (B) W-2s Number of forms	
How many jobs		
☐ (B/A) Tips	☐ (B/A) Tips (basic when reported on W2)	_
☐ (B/A) Retirement account, pension or annuity proceeds	☐ (B/A) 1099-R (basic when taxable amount is reported)	_
☐ (B) Disability benefits	Number of forms	_
☐ (B) Social Security or Railroad Retirement Benefits	☐ (B) SSA-1099, RRB-1099	_
☐ (B) Unemployment benefits	☐ (B) 1099-G Number of forms	
☐ (B) Refund of state or local income tax	\square Did you receive a refund of state or local taxes \square Yes \square No	
	☐ Did you itemize last year ☐ Yes ☐ No	
☐ (B) Interest or dividends (bank account, bonds, etc.)	☐ (B) 1099-INT/DIV Number of forms	
☐ (A) Sale of stocks, bonds or real estate	☐ (A) 1099-B Number of forms (include	_
Did you report a loss on last year's return ☐ Yes ☐ No	brokerage statement)	
☐ (B) Alimony	☐ (B) Alimony Amount \$	_
	Excluded from income	
☐ (M) Income from renting out your house or a room in your house	☐ (M) Rental income	-
If yes, did you use the dwelling unit as a personal residence and rent it for few than 15 days ☐ Yes ☐ No		
☐ Income from renting personal property such as a vehicle		
☐ Farm activity	☐ Farm income (out of scope)	_
☐ Gambling winnings, including lottery	☐ (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions)	_
➤ Payments for contract or self-employment work	☐ (A) Schedule C	-
Did you report a loss on last year's return ☐ Yes ☒ No	☐ 1099-MISC Number	
	☐ Other income reported elsewhere	
	☐ Schedule C expenses	
Any other money received during the year (example: cash payments, jury duty, awards, virtual currency, royalties, union strike benefits)	☐ Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart)	_

Paid any of the following expenses in 2024:	Standard or Itemized Deductions (To be completed by certified volunteer)	Notes/Comments
☐ (A) Mortgage Interest	☐ (B) Taxable state/local income taxes	
 (A) Taxes: state, local, real estate, sales, etc. (A) Medical, Dental, Prescription Expenses (B) Charitable contributions 	☐ (B) Standard deduction ☐ (A) Itemized deduction	
Paid any of these expenses in 2024:	Expenses to report (To be completed by certified volunteer)	Notes/Comments
☐ (B) Student loan interest	☐ (B) 1098-E	
☐ (B) Child and dependent care	☐ (B) Child and dependent care credit	
☐ (B/A) Contributions to a retirement account	☐ (A) IRA, 401(k), etc. deduction	
☐ Repayments to a qualified retirement plan	☐ (B) Saver's credit	
☐ (B) School supplies by a teacher, teacher's aide or other educator	☐ (B) Educator expenses deduction	
☐ (B) Alimony payments (do not include child support)	☐ (B) Alimony payments with spouse's SSN \$	
	Adjustment to income	
Did any of the following happen during 2024:	Information to report (To be completed by certified volunteer)	Notes/Comments
☐ (B) You or someone in your family took educational classes (technical school, college, job related, etc.)	 ☐ (B) Taxable scholarship income ☐ (B) 1098-T (itemized statement from school, invoice, etc.) ☐ (B) Education credit or tuition and fees deduction 	
(A) Sell a home	☐ (A) Sale of home (1099-S)	
☐ (A) Have a health savings account (HSA)	☐ HSA contributions ☐ HSA distributions	
☐ (A) Purchase health insurance through the Marketplace (Exchange)	☐ (A) 1095-A	
☐ (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)	☐ (B) Energy efficient home improvement credit	
☐ (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender	☐ (A) 1099-C	
☐ Have a loss related to a declared federal disaster area	☐ (A) 1099-A☐ Disaster relief impacts return	
☐ (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)	☐ (B) EITC, CTC, AOTC or HOH disallowed in a previous year Year disallowed Reason	
Receive any letter or bill from the IRS	☐ Eligible for Low Income Taxpayer Clinic referral	
(B) Make estimated tax payments or apply last year's refund to	☐ Estimated tax payments	
2024 taxes	Last year's refund applied to this year	
	Last year's return available	
Additional information you think we should know	☐ Additional information for accurate tax preparation	

The following information	is for statistical purpose	s. These questions	are opti	onal.				
1. Would you say you can c	arry on a conversation in E	nglish	□ Ve	ery we	ell 🗌 Well	☐ Not well	☐ Not at all	☐ Prefer not to answer
2. Would you say you read	a newspaper in English		□ Ve	ery we	ell 🗌 Well	☐ Not well	☐ Not at all	☐ Prefer not to answer
3. Do you or any member of	f your household have a di	sability		es	□ No	☐ Prefer no	t to answer	
4. Are you or your spouse a	Veteran from the U.S. Arn	ned Forces		es	□ No	☐ Prefer no	t to answer	
5. What is your race and/or in the spaces below)	ethnicity (select all that ap	oly and enter additio	nal detail		Nhat is your spouse' additional details in th		• •	that apply and enter
	ska Native (enter, for exar dian Reservation of Montan Inment, Nome Eskimo Com	a, Native Village of E	Barrow	t 🗆	Tribe of the Blackfee	et Indian Reserv	ation of Montana,	ole, Navajo Nation, Blackfeet Native Village of Barrow nunity, Aztec, Maya, etc.)
☐ Asian (provide details be	elow)				Asian (provide deta	ils below)		
☐ Chinese	☐ Asian Indian	☐ Fi l ipino			☐ Chinese	☐ Asia	an Indian	☐ Filipino
☐ Vietnamese		☐ Japanese			☐ Vietnamese	☐ Kor	ean	□ Japanese
Enter, for example, Paki	stani, Hmong, Afghan, etc.				Enter, for example, I	Pakistani, Hmo	ng, Afghan, etc.	
☐ Black or African Ameri	can (provide details below)			Black or African A	merican (provid	de details below)	
☐ African American	☐ Jamaican	☐ Haitian			☐ African American	ı 🗌 Jam	aican	☐ Haitian
☐ Nigerian	☐ Ethiopian	☐ Somali			☐ Nigerian	☐ Ethi	opian	☐ Somali
Enter, for example, Trini	dadian and Tobagonian, G	hanaian, Congolese,	etc.		Enter, for example,	Trinidadian and	Tobagonian, Gha	anaian, Congolese, etc.
☐ Hispanic or Latino (pro	vide details below)				Hispanic or Latino	(provide details	s below)	
☐ Mexican	☐ Puerto Rican	☐ Salvadoran			☐ Mexican	☐ Pue	to Rican	☐ Salvadoran
☐ Cuban	☐ Dominican	☐ Guatemalan			☐ Cuban	☐ Dom	inican	☐ Guatemalan
Enter, for example, Colo	mbian, Honduran, Spaniar	d, etc.			Enter, for example,	Colombian, Hoi	nduran, Spaniard,	etc.
☐ Middle Eastern or Nort	h African (provide details	below)			Middle Eastern or I	North African (provide details be	elow)
☐ Lebanese	☐ Iranian	☐ Egyptian			☐ Lebanese	☐ Irani	an	☐ Egyptian
☐ Syrian	☐ Iraqi	☐ Israeli			☐ Syrian	☐ Iraqi		☐ Israeli
Enter, for example, More	occan, Yemeni, Kurdish, et	c.			Enter, for example, I	Moroccan, Yem	eni, Kurdish, etc.	
☐ Native Hawaiian or Pac	eific Islander (provide deta	nils below)			Native Hawaiian or	Pacific Island	er (provide details	s below)
☐ Native Hawaiian	☐ Samoan	☐ Chamorro			☐ Native Hawaiian	☐ Sam	oan	☐ Chamorro
☐ Tongan	☐ Fijian	☐ Marshallese			☐ Tongan	☐ Fijia	n	☐ Marshallese
Enter, for example, Chui	ukese, Palauan, Tahitian, e	etc.			Enter, for example,	Chuukese, Pala	uan, Tahitian, etc	: .
☐ White (provide details be	elow)				White (provide deta	ils below)		
☐ English	☐ German	☐ Irish			☐ English	☐ Gerr	nan	☐ Irish
☐ Italian	☐ Polish	☐ Scottish			☐ Italian	☐ Polis	sh	☐ Scottish
Enter, for example, Fren	ch, Swedish, Norwegian, e	etc.			Enter, for example, I	French, Swedis	h, Norwegian, etc	

Catalog Number 52121E www.irs.gov Form **13614-C** (Rev. 10-2024)

dditional comments	
Privacy Act and Panerwork Reduction Act Notice	

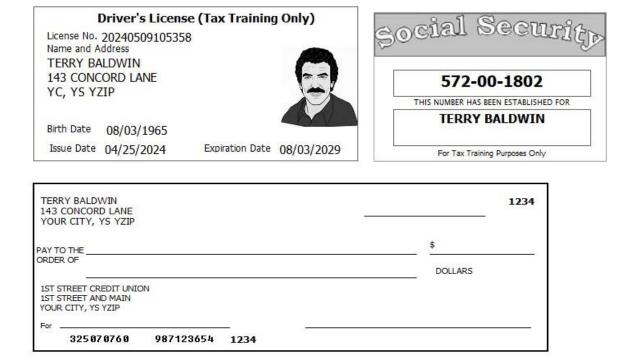
Privacy Act and Paperwork Reduction Act Notice

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 USC 301 and 26 USC 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. 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 Individual Master File. 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:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

Terry Baldwin - Self-Employment

Your first name (pronouns, optional) TERRY	M.I.	Last name BALDWIN		Your date of birth 08/03/1965	Your job PAINTER
Spouse's first name (pronouns, optional)	M.I.	Last name		Spouse's date of birth	Spouse's job
Mailing address 142 CONCORD LANE	27	्री <i>व</i>	Apt#	City YOUR CITY	I ∀

Click to find Terry's full Intake/Interview and Quality Review Sheet.



Interview Notes

Terry is a self-employed painter who paints businesses and private homes.

The business's name is Baldwin Painting and uses his home address for his business.

Daughter Amy earned over \$10,000 last year, provides over half of her support, and is not disabled.

Terry received 1099-NEC forms for two restaurants that he painted.

Terry also received cash payments for painting several private residences for which he has records documenting \$24,675 in receipts.

Terry made four estimated payments to the IRS for a total of \$6,600.

	CORRE	CTED (if checked)	20	
JANE'S CAFE 35 WEST ELM ST	e, country, ZIP or foreign postal code		OMB No. 1545-0116 20 XX Form 1099-NEC	Nonemployee Compensation
YC YS YZIP		1 Nonemployee compensation \$3,200.00		Copy B For Recipient
PAYER'S TIN 43-5XXXXXX RECIPIENT'S name Street address (including apt.r. City or town, state or province TERRY BALDWIN 143 CONCORD LANE YC/YS/YZIP	RECIPIENT'S TIN 572-00-1802 no.) e, country, ZIP or foreign postal code FATCA filing requirment	3 4 Federal income tax withheld		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.
Account number (see instruction		5 State tax withheld	6 State/Payer's state no.	7 State income
Form 1099-NEC				

	CORF	RECTED (if checked)		
Telephone no. ALICE'S BISTRO 234 FALCON DR	country, ZIP or foreign postal cod	ie	OMB No. 1545-0116 20 XX Form 1099-NEC	Nonemployee Compensation
YC YS YZIP		1 Nonemployee compensation		Сору В
		\$5,500.00		For Recipient
PAYER'S TIN 54-3XXXXXX RECIPIENT'S name Street address (including apt.no City or town, state or province, TERRY BALDWIN 143 CONCORD LANE	RECIPIENT'S TIN 572-00-1802 .) country, ZIP or foreign postal code	2 3 4 Federal income tax withheld		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
YC/YS/YZIP	FATCA filing requirment			imposed on you if this income is taxable and the IRS determines that it has not been reported.
Account number (see instruction	is)	5 State tax withheld	6 State/Payer's state no.	7 State income
Form 1099-NEC			1	

Charles April 6		CONT. CO. CO. CO. CO. CO. CO. CO. CO. CO. CO	eet for each business) Business		
I paid employees or other i I had more than \$35,000 in I kept an inventory for my i I have assets to depreciate If you checked any of the	business ousiness dusiness (any > \$2,5 he above, p	expenses 500) please stop	I want to deduct a home office I received Form 1095-A for hea I need to report a business loss I don't use the cash method of	Ith co accor unselo	unting
Income	ove, pieuse	continue	Business expenses (cont.)	or ea	cn business
Forms 1099 (-NEC, -MISC, -K)	s	8,700	Business part of phone	\$	695
Cash, checks, etc. (incl. tips)	S	24,675	Training for this business	s	
Business expenses		.,	Tools, etc. under \$2,500 each	\$	
Advertising	\$	350	Travel away from home	100	
Commissions and fees	s		Business meals from restaurants	\$	
Health insurance premiums	s	3,400		\$	
Business insurance	s	100 - 100	Other business meals	\$	0.745
Interest on business loans	s		Other (specify) Paint	\$	8,745
Office expense/supplies	\$		Liability Insurance	\$	478
Rent (not home office)	\$	- 0	Business Cards	\$	42
Repairs	1732		Personalized coveralls	\$	250
Supplies	\$	500	Website	\$	317
Licenses or fees	\$	598		\$	
Licenses or rees	\$	95		\$	
Business use of car or truck			Car or truck expenses	7	
Total mileage for year	13	,668 mi.	Car loan interest	4	
Business miles	1	,968 mi.	Parking, tolls	\$	
				\$	
Commuting miles	8	700 mi.	Other (specify)	\$	
Other miles		mi.		\$	
Vehicle description: truck	10		Estimated payments/qrtr		1,650
Date placed in service: 5/2/1	V G De Contract		12	\$	

AGI \$	Federal	(refund/owe)	\$
--------	---------	--------------	----

Complete the E-file Section: check "mark tax return ready for review" and then "save and exit" on the Submission Page (last page).

Form **13614-C**

Department of the Treasury - Internal Revenue Service

OMB Number 1545-1964

(October 2024)

Intake/Interview and Quality Review Sheet

Note: Do not complete this form if you (or your spouse) are not a U.S. citizen or green card holder.

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 1-4 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.

Your first name (pronouns	, optional)	1 1	Last name	_	I	date of birth	Your	•					
KAREN			CHAMBER:	5		03/1960		TIRED					
Spouse's first name (prono	ouns, option	al) M.I. I	Last name		Spous	se's date of bi	rth Spou	use's job					
Mailing address				Apt #	City		I			State		ZIP code	
143 CONCORD LAN	NE				YOUR	CITY				YOUR 51	TATE	YOUR ZIP	
Telephone number		Email add	ress	•	•		Did y	ou live or wo		wo or mo	re states i	n 2024	
<i>904-555-1212</i>			<u>CHAMBERS</u>	<u>6@EMAIL.</u>			Y	es ⊠ No					
Check if you or your spous	se were in 20	024:			•	ly blind				You	☐ Spou		
A U.S. citizen			☐ Spouse	e □ No	Totall	y and perman	ently disa	abled	×	You	☐ Spou	se 🗌 l	٧o
In the U.S. on a visa		☐ You	☐ Spouse	e ⊠ No	Issue	d an identity p	rotection	PIN		You	☐ Spou	se ⊠ l	No
A full-time student		☐ You	☐ Spouse	e ⊠ No	Do yo	ou own or hold	any digit	tal assets		You	☐ Spou	se ⊠ l	No
If due a refund, would you	u like your re	efund			If you	ı have a balaı	nce due,	would you lik	e to r	nake a pa	yment dire	ectly from	
□ Direct deposit		☐ Check	by mail		☐ Ba	ank account			×	Direct de	bit		
Split refund between a	accounts	☐ Other			☐ Se	et up installme	nt agreer	ment		Mail payr	ment to IR	S	
Would you like to receive v	written comn	nunications fro	m the IRS in a	a language	Would	d you like info	mation o	n how to vote				o to the Pre	sidentia
other than English					and/o	r how to regis	ter to vote	e	Ele	ection Car	mpaign Fu	nd	
☐ Yes 🗷 No W	/hat languag	е			☐ Ye	es 🗷 No			×	Yes	□ No		
As of December 31, 2024,	, what was y	our marital sta	tus		•				•				
□ Never Married		☐ Marrie	d	If married, we	ere you ma	irried for all of	2024] Ye	s 🗌	No		
		Did you	u live with you	r spouse durir	ng any parl	t of the last six	months	of 2024] Ye	s 🗌	No		
□ Divorced		☐ Legally	y Separated					2	∢ Wi	dowed			
Date of final decree _		Date of	f separate mai	ntenance dec	ree				Ye	ar of spoเ	use's death	n	22
Can anyone else claim the	e taxpayer or	spouse on the	eir tax return (t	to be complet	ed by certi	fied volunteer)				□ `	Yes 🗌	No
List the names below of every spouse) AND anyone you						Answer Yes	or No (Y	/N)	То			ertified vo l 012 Tab C)	unteer
, ,	mm/dd/yy)	Relationship to you (son, daughter, parent, none, etc.)	Number of months lived in your home in 2024	Single or Married as of 12/31/2024 (S/M)	A U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled		ifying child ndent	Qualifying relative dependent		es tax s (HOH, CTC, etc.)
BETH CHAMBERS	05/04/1990	DAUGHTER	7	5	У	У	N	N					

Received money from any of the following in 2024:	Income to be included (To be completed by certified volunteer)	Notes/Comments
☐ (B) Wages as a part-time or full-time employee	☐ (B) W-2s Number of forms	
How many jobs		
☐ (B/A) Tips	☐ (B/A) Tips (basic when reported on W2)	-
☑ (B/A) Retirement account, pension or annuity proceeds	☐ (B/A) 1099-R (basic when taxable amount is reported)	
☐ (B) Disability benefits	Number of forms	_
B) Social Security or Railroad Retirement Benefits	☐ (B) SSA-1099, RRB-1099	_
☐ (B) Unemployment benefits	☐ (B) 1099-G Number of forms	_
☐ (B) Refund of state or local income tax	\square Did you receive a refund of state or local taxes \square Yes \square No	
	☐ Did you itemize last year ☐ Yes ☐ No	_
☐ (B) Interest or dividends (bank account, bonds, etc.)	☐ (B) 1099-INT/DIV Number of forms	
(A) Sale of stocks, bonds or real estate	☐ (A) 1099-B Number of forms (include	-
Did you report a loss on last year's return ☐ Yes ☐ No	brokerage statement)	
(B) Alimony	☐ (B) Alimony Amount \$	-
	Excluded from income	
(M) Income from renting out your house or a room in your house	☐ (M) Rental income	-
If yes, did you use the dwelling unit as a personal residence and rent it for few than 15 days ☐ Yes ☐ No		
☐ Income from renting personal property such as a vehicle		
Farm activity	☐ Farm income (out of scope)	_
☐ Gambling winnings, including lottery	☐ (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions)	-
☐ Payments for contract or self-employment work	☐ (A) Schedule C	-
Did you report a loss on last year's return ☐ Yes ☐ No	☐ 1099-MISC Number	
	☐ 1099-K Number	
	☐ Other income reported elsewhere	
	☐ Schedule C expenses	
Any other money received during the year (example: cash payments, jury duty, awards, virtual currency, royalties, union strike benefits)	☐ Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart)	-

Paid any of the following expenses in 2024:	Standard or Itemized Deductions (To be completed by certified volunteer)	Notes/Comments
☐ (A) Mortgage Interest	☐ (B) Taxable state/local income taxes	
 ☐ (A) Taxes: state, local, real estate, sales, etc. ☑ (A) Medical, Dental, Prescription Expenses ☐ (B) Charitable contributions 	☐ (B) Standard deduction ☐ (A) Itemized deduction	
Paid any of these expenses in 2024:	Expenses to report (To be completed by certified volunteer)	Notes/Comments
☐ (B) Student loan interest	☐ (B) 1098-E	
☐ (B) Child and dependent care	☐ (B) Child and dependent care credit	
☐ (B/A) Contributions to a retirement account	☐ (A) IRA, 401(k), etc. deduction	
☐ Repayments to a qualified retirement plan	☐ (B) Saver's credit	
$\ \square$ (B) School supplies by a teacher, teacher's aide or other educator	☐ (B) Educator expenses deduction	
☐ (B) Alimony payments (do not include child support)	☐ (B) Alimony payments with spouse's SSN \$	
	Adjustment to income	
Did any of the following happen during 2024:	Information to report (To be completed by certified volunteer)	Notes/Comments
☐ (B) You or someone in your family took educational classes (technical school, college, job related, etc.)	 ☐ (B) Taxable scholarship income ☐ (B) 1098-T (itemized statement from school, invoice, etc.) ☐ (B) Education credit or tuition and fees deduction 	
(A) Sell a home	☐ (A) Sale of home (1099-S)	
☐ (A) Have a health savings account (HSA)	☐ HSA contributions ☐ HSA distributions	
(A) Purchase health insurance through the Marketplace (Exchange)	☐ (A) 1095-A	
☐ (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)	☐ (B) Energy efficient home improvement credit	
(A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender	☐ (A) 1099-C	
☐ Have a loss related to a declared federal disaster area	☐ (A) 1099-A☐ Disaster relief impacts return	
☐ (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)	☐ (B) EITC, CTC, AOTC or HOH disallowed in a previous year Year disallowed Reason	
☐ Receive any letter or bill from the IRS	☐ Eligible for Low Income Taxpayer Clinic referral	
☐ (B) Make estimated tax payments or apply last year's refund to	☐ Estimated tax payments	
2024 taxes	☐ Last year's refund applied to this year	
	Last year's return available	
Additional information you think we should know	☐ Additional information for accurate tax preparation	

The following information is	for statistical purposes.	These questions a	re o	ptional	l.					
1. Would you say you can carry	y on a conversation in Engl	ish	×	Very w	vell	☐ Well		Not well	□ Not at all	☐ Prefer not to answer
2. Would you say you read a ne	ewspaper in English		×	Very w	vell	☐ Well		Not well	☐ Not at all	☐ Prefer not to answer
3. Do you or any member of yo	our household have a disab	ility	X	Yes		☐ No		Prefer not	to answer	
4. Are you or your spouse a Ve	eteran from the U.S. Armed	Forces	×	Yes		☐ No		Prefer not	to answer	
5. What is your race and/or eth in the spaces below)	nicity (select all that apply	and enter additiona	l det	ails 6.		s your spouse nal details in t				that apply and enter
☐ American Indian or Alaska Tribe of the Blackfeet Indian Inupiat Traditional Governm	n Reservation of Montana, I	Native Village of Ba	rrow		Tribe	of the Blackfe	et Indi	an Reserva	ntion of Montana,	le, Navajo Nation, Blackfeet Native Village of Barrow unity, Aztec, Maya, etc.)
☐ Asian (provide details below	w)				Asian	n (provide deta	ails be	low)		
☐ Chinese	☐ Asian Indian	☐ Filipino			☐ Ch	ninese		☐ Asia	n Indian	☐ Filipino
☐ Vietnamese	☐ Korean	☐ Japanese			☐ Vie	etnamese		☐ Kore	an	
Enter, for example, Pakistal	ni, Hmong, Afghan, etc.				Enter,	, for example,	Pakis	tani, Hmon	g, Afghan, etc.	
☐ Black or African American	n (provide details below)				Black	or African A	meric	an (provide	e details below)	
African American	☐ Jamaican	☐ Haitian			☐ Afı	rican America	n	☐ Jama	ican	☐ Haitian
☐ Nigerian	☐ Ethiopian	☐ Somali			☐ Ni	gerian		☐ Ethio	oian	☐ Somali
Enter, for example, Trinidad	lian and Tobagonian, Ghar	aian, Congolese, e	tc.		Enter,	, for example,	Trinid	adian and	Tobagonian, Gha	anaian, Congolese, etc.
☐ Hispanic or Latino (provide	e details below)] Hispa	nic or Latino	(prov	ide details	below)	
☐ Mexican	☐ Puerto Rican	☐ Salvadoran				exican		☐ Puert	o Rican	☐ Salvadoran
☐ Cuban	☐ Dominican	☐ Guatemalan			☐ Cu	ıban		☐ Domi	nican	☐ Guatemalan
Enter, for example, Colomb	ian, Honduran, Spaniard, e	tc.			Enter,	, for example,	Color	nbian, Hond	duran, Spaniard,	etc.
☐ Middle Eastern or North A	African (provide details belo	ow)			Middl	e Eastern or	North	African (p	rovide details be	low)
☐ Lebanese	☐ Iranian	☐ Egyptian			☐ Le	banese		☐ Irania	n	☐ Egyptian
☐ Syrian	□ Iraqi	☐ Israeli			☐ Sy	rian		☐ Iraqi		☐ Israeli
Enter, for example, Morocca	an, Yemeni, Kurdish, etc.				Enter,	, for example,	Moro	ccan, Yeme	eni, Kurdish, etc.	
□ Native Hawaiian or Pacific	s Islander (provide details	below)			Nativ	e Hawaiian o	r Paci	fic Islande	r (provide details	s below)
☐ Native Hawaiian	☐ Samoan	☐ Chamorro			☐ Na	ative Hawaiian)	☐ Samo	an	☐ Chamorro
☐ Tongan	□ Fijian	☐ Marshallese			□ То	ngan		☐ Fijian		☐ Marshallese
Enter, for example, Chuuke	se, Palauan, Tahitian, etc.				Enter,	, for example,	Chuu	kese, Palaı	ıan, Tahitian, etc	
☐ White (provide details below	N)] White	e (provide deta	ails be	low)		
☐ English	☐ German	☐ Irish			☐ En	nglish		☐ Germ	an	☐ Irish
☐ Italian	☐ Polish	☐ Scottish			☐ Ita	lian		☐ Polish	1	☐ Scottish
Enter, for example, French,	Swedish. Norwegian, etc.				Enter.	for example.	Frenc	h. Swedish	. Norwegian, etc	_

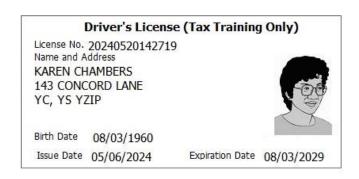
ditional comments	
Privacy Act and Paperwork Reduction Act Notice	

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 USC 301 and 26 USC 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. 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 Individual Master File. 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:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

Karen Chambers -Retirement Income

Your first name (pronouns, optional) KAREN	M.I.	CHAMBERS 08/		Your date of birth 08/03/1960			
Spouse's first name (pronouns, optional)	M.I.			Spouse's date of birth	Spouse's job		
Mailing address 143 CONCORD LANE			Apt #	City YOUR CITY	(A)	State YOUR STATE	

Click to find Karen's full Intake/Interview and Quality Review Sheet.





Interview Notes

Karen retired as a Navy Chief Petty Officer in 2001 with 20 years of service.

Karen took a law enforcement position with Mayberry Sheriff's Department that qualifies her as a public safety officer. She retired from this position and her pension started 7/1/2022.

Karen has Medicare health care coverage.

Beth, Karen's daughter, moved in with Karen on May 27, 2024. Beth worked part-time, earned \$7,000, and did not have health insurance. Karen provided most of Beth's support.

FORM	I SSA-1099 - SOCIAL SE	CURITY	BENEFIT STATEMENT
20 XX O PART OF SEE THE I	YOUR SOCIAL SECURITY BENE REVERSE FOR MORE INFORMA	FITS SHOV TION.	VN IN BOX 5 MAY BE TAXABLE INCOME.
Box 1. Name KAREN CHAMBERS			Box 2. Beneficiary's Social Security Number 572-00-1803
Box 3. Benefits Paid in 20XX \$13,400.00	Box 4. Benefits Repaid to SSA	in 20XX	Box 5. Net Benefits Paid for 20XX (Box 3 minus Box 4) \$13,400.00
DESCRIPTION OF A	MOUNT IN BOX 3	*	DESCRIPTION OF AMOUNT IN BOX 4
Paid by check or direct deposit	\$10,305.60		
Medicare Part B premiums deduc from your benefits	\$2,096.40		
Medicare Prescription Drug premiums (Part D) deducted f your benefits	rom \$498.00		
Total Additions	\$3,094.40	Box 6. Vo	untary Federal Income Tax Withheld
Benefits for 20XX	\$13,400.00		\$500.00
Benefits for 20XX-1 Benefits for 20XX-2		25 3 20 20 20 20 20	CHAMBERS NCORD LANE
Benefits for 20XX-3		Box 8. Cla	m Number (use this number if you need to contact SSA) 572-00-1803A

Form SSA-1099-SM

		CORR	ECTED (if ch	ecked)			Distributions From Pensions, Annuities,
PAYER'S name Street address City or town, state or provin Telephone no.	1 Gross distribut \$21 2a Taxable amo	,650.00	2024 Form 1099-R		Pensions, Amunica Retirement o Profit-Sharing Plans IRAs, Insuranc Contracts, etc		
MAYBERRY SHERIFF'S DEPARTMENT 1 HOLLOW TREE RD YOUR CITY, YOUR STATE YZIP			2b Taxable amo not determin		Total Distribution		Copy B Report this
,	3 Capital gain (ir in box 2a).	ncluded	4 Federal income tax withheld		income on your federal tax return. If this form shows		
PAYER'S TIN 21-8123456	RECIPIENT'S	-00-1803	5 Employee cor Designated R contributions	oth	6 Net unrealized appreciation in employer's securities	federal income tax withheld in box 4, attach this copy to your return.	
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal KAREN CHAMBERS 143 CONCORD LANE			7 Distribution Code(s)	IRA/ SEP/ SIMPLE	8 Other	%	This information is being furnished to the IRS
YC, YS YZIP	YC, YS YZIP		9a Your percent distribution	age of total	9b Total Employee Contributions \$86,500.00		
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth	12 FATCA filing requirment	14 State tax wit	hheld \$875.00	15 State/Payer's state no YS 218123456		16 State distribution \$21,650.00
ccount number (see instructions) 13 Date of payment		17 Local tax with	nheld	18 Name of locality		19 Local distribution	
Form 1099-R			<u>.</u>				

		CORRI	ECTED (if ch	ecked)			Distributions From		
Street address Street rown, state or province, country, ZIP or foreign postal code —			2a Taxable amo	7,117.00	20 XX Form 1099-R	3	Pensions, Annuities Retirement o Profit-Sharing Plans IRAs, Insurance Contracts, etc		
US MILITARY RETIRE 8899 E 56TH STREET	D PAY	ING SERVICE	2b Taxable amo not determin		Total Distribution		Copy B Report this		
	NDIANAPOLIS IN 46249-1200		3 Capital gain (ir in box 2a).	ncluded	4 Federal income tax withheld \$3,90	0.00	income on your federal tax return. If this form shows		
PAYER'S TIN 34-0727612	RECIPIENT'S 572-	TIN -00-1803	5 Employee cor Designated R contributions	oth	6 Net unrealized appreciation in employer's securities		federal income tax withheld in box 4, attach this copy to your return.		
RECIPIENT'S name Street address (including apt.r. City or town, state or province KAREN CHAMBERS 143 CONCORD LANE		foreign postal	7 Distribution Code(s)	IRA/ SEP/ SIMPLE	8 Other	%	This information is being furnished to the IRS		
YC, YS, YZIP			9a Your percent distribution	age of total %	9b Total Employee Contrib	outions			
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth	12 FATCA filing requirment	14 State tax wit	hheld \$987.00	15 State/Payer's state no YS 841XXXXXX		16 State distribution \$27,117.00		
Account number (see instructio	ns)	13 Date of payment	17 Local tax with	nheld	18 Name of locality		19 Local distribution		
Form 1099-R									
KAREN CHAMBERS 143 CONCORD LANE YOUR CITY, YS YZIP				×			1234		
PAY TO THE					<u>\$</u>				
1ST STREET CREDIT UNIO 1ST AND MAIN STREET YOUR CITY, YS YZIP	DN				DOLLAR	S			
For	9871236	54 1234	×20						

AGI \$_____ Federal (refund/owe) \$_____

Complete the E-file Section: add bank information; record the taxpayer consent forms and the answers to their custom questions.

Check "mark tax return ready for review" and "save and exit" on the Submission Page.

Form **13614-C** (October 2024)

Department of the Treasury - Internal Revenue Service

Intake/Interview and Quality Review Sheet

OMB Number 1545-1964

Note: Do not complete this form if you (or your spouse) are not a U.S. citizen or green card holder.

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 licenses) for you and your species.

- · Complete pages 1-4 of this form.
- You are responsible for the information on your return. Provide complete and accurate information.

Volunteers are trained	,	, ,	•		•	•		ertified voluntee ethical behavio		mail us at <u>wi.</u> v	oltax@irs.gov	
Your first name (pronour RONALD	ns, optional)	1	I. Last name DAVIS		I	date of birth 03/1975	Your RE	rjob TIRED			-	
Spouse's first name (pro <i>ALICIA</i>	nouns, optiona		₋ast name DAVIS			se's date of bi 06/1<i>9</i>64		use's job <i>CEASED</i>				
Mailing address 143 CONCORD LA	INE			Apt #	City YOUR	CTTV			State YOUR ST		code <i>UR ZIP</i>	
Telephone number 904-555-1212	1746	Email addr		EMAIL.XX		CITY	Did y		k in two or mo			
Check if you or your spo	use were in 20			<u> </u>		y blind			☐ You	☐ Spouse	⊠ No	
A U.S. citizen			Spouse	e □ No	Totally	y and perman	ently disa	abled	☐ You	☐ Spouse	⊠ No	
In the U.S. on a visa		☐ You	☐ Spouse	e ⊠ No	Issued	d an identity p	rotection	PIN	☐ You	☐ Spouse	⋉ No	
A full-time student		☐ You	☐ Spouse	e ⊠ No	Do yo	u own or hold	l any digi	tal assets	☐ You	☐ Spouse	⋉ No	
If due a refund, would y	·	☐ Check	by mail		If you have a balance due, would you like to make a payment directly from ☐ Bank account ☑ Direct debit							
☐ Split refund between accounts ☐ Other					☐ Set up installment agreement ☐ Mail payment to IRS							
Would you like to receive written communications from the IRS in a language other than English ☑ Yes ☑ No What language					and/or	Would you like information on how to vote and/or how to register to vote ☐ Yes ☑ No Would you like \$3 to go to the Pre Election Campaign Fund ☐ Yes ☑ No						
As of December 31, 202 ☐ Never Married	4, what was yo	☐ Marrie	d	If married, we r spouse durin	•			of 2024] Yes 🔲			
Divorced		Legally	/ Separated					×	Widowed		2224	
Date of final decree		Date of	separate mai	intenance dec	ree				Year of spou	ıse's death _	2024	
Can anyone else claim t	he taxpayer or	spouse on the	eir tax return (to be complete	ed by certif	fied volunteer)			☐ Yes	☐ No	
List the names below of spouse) AND anyone yo						Answer Yes	or No (Y	′/N)		leted by certi r to Pub 4012	fied volunteer Tab C)	
Name (first, last)	(mm/dd/yy) y	Relationship to you (son, daughter, parent, none, etc.)	Number of months lived in your home in 2024	Single or Married as of 12/31/2024 (S/M)	A U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled	Qualifying child dependent	Qualifying relative dependent	Provides tax benefits (HOH, EITC, CTC, etc.)	
JULIE DAVIS	05/04/1996	DAUGHTER	11	5	У	У	N	N				

Received money from any of the following in 2024:	Income to be included (To be completed by certified volunteer)	Notes/Comment
☐ (B) Wages as a part-time or full-time employee	☐ (B) W-2s Number of forms	
How many jobs		
☐ (B/A) Tips	☐ (B/A) Tips (basic when reported on W2)	_
☐ (B/A) Retirement account, pension or annuity proceeds	☐ (B/A) 1099-R (basic when taxable amount is reported)	
☑ (B) Disability benefits	Number of forms	_
☐ (B) Social Security or Railroad Retirement Benefits	☐ (B) SSA-1099, RRB-1099	_
☐ (B) Unemployment benefits	☐ (B) 1099-G Number of forms	_
☐ (B) Refund of state or local income tax	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	
	☐ Did you itemize last year ☐ Yes ☐ No	_
(B) Interest or dividends (bank account, bonds, etc.)	☐ (B) 1099-INT/DIV Number of forms	_
(A) Sale of stocks, bonds or real estate	☐ (A) 1099-B Number of forms (include	
Did you report a loss on last year's return ☐ Yes ☒ No	brokerage statement) Capital Loss carryover	
(B) Alimony	☐ (B) Alimony Amount \$	
	Excluded from income	
(M) Income from renting out your house or a room in your house	☐ (M) Rental income	_
If yes, did you use the dwelling unit as a personal residence and rent it for few than 15 days ☐ Yes ☐ No		
☐ Income from renting personal property such as a vehicle		
Farm activity	☐ Farm income (out of scope)	_
Gambling winnings, including lottery	☐ (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions)	-
Payments for contract or self-employment work	☐ (A) Schedule C	-
Did you report a loss on last year's return ☐ Yes ☐ No	☐ 1099-MISC Number	
	☐ 1099-K Number	
	☐ Other income reported elsewhere	
	☐ Schedule C expenses	
Any other money received during the year (example: cash payments, jury duty, awards, virtual currency, royalties, union strike benefits)	☐ Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart)	-

Paid any of the following expenses in 2024:	Standard or Itemized Deductions (To be completed by certified volunteer)	Notes/Comments
☐ (A) Mortgage Interest	☐ (B) Taxable state/local income taxes	
☐ (A) Taxes: state, local, real estate, sales, etc.☐ (A) Medical, Dental, Prescription Expenses☐ (B) Charitable contributions	☐ (B) Standard deduction ☐ (A) Itemized deduction	
Paid any of these expenses in 2024:	Expenses to report (To be completed by certified volunteer)	Notes/Comments
☐ (B) Student loan interest	☐ (B) 1098-E	
☐ (B) Child and dependent care	☐ (B) Child and dependent care credit	
☐ (B/A) Contributions to a retirement account	☐ (A) IRA, 401(k), etc. deduction	
☐ Repayments to a qualified retirement plan	☐ (B) Saver's credit	
☐ (B) School supplies by a teacher, teacher's aide or other educator	☐ (B) Educator expenses deduction	
☐ (B) Alimony payments (do not include child support)	☐ (B) Alimony payments with spouse's SSN \$	
	Adjustment to income	
Did any of the following happen during 2024:	Information to report (To be completed by certified volunteer)	Notes/Comments
☐ (B) You or someone in your family took educational classes (technical school, college, job related, etc.)	 ☐ (B) Taxable scholarship income ☐ (B) 1098-T (itemized statement from school, invoice, etc.) ☐ (B) Education credit or tuition and fees deduction 	
(A) Sell a home	☐ (A) Sale of home (1099-S)	
(A) Have a health savings account (HSA)	☐ HSA contributions ☐ HSA distributions	
☐ (A) Purchase health insurance through the Marketplace (Exchange)	☐ (A) 1095-A	
(A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)	☐ (B) Energy efficient home improvement credit	
☐ (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender	☐ (A) 1099-C	
☐ Have a loss related to a declared federal disaster area	☐ (A) 1099-A☐ Disaster relief impacts return	
☐ (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)	☐ (B) EITC, CTC, AOTC or HOH disallowed in a previous year Year disallowed Reason	
Receive any letter or bill from the IRS	☐ Eligible for Low Income Taxpayer Clinic referral	
☐ (B) Make estimated tax payments or apply last year's refund to	☐ Estimated tax payments	
2024 taxes	☐ Last year's refund applied to this year	
	Last year's return available	
Additional information you think we should know ALICA DAVIS DIED ON 01/05/2024	☐ Additional information for accurate tax preparation	

The following information is	s for statistical purposes.	These questions a	ire o	ptional	l.					
1. Would you say you can ca	ry on a conversation in Eng	lish	×	Very w	vell	☐ Well		Not well	☐ Not at all	☐ Prefer not to answer
2. Would you say you read a	newspaper in English		×	Very w	vell	☐ Well		Not well	☐ Not at all	☐ Prefer not to answer
3. Do you or any member of y	our household have a disab	ility	×	Yes		☐ No		Prefer not	to answer	
4. Are you or your spouse a \	eteran from the U.S. Armed	Forces		Yes		⊠ No		Prefer not	to answer	
5. What is your race and/or e in the spaces below)	thnicity (select all that apply	and enter additiona	al det	tails 6.		s your spouse nal details in t				that apply and enter
	ka Native (enter, for example an Reservation of Montana, I ment, Nome Eskimo Commu	Native Village of Ba	rrow		Tribe	of the Blackfe	et Indi	an Reserva	ation of Montana,	ole, Navajo Nation, Blackfee Native Village of Barrow nunity, Aztec, Maya, etc.)
☐ Asian (provide details bel	ow)				Asian	(provide deta	ails be	low)		
☐ Chinese	☐ Asian Indian	☐ Filipino			☐ Ch	inese		☐ Asia	n Indian	☐ Filipino
☐ Vietnamese	☐ Korean	☐ Japanese			☐ Vie	etnamese		☐ Kore	an	☐ Japanese
Enter, for example, Pakist	ani, Hmong, Afghan, etc.				Enter,	for example,	Pakis	tani, Hmon	g, Afghan, etc.	
⊠ Black or African Americ	an (provide details below)			×	Black	or African A	meric	an (provide	e details below)	
	☐ Jamaican	☐ Haitian			⊠ Afr	ican America	n	☐ Jama	ican	☐ Haitian
☐ Nigerian	☐ Ethiopian	☐ Somali			☐ Nig	gerian		☐ Ethio	pian	☐ Somali
Enter, for example, Trinida	adian and Tobagonian, Ghar	naian, Congolese, e	etc.		Enter,	for example,	Trinid	adian and	Tobagonian, Gha	anaian, Congolese, etc.
☐ Hispanic or Latino (provi	de details below)] Hispa	nic or Latino	(prov	ide details	below)	
☐ Mexican	☐ Puerto Rican	☐ Salvadoran			□ Ме	exican		☐ Puert	o Rican	☐ Salvadoran
☐ Cuban	☐ Dominican	☐ Guatemalan			☐ Cu	ban		□ Domi	nican	☐ Guatemalan
Enter, for example, Color	bian, Honduran, Spaniard, e	etc.			Enter,	for example,	Color	nbian, Hon	duran, Spaniard,	etc.
	African (provide details bel	ow)			Middl	e Eastern or	North	African (p	provide details be	elow)
☐ Lebanese	☐ Iranian	☐ Egyptian			☐ Lel	banese		☐ Irania	ın	☐ Egyptian
☐ Syrian	☐ Iraqi	☐ Israeli			☐ Sy	rian		☐ Iraqi		☐ Israeli
Enter, for example, Moroc	can, Yemeni, Kurdish, etc.				Enter,	for example,	Moro	ccan, Yeme	eni, Kurdish, etc.	
☐ Native Hawaiian or Pacit	ic Islander (provide details	below)			Native	e Hawaiian o	r Paci	fic Islande	r (provide details	s below)
☐ Native Hawaiian	☐ Samoan	☐ Chamorro			☐ Na	tive Hawaiian	1	☐ Samo	oan	☐ Chamorro
☐ Tongan	☐ Fijian	☐ Marshallese			□ То	ngan		☐ Fijian		☐ Marshallese
Enter, for example, Chuuk	ese, Palauan, Tahitian, etc.				Enter,	for example,	Chuu	kese, Palaı	uan, Tahitian, etc) .
☐ White (provide details bel	ow)] White	(provide deta	ails be	low)		
☐ English	☐ German	☐ Irish			☐ En	glish		☐ Germ	ian	☐ Irish
☐ Italian	☐ Polish	☐ Scottish			☐ Ital	lian		☐ Polish	า	☐ Scottish
Enter, for example, Frenci	n, Swedish, Norwegian, etc.				Enter.	for example.	Frenc	h. Swedish	. Norwegian, etc	<u>.</u>

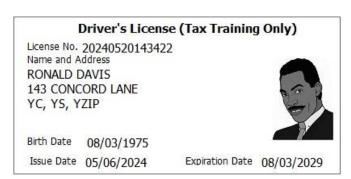
ditional comments	
Privacy Act and Paperwork Reduction Act Notice	

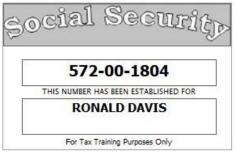
We are asking for this information so you may participate in the IRS Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) program which provides IRS-certified volunteer income tax preparers to assist with basic income tax return preparation for qualified individuals. The IRS authority to collect this information is 5 USC 301 and 26 USC 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. 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 Individual Master File. 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:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

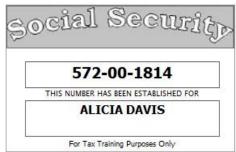
Ronald Davis - Investment Income

Your first name (pronouns, optional) RONALD	M.I.	Last name DAVIS Last name DAVIS		Your date of birth 08/03/1975	Your job RETIRED	
Spouse's first name (pronouns, optional) ALICIA	M.I.			Spouse's date of birth 05/06/1964	Spouse's job DECEASED	
Mailing address 143 CONCORD LANE		1	Apt #	City YOUR CITY		State YOUR STATE

Click to find Ronald's full Intake/Interview and Quality Review Sheet.







Interview Notes

Alicia Davis, Ronald's wife, died on January 5, 2024. She was born on May 6, 1964, was not blind or disabled, and had no income in 2024.

Ronald was impaired by a chronic degenerative disease and took a disability retirement on July 1, 2016, after teaching elementary school for 19 years. The school district's minimum retirement age is 50.

Julie, his daughter, is the manager of a local business. She earns over \$30,000, and she provides all of her own support.

In 1986 Ronald received an inheritance from his father's estate and he now supplements his retirement income with his investment earnings.

In 2024 Ronald sold 63 shares of Long Holdings that was part of his inheritance from his father. His broker helped him determine the basis of the stock by researching and determining the value per share was \$123 on his father's date of death. Ronald's complete 2024 Alpine

Brokerage statement is many pages, and page 1, the **Tax Information Summary**, is shown below.

Note: As a Tax-Aide Volunteer, review the complete brokerage statement to verify that all dividend and interest income matches the broker's summary and that there is no additional income or other data needed for the return. This could be critical with some state tax returns.

For this exercise, accept that the dividends are from regular mutual funds and fully taxable for federal and state. The exempt-interest dividends are from state specific funds (100% from state obligations). The reported tax-exempt interest of \$6.25 is exempt from Ronald's state tax and \$81.70 is taxable for his state.

Both the short-term and long-term transactions (**Summary of Proceeds, Gains & Losses, Adjustments and Withholding**) were for mutual funds purchased on various dates. All short-term transactions occurred on 9/17/2024. The long-term transactions occurred on various dates with the last transaction of the year on 11/23/2024.

4		CORRI	ECTED (if ch	ecked)	- 53		Distributions From	
Telephone no.	Street address City or town, state or province, country, ZIP or foreign postal coor Telephone no. COUNTY SCHOOL DISTRICT				2024 Form 1099-R		Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
358 HIGH SCHOOL C			2b Taxable amo not determin	77.77.7	Total Distribution		Copy B Report this	
353			3 Capital gain (ir in box 2a).	ncluded	4 Federal income tax withheld \$2,90	income on your federal tax return. If this form shows		
PAYER'S TIN RECIPIENT'S TIN 572-00-1804			5 Employee cor Designated R contributions	oth	6 Net unrealized appreciation in employer's securities		federal income tax withheld in box 4, attach this copy to your return.	
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal RONALD DAVIS 143 CONCORD LANE			7 Distribution Code(s)	IRA/ SEP/ SIMPLE	8 Other	%	This information is being furnished to the IRS	
YC, YS YZIP			9a Your percent distribution	age of total	9b Total Employee Contri	butions		
10 Amount allocable to IRR within 5 years 11 1st year of desig. Roth 12 FATCA filing requirment			14 State tax withheld \$1,190.00		15 State/Payer's state no. YS 843234589		16 State distribution \$26,145.00	
Account number (see instructions) 13 Date of payment		10000000000000000000000000000000000000	17 Local tax with	nheld	18 Name of locality	19 Local distribution		
Form 1099-R		1	J.		J.			

Alpine	Brokerage LLC					TAX REPORTING ST	ATEMENT		
2715 A	lpine Lane		20XX	20XX Ror					
Boston	MA 02110		TAX INFORMATIO	INFORMATION SUMMARY 143 Concord Ln, Your City,					
Accour	nt No. 111-227						West Control of Village		
Payer's	TIN: 95-7XXXXXX					Recipient ID No. XX	X-XX-1804		
Form 1	099-DIV Dividends and Distribu	utions		Form '	1099-INT Interest Income	***************************************	***************************************		
Copy B	for Recipient (OMB NO. 1545-01	10)		Copy E	3 for Recipient (OMB NO. 1545-011	2)			
Box	V6		Amount	Box	1	No.	Amount		
1a	Total Ordinary Dividends		5,859.66	1	Interest Income		658.00		
1b	Qualified Dividends		3,987.43	2	Early Withdrawal Penalty		0.00		
2a	Total Capital Gain Distributions	(Includes 2b - 2d)	9,855.97	3	Interest on U.S. Savings Bonds a	ind Treas. Obligations	456.93		
2b	Unrecaptured 1250 Gain			4	Federal Income Tax Withheld				
2c	Section 1202 Gain		0.00	5	Investment Expenses		0.00		
2d	Collectibles (28%) Gain	0.00	6	Foreign Tax Paid					
2e	Section 897 ordinary dividends.			7	Foreign Country or U.S. Possess				
2f	Section 897 capital gain			8	Tax-Exempt Interest				
3	Nondividend Distributions			9	Specified Private Activity Bond In				
4	Federal Income Tax Withheld			10	Market Discount		7 (A)		
5	Section 199A Dividends		654.85		Market Discount on Noncovered				
6	Investment Expenses			11	Bond Premium				
7	Foreign Tax Paid			12	Bond Premium on Tax-Exempt B				
8	Foreign Country/U.S. Possessi		Various	13	Bond Premium on tax Exempt Bo				
9	Cash Liquidation Distributions .		2000 March 100 M	15	State				
10	Non-Cash Liquidation Distributi			16	State Identification No				
11	FATCA filing requirement			17	State Tax Withheld				
12	Exempt-Interest Dividends				FATCA filing requirement				
13	Specified Private Activity Bond				TATOA ming requirement		8		
14	State								
15	State Identification No								
16	State Tax Withheld								
	ry of Proceeds, Gains & Losses, A								
Term	Form 8949 type	Proceeds	Cost basis		Wash Sale loss disallowed	Net Gain or Loss(-)			
		(200 to 100 to 1	900000000000000000000000000000000000000			9200 9200 2002 (2012)			
Short	A (basis reporter to IRS)	17,749.50	13,932.50			3,817.00			
Short	B (basis not reported to IRS)								
Short	C (Form 1099-B not received)								
	Total Short-Term	17,749.50	13,932.50			3,817.00			
Long	D (basis reporter to IRS)	8,089.35	5,194.75			2,894.60			
Long	E (basis not reported to IRS)								
Long	F (Form 1099-B not received)								
1.50	Total Long-Term	8,089.35	5,194.75			2,894.60			
	Grand Total	25,838.85	19,127.25			6,711.60			

Click to review or print the **Alpine Brokerage LLC (Summary)**

Note: Links to the two brokerage statements represented in the Workbook are at **Intake/Interview Sheets and Broker Statements.**

Refer to <u>NTTC Training Resource Links</u> for links to NTTC Workbook and other Tax-Aide training resources.

Input the taxable income from the brokerage statement.

Alpine	Brokerage LLC					TAX REPORTING STA	TEMENT						
2715 A	Apine Lane		20XX										
Boston	MA 02110		TAX INFORMATIO	INFORMATION SUMMARY 143 Concord Ln, Your									
Accour	nt No. 111-227												
Payer's	TIN: 95-7XXXXXX			Recipient ID No. XX									
Form 1	099-DIV Dividends and Distrib	utions		Form 1099-INT Interest Income									
Copy B	for Recipient (OMB NO. 1545-01	10)		Copy B for Recipient (OMB NO. 1545-0112)									
Box			Amount	Box	2		Amount						
1a	Total Ordinary Dividends	******************	5,859.66	1	Interest Income	************	658.00						
1b	Qualified Dividends			2	Early Withdrawal Penalty		0.00						
2a	Total Capital Gain Distributions	(Includes 2b - 2d).	9,855.97	3	Interest on U.S. Savings Bonds a	nd Treas. Obligations	456.93						
2b	Unrecaptured 1250 Gain		0.00	4	Federal Income Tax Withheld		0.00						
2c	Section 1202 Gain		0.00	5	Investment Expenses	***************************************	0.00						
2d	Collectibles (28%) Gain		0.00	6	Foreign Tax Paid		0.00						
2e	Section 897 ordinary dividends		0.00	7	Foreign Country or U.S. Possessi	on							
2f	Section 897 capital gain		0.00	8	Tax-Exempt Interest	***************************************	87.95						
3	Nondividend Distributions		56.90	9	Specified Private Activity Bond Int		0.00						
4	Federal Income Tax Withheld		2,000.00	10	Market Discount	•••••	0.00						
5				11/2/14	Market Discount on Noncovered S		0.00						
6	Investment Expenses	850.00	11	Bond Premium		223.67							
7	Foreign Tax Paid		12	Bond Premium on Tax-Exempt Bo		0.00							
8		oreign Country/U.S. Possession:		13	Bond Premium on tax Exempt Bo								
9		sh Liquidation Distributions	0.00	15	State		YS						
10			Non-Cash Liquidation Distributions FATCA filing requirement Exempt-Interest Dividends					16	16 State Identification No.				
11								17	State Tax Withheld				
12					Exempt-Interest Dividends								FATCA filing requirement
13	Specified Private Activity Bond												
14	State												
15	State Identification No			1									
16	State Tax Withheld												
-	ry of Proceeds, Gains & Losses,			-									
Term	Form 8949 type	Proceeds	Cost basis		Wash Sale loss disallowed	Net Gain or Loss(-)							
Short	A (basis reporter to IRS)	17,749.50	13,932.50			3,817.00							
Short	B (basis not reported to IRS)					5							
Short	C (Form 1099-B not received)												
	Total Short-Term	17,749.50	13,932.50			3,817.00							
Long	D (basis reporter to IRS)	8,089.35	5,194.75	i		2,894.60							
Long	E (basis not reported to IRS)												
Long	F (Form 1099-B not received)												
_	Total Long-Term	8,089.35	5,194.75			2,894.60							
	Grand Total	25,838.85	19,127.25			6,711.60							

This broker summary represents a page of a complete brokerage statement. The dividends represent regular mutual funds and are taxable for federal and state. The exempt-interest dividends are the taxpayer's state specific funds (100% from your state's obligations). For the \$87.95 tax-exempt interest, \$6.25, is exempt from the taxpayer's state tax and \$81.70 is taxable in their state.

Both the short-term and long-term transactions were for mutual funds purchased on various dates. All short-term transactions occurred on 9/17/2024. The long-term transactions occurred on various dates with the last transaction of the year on 11/23/2024.

		CORR	ECTED				
PAYER'S name Street address City or town, state or province, Telephone no. GRANT INVESTMENT S		or foreign postal code	Applicable Check Box on Form 8949	Proceeds From Broker and Barter Exchange Transactions			
2121 ESSEX PKWY PITTSBURG PA 15219			1a Description of Property (Example 63 SH LONG HOLDINGS				
			1b Date acquired	1c Date sold or disposed 03/15/20XX	Copy B For Recipient		
PAYER'S TIN RECIPIENT'S TIN 572-00-1804			1d Proceeds \$9,492.21	1e Cost or other basis	ror Recipient		
			1f Accrued Market Discount	1g Wash sale loss disallowed			
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code RONALD DAVIS 143 CONCORD LANE YC,YS,YZIP		2 Short term gain or loss Long term gain or loss Ordinary 4 Federal income tax withheld	3 If checked, proceeds from: Collectables QOF 5 If checked, noncovered security	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			
Account number (see instruction	ne)		6 Reported to IRS Gross proceeds Net proceeds	7 If checked, loss is not allowed due to amount in 1d	this income is taxable and the IRS determines that it has not been		
Account number (see instruction	15)		8 Profit or (loss) realized	9 Unrealized profiit or (loss) on	reported.		
CUSIP number FATCA filing requirement 14 State Name 15 State identification no. 16 State tax withheld			in 20XX on closed contracts 10 Unrealized profit or (loss) on	open contracts - 12/31/20XX 11 Aggragate profit or (loss)			
		State tax withheld	open contracts - 12/31/20XX	on contracts			
			12 If checked, basis reported to IRS	13 Bartering			
Form 1099-B	,				87		

Input the taxable income from the brokerage statement.

GI \$	_ Federal (refund/owe) \$	
RONALD DAVIS ALICIA DAVIS		1234
143 CONCORD LANE YOUR CITY, YS, YZIP		
PAY TO THE		\$
ORDER OF		DOLLARS
1ST STREET CREDIT UNIO 1ST AND MAIN STREET YOUR CITY, YS YZIP	N	
For		
325070760	987123654 1234	

Complete the E-file Section: add bank information; record the taxpayer consent forms and the answers to their custom questions; and check "mark tax return ready for review" and "save and exit" on the Submission Page.

Form **13614-C**

Department of the Treasury - Internal Revenue Service

OMB Number 1545-1964

(October 2024)

Intake/Interview and Quality Review Sheet

Note: Do not complete this form if you (or your spouse) are not a U.S. citizen or green card holder.

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 shouse.

- · Complete pages 1-4 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

∕our first name (pronouns, MARY	, optional)		Last name ELLIOTT		1	late of birth 03/1 965	Youi M A	rjob A NAGER				
Spouse's first name (prono	ouns, optiona	I) M.I.	Last name		Spous	e's date of bi	rth Spoi	Spouse's job				
Mailing address 143 CONCORD LAN	JE			Apt #	City	CITY				State YOUR ST	I	ZIP code YOUR ZIP
Telephone number 904-555-1212		Email add MARYE	ress LLIOTT@E	MAIL.XX	×		Did y □ Y	you live or wo ∕es ⊠ No				2024
Check if you or your spous	se were in 202					y blind	•			You	☐ Spous	e 🗵 No
A U.S. citizen			☐ Spouse	e □ No	Totally	and perman	ently disa	abled		You	☐ Spous	e 🗵 No
n the U.S. on a visa		☐ You	☐ Spouse	e ⊠ No	Issued	d an identity p	rotection	ı PIN		You	☐ Spous	e 🗵 No
A full-time student		☐ You	☐ Spouse	e ⊠ No	Do yo	u own or hold	any digi	tal assets		You	☐ Spous	e 🗵 No
f due a refund, would you	ı like your ref	und			If you	have a balaı	nce due,	, would you lik	e to r	make a pa	yment dire	ctly from
Direct deposit	-	☐ Check	by mail		□ Ba	nk account		•	×	Direct del	oit	•
☐ Split refund between a	ccounts	☐ Other			☐ Se	t up installme	nt agreei	ment		Mail payn	nent to IRS	;
Would you like to receive vother than English ☐ Yes ເx No W	written comm /hat language		m the IRS in a	ı language		how to regis		on how to vote te	Ele	ection Can	ke \$3 to go npaign Fun ⊠ No	to the Presidentia d
As of December 31, 2024,	what was yo											
Never Married		☐ Marrie		If married, we	•			_] Ye			
		•	u live with your	spouse durir	ig any part	of the last six	months	_] Ye	_	No	
□ Divorced			y Separated						_	idowed		201.4
Date of final decree _		Date of	f separate mai	ntenance dec	ree				Ye	ar of spou	se's death	2014
Can anyone else claim the	taxpayer or	spouse on the	eir tax return (t	o be complete	ed by certif	ied volunteer)				□ Y	es 🗌 No
ist the names below of everyouse) AND anyone you						Answer Yes	or No (Y	′/N)	То		eted by ce r to Pub 40	ertified volunteer 112 Tab C)
` ' '	nm/dd/yy) yd da	elationship to ou (son, aughter, parent, one, etc.)	Number of months lived in your home in 2024	Single or Married as of 12/31/2024 (S/M)	A U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled		lifying child endent	Qualifying relative dependent	Provides tax benefits (HOH, EITC, CTC, etc.)
AMY ELLIOTT 0	05/04/1 <i>996</i>	AUGHTER	12	5	У	У	У	N				

Received money from any of the following in 2024:	Income to be included (To be completed by certified volunteer)	Notes/Comments
☑ (B) Wages as a part-time or full-time employee	☐ (B) W-2s Number of forms	
How many jobs1 1		
☐ (B/A) Tips	☐ (B/A) Tips (basic when reported on W2)	_
☐ (B/A) Retirement account, pension or annuity proceeds	☐ (B/A) 1099-R (basic when taxable amount is reported)	
☐ (B) Disability benefits	Number of forms	_
☐ (B) Social Security or Railroad Retirement Benefits	☐ (B) SSA-1099, RRB-1099	_
☐ (B) Unemployment benefits	☐ (B) 1099-G Number of forms	_
☐ (B) Refund of state or local income tax	$\ \square$ Did you receive a refund of state or local taxes $\ \square$ Yes $\ \square$ No	
	☐ Did you itemize last year ☐ Yes ☐ No	
(B) Interest or dividends (bank account, bonds, etc.)	☐ (B) 1099-INT/DIV Number of forms	
(A) Sale of stocks, bonds or real estate	☐ (A) 1099-B Number of forms (include	-
Did you report a loss on last year's return ☐ Yes ☐ No	brokerage statement)	
(B) Alimony	☐ (B) Alimony Amount \$	-
	Excluded from income	
(M) Income from renting out your house or a room in your house	☐ (M) Rental income	-
If yes, did you use the dwelling unit as a personal residence and rent it for few than 15 days ☐ Yes ☐ No		
☐ Income from renting personal property such as a vehicle		
Farm activity	☐ Farm income (out of scope)	_
☐ Gambling winnings, including lottery	☐ (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions)	-
☐ Payments for contract or self-employment work	☐ (A) Schedule C	-
Did you report a loss on last year's return ☐ Yes ☐ No	☐ 1099-MISC Number	
	☐ 1099-K Number	
	☐ Other income reported elsewhere	
	☐ Schedule C expenses	
☐ Any other money received during the year (example: cash payments, jury duty, awards, virtual currency, royalties, union strike benefits)	☐ Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart)	

Paid any of the following expenses in 2024:	Standard or Itemized Deductions (To be completed by certified volunteer)	Notes/Comments
	☐ (B) Taxable state/local income taxes	
 (A) Taxes: state, local, real estate, sales, etc. (A) Medical, Dental, Prescription Expenses (B) Charitable contributions 	☐ (B) Standard deduction ☐ (A) Itemized deduction	
Paid any of these expenses in 2024:	Expenses to report (To be completed by certified volunteer)	Notes/Comments
☐ (B) Student loan interest	☐ (B) 1098-E	
☐ (B) Child and dependent care	☐ (B) Child and dependent care credit	
☐ (B/A) Contributions to a retirement account	☐ (A) IRA, 401(k), etc. deduction	
Repayments to a qualified retirement plan	☐ (B) Saver's credit	
☐ (B) School supplies by a teacher, teacher's aide or other educator	☐ (B) Educator expenses deduction	
☐ (B) Alimony payments (do not include child support)	☐ (B) Alimony payments with spouse's SSN \$	
	Adjustment to income	
Did any of the following happen during 2024:	Information to report (To be completed by certified volunteer)	Notes/Comments
(B) You or someone in your family took educational classes (technical school, college, job related, etc.)	 ☐ (B) Taxable scholarship income ☐ (B) 1098-T (itemized statement from school, invoice, etc.) ☐ (B) Education credit or tuition and fees deduction 	
(A) Sell a home	☐ (A) Sale of home (1099-S)	
☐ (A) Have a health savings account (HSA)	☐ HSA contributions ☐ HSA distributions	
(A) Purchase health insurance through the Marketplace (Exchange)	☐ (A) 1095-A	
(A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)	☐ (B) Energy efficient home improvement credit	
☐ (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender	☐ (A) 1099-C	
☐ Have a loss related to a declared federal disaster area	☐ (A) 1099-A☐ Disaster relief impacts return	
☐ (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)	☐ (B) EITC, CTC, AOTC or HOH disallowed in a previous year Year disallowed Reason	
Receive any letter or bill from the IRS	☐ Eligible for Low Income Taxpayer Clinic referral	
☐ (B) Make estimated tax payments or apply last year's refund to	☐ Estimated tax payments	
2024 taxes	☐ Last year's refund applied to this year	
	Last year's return available	
Additional information you think we should know	☐ Additional information for accurate tax preparation	

Th	ne following information is	for statistical purposes. 7	These questions a	re o	ptiona	ıl.							
1.	Would you say you can carr	y on a conversation in Engl	ish	×	Very v	well	□ '	Well	□ 1	Not well	☐ Not at a	II	☐ Prefer not to answer
2.	Would you say you read a n	ewspaper in English		×	Very v	vell	□ '	Well	□ 1	Not well	☐ Not at a	II	☐ Prefer not to answer
3.	Do you or any member of yo	our household have a disab	ility		Yes		×	No	□ F	Prefer not	to answer		
4.	Are you or your spouse a Ve	eteran from the U.S. Armed	Forces		Yes		×	No	□ F	Prefer not	to answer		
	What is your race and/or eth in the spaces below)	nnicity (select all that apply a	and enter additiona	l de	tails 6			ur spouse's details in the				all th	nat apply and enter
	American Indian or Alask Tribe of the Blackfeet Indian Inupiat Traditional Governm	n Reservation of Montana, N	Native Village of Bai	rrow		Tribe	of th	e Blackfeet	India	n Reserva	tion of Montai	na, ۸	e, Navajo Nation, Blackfeet Native Village of Barrow nity, Aztec, Maya, etc.)
	Asian (provide details belo	w)				Asiar	ı (pro	ovide details	s belo	ow)			
	☐ Chinese	☐ Asian Indian	☐ Filipino			☐ Ch	nines	se		☐ Asiar	ı Indian		☐ Filipino
	☐ Vietnamese	☐ Korean	☐ Japanese			☐ Vi	etnaı	mese		☐ Korea	an		☐ Japanese
	Enter, for example, Pakista	ni, Hmong, Afghan, etc.				Enter	, for	example, P	akista	ani, Hmong	g, Afghan, etc		
	Black or African America	n (provide details below)				Black	or A	African Am	erica	ı n (provide	details below	v)	
	☐ African American	☐ Jamaican	☐ Haitian			☐ Af	rican	American		☐ Jamai	can		☐ Haitian
	☐ Nigerian	☐ Ethiopian	☐ Somali			☐ Ni	geria	an		☐ Ethiop	oian		☐ Somali
	Enter, for example, Trinidad	dian and Tobagonian, Ghan	aian, Congolese, e	tc.		Enter	, for	example, Ti	rinida	dian and T	obagonian, G	€han	aian, Congolese, etc.
	Hispanic or Latino (provio	le details below)				Hispa	anic	or Latino (provid	de details l	pelow)		
	☐ Mexican	☐ Puerto Rican	☐ Salvadoran				exica	an		☐ Puerto	o Rican		☐ Salvadoran
	☐ Cuban	☐ Dominican	☐ Guatemalan			☐ Cu	uban			☐ Domir	nican		☐ Guatemalan
	Enter, for example, Colomb	pian, Honduran, Spaniard, e	tc.			Enter	, for	example, C	olomi	bian, Hond	luran, Spania	rd, e	tc.
	Middle Eastern or North	African (provide details belo	ow)			Midd	le Ea	astern or N	orth /	African (p	rovide details	belo	ow)
	☐ Lebanese	☐ Iranian	☐ Egyptian			☐ Le	bane	ese		☐ Irania	n		☐ Egyptian
	☐ Syrian	☐ Iraqi	☐ Israeli			☐ Sy	/rian			☐ Iraqi			☐ Israeli
	Enter, for example, Morocc	an, Yemeni, Kurdish, etc.				Enter	, for	example, M	1orocc	can, Yeme	ni, Kurdish, e	tc.	
	Native Hawaiian or Pacific	c Islander (provide details l	•						Pacifi		r (provide deta	ails b	pelow)
		☐ Samoan	☐ Chamorro					Hawaiian		☐ Samo			☐ Chamorro
	☐ Tongan	☐ Fijian	☐ Marshallese			□ To	ngai	n		☐ Fijian			☐ Marshallese
	Enter, for example, Chuuke	ese, Palauan, Tahitian, etc.				Enter	, for	example, C	huuke	ese, Palau	an, Tahitian,	etc.	
	White (provide details belo	w)] White	e (pro	ovide detail:	s belo	ow)			
	☐ English	☐ German	☐ Irish			☐ Er	-	า		☐ Germ	an		☐ Irish
	☐ Italian	☐ Polish	☐ Scottish			☐ Ita	lian			☐ Polish			☐ Scottish
	Enter, for example, French,	Swedish, Norwegian, etc.				Enter	, for	example, F	rench	, Swedish,	Norwegian,	etc.	

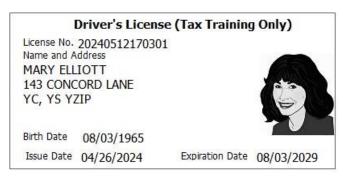
ditional comments	
Privacy Act and Paperwork Reduction Act Notice	

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 USC 301 and 26 USC 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. 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 Individual Master File. 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:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

Mary Elliott - Itemized Deductions and Education Benefits

Your first name (pronouns, optional) MARY	M.I.	Last name ELLIOTT		Your date of birth 08/03/1965	Your job MANAGER
Spouse's first name (pronouns, optional)	M.I.	Last name		Spouse's date of birth	Spouse's job
Mailing address 143 CONCORD LANE			Apt#	City YOUR CITY	

Click to find Mary's full Intake/Interview and Quality Review Sheet.



cial Security	social Secur
572-00-1805	572-00-0000
THIS NUMBER HAS BEEN ESTABLISHED FOR	THIS NUMBER HAS BEEN ESTABLISHED FOR
MARY ELLIOTT	AMY ELLIOTT
For Tax Training Purposes Only	For Tax Training Purposes Only

MARY ELLIOTT 143 CONCORD LANE YOUR CITY, YS YZIP	1234
PAY TO THEORDER OF	<u> </u>
	DOLLARS
1ST STREET CREDIT UNION 1ST AND MAIN STREET YOUR CITY, YS YZIP	
For	

Interview Notes

Mary is the manager of Baxter's Quilt Shoppe.

Mary had a medical issue last year that resulted in unreimbursed expenses.

Amy, her daughter, lives at home, has no income, and is a full-time student at a local college in her junior year pursuing her nursing degree.

	22 42	e's social security number 72-00-1805	OMB No.		ave. accurate, AST! Use	IRSP 1		Visit the IRS website a www.irs.gov/efile	
o. Employer identif	ication number (EIN)		(8)	1. Wages, tips	, other comper	sation	2. Federal inc	ome tax withheld	
46-9XXXXX	XX			\$3	5,850.00	\$3,600.00			
. Employer's name	, address, and ZIP o	ode		3. Social secur	ity wages		4. Social secu	rity tax withheld	
36 50	5 50			\$3	5,850.00			\$2,222.70	
BAXTER'S QU	JILT SHOPPE		Ī	5. Medicare wa	ages and tips		6. Medicare t	ax withheld	
4200 DOCKSIDE AVE				\$3	5,850.00			\$519.83	
YC, YS YZIP				7. Social secur	ity tips		8. Allocated t	ips	
d. Control number				9.			10. Dependar	nt care benefits	
e. Employee's first Employee's addr	name and initial I	ast name	Suff.	11. Nonqualifie	d plans		12a. See instri	uctions for box 12 \$5,600.00	
MARY ELLIO 143 CONCOR YC, YS YZIP	RD LANE			13.Statutory Employee		nird-party ck pay	12b.	45/000100	
				14. Other			12c.		
							12d.		
575 (75	er's state ID number	16. State wages, tips, etc \$35,850.00	c. 17. Sta	te income tax	18. Local wage	es, tips, etc. 1	9. Local income	tax 20. Locality name	
Form W-2	2 Wage and	Гах		20	vv		5593555955	303 350055005500550	

2024 Itemized Deductions (Sch A) Worksheet (fillable) I donated a vehicle worth more than \$500 I made more than \$5,000 of noncash donations I paid interest on borrowings for investments I repaid income (taxed in prior year) over \$3,000 If you checked any of the above, please stop here and speak with one of our Counselors. If none is checked: enter your totals below for each expense – we do not need the details.

Your name: Mary Elliott

Insurance* (specify)	\$	
Dental insurance	\$	960
	\$	
	\$	
*Not paid pre-tax from paycheck for dental, vision, long-term care. Pro 1095-A from Marketplace if receive	vide F	
Doctors, dentist, etc.	\$	3,476
Hospital, medically needed care facility, etc.	\$	6,035
Prescriptions (even if filled with over the counter meds)	\$	1,678
Medical aids (canes, glasses, etc.)	\$	
COVID protective items	\$	
Other (specify): Ambulance	\$	700
LTC insurance (for Mary)	\$	1,200
Parking	\$	
Bus or car service	\$	
Medical miles	1,	253 mi.
CHARITY (you need to keep evidence \$250 or more, must be in writing from		
Cash contributions (total)	\$	3,670
Other than cash, specify name of (provide thrift store value) (no appre		
Salvation Army (clothing):	\$	100
	\$	
	\$	
Charitable miles		mi.

Please ask if you are unsure or have any questions.

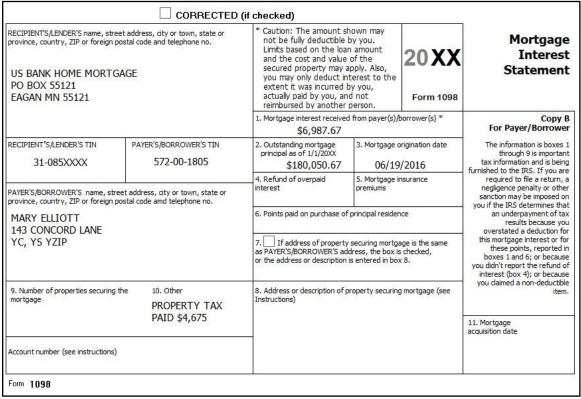
STATE/LOCAL TAXES	
State/local income tax paid (other than through withholding)	\$
Sales tax on car or home	
improvement purchases	\$ 1,080
Real estate taxes (not service	141
fees like garbage or sewer)	\$ Form-1098
Personal property (e.g. tax	The Court of the Court
portion of car registration)	\$ 219
Other taxes paid (specify):	
50 SM (50)	\$
	\$
INTEREST	
Home mortgage interest	
- on main home	\$ Form-1098
- on second loan or home	S
Loan balance owed at Jan 1 or	
date acquired (Form 1098):	\$ Form-1098
Amount of loan used to buy,	
build, or improve home, if	
less than the full amount	\$
Mortgage insurance required	Marca Co.
by lender	\$
Year loan originated	Yr: Form-1098
Other (specify):	UGSS
W20201 5558	\$
OTHER:	
Gambling losses/expenses	\$
Other (specify):	
	\$

We'll use your 2024 federal standard deduction shown below if more than your itemized deductions above (if blind, add \$1,850 or \$1,500 if married):

Single \$14,600 Married (filing joint) \$29,200 HOH \$21,900 Single(65+) \$16,550 Married (one 65+) \$30,750 HOH (65+) \$23,850 Married (both 65+) \$32,300 Mary identified these charitable contributions in the taxpayer's interview:

St Paul's Church:\$3,080Mayo Clinic:500Salvation Army (clothing):100Chamber of Commerce:50Church raffle:40Total\$3,770

Mary confirms that the U.S. Bank mortgage was for the purchase of her home.



Amy was in her junior (third) year at Liberty College.

She checked with their Office of Financial Support and Scholarships and her scholarship is restricted to tuition and fees.

Amy's grandmother paid \$1,000 toward the tuition.

Amy paid the remainder from a student loan.

She checked her student statement, and it showed the same amounts for scholarship and tuition.

Additionally, Amy paid \$650 for required books which she purchased on-line and \$350 for nursing scrubs required by the college.

Amy has never been convicted of a crime.

FILER'S name Street address City or town, state or province, cou Telephone number LIBERTY COLLEGE	ntry, ZIP or Foreign Postal Code	1 Payments received for qualified tuition and related expenses \$10,200.00	OMB No. 1545-1574	Tuition Statement
23 GRADUATE WAY YC, YS YZIP		2	Form 1098-T	
FILER'S employer identification no. 10-877XXXX	STUDENT'S TIN 572-00-0000	3		Copy B For Student
STUDENT'S name Street address (including apt. no.) City or town, state or province, country, ZIP or Foreign Postal Code		4 Adjustments made for a prior year	5 Scholarships or grants \$7,500.	This is important tax information and is being
AMY ELLIOTT 143 CONCORD LANE YC, YS YZIP		6 Adustments to scholarships or grants for a prior year	7 Checked if the amount in box 1 or 2 includes amounts for an academic period begining January- March 20XX+1.	IRS. This form must be used to complete Form 8863
Service Provider/Acct No. (see instr	8. Checked if at least half-time student	9 Checked if a graduate student	10 Ins. contract reimb./refi	

Education Credits Worksheet (fillable)

Taxpayer name Mary Elliott

Please complete one worksheet for each student. Name of student: Amy Elliott

There are two education credits: the American Opportunity Credit and the Lifetime Learning Credit. Your eligibility depends on many things, which are addressed by each question below. Our Counselors will rely upon your answers to determine your eligibility for either education credit. It is important that you accurately respond to all of the following items that apply to your situation.

If you have any questions, please ask one of our Counselors.

Student Information	
Dependent student's filing status: Single (S); Married Filing Joint (MFJ) (or filing just to get a refund of withholding); Married Filing Separate (MFJ); Qualifying Surviving Spouse (QSS); Head of Household (HH)	Single
Was student's earned income less than one-half of their support? (Yes / No)	Yes
Was at least one parent alive at the end of the tax year? (Yes / No)	Yes
Is student enrolled in a degree or other credential program? (Yes / No)	Yes
Is student enrolled full-time (FT), half-time (HT), or less than half-time (Less)	FT
Had student completed the first four years of postsecondary education at the beginning of the tax year? (Yes / No)	No
Has the American Opportunity Credit been used for this student for four tax years? (Yes / No)	No
Was the student ever convicted of a drug felony? (Yes / No)	No

Unrestricted grants or scholarships eligible for living expenses	\$
Other scholarships or fellowships	\$ 7,500
Was a W-2 issued for any of this income? (Yes / No)	No
Amount required to be spent on tuition, fees, books or equipment	\$ 7,500
Distributions from Coverdell Education Savings Account (ESA)	\$
Distributions from Qualified Tuition Plans (529 Plans)	\$
Early distributions from IRAs	\$
U.S. Savings bonds used for tuition and required enrollment fees	\$
Excludible emergency financial aid grants (CARES) (do not reduce educ expenses)	\$
Student loans or savings	\$ 1,000

Education Credits Worksheet (fillable)

Each of the education credits covers some education expenses, none of them covers all expenses. Tuition and other expenses that are necessary for enrollment are generally covered. Non-essential fees, such as transportation costs, room and board, sports fees, and student health fees may not be covered.

Institutions issue a Form 1098-T to their students. Please provide all Forms 1098-T with your other tax documents. If you do not have Form 1098-T or have lost it, check the student's online school account or contact the educational institution to obtain them before submitting to Tax-Aide.

The student's financial account statement, available to download or from the educational institution's Finance Office, contains information that is important in determining qualifying expenses. Please include a copy of each student's financial account statement with your other tax documents.

Tuition	\$ 10,200
Student activity fees, if required for enrollment	\$
Required books that must be purchased from the institution	\$
Required books purchased from a bookstore or otherwise	\$ 650
Required supplies and equipment fees which must be purchased from the institution	\$
Other required supplies and equipment Nursing scrubs	\$ 350
Living expenses, even if living at home Restricted scholarship	\$ n/a
Required insurance or student health fees	\$
Expenses for special needs services	\$ 1
Other (specify):	\$
	\$
Total Expenses	\$ 11,200
	\$

AGI \$	Federal (refund/o	we) \$
--------	-------------------	--------

Complete the E-file Section: add bank information; record the taxpayer consent forms and the answers to their custom questions; and check "mark tax return ready for review" and "save and exit" on the Submission Page.

Form **13614-C**

Department of the Treasury - Internal Revenue Service

OMB Number 1545-1964

(October 2024)

Intake/Interview and Quality Review Sheet

Note: Do not complete this form if you (or your spouse) are not a U.S. citizen or green card holder.

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 1-4 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	,	, ,	•		,			thical behavio		the IRS, e	mail us at	wi.vo	ltax@irs.gov
Your first name (pronour TOM	ns, optional)		_ast name ANDREWS	;	l l	date of birth	Your CO	_{job} MPUTER T	ECH	INICIA	N		
Spouse's first name (pro	onouns, optiona	al) M.I. l	_ast name		Spous	e's date of bi	rth Spot	use's job					
Mailing address 134 MARSH VIEV	N PL			Apt #	City YOUR	CITY				State YOUR ST	ATE	ZIP co	
Геlephone number 904-555-3456		Email add	ress EWS568@	EMAIL.XX	X		Did y □ Y	/ou live or wor ′es ⊠ No		wo or mor	e states i	n 2024	ļ
Check if you or your spo	ouse were in 20)24:			Legall	y blind				You	☐ Spou	se	⊠ No
A U.S. citizen		⊠ You	☐ Spouse	e □ No	Totally	/ and perman	ently disa	abled		You	☐ Spou	se	⊠ No
n the U.S. on a visa		☐ You	☐ Spouse	e ⊠ No	Issued	d an identity p	rotection	PIN		You	☐ Spou	se	⊠ No
A full-time student		☐ You	☐ Spouse	e ⊠ No	Do yo	u own or hold	l any digit	tal assets		You	☐ Spou	se	⊠ No
f due a refund, would y	ou like your re	fund			If you	have a bala	nce due,	would you like	e to n	nake a pa	yment dire	ectly fr	om
Direct deposit		☐ Check	by mail		☐ Ba	nk account			×	Direct del	oit		
Split refund betweer	n accounts	☐ Other			☐ Set	t up installme	nt agreer	ment		Mail paym	nent to IR	S	
Would you like to receiventher than English □ Yes ເয No	e written comm What language		m the IRS in a	language		how to regis		n how to vote e	Ele	ction Cam			e Presidentia
As of December 31, 202	24 what was vo	our marital stat	tus										
Never Married	i, mac mae ye	□ Marrie		If married, we	re you mai	rried for all of	2024	Г] Ye	s 🗆 N	No		
_		 Did you	ı live with you		-								
Divorced		•	/ Separated	•	0 , 1				- 1 Wie	dowed			
Date of final decree			separate mai	ntenance dec	ree				-	ar of spou	se's deatl	h	
Can anyone else claim t	he taxpayer or	spouse on the	eir tax return (t	to be complete	ed by certif	ied volunteer)					Yes	☐ No
ist the names below of spouse) AND anyone yo						Answer Yes	or No (Y	/N)	То		eted by o		ed volunteer ab C)
Name (first, last)	(mm/dd/yy) y	Relationship to you (son, daughter, parent, none, etc.)	Number of months lived in your home in 2024	Single or Married as of 12/31/2024 (S/M)	A U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled		fying child ndent	Qualifying relative dependent	ŀ	Provides tax penefits (HOH, EITC, CTC, etc.)
SCOTT ANDREWS	05/12/1	BROTHER	12	5	У	У	N	N					

Received money from any of the following in 2024:	Income to be included (To be completed by certified volunteer)	Notes/Comments
☑ (B) Wages as a part-time or full-time employee	☐ (B) W-2s Number of forms	
How many jobs 1		
☐ (B/A) Tips	☐ (B/A) Tips (basic when reported on W2)	-
☐ (B/A) Retirement account, pension or annuity proceeds	☐ (B/A) 1099-R (basic when taxable amount is reported)	
☐ (B) Disability benefits	Number of forms	_
☐ (B) Social Security or Railroad Retirement Benefits	☐ (B) SSA-1099, RRB-1099	_
☑ (B) Unemployment benefits	☐ (B) 1099-G Number of forms	_
☐ (B) Refund of state or local income tax	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	
	☐ Did you itemize last year ☐ Yes ☐ No	_
(B) Interest or dividends (bank account, bonds, etc.)	☐ (B) 1099-INT/DIV Number of forms	
☐ (A) Sale of stocks, bonds or real estate	☐ (A) 1099-B Number of forms (include	-
Did you report a loss on last year's return ☐ Yes ☐ No	brokerage statement) Capital Loss carryover	
(B) Alimony	☐ (B) Alimony Amount \$	-
	Excluded from income	
(M) Income from renting out your house or a room in your house	☐ (M) Rental income	-
If yes, did you use the dwelling unit as a personal residence and rent it for few than 15 days ☐ Yes ☐ No		
☐ Income from renting personal property such as a vehicle		
Farm activity	☐ Farm income (out of scope)	_
☐ Gambling winnings, including lottery	☐ (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions)	-
☐ Payments for contract or self-employment work	☐ (A) Schedule C	-
Did you report a loss on last year's return ☐ Yes ☐ No	☐ 1099-MISC Number	
	☐ 1099-K Number	
	☐ Other income reported elsewhere	
	☐ Schedule C expenses	
Any other money received during the year (example: cash payments, jury duty, awards, virtual currency, royalties, union strike benefits)	☐ Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart)	-

Paid any of the following expenses in 2024:	Standard or Itemized Deductions (To be completed by certified volunteer)	Notes/Comments
☐ (A) Mortgage Interest	☐ (B) Taxable state/local income taxes	
 ☐ (A) Taxes: state, local, real estate, sales, etc. ☐ (A) Medical, Dental, Prescription Expenses ☑ (B) Charitable contributions 	☐ (B) Standard deduction ☐ (A) Itemized deduction	
Paid any of these expenses in 2024:	Expenses to report (To be completed by certified volunteer)	Notes/Comments
	☐ (B) 1098-E	
☐ (B) Child and dependent care	☐ (B) Child and dependent care credit	
☑ (B/A) Contributions to a retirement account	☐ (A) IRA, 401(k), etc. deduction	
☐ Repayments to a qualified retirement plan	☐ (B) Saver's credit	
☐ (B) School supplies by a teacher, teacher's aide or other educator	☐ (B) Educator expenses deduction	
☐ (B) Alimony payments (do not include child support)	☐ (B) Alimony payments with spouse's SSN \$	
	Adjustment to income	
Did any of the following happen during 2024:	Information to report (To be completed by certified volunteer)	Notes/Comments
(B) You or someone in your family took educational classes (technical school, college, job related, etc.)	 ☐ (B) Taxable scholarship income ☐ (B) 1098-T (itemized statement from school, invoice, etc.) ☐ (B) Education credit or tuition and fees deduction 	
(A) Sell a home	☐ (A) Sale of home (1099-S)	
☐ (A) Have a health savings account (HSA)	☐ HSA contributions ☐ HSA distributions	
☐ (A) Purchase health insurance through the Marketplace (Exchange)	☐ (A) 1095-A	
☐ (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)	☐ (B) Energy efficient home improvement credit	
☐ (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender	☐ (A) 1099-C	
☐ Have a loss related to a declared federal disaster area	☐ (A) 1099-A☐ Disaster relief impacts return	
☐ (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)	☐ (B) EITC, CTC, AOTC or HOH disallowed in a previous year Year disallowed Reason	
Receive any letter or bill from the IRS	☐ Eligible for Low Income Taxpayer Clinic referral	
☐ (B) Make estimated tax payments or apply last year's refund to	☐ Estimated tax payments	
2024 taxes	☐ Last year's refund applied to this year	
	Last year's return available	
Additional information you think we should know VICTIM OF IDENTITY THEFT	☐ Additional information for accurate tax preparation	

The following information	is for statistical purposes.	These questions a	ire o	ptiona	ıl.						
1. Would you say you can ca	arry on a conversation in Enç	glish		Very w	well	Well		Not well	☐ Not at all	☐ Prefer not to answe	er
2. Would you say you read a	newspaper in English			Very w	vell	⊠ Well		Not well	☐ Not at all	☐ Prefer not to answe	er
3. Do you or any member of	your household have a disal	bility		Yes		⊠ No		Prefer not	to answer		
4. Are you or your spouse a	Veteran from the U.S. Armed	d Forces		Yes		⊠ No		Prefer not	to answer		
5. What is your race and/or of in the spaces below)	ethnicity (select all that apply	and enter additiona	al det	ails 6		is your spous onal details in				that apply and enter	
	ska Native (enter, for examplian Reservation of Montana, nment, Nome Eskimo Comm	Native Village of Ba	rrow		Tribe	of the Blackt	feet Indi	an Reserva	ation of Montana,	ole, Navajo Nation, Blackl , Native Village of Barrow nunity, Aztec, Maya, etc.)	
☐ Asian (provide details be	·low)				Asiar	ı (provide de	tails be	low)			
☐ Chinese	☐ Asian Indian	☐ Filipino			□ Cl	ninese		☐ Asia	n Indian	☐ Filipino	
☐ Vietnamese		☐ Japanese			☐ Vi	etnamese		☐ Kore	ean	□ Japanese	
Enter, for example, Pakis	stani, Hmong, Afghan, etc.				Enter	, for example	e, Pakis	tani, Hmon	g, Afghan, etc.		
☐ Black or African Americ	an (provide details below)				Black	or African	Americ	an (provid	e details below)		
☐ African American	☐ Jamaican	☐ Haitian			☐ Af	rican Americ	an	☐ Jama	aican	☐ Haitian	
☐ Nigerian	☐ Ethiopian	☐ Somali			☐ Ni	gerian		☐ Ethio	pian	☐ Somali	
Enter, for example, Trinic	dadian and Tobagonian, Gha	naian, Congolese, e	etc.		Enter	, for example	e, Trinia	adian and	Tobagonian, Gh	anaian, Congolese, etc.	
☐ Hispanic or Latino (prov	vide details below)				Hispa	anic or Latin	10 (prov	ide details	below)		
☐ Mexican	☐ Puerto Rican	☐ Salvadoran			□ Me	exican		☐ Puert	to Rican	☐ Salvadoran	
☐ Cuban	☐ Dominican	☐ Guatemalan			☐ Cı	uban		☐ Domi	inican	☐ Guatemalan	
Enter, for example, Color	mbian, Honduran, Spaniard,	etc.			Enter	, for example	e, Color	nbian, Hon	duran, Spaniard,	etc.	
☐ Middle Eastern or North	n African (provide details be	low)			Midd	le Eastern o	r North	African (provide details be	elow)	
☐ Lebanese	☐ Iranian	☐ Egyptian			☐ Le	ebanese		☐ Irania	an	☐ Egyptian	
☐ Syrian	☐ Iraqi	☐ Israeli			☐ Sy	/rian		☐ Iraqi		☐ Israeli	
Enter, for example, Moro	ccan, Yemeni, Kurdish, etc.				Enter	, for example	e, Moro	ccan, Yeme	eni, Kurdish, etc.		
☐ Native Hawaiian or Pac	i fic Islander (provide details	below)] Nativ	e Hawaiian	or Paci	fic Islande	er (provide details	s below)	
☐ Native Hawaiian	☐ Samoan	☐ Chamorro			☐ Na	ative Hawaiia	an	☐ Samo	oan	☐ Chamorro	
☐ Tongan	☐ Fijian	☐ Marshallese			□ To	ongan		☐ Fijian	1	☐ Marshallese	
Enter, for example, Chuu	kese, Palauan, Tahitian, etc.				Enter	, for example	e, Chuu	kese, Palai	uan, Tahitian, etc) .	
White (provide details be a second of the control of the	elow)] White	e (provide de	tails be	low)			
☐ English	☐ German	☐ Irish			☐ Er	nglish		☐ Germ	nan	☐ Irish	
☐ Italian	□ Polish	☐ Scottish			☐ Ita	lian		☐ Polis	h	☐ Scottish	
Enter, for example, Frence	ch, Swedish, Norwegian, etc.				Enter	. for example	e. Frenc	h. Swedish	n. Norwegian, etc) .	

ditional comments	
Privacy Act and Paperwork Reduction Act Notice	

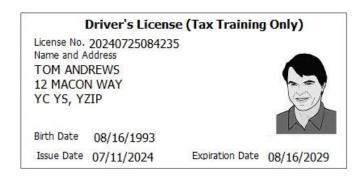
We are asking for this information so you may participate in the IRS Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) program which provides IRS-certified volunteer income tax preparers to assist with basic income tax return preparation for qualified individuals. The IRS authority to collect this information is 5 USC 301 and 26 USC 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. 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 Individual Master File. 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:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

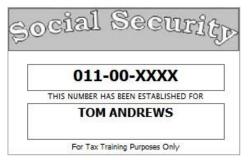
TRAINING TAX FORMS

With certain Training Tax Forms, information is missing or inconsistent. In classroom training (inperson or virtually) an interview will be conducted/demonstrated. Volunteers need to observe the interview and markup the Intake/Interview & Quality Review Sheet with the information necessary to complete the return. If completing these exercises independently, contact your Instructor to obtain a set of interview notes.

Tom Andrews -Single Working Taxpayer - Exercise Forms

Click to find Tom Andrews' full Intake/Interview and Quality Review Sheet.





PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no.			Payer's RTN (optional)	OMB No. 1545-0112	Interest Income	
NATIONS BANK 1125 S 12TH ST PHILADELPHIA PA 19102		1 Interest income \$550.00	20 XX Form 1099-INT			
			2 Early withdrawal penalty \$55.00		Сору В	
PAYER'S TIN 13-9XXXXXX	RECIPIENT'S TIN 011-00->	XXX	3 Interest on US Savings Bonds and	For Recipient		
RECIPIENT'S name Street address (including apt.no.)		4 Federal income tax withheld	5 Investment expenses	This is important tax information and is being furnished to the		
City or town, state or province TOM ANDREWS	12 MACON WAY		6 Foreign Tax Paid	7 Foreign Country or US possession	IRS. If you are required to file a return, a negligence	
12 MACON WAY YC YS YZIP			8 Tax exempt interest	9 Specified private activity bond interest	penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported	
FATCA filing		FATCA filing requirment	- 10 Market Discount	11 Bond Premium		
			12 Bond premium on Treasury obligations	13 Bond Premium on tax-exempt bond		
Account number (see instructions)		nber (see instructions)		15 State 16 State Identification no.	17 State tax withheld	

	25 35	e's social security number	OMB No.		ave. accurate, AST! Use	≁ file	Visit the IRS website a www.irs.gov/efile		
76 %	er identification number (EIN)	Ī	57477 JAN	, other compensation	2. Federal in	come tax withheld		
c. Employer's name, address,and ZIP code			3. Social securi \$2	ity wages 23,450.00	4. Social sec	4. Social security tax withheld \$1,453.90			
РО ВО				5. Medicare wa \$2	ages and tips 23,450.00	6. Medicare	6. Medicare tax withheld \$340.02 8. Allocated tips		
CHARL	OTTE NC 28202			7. Social securi	ity tips	8. Allocated			
d. Control	number			9.		10. Dependa	ant care benefits		
	ee's first name and initial ee's address and ZIP code	Last name	Suff.	11. Nonqualified	d plans	12a. See inst	ructions for box 12 \$4,300.00		
TOM ANDREWS 12 MACON WAY YC, YS YZIP			Employee I	Retirement Third-party Plan sick pay	12b.	3			
				14. Other		12c.			
						12d.	8		
15. State YS	Employer's state ID number 911XXXXXX	16. State wages, tips, etc \$23,450.00	. 17. Sta	te income tax	18. Local wages, tips, etc.	19. Local income	tax 20. Locality name		
Сору В	W-2 Wage and Statement To Be Filed With Employ mation is being furnished to	yee's FEDERAL Tax Retu		20	XX				

	CORRECTED (if ch	ecked)	
RECIPIENT'S/LENDER'S name Street address City or town, state or province, countr Telephone number	y, ZIP or Foreign Postal Code	OMB. 1545-1576	Student
PEOPLES FEDERAL BANK		20 XX	Loan Interest
PO BOX 54321 SAN DIEGO CA 92109		Form 1098-E	Statement
RECIPIENT'S federal identification no. 13-6XXXXXX	BORROWER'S social security number 011-00-XXXX	1 Student loan interest received by lender \$550.00	Copy B For Borrower
BORROWER'S name Street address (including apt. no.) City or town, state or province, countr	y, ZIP or Foreign Postal Code		This important tax information and is being furnished to the IRS. If
TOM ANDREWS 12 MACON WAY YC/YS/YZIP			you are required to file a return, a negligence penalty or other senction may be imposed on you if the IRS determines that an underpayment of tax results because you
Account number (see instructions)		2 If checked box 1 does not include loan origination fees and/or capitalized interest for loans made be September, 1 2004	overstated a deduction for student loan interest.

Form **13614-C** (October 2024)

Department of the Treasury - Internal Revenue Service

Intake/Interview and Quality Review Sheet

OMB Number 1545-1964

Note: Do not complete this form if you (or your spouse) are not a U.S. citizen or green card holder.

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 1-4 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	o provide hig	h quality serv	ice and uphol	d the highest	ethical sta	andards. To re	port une	thical behavio	or to the	e IRS, er	mail us at	wi.voltax@	irs.gov		
Your first name (pronouns	s, optional)		.l. Last name BAKER		I	date of birth 1 <i>5/88</i>		Your job NURSE							
Spouse's first name (pron	ouns, optiona	al) M.I.	Last name		Spou	se's date of bi	rth Spot								
Mailing address 17 BEACH BLVD				Apt # 18	City YOUR	R CITY				tate	I	ZIP code YOUR ZIP			
Telephone number 202-555-1245		Email add	ress BAKER@E /	MAIL.XXX			Did y □ Y	ou live or wo		o or mor	e states in	2024			
Check if you or your spou	se were in 20					ly blind	•		□ Yo	ou	☐ Spous	se 🗌	No		
A U.S. citizen			☐ Spouse	e □ No	Totall	y and perman	ently disa	abled	□ Yo	ou	☐ Spous	se 🗵	No		
In the U.S. on a visa		☐ You	☐ Spouse	e ⊠ No	Issue	d an identity p	rotection	PIN	□ Yo	ou	☐ Spous	se 🗵	No		
A full-time student		☐ You	☐ Spouse	e ⊠ No	Do yo	ou own or hold	l any digit	tal assets	□ You	ou	☐ Spous	se 🗵	No		
If due a refund, would yo	u like your re	fund			If you	ı have a bala	nce due,	would you lik	e to ma	ke a pay	ment dire	ctly from			
□ Direct deposit □ Direct deposit		☐ Check	by mail		□ Ba	☐ Bank account ☑ Direct debit									
☐ Split refund between accounts ☐ Other				☐ Se	☐ Set up installment agreement ☐ Mail payment to IR					3					
Would you like to receive other than English □ Yes ເ No V	written comm Vhat languag		m the IRS in a	a language		d you like info or how to regis es □ No				ion Cam	ce \$3 to go npaign Fur] No	to the Prend	esidentia		
As of December 31, 2024 Never Married Divorced	•	☐ Marrie Did you ☐ Legali			-	arried for all of t of the last six		of 2024	Yes Yes Wido	□ N □ N					
Date of final decree	7/16/201	b Date of	f separate mai	ntenance dec	ree				Year	of spous	se's death				
Can anyone else claim the	e taxpayer or	spouse on the	eir tax return (to be complet	ed by certi	fied volunteer)				□ Y	′es 🗌	No		
List the names below of e spouse) AND anyone you						Answer Yes	or No (Y	/N)	To be	•	_	ertified vo 012 Tab C)			
` ' '	mm/dd/yy) y	Relationship to you (son, daughter, parent, none, etc.)	Number of months lived in your home in 2024	Single or Married as of 12/31/2024 (S/M)	A U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled	Qualifyir depende	_	Qualifying relative dependent		es tax ts (HOH, CTC, etc.)		
MARY THOMAS	09/14/2013	DAUGHTER	12	5	У	У	У	N							

Received money from any of the following in 2024:	Income to be included (To be completed by certified volunteer)	Notes/Comments
☑ (B) Wages as a part-time or full-time employee	☐ (B) W-2s Number of forms	
How many jobs1 1		
☐ (B/A) Tips	☐ (B/A) Tips (basic when reported on W2)	_
☐ (B/A) Retirement account, pension or annuity proceeds	☐ (B/A) 1099-R (basic when taxable amount is reported)	
☐ (B) Disability benefits	Number of forms	_
☐ (B) Social Security or Railroad Retirement Benefits	☐ (B) SSA-1099, RRB-1099	_
☐ (B) Unemployment benefits	☐ (B) 1099-G Number of forms	_
☐ (B) Refund of state or local income tax	\square Did you receive a refund of state or local taxes \square Yes \square No	
	☐ Did you itemize last year ☐ Yes ☐ No	_
(B) Interest or dividends (bank account, bonds, etc.)	☐ (B) 1099-INT/DIV Number of forms	
☐ (A) Sale of stocks, bonds or real estate	☐ (A) 1099-B Number of forms (include	-
Did you report a loss on last year's return ☐ Yes ☐ No	brokerage statement)	
(B) Alimony	☐ (B) Alimony Amount \$	-
	Excluded from income	
☐ (M) Income from renting out your house or a room in your house	☐ (M) Rental income	-
If yes, did you use the dwelling unit as a personal residence and rent it for few than 15 days ☐ Yes ☐ No		
☐ Income from renting personal property such as a vehicle		
Farm activity	☐ Farm income (out of scope)	_
☑ Gambling winnings, including lottery	☐ (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions)	-
☐ Payments for contract or self-employment work	☐ (A) Schedule C	-
Did you report a loss on last year's return ☐ Yes ☐ No	☐ 1099-MISC Number	
	☐ 1099-K Number	
	☐ Other income reported elsewhere	
	☐ Schedule C expenses	
Any other money received during the year (example: cash payments, jury duty, awards, virtual currency, royalties, union strike benefits)	☐ Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart)	

Paid any of the following expenses in 2024:	Standard or Itemized Deductions (To be completed by certified volunteer)	Notes/Comments
☐ (A) Mortgage Interest	☐ (B) Taxable state/local income taxes	
 ☐ (A) Taxes: state, local, real estate, sales, etc. ☐ (A) Medical, Dental, Prescription Expenses ☐ (B) Charitable contributions 	☐ (B) Standard deduction ☐ (A) Itemized deduction	
Paid any of these expenses in 2024:	Expenses to report (To be completed by certified volunteer)	Notes/Comments
☐ (B) Student loan interest	☐ (B) 1098-E	
	☐ (B) Child and dependent care credit	
☐ (B/A) Contributions to a retirement account	☐ (A) IRA, 401(k), etc. deduction	
Repayments to a qualified retirement plan	☐ (B) Saver's credit	
☐ (B) School supplies by a teacher, teacher's aide or other educator	☐ (B) Educator expenses deduction	
☐ (B) Alimony payments (do not include child support)	☐ (B) Alimony payments with spouse's SSN \$	
	Adjustment to income	
Did any of the following happen during 2024:	Information to report (To be completed by certified volunteer)	Notes/Comments
☐ (B) You or someone in your family took educational classes (technical school, college, job related, etc.)	 ☐ (B) Taxable scholarship income ☐ (B) 1098-T (itemized statement from school, invoice, etc.) ☐ (B) Education credit or tuition and fees deduction 	
(A) Sell a home	☐ (A) Sale of home (1099-S)	
☐ (A) Have a health savings account (HSA)	☐ HSA contributions ☐ HSA distributions	
☐ (A) Purchase health insurance through the Marketplace (Exchange)	☐ (A) 1095-A	
☐ (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)	☐ (B) Energy efficient home improvement credit	
(A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender	☐ (A) 1099-C	
☐ Have a loss related to a declared federal disaster area	☐ (A) 1099-A☐ Disaster relief impacts return	
☐ (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)	☐ (B) EITC, CTC, AOTC or HOH disallowed in a previous year Year disallowed Reason	
☐ Receive any letter or bill from the IRS	☐ Eligible for Low Income Taxpayer Clinic referral	
☐ (B) Make estimated tax payments or apply last year's refund to	Estimated tax payments	
2024 taxes	Last year's refund applied to this year	
	☐ Last year's return available	
☐ Additional information you think we should know	☐ Additional information for accurate tax preparation	

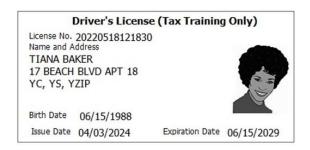
The following information is for	r statistical purposes. Th	nese questions are	e optic	onal.					
1. Would you say you can carry o	n a conversation in Englis	h	□ Ve	ry we	ell 🗌 Well		Not well	☐ Not at all	☐ Prefer not to answer
2. Would you say you read a new	spaper in English		☐ Ve	ry we	ell 🗌 Well		Not well	☐ Not at all	☐ Prefer not to answer
3. Do you or any member of your	household have a disabili	ty	☐ Ye	s	☐ No	□ F	Prefer not	to answer	
4. Are you or your spouse a Veter	ran from the U.S. Armed F	orces	☐ Ye	s	☐ No	□ F	Prefer not	to answer	
5. What is your race and/or ethnic in the spaces below)	sity (select all that apply ar	nd enter additional o	details		What is your spouse's additional details in th				that apply and enter
☐ American Indian or Alaska N Tribe of the Blackfeet Indian Re Inupiat Traditional Government	eservation of Montana, Na	ative Village of Barro	ow		Tribe of the Blackfeet	t India	n Reserva	tion of Montana,	le, Navajo Nation, Blackfeet Native Village of Barrow unity, Aztec, Maya, etc.)
☐ Asian (provide details below)					Asian (provide detail	ls belo	ow)		
☐ Chinese ☐] Asian Indian	☐ Filipino			☐ Chinese		☐ Asiar	ı Indian	☐ Filipino
☐ Vietnamese ☐] Korean	☐ Japanese			☐ Vietnamese		☐ Korea	an	☐ Japanese
Enter, for example, Pakistani,	Hmong, Afghan, etc.				Enter, for example, P	Pakista	ani, Hmong	g, Afghan, etc.	
☐ Black or African American (p	orovide details below)				Black or African Am	nerica	n (provide	details below)	
☐ African American ☐	Jamaican [☐ Haitian			☐ African American		☐ Jamai	can	☐ Haitian
☐ Nigerian ☐	Ethiopian [☐ Somali			☐ Nigerian		☐ Ethiop	ian	☐ Somali
Enter, for example, Trinidadiar	n and Tobagonian, Ghana	ian, Congolese, etc	C.		Enter, for example, T	^r rinida	dian and 1	obagonian, Gha	naian, Congolese, etc.
☐ Hispanic or Latino (provide d	letails below)				Hispanic or Latino ((provid	de details l	pelow)	
☐ Mexican ☐	Puerto Rican [☐ Salvadoran			☐ Mexican		☐ Puerto	Rican	☐ Salvadoran
☐ Cuban ☐	Dominican [☐ Guatemalan			☐ Cuban		☐ Domir	nican	☐ Guatemalan
Enter, for example, Colombian	n, Honduran, Spaniard, etc	Ç.			Enter, for example, C	Colomi	bian, Hond	luran, Spaniard,	etc.
☐ Middle Eastern or North Afri	can (provide details belov	v)			Middle Eastern or N	lorth A	African (p	rovide details bel	low)
☐ Lebanese ☐	Iranian [☐ Egyptian			☐ Lebanese		☐ Irania	า	☐ Egyptian
☐ Syrian ☐	Iraqi [☐ Israeli			☐ Syrian		☐ Iraqi		☐ Israeli
Enter, for example, Moroccan,	Yemeni, Kurdish, etc.				Enter, for example, M	/lorocc	an, Yeme	ni, Kurdish, etc.	
☐ Native Hawaiian or Pacific Is	slander (provide details be	elow)			Native Hawaiian or	Pacifi	c Islandeı	(provide details	below)
☐ Native Hawaiian ☐	Samoan [☐ Chamorro			☐ Native Hawaiian		☐ Samo	an	☐ Chamorro
☐ Tongan ☐	Fijian [☐ Marshallese			☐ Tongan		☐ Fijian		☐ Marshallese
Enter, for example, Chuukese,	, Palauan, Tahitian, etc.				Enter, for example, C	Chuuke	ese, Palau	an, Tahitian, etc.	
☐ White (provide details below)					White (provide detail	ls belo	ow)		
☐ English ☐	German [☐ Irish			☐ English		☐ Germa	an	☐ Irish
☐ Italian ☐	Polish [□ Scottish			☐ Italian		☐ Polish		☐ Scottish
Enter, for example, French, Sv	vedish. Norwegian. etc.				Enter, for example, F	rench	. Swedish.	Norwegian, etc.	

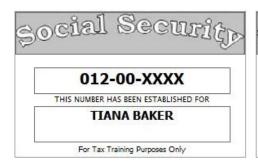
ditional comments	
Privacy Act and Paperwork Reduction Act Notice	

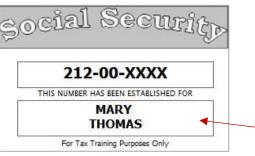
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TOM ANDREWS				1234
12 MACON WAY YOUR CITY, YS ZIP			<u></u>	
PAY TO THE			\$	
ORDER OF			DOLLARS	
CREDIT UNION 1ST & MAIN YOUR CITY, YS YZIP				
For		_		
325070760	987123654	1234		

Tiana Baker - Single Working Parent - Exercise Forms







Interview Notes

- Download or print a version of Tiana Baker's full <u>Intake/Interview and Quality</u>
 <u>Review Sheet</u>. Tiana states that she is a nurse and was present at our site to have
 her tax return prepared. Her Intake/Interview & Quality Review Sheet (I&I Sheet) and
 her tax documents were reviewed.
- Mark up the I&I Sheet as you review these notes:
 - 1. Tiana has full custody of her daughter, Mary, who lived with her all year. She provides all of Mary's support. Tiana pays the full cost of maintaining her home. (Volunteers: complete the gray section on page 1 of the I&I Sheet).
 - 2. Tiana forgot to mark the answer for "Legally Blind". The answer "No" she is not blind (*Note on I&I*)

- She checked Interest or Dividends. She did not receive a Form 1099-INT but presented her year-end statement from the Medical Center Credit Union using her phone that showed she received \$8.96 in interest on her savings account. (Note on 1&1)
- 4. Tiana receives \$150 per month in alimony from her ex-spouse. Her original divorce decree has not been modified. (*Note on I&I*)
- 5. Tianna was solvent at the time of her cancellation of credit card debt. (Note on I&I)
- 6. Tiana tells you that she purchased one \$5 lottery ticket each week. One ticket won and paid out \$1,000 for winnings of \$995. The other 51 tickets paid nothing for total losses of \$255. Tiana wants to know how she can deduct those losses. What do you tell her?

 (Note on 1&1)
- 7. She did not check "contributions to a retirement account," however you note that her W-2 block 12a shows contributions were made to her 401K. *(Check on I&I)*
- 8. Tiana indicated that she paid medical expenses and made charity contributions. She has a handwritten record showing: \$1,067 dental insurance, \$128.17 prescription co-pays, and her \$200 deductible; plus \$750 paid to various charities by check.

(Note on I&I, and check Standard deduction)

- 9. The receipt for daycare expenses had Mary's last name as Baker. Tiana explains that the after-school program mistakenly used her last name instead of Mary Thomas. (Note on I&I)
- 10. Tiana did not check "Purchased health Insurance from the Marketplace", however she has Form 1095-A. She explains she did not understand the question.

 (Note on I&I)

	CORI	RECTED (if checked)		OMB No 1545-0238
PAYER'S name, street address, city o province, country, ZIP or Foreign Pos		1. Reportable winnings \$1,000.00	2. Date won 08/15/20XX	20 XX
STATE LOTTERY COMMISS	SION	3. Type of wager	4. Federal income tax withheld	Form W2-G
PO BOX 1968		\$5 SCTCH OFF	\$100.00	FORM WZ-G
YC YS YZIP		5. Transaction	6. Race	Certain
	1	7. Winnings from identical wagers	8. Cashier	Gambling Winnings
PAYER'S Federal identification number 88-1XXXXXX	Payer's Telephone number 804-564-1356	Winner's taxpayer identification no.	10. Window	This information
WINNER'S name, street address, city province, country, ZIP or Foreign Pos		012-00-XXXX 11. First I.D.	12. Second I.D.	is being furnished to the Internal Revenue Service
TIANA BAKER 17 BEACH BLVD APT 18		13. State/Payer's state identification no. YS 14-1XXXXXX	14. State Winnings \$1,000.00	Copy B Report this income
YC, YS, YZIP		15. State income tax withheld \$60.00	16. Local Winnings	on your federal tax return. If this form shows federal
		17. Local income tax withheld	18. Name of locality	income tax withheld in box 4, attach this copy to your return.
		edge and belief, the name, address, taxpay ment from identical wagers, and no other p		
Signature >		Date >		233300000000000000000000000000000000000
Form W-2G		Date >		

		22 52	e's social security number 12-00-XXXX	OMB N		ave. accura AST! Use	ate, (RSP)	file	Visit the IRS website at www.irs.gov/efile
b. Employe	er identification r	number (EIN))	•	1. Wages, tip	s, other cor	mpensation	2. Federal in	come tax withheld
89-6	XXXXXX		~			32,189.4	15		\$3,400.00
c. Employe	er's name, addre	ss,and ZIP c	ode		3. Social secu			4. Social sec	urity tax withheld
00 00						34,189.4			\$2,119.75
	ST MEDICAL	CENTER	}		5. Medicare w	73	8.6	6. Medicare	tax withheld
\$1000 MARKET STORY	OX 6700	Management of the state of the	202		\$	34,189.4	15		\$495.75
INDIA	NAPOLIS IN	46204-6	700		7. Social secu	rity tips		8. Allocated	tips
d. Control 76209	ALCOHOLD ST				9.			10. Dependa	ant care benefits \$1,000.00
	ee's first name a		Last name	Suff.	11. Nonqualifie	ed plans		12a. See inst	ructions for box 12
Employe	ee's address and	ZIP code						D	\$2,000.00
17 BEA	BAKER ACH BLVD AI 5, YZIP	PT 18			13.Statutory Employee		t Third-party sick pay	12b.	8
	į.				14. Other BONUS		1,000.00	12c.	
								12d.	.
									>
	720 20		16. State wages, tips, et	tc. 17. S	State income tax	18. Local	wages, tips, etc.	19. Local income	tax 20. Locality name
YS	911XXXX	XX	\$32,189.45		989.00				
Сору В -		ith Employ	ree's FEDERAL Tax Ret the Internal Revenue Serv		,				
-			COF	RREC	TED (if che	cked)			
CREDITO	R'S name			1	Date of Identifi	able Event	OMB No. 1545	-1424	
Street ad				20040	04/16/20	XX	OPID 140. 1545	1727	6 11 11
Telephon		vince, coun	try, ZIP or foreign postal (Amount of debt				Cancellation of Debt
	AL CENTER	CREDIT	UNION			57.68	20 X	X	or Debt
	EST CENTE			3	Interest if inclu				
YC, YS	S, YZIP					56.98	Form 109	9-C	
				4	Debt description	1		- 1	Сору В
				0.5	MASTERCAF				For Debtor
CREDITO	R'S TIN	DE	BTOR'S TIN	- 10 (5)					This is important tax information and is being
67	7-5XXXXXX		012-00-XXXX						furnished to the IRS. If you are required to file a
DEBTOR'S	S name	Co.							return, a negligence
Street ad	dress (including		. was for the	. 5	If checked, the	debtor was	personally liable	for	penalty or other sanction may be
		vince, coun	try, ZIP or foreign postal o	code					imposed on you if taxable income results
(C) (F) (C) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	BAKER	T 40						90 30	from this transaction and the IRS determines
5711 E STORT OF ST	CH BLVD AF	1 18							that it has not been reported.
YC, YS	, 1217								reported.
Account	number (see inst	ructions)		6	Identifiable Eve	nt Code	7 Fair market val	ue of property	
NAME OF THE OWNER OWNER OWNER OF THE OWNER OW	XXXX-XXXX-			١	G		, , an market val	ac or property	
^^^^	^^^^	1233			U				
Form 10	099-C								

	Clark County Aft	er School Program		EIN:	56-2XXXXXX
	14 Learning Way				
	YC, YS YZIP		Date:	1	2/17/20XX
Re	Received from:	Tiana Baker		\$	1,800.00
Ö		Eighteen Hundred and 00/100			ollars
Receipt	For:	After scool daycare for Mary Baker	12		
			Lij	nda J	ohnson

Form 1095	-A		th Insurance M			eme	nt 7 void	c	OMB No. 1545-2232
Department of the Tr Internal Revenue Ser	easury		ttach to your tax return. pv/Form1095A for instruct			ation.	CORRECTI	ED	20 XX
Part I Recipie	nt Info	ormation							
1 Marketplace Ident	ifier	2 M	arketplace-assigned policy nu	mber 3 Policy is	suer's nam	2			
12-002XX	XX		53869	METL	IFE				
4 Recipient's name				5 Recipier			6 Recipient		
TIANA BAKE					2-00-XXX			15/1	
7 Recipient's spouse	s's name	•		8 Recipier	nt's spouse'	s SSN	9 Recipient	s spou	se's date of birth
10 Policy start date 01/01/20	XX	111	Policy termination date 12/31/20XX		address (ir EACH B		partment num T 18	ber)	
13 City or town, Sta YC, YS YZIF	300 C 00 500	ovince, Country and ZI	P or foreign postal code	•					
Part II Covere	d Indiv	/iduals							
A Cover	ed indivi	dual name	B Covered individual SSN	C. Date of birth	D. Co	verage s	tart date E.	Cove	rage termination date
16 TIANA BAKE	ER		012-00-XXXX 06/15/198		1988 01/01/20XX		XX	12/31/20XX	
17 MARY THON	MAS		212-00-XXXX 09/14/2013			/01/20	XX	1	2/31/20XX
18		•							
19		3			3 8		3 8		
20		÷							
Part III Covera	ao Infe	ormation	500		32		35		
Month		thly Enrollment Premiums	B Monthly second lowest co.	st silver plan (SLCSP)	premium .	C. M	onthly advance	paymer	nt of premium tax credit
21 January		\$277.85		\$356.12				\$200	0.00
22 February		\$277.85		\$356.12		\$200.00 \$200.00			
23 March	1	\$277.85		356.12		***		\$200	30.77.57.0
24 April		\$277.85	-	356.12		S		\$200	7. COVAZA
25 May		\$277.85		356.12		55		\$200	A CONTRACTOR OF THE CONTRACTOR
26 June		\$277.85	1	356.12				\$200	011000000
27 July	38	\$277.85		356.12		0		\$200	0.00
28 August	3 8	\$277.85	5	356.12		54		\$200	0.00
29 September		\$277.85	9	356.12				\$200	0.00
30 October		\$277.85	9	356.12		20) 200		\$200	0.00
31 November		\$277.85	9	\$356.12		20		\$200	0.00
32 December		\$277.85	9	\$356.12				\$200	0.00
33 Annual Totals		\$3,334.20	\$4	,273.44		**	\$	2,400	0.00

TIANA BAKER				1234
17 BEACH BLVD APT YC, YS, YZIP	18			
PAY TO THE			\$	
ORDER OF				
	COMPANIES AND		DOLLARS	
MEDICAL CENTER CREDI	T UNION			
PO BOX 123 CITY, STATE ZIP				
For				
325070760	987123654	1234		

Form **13614-C**

Department of the Treasury - Internal Revenue Service

OMB Number 1545-1964

(October 2024)

Intake/Interview and Quality Review Sheet

Note: Do not complete this form if you (or your spouse) are not a U.S. citizen or green card holder.

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

- · Complete pages 1-4 of this form.
- You are responsible for the information on your return. Provide complete and accurate information.

NANCY HUGHES	02/27/1960	MOTHER	11	3	, ,	, ,	17	IV			
ALANIAN LUICUEC	02/27/10/0	MOTHER	11	5	У	У	N	N			
JASON CALDWELL	05/16/2005	SON	4	5	У	У	У	N			
Name (first, last)	Date of birth (mm/dd/yy)	Relationship to you (son, daughter, parent, none, etc.)	Number of months lived in your home in 2024	Single or Married as of 12/31/2024 (S/M)	A U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled	Qualifying child dependent	Qualifying relative dependent	Provides tax benefits (HOH, EITC, CTC, etc.)
ist the names below of spouse) AND anyone yo						Answer Yes	or No (Y	//N)		pleted by ce fer to Pub 40	ertified volunteer 12 Tab C)
Can anyone else claim t	he taxpayer c	or spouse on the	eir tax return (to be complet	ed by certif	fied volunteer)			□ Y	es 🗌 No
Date of final decree			, . f separate mai	ntenance dec	ree				Year of sp	ouse's death	
☐ Divorced		•	y Separated	•	J , ,				Widowed	-	
		_	ս live with you		•] No	
As of December 31, 202 ┐ Never Married	24, what was y	your maritai sta ⊠ Marrie		If married, we	ere vou mai	rried for all of	2024	×	l Yes □] No	
☐ Yes 🗷 No	What langua	<u>-</u>			☐ Ye				× Yes	□ No	u
Nould you like to receiven other than English	e written com	munications fro	m the IRS in a	alanguage		l you like info r how to regis		on how to vote		like \$3 to go ampaign Fun	to the Presidentia
Split refund betweer	n accounts	☐ Other			☐ Se	t up installme	nt agreeı	ment	🗷 Mail pa	yment to IRS	
☐ Direct deposit	,	⋉ Check	by mail		1 -	nk account	,	,	☐ Direct o	•	,
f due a refund, would y	ou like your r	<u> </u>						would you like			
A full-time student		☐ You	☐ Spouse			u own or hold			☐ You	☐ Spous	_
n the U.S. on a visa		_ You	☐ Spouse		-	d an identity p	-		☐ You	☐ Spous	
Check if you or your spo A U.S. citizen	ouse were in 2	2024: ⊠ You	⊠ Spouse	e □ No	_	y blind / and perman	ently die	ahled	☐ You ☐ You	☐ Spous ☐ Spous	
Felephone number 627-555-3807			ress <u>ULDWELL@</u>	PEMAIL.X				you live or wor ′es ⊠ No			
6744 NORTH ELA	1	F			YOUR	CITY	D: -I -	15	YOUR S		YOUR ZIP
Mailing address			<u> </u>	Apt #	City	- 1,7 - 2,2 - 2	17.0	MEMMEN	State	Z	ZIP code
Spouse's first name (pro MALLORY	onouns, optior		Last name <i>CALDWELL</i>			se's date of bi 24/1<i>990</i>		use's job MEMAKER			
RAY			CALDWELL			5/1988		ACHER			
Your first name (pronou	ns, optional)	M.I. I	_ast name		Your c	date of birth	You	r job			
Volunteers are trained	-		<u> </u>	<u> </u>							

Received money from any of the following in 2024:	Income to be included (To be completed by certified volunteer)	Notes/Comment
☑ (B) Wages as a part-time or full-time employee	☐ (B) W-2s Number of forms	
How many jobs 1		
☐ (B/A) Tips	☐ (B/A) Tips (basic when reported on W2)	-
(B/A) Retirement account, pension or annuity proceeds	☐ (B/A) 1099-R (basic when taxable amount is reported)	
☐ (B) Disability benefits	Number of forms	_
☐ (B) Social Security or Railroad Retirement Benefits	☐ (B) SSA-1099, RRB-1099	_
☐ (B) Unemployment benefits	☐ (B) 1099-G Number of forms	_
(B) Refund of state or local income tax	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	
	☐ Did you itemize last year ☐ Yes ☐ No	_
☐ (B) Interest or dividends (bank account, bonds, etc.)	☐ (B) 1099-INT/DIV Number of forms	
(A) Sale of stocks, bonds or real estate	☐ (A) 1099-B Number of forms (include	-
Did you report a loss on last year's return ☐ Yes ☐ No	brokerage statement) Capital Loss carryover	
(B) Alimony	☐ (B) Alimony Amount \$	-
	Excluded from income	
(M) Income from renting out your house or a room in your house	☐ (M) Rental income	-
If yes, did you use the dwelling unit as a personal residence and rent it for few than 15 days ☐ Yes ☐ No		
Income from renting personal property such as a vehicle		
Farm activity	☐ Farm income (out of scope)	-
Gambling winnings, including lottery	☐ (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions)	-
Payments for contract or self-employment work	☐ (A) Schedule C	-
Did you report a loss on last year's return ☐ Yes ☐ No	☐ 1099-MISC Number	
	☐ 1099-K Number	
	☐ Other income reported elsewhere	
	☐ Schedule C expenses	
Any other money received during the year (example: cash payments, jury duty, awards, virtual currency, royalties, union strike benefits)	☐ Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart)	•

Paid any of the following expenses in 2024:	Standard or Itemized Deductions (To be completed by certified volunteer)	Notes/Comments
☐ (A) Mortgage Interest	☐ (B) Taxable state/local income taxes	
 (A) Taxes: state, local, real estate, sales, etc. (A) Medical, Dental, Prescription Expenses (B) Charitable contributions 	☐ (B) Standard deduction ☐ (A) Itemized deduction	
Paid any of these expenses in 2024:	Expenses to report (To be completed by certified volunteer)	Notes/Comments
☐ (B) Student loan interest	☐ (B) 1098-E	
☐ (B) Child and dependent care	☐ (B) Child and dependent care credit	
☑ (B/A) Contributions to a retirement account	☐ (A) IRA, 401(k), etc. deduction	
☐ Repayments to a qualified retirement plan	☐ (B) Saver's credit	
🗷 (B) School supplies by a teacher, teacher's aide or other educator	☐ (B) Educator expenses deduction	
☐ (B) Alimony payments (do not include child support)	☐ (B) Alimony payments with spouse's SSN \$	
	Adjustment to income	
Did any of the following happen during 2024:	Information to report (To be completed by certified volunteer)	Notes/Comments
(B) You or someone in your family took educational classes (technical school, college, job related, etc.)	 ☐ (B) Taxable scholarship income ☐ (B) 1098-T (itemized statement from school, invoice, etc.) ☐ (B) Education credit or tuition and fees deduction 	
(A) Sell a home	☐ (A) Sale of home (1099-S)	
(A) Have a health savings account (HSA)	☐ HSA contributions ☐ HSA distributions	
☐ (A) Purchase health insurance through the Marketplace (Exchange)	☐ (A) 1095-A	
☐ (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)	☐ (B) Energy efficient home improvement credit	
☐ (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender	☐ (A) 1099-C	
☐ Have a loss related to a declared federal disaster area	☐ (A) 1099-A☐ Disaster relief impacts return	
☐ (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)	☐ (B) EITC, CTC, AOTC or HOH disallowed in a previous year Year disallowed Reason	
Receive any letter or bill from the IRS	☐ Eligible for Low Income Taxpayer Clinic referral	
☐ (B) Make estimated tax payments or apply last year's refund to	☐ Estimated tax payments	
2024 taxes	☐ Last year's refund applied to this year	
	Last year's return available	
Additional information you think we should know	☐ Additional information for accurate tax preparation	

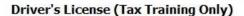
The following information is for statistical purposes. These	e questions are o	ptional	l.			
1. Would you say you can carry on a conversation in English	×	Very w	vell 🗌 Well	☐ Not well	☐ Not at all	☐ Prefer not to answer
2. Would you say you read a newspaper in English	×	Very w	vell 🗌 Well	☐ Not well	☐ Not at all	☐ Prefer not to answer
3. Do you or any member of your household have a disability		Yes	□ No		t to answer	
4. Are you or your spouse a Veteran from the U.S. Armed Force	ces \square	Yes	⊠ No	☐ Prefer no	t to answer	
5. What is your race and/or ethnicity (select all that apply and e in the spaces below)	enter additional det	ails 6.	. What is your spouse's additional details in the			that apply and enter
☐ American Indian or Alaska Native (enter, for example, Nat Tribe of the Blackfeet Indian Reservation of Montana, Native Inupiat Traditional Government, Nome Eskimo Community, A	e Village of Barrow		Tribe of the Blackfeet	Indian Resen	ation of Montana,	le, Navajo Nation, Blackfeet Native Village of Barrow unity, Aztec, Maya, etc.)
☐ Asian (provide details below)] Asian (provide details	below)		
☐ Chinese ☐ Asian Indian ☐	Filipino		☐ Chinese	☐ Asi	an Indian	☐ Filipino
☐ Vietnamese ☐ Korean ☐	Japanese		☐ Vietnamese	☐ Kor	ean	☐ Japanese
Enter, for example, Pakistani, Hmong, Afghan, etc.			Enter, for example, Pa	akistani, Hmo	ng, Afghan, etc.	
☐ Black or African American (provide details below)			Black or African Ame	erican (provid	de details below)	
☐ African American ☐ Jamaican ☐ F	Haitian		☐ African American	☐ Jam	aican	☐ Haitian
☐ Nigerian ☐ Ethiopian ☐ S	Somali		☐ Nigerian	☐ Ethi	opian	☐ Somali
Enter, for example, Trinidadian and Tobagonian, Ghanaian,	, Congolese, etc.		Enter, for example, Tri	inidadian and	l Tobagonian, Gha	naian, Congolese, etc.
⋈ Hispanic or Latino (provide details below)] Hispanic or Latino <i>(p</i>	rovide details	s below)	
☐ Mexican ☐ Puerto Rican ☐ S	Salvadoran		☐ Mexican	☐ Pue	rto Rican	☐ Salvadoran
☐ Cuban ☐ Dominican ☐ C	Guatemalan		☐ Cuban	☐ Dom	ninican	☐ Guatemalan
Enter, for example, Colombian, Honduran, Spaniard, etc.			Enter, for example, Co	olombian, Ho	nduran, Spaniard,	etc.
☐ Middle Eastern or North African (provide details below)			Middle Eastern or No	orth African	provide details be	low)
☐ Lebanese ☐ Iranian ☐ E	∃gyptian		☐ Lebanese	☐ Iran	ian	☐ Egyptian
☐ Syrian ☐ Iraqi ☐ Is	sraeli		☐ Syrian	☐ Iraq		☐ Israeli
Enter, for example, Moroccan, Yemeni, Kurdish, etc.			Enter, for example, Mo	oroccan, Yen	neni, Kurdish, etc.	
☐ Native Hawaiian or Pacific Islander (provide details below	v)		Native Hawaiian or P	acific Island	er (provide details	below)
☐ Native Hawaiian ☐ Samoan ☐ C	Chamorro		☐ Native Hawaiian	☐ Sam	noan	☐ Chamorro
☐ Tongan ☐ Fijian ☐ M	Marshallese		☐ Tongan	☐ Fijia	n	☐ Marshallese
Enter, for example, Chuukese, Palauan, Tahitian, etc.			Enter, for example, Ch	nuukese, Pala	auan, Tahitian, etc.	
White (provide details below)		×] White (provide details	below)		
☐ English ☐ German ☐ I	rish		☐ English	☐ Geri	man	☐ Irish
☐ Italian ☐ Polish ☐ S	Scottish		☐ Italian	☐ Poli:	sh	☐ Scottish
Enter, for example, French, Swedish, Norwegian, etc.			Enter, for example, Fro	ench, Swedis	h, Norwegian, etc.	

ditional comments	
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 USC 301 and 26 USC 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. 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 Individual Master File. 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:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

Caldwell - Young Married Couple - Exercise Forms

Click to find Ray and Mallory's full Intake/Interview and Quality Review Sheet



License No. 20240814084823 Name and Address RAY M CALDWELL 6744 NORTH ELM YC, YS, YZIP

Birth Date 03/15/1988

Issue Date 07/31/2024

Expiration Date 03/15/2029

Driver's License (Tax Training Only)

License No. 20240814084815 Name and Address MALLORY S HUGHES 6744 NORTH ELM YC, YS, YZIP

Birth Date 06/24/1990
Issue Date 07/31/2024

Expiration Date 06/24/2029



013-00-XXXX

THIS NUMBER HAS BEEN ESTABLISHED FOR

RAY MARK CALDWELL

For Tax Training Purposes Only



For Tax Training Purposes Only



213-00-XXXX

THIS NUMBER HAS BEEN ESTABLISHED FOR

JASON CALDWELL

For Tax Training Purposes Only



For Tax Training Purposes Only

FILER'S name Street address City or town, state or province, cour Telephone number	try, ZIP or Foreign Postal Code	1 Payments received for qualified tuition and related expenses	OMB No. 1545-1574	Tuition
OAKLAND UNIVERSITY 677 OAKLAND BLVD COLUMBUS OH 43216		\$10,200.00	20 XX	Statement
FILER'S employer identification no.	STUDENT'S TIN 213-00-XXXX	3		Copy B For Student
STUDENT'S name Street address (including apt. no.) City or town, state or province, cour	try, ZIP or Foreign Postal Code	4 Adjustments made for a prior year	5 Scholarships or grants \$6,700.00	This is important tax information and is being furnished to the
JASON CALDWELL 6744 NORTH ELM YC YS YZIP		6 Adustments to scholarships or grants for a prior year	7 Checked if the amount in box 1 or 2 includes amounts for an academic period begining January- March 20XX+1.	IRS. This form must be used to complete Form 8863 to daim education credits. Give it to the tax preparer or use it to
Service Provider/Acct No. (see instr.	8. Checked if at least half-time student	9 Checked if a graduate student	10 Ins. contract reimb./refund	prepare the tax return.

	22 32	s's social security number 3-00-XXXX	OMB No.		ave. accurate, AST! Use		it the IRS website a ww.irs.gov/efile
b. Employer identification number (EIN) 45-9XXXXXX				57400 A	, other compensation	2. Federal incom	ne tax withheld
c. Employer's name, address,and ZIP code CARSON COUNTY SCHOOL DISTRICT 34 WEST PINE CIR				3. Social secur	ty wages 5,800.00	4. Social security	y tax withheld 2,219.60
				5. Medicare wa	ages and tips 5,800.00	6. Medicare tax	withheld \$519.10
YC,YS, YZIP				7. Social secur	ity tips	8. Allocated tips	
d. Control nur	mber			9.		10. Dependant o	care benefits
	s first name and initial I address and ZIP code	ast name	Suff.	11. Nonqualifie	d plans	12a. See instruct	sions for box 12 \$1,000.00
RAY M CALDWELL 6744 NORTH ELM YC, YS YZIP			13.Statutory Employee	Retirement Third-party Plan sick pay X	12b. DD	\$8,956.00	
9352				14. Other		12c. C	\$98.00
						12d. W	\$1,000.00
	nployer's state ID number 45-347XXXX	16. State wages, tips, etc. \$34,800.00	c. 17. Sta	ate income tax 900.00	18. Local wages, tips, etc.	19. Local income tax	20. Locality name

PAYER'S name Street address City or town, state or province, Telephone no.	country, ZIP or	foreign postal code	1 Total (Ordinary Dividends \$413.61	OMB No. 1545-0110	Dividends and Distributions
ACE FINANCIAL CORP 714 S MAIN ST CHERRYVILLE NC 2820	01		1b Quali	fied Dividends \$267.50	Form 1099-DIV	Сору В
			2a Total	capital gain distr. \$187.90	2b Unrecap. Sec. 1250 gain	For Recipient
PAYER'S TIN 72-6XXXXXX	RECIPIENT'S 013	TIN -00-XXXX	2c Section	on 1202 gain	2d Collectables (28%) gain	25-25/6 (2020) (20 20-24)
	100000000000		2e Secti	on 897 ordinary dividends	2f Section 897 capital gain	This is important tax information and is being furnished to
RECIPIENT'S name Street address (including apt.no			3 Nondi	vidend distributions \$52.00	4 Federal income tax withheld	the Internal Revenue Service. If you are required to file a
City or town, state or province, RAY M CALDWELL 6744 NORTH ELM	country, ZIP or	foreign postal code	5 Section	n 199A dividends	6 Investment expenses	return, a negligence penalty or other sanction may be
YC, YS YZIP			7 Foreig	n Tax Paid \$13.87	8 Foreign Country or US posses	and the IRS
			9 Cash I	iquidation distributions	10 Noncash liquidation distribut	determines that it has not been reported.
		11 FATCA filing requirment	12 Exem	pt-Interest dividends \$200.16	13 Specified private activity bond interest dividends	
Account number (see instruction	ns)	19 19	15 State	14 State Identification no.	. 15 State tax withheld	
87230976						0.000

		CORR	ECTED (if cl	necked)	ex ex		Distributions From							
PAYER'S name Street address City or town, state or province	so country ZID or	fereign poetal code	1 Gross distribu	tion 3,000.00	20 XX		Pensions, Annuities, Retirement or Profit-Sharing Plans,							
Telephone no.		Toreign postal code	2a Taxable amo	unt 3,000.00	Form 1099-R	.	IRAs, Insurance Contracts, etc.							
LIBERTY TRUST CORP PO BOX 1697 FAIRVIEW KY 42221		2b Taxable amo not determin		Total Distribution		Copy B Report this								
			3 Capital gain (i in box 2a).	nduded	4 Federal income tax withheld \$3	00.00	income on your federal tax return. If this form shows							
PAYER'S TIN 63-2XXXXXX	63-2XXXXXX 013-00-XXXX		-2XXXXXX 013-00-XXXX			63-2XXXXXX 013-00-XXXX Designated Roth contributions or emp				6 Net unrealized appreciation in employer's securities		federal incom tax withheld i box 4, attac this copy t your return		
RECIPIENT'S name Street address (including apt City or town, state or province		foreign postal	7 Distribution Code(s)	IRA/ SEP/	8 Other		This information is							
RAY M CALDWELL 6744 NORTH ELM			1	SIMPLE		%	being furnished to the IRS							
YC, YS, YZIP			9a Your percentage of total distribution %		9b Total Employee Contributions									
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth	12 FATCA filing requirment	14 State tax wit	thheld	15 State/Payer's state no	0.	16 State distribution							
Account number (see instructions) 13 Date of payment		[CR12] [C	17 Local tax withheld		18 Name of locality		19 Local distribution							
Form 1099-R		1			J									

	CORRE	CTED (if checked)	v 21	
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. ABC DAY CARE INC PO BOX 1009			OMB No. 1545-0116 20 XX Form 1099-NEC	Nonemployee Compensation
SAN DIEGO CA 91909		1 Nonemployee compensation		Сору В
		\$3,200.00		For Recipient
PAYER'S TIN 74-9XXXXXX	RECIPIENT'S TIN 113-00-XXXX	2		This is important tax
RECIPIENT'S name Street address (including apt.no. City or town, state or province, o) country, ZIP or foreign postal code	3		information and is being furnished to the IRS. If you are required to file a
MALLORY S CALDWELL 6744 NORTH ELM YC, YS, YZIP		4 Federal income tax withheld		return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has
	FATCA filing requirment			not been reported.
Account number (see instructions)	5 State tax withheld	6 State/Payer's state no.	7 State income
Form 1099-NEC				

2024 Self-Employed (Sch C) Worksheet (type-in fillable) (Complete a separate worksheet for each business) Business Mallory Hughes owner's name: I paid employees or other individuals I want to deduct a home office I had more than \$35,000 in business expenses I received Form 1095-A for health coverage I kept an inventory for my business I need to report a business loss I have assets to depreciate (any > \$2,500) I don't use the cash method of accounting If you checked any of the above, please stop here and speak with one of our Counselors. If you checked none of these above, please continue by completing the worksheet below for each business. Business expenses (cont.) Income Forms 1099 (-NEC, -MISC, -K) 3,200 Business part of phone \$ Cash, checks, etc. (incl. tips) \$ 4,500 Training for this business \$ **Business expenses** Tools, etc. under \$2,500 each \$ 250 Advertising Travel away from home \$ Commissions and fees \$ Business meals from restaurants \$ Health insurance premiums \$ Other business meals 315 **Business insurance** \$ Other (specify) \$ Interest on business loans \$ 1489.97 Costumes Office expense/supplies \$ Candy/prizes 245.89 \$ Rent (not home office) \$ Books \$ 161.17 Repairs \$ \$ Supplies \$ \$ Licenses or fees 175 \$ \$

Business use of car or truck	
Total mileage for year	12,269 mi.
Business miles	340 mi.
Commuting miles	1,367 mi.
Other miles	10,562 mi.
Vehicle description: car	
Date placed in service: 3/23	3/2016

Car or truck expenses	
Car loan interest	\$
Parking, tolls	\$
Other (specify)	\$
	\$
	\$
	\$

Drivers - be sure you have with you today:

- All Forms 1099 AND the detail provided by the company (Door Dash, Lyft, Postmates, Uber, etc.) you
 need to download and print the detail from each company's web site.
- Your trip miles AND your between-trip miles (do not include from home to first stop nor from last stop to home).

National Tax Training Committee November 2024

Form **13614-C**

Department of the Treasury - Internal Revenue Service

OMB Number 1545-1964

(October 2024)

Intake/Interview and Quality Review Sheet

Note: Do not complete this form if you (or your spouse) are not a U.S. citizen or green card holder.

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 shouse.

- · Complete pages 1-4 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 t	•		•		-	•		thical behavio			mail us at <u>v</u>	vi.voltax@	irs.gov
Your first name (pronoun MICHAEL	s, optional)		_ast name DAVENPOI	RT	l l	date of birth 2 <i>5/1 950</i>	Your RE 7	job FIRED					
Spouse's first name (pror <i>SOPHIA</i>	nouns, optiona		₋ast name DAVENPOI	RT		se's date of bi 1<i>7/1954</i>		ıse's job FIRED					
Mailing address 167 HOLLAND AV	'E			Apt #	City YOUR	CITY				State VOUR ST		IP code OUR ZIP	
Telephone number 619-555-2356		Email add		ORT@EMA	AIL.COM	Л	Did y ☐ Y	ou live or wor es ⊠ No		o or mor	e states in	2024	
Check if you or your spou	use were in 20					ly blind			□ Y	'ou		e 🗆 N	10
A U.S. citizen			Spouse	e □ No	Totall	y and perman	ently disa	abled	□ Y	'ou	☐ Spouse	e ⊠ N	10
In the U.S. on a visa		☐ You	☐ Spouse	e ⊠ No	Issue	d an identity p	rotection	PIN	□ Y	′ou	⊠ Spouse	e 🗆 N	10
A full-time student		☐ You	☐ Spouse	e ⊠ No	Do yo	u own or hold	l any digit	al assets	□ Y	'ou	☐ Spouse	e ⊠ N	10
If due a refund, would yo	ou like your re	fund			If you	have a balaı	nce due,	would you like	e to ma	ake a pay	ment direc	tly from	
□ Direct deposit □ Direct deposit	•	☐ Check	by mail		□ Ba	ink account		•	× D	irect deb	oit	•	
☐ Split refund between	accounts	☐ Other			☐ Se	t up installme	nt agreen	nent	\square N	lail paym	nent to IRS		
Would you like to receive other than English □ Yes No \	written comm What language		m the IRS in a	a language		r how to regis		n how to vote e		tion Cam	ce \$3 to go npaign Fund ∃ No		sidential
As of December 31, 2024	4, what was yo	our marital sta	tus										
Never Married	•	Marrie		If married, we	re you ma	rried for all of	2024	×] Yes	□ N	No		
		Did you	ı live with you	r spouse durin	g any parl	of the last six	months	of 2024 🗷] Yes	□ N	No		
Divorced		☐ Legally	/ Separated						Wide	owed			
Date of final decree			•	ntenance dec	ree				Year	of spous	se's death		
Can anyone else claim th	ne taxpayer or	spouse on the	eir tax return (to be complete	ed by certi	fied volunteer)				☐ Ye	es 🗌	No
List the names below of espouse) AND anyone you						Answer Yes	or No (Y	/N)	To be		eted by ce to Pub 40		unteer
	(mm/dd/yy) y	Relationship to you (son, daughter, parent, none, etc.)	Number of months lived in your home in 2024	Single or Married as of 12/31/2024 (S/M)	A U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled	Qualifyi depend	dent	Qualifying relative dependent	Provide benefits EITC, C	

Received money from any of the following in 2024:	Income to be included (To be completed by certified volunteer)	Notes/Comments
☐ (B) Wages as a part-time or full-time employee	☐ (B) W-2s Number of forms	
How many jobs		
☐ (B/A) Tips	☐ (B/A) Tips (basic when reported on W2)	_
図 (B/A) Retirement account, pension or annuity proceeds	☐ (B/A) 1099-R (basic when taxable amount is reported)	
☐ (B) Disability benefits	Number of forms	_
B) Social Security or Railroad Retirement Benefits	☐ (B) SSA-1099, RRB-1099	_
☐ (B) Unemployment benefits	☐ (B) 1099-G Number of forms	_
☐ (B) Refund of state or local income tax	\square Did you receive a refund of state or local taxes \square Yes \square No	
	☐ Did you itemize last year ☐ Yes ☐ No	_
(B) Interest or dividends (bank account, bonds, etc.)	☐ (B) 1099-INT/DIV Number of forms	
(A) Sale of stocks, bonds or real estate	☐ (A) 1099-B Number of forms (include	
Did you report a loss on last year's return ☐ Yes ☐ No	brokerage statement)	
(B) Alimony	☐ (B) Alimony Amount \$	_
	Excluded from income	
(M) Income from renting out your house or a room in your house	☐ (M) Rental income	_
If yes, did you use the dwelling unit as a personal residence and rent it for few than 15 days ☐ Yes ☐ No		
☐ Income from renting personal property such as a vehicle		
Farm activity	☐ Farm income (out of scope)	_
☐ Gambling winnings, including lottery	☐ (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions)	-
☐ Payments for contract or self-employment work	☐ (A) Schedule C	-
Did you report a loss on last year's return ☐ Yes ☐ No	☐ 1099-MISC Number	
	☐ 1099-K Number	
	☐ Other income reported elsewhere	
	☐ Schedule C expenses	
Any other money received during the year (example: cash payments, jury duty, awards, virtual currency, royalties, union strike benefits)	☐ Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart)	-

Paid any of the following expenses in 2024:	Standard or Itemized Deductions (To be completed by certified volunteer)	Notes/Comments
	☐ (B) Taxable state/local income taxes	
 (A) Taxes: state, local, real estate, sales, etc. (A) Medical, Dental, Prescription Expenses (B) Charitable contributions 	☐ (B) Standard deduction ☐ (A) Itemized deduction	
Paid any of these expenses in 2024:	Expenses to report (To be completed by certified volunteer)	Notes/Comments
☐ (B) Student loan interest	☐ (B) 1098-E	
☐ (B) Child and dependent care	☐ (B) Child and dependent care credit	
☐ (B/A) Contributions to a retirement account	☐ (A) IRA, 401(k), etc. deduction	
Repayments to a qualified retirement plan	☐ (B) Saver's credit	
☐ (B) School supplies by a teacher, teacher's aide or other educator	☐ (B) Educator expenses deduction	
☐ (B) Alimony payments (do not include child support)	☐ (B) Alimony payments with spouse's SSN \$	
	Adjustment to income	
Did any of the following happen during 2024:	Information to report (To be completed by certified volunteer)	Notes/Comments
☐ (B) You or someone in your family took educational classes (technical school, college, job related, etc.)	 ☐ (B) Taxable scholarship income ☐ (B) 1098-T (itemized statement from school, invoice, etc.) ☐ (B) Education credit or tuition and fees deduction 	
(A) Sell a home	☐ (A) Sale of home (1099-S)	
☐ (A) Have a health savings account (HSA)	☐ HSA contributions ☐ HSA distributions	
☐ (A) Purchase health insurance through the Marketplace (Exchange)	☐ (A) 1095-A	
☐ (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)	☐ (B) Energy efficient home improvement credit	
☐ (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender	☐ (A) 1099-C	
☐ Have a loss related to a declared federal disaster area	☐ (A) 1099-A☐ Disaster relief impacts return	
☐ (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)	☐ (B) EITC, CTC, AOTC or HOH disallowed in a previous year Year disallowed Reason	
Receive any letter or bill from the IRS	☐ Eligible for Low Income Taxpayer Clinic referral	
☐ (B) Make estimated tax payments or apply last year's refund to	☐ Estimated tax payments	
2024 taxes	☐ Last year's refund applied to this year	
	Last year's return available	
Additional information you think we should know	☐ Additional information for accurate tax preparation	

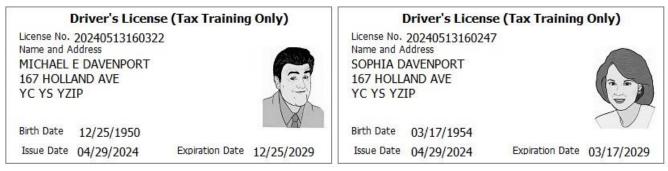
The following information is for	or statistical purposes. T	hese questions a	re o _l	otional	.						
1. Would you say you can carry o	on a conversation in Engli	sh	×	Very w	/ell □ '	Well	□ No	t well	☐ Not at all	☐ Prefer no	t to answer
2. Would you say you read a new	wspaper in English		×	Very w	/ell □ '	Well	☐ No	t well	□ Not at all	☐ Prefer no	t to answer
3. Do you or any member of you	r household have a disabi	lity	X	Yes		No	☐ Pre	efer not t	to answer		
4. Are you or your spouse a Vete	eran from the U.S. Armed	Forces		Yes	X	No	☐ Pre	efer not t	to answer		
5. What is your race and/or ethni in the spaces below)	icity (select all that apply a	and enter additiona	l det	ails 6.		ur spouse's r details in the			nicity <i>(select all</i>	that apply and	enter
American Indian or Alaska I Tribe of the Blackfeet Indian I Inupiat Traditional Governmen	Reservation of Montana, N	lative Village of Bar	row	eet 🗆	Tribe of th	e Blackfeet li	ndian	Reserva	enter, for examp tion of Montana, e Eskimo Comm	Native Village	of Barrow
★ Asian (provide details below))				Asian (pro	ovide details	below	<i>'</i>)			
☐ Chinese ☐	☐ Asian Indian	☐ Filipino			☐ Chines	se	[Asian	ı Indian	☐ Filipino	
☐ Vietnamese ☐	☐ Korean	☐ Japanese			☐ Vietnai	mese	[☐ Korea	an		e
Enter, for example, Pakistani,	i, Hmong, Afghan, etc.				Enter, for	example, Pa	kistani	i, Hmong	g, Afghan, etc.		
☐ Black or African American	(provide details below)				Black or A	African Ame	rican	(provide	details below)		
☐ African American ☐] Jamaican	☐ Haitian			☐ African	n American] Jamai	can	☐ Haitian	
☐ Nigerian ☐] Ethiopian	☐ Somali			☐ Nigeria	an] Ethiop	oian	☐ Somali	
Enter, for example, Trinidadia	an and Tobagonian, Ghan	aian, Congolese, e	tc.		Enter, for	example, Trii	nidadia	an and T	obagonian, Gha	naian, Congol	ese, etc.
☐ Hispanic or Latino (provide	details below)				Hispanic	or Latino (pi	rovide	details b	pelow)		
☐ Mexican ☐] Puerto Rican	☐ Salvadoran			☐ Mexica	an] Puerto	Rican	☐ Salvador	an
☐ Cuban ☐	Dominican	☐ Guatemalan			☐ Cuban] Domin	nican	☐ Guatema	lan
Enter, for example, Colombia	an, Honduran, Spaniard, e	tc.			Enter, for	example, Co	lombia	an, Hond	luran, Spaniard,	etc.	
☐ Middle Eastern or North Afr	rican (provide details belo	ow)			Middle Ea	astern or No	rth Af	rican (pi	rovide details be	low)	
☐ Lebanese ☐] Iranian	☐ Egyptian			☐ Lebane	ese] Iraniar	า	☐ Egyptian	
☐ Syrian ☐] Iraqi	☐ Israeli			☐ Syrian] Iraqi		☐ Israeli	
Enter, for example, Moroccar	n, Yemeni, Kurdish, etc.				Enter, for	example, Mo	roccai	n, Yemei	ni, Kurdish, etc.		
□ Native Hawaiian or Pacific I	Islander (provide details b	pelow)			Native Ha	waiian or Pa	acific	Islander	(provide details	below)	
☐ Native Hawaiian] Samoan	☐ Chamorro			☐ Native	Hawaiian] Samo	an	☐ Chamorr	0
☐ Tongan ☐] Fijian	☐ Marshallese			☐ Tongai	n] Fijian		☐ Marshalle	ese
Enter, for example, Chuukese	e, Palauan, Tahitian, etc.				Enter, for	example, Ch	uukes	e, Palau	an, Tahitian, etc		
☐ White (provide details below))			×	White (pro	ovide details	below	<i>'</i>)			
☐ English ☐] German	☐ Irish			☐ English	า] Germa	an	☐ Irish	
☐ Italian ☐	Polish	☐ Scottish			☐ Italian] Polish		☐ Scottish	
Enter, for example, French, S	Swedish, Norwegian, etc.				Enter, for	example, Fre	ench, S	Swedish,	Norwegian, etc	•	

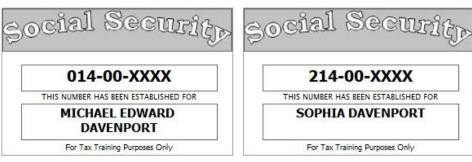
ditional comments	
Privacy Act and Paperwork Reduction Act Notice	

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 USC 301 and 26 USC 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. 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 Individual Master File. 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:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

Davenport - Senior Married Couple - Exercise Forms

Click to find Michael and Sophia's full Intake/Interview and Quality Review Sheet.





Sophia's driver's license can only be used for identification purposes.

Interview Notes

- Read the notes below and mark up the Intake/Interview & Quality Review Sheet to include these notes.
 - 1. The Davenports are retired senior citizens and return to your site to have their tax return prepared.
 - 2. This year Michael comes in alone because his wife is legally blind and has difficulty reviewing documents. Michael says his wife will sign the Form 8879 so the site can transmit their return to the IRS. (*Note on 1&I*)
 - 3. Sophia was a victim of identity theft and Michael provided the IRS letter showing the IP PIN 697329 for Sophia. (*Do not note on I&I*)
 - 4. Michael retired from the US Forest Service on May 1, 2023, and elected a joint and survivor pension. (*Note on I&I*)
 - 5. Michael completed the 2024 Itemized Deductions (Sch A) Worksheet.

- 6. Their home was not affected by the several significant wildfires experienced in their area during the tax year.
- 7. Michael indicates they would like direct deposit if they receive a refund and a direct deposit if they owe. (Note on I&I) 8. Michael states he inherited the IBM shares from his uncle in 2014 and the value per share was \$105 at the time of his uncle's death.

(Note on I&I)

- 8. Michael states he inherited the IBM shares from his uncle in 2014 and the value per share was \$105 at the time of his uncle's death. (Note on I&I)
- 9. Michael is unsure if they had a capital loss carryover. He brought a copy of last year's return prepared by a professional preparer. Upon examination you note a short-term loss carryover of \$1,309. (Note on I&I)

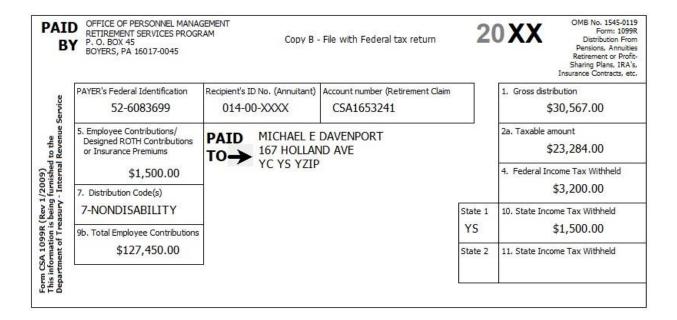
20 XX O PART OF	YOUR SOCIAL SECURITY BENE REVERSE FOR MORE INFORMA	FITS SHOW	/N IN BOX 5 MAY BE TAXABLE INCOME.
Box 1. Name MICHAEL E DAVENPORT			Box 2. Beneficiary's Social Security Number 014-00-XXXX
Box 3. Benefits Paid in 20XX \$15,762.80	Box 4. Benefits Repaid to SSA	in 20XX	Box 5. Net Benefits Paid for 20XX (Box 3 minus Box 4) \$15,762.80
DESCRIPTION OF	AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4
Paid by check or direct deposit	\$12,266.40		
Medicare Part B premiums dedu from your benefits	cted \$2,096.40		
Medicare Prescription Drug premiums (Part D) deducted your benefits	from		
Total Additions	\$3,496.40	Box 6. Vol	untary Federal Income Tax Withheld
Benefits for 20XX	\$15,762.80	63	\$1,400.00
Benefits for 20XX-1		4 14 15 15 15 15 15 15	EL E DAVENPORT LLAND AVE
Benefits for 20XX-2			
Benefits for 20XX-3		Box 8. Clair	m Number (use this number if you need to contact SSA 014-00-XXXXA

Form SSA-1099-SM

FORM	I SSA-1099 - SOCIAL SI	CURITY	BENEFIT STATEMENT		
20 XX O PART OF O SEE THE	YOUR SOCIAL SECURITY BENE REVERSE FOR MORE INFORMA	FITS SHOV	VN IN BOX 5 MAY BE TAXABLE INCOME.		
Box 1. Name SOPHIA DAVENPORT			Box 2. Beneficiary's Social Security Number 214-00-XXXX		
Box 3. Benefits Paid in 20XX \$10,714.80	Box 4. Benefits Repaid to SSA	A in 20XX Box 5. Net Benefits Paid for 20XX (Box 3 minus \$10,714.80			
DESCRIPTION OF A	AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4		
Paid by check or direct deposit	\$8,618.40				
Medicare Part B premiums deduc from your benefits	\$2,096.40				
Medicare Prescription Drug premiums (Part D) deducted t your benefits	irom				
Total Additions	\$2,096.40	Box 6. Vol	untary Federal Income Tax Withheld		
Benefits for 20XX	\$10,714.80				
Benefits for 20XX-1 Benefits for 20XX-2		(ASS)(SAS)(SASS)	A DAVENPORT DLLAND AVE		
Benefits for 20XX-3		Box 8. Clai	m Number (use this number if you need to contact SSA) 214-00-XXXXA		

Form SSA-1099-SM

	CORR	ECTED (if ch	recked)	_8%		Distributions From Pensions, Annuities,	
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no.			2,856.23	20 XX		Retirement or Profit-Sharing Plans, IRAs, Insurance	
			2000000	Form 1099-R		Contracts, et	
UNITED FINANCIAL SERVICES PO BOX 3478 INDIANAPOLIS IN 46204				Total Distribution		Copy I Report thi	
PAYER'S TIN 97-6XXXXXX RECIPIENT'S TIN 97-6XXXXXX 014-00-XXXX RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal MICHAEL E DAVENPORT 167 HOLLAND AVE		3 Capital gain (ir in box 2a).	ncluded	4 Federal income tax withheld \$1,290.00		income on your federal tax return. If this form shows	
		5 Employee contributions/ Designated Roth contributions or		6 Net unrealized appreciation in employer's securities		federal income tax withheld in box 4, attach this copy to your return	
		7 Distribution Code(s)	IRA/ SEP/	8 Other		This information i	
		7	SIMPLE		%	being furnished to the IR:	
		9a Your percent distribution	tage of total	9b Total Employee Contr	ibutions		
11 1st year of desig. Roth	12 FATCA filing requirment	14 State tax withheld \$675.00		15 State/Payer's state no 19-345XXXX	0.	16 State distribution \$12,856.23	
Account number (see instructions) 13 Date of payment		17 Local tax withheld		18 Name of locality		19 Local distribution	
t	SERVICES 6204 RECIPIENT'S 014 t.no.) ce, country, ZIP or ORT 11 1st year of desig. Roth	RECIPIENT'S TIN 014-00-XXXX t.no.) ce, country, ZIP or foreign postal ORT 11 1st year of desig. Roth 12 FATCA filing requirment ions) 13 Date of	Target post and the second	SERVICES 6204 RECIPIENT'S TIN 014-00-XXXX Thino.) ce, country, ZIP or foreign postal ORT 11 1st year of desig. Roth 12 FATCA filing requirment 13 Date of 14 State tax withheld 17 Local tax withheld 17 Local tax withheld	Total Distribution SERVICES SERVICES SERVICES Country, ZIP or foreign postal code SERVICES Country, ZIP or foreign postal code SERVICES Country, ZIP or foreign postal code SERVICES Country, ZIP or foreign postal Country or fore	Total Distribution 1 Securities 1 Services 20 XX Services 2 Servic	



- The Davenports believe they may be able to itemize because of substantial out-of-pocket medical expenses.
- Michael filled out the 2024 Itemized Deductions (Sch A) Worksheet (shown below). Use your state and local tax rate for sales tax or click and use the IRS Sales Tax Calculator. The NTTC answers will use the amount in the worksheet below.

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code amd telephone no. US BANK NATIONAL ASSOCIATION 4801 FREDERICA ST OWENSBORO KY 42301		* Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person. **Caution: The amount shown may not the security by a country amount am			Mortgage Interes Statement	
		Mortgage interest received \$9,539.25	from payer(s)/b	orrower(s) *	Copy E For Payer/Borrower	
RECIPIENT*S/LENDER'S TIN 31-084XXXX	15 (15 (15 (15 (15 (15 (15 (15 (15 (15 (3. Mortgage or 03/12/		The information is boxes through 9 is importan tax information and is being furnished to the IRS. If you are required to file a return, negligence penalty or othe sanction may be imposed or you if the IRS determines that	
PAYER'S/BORROWER'S name, street address, city or town, state or province, country, ZIP or foreign postal code amd telephone no. MICHAEL & SOPHIA DAVENPORT 167 HOLLAND AVE YC YS YZIP 9. Number of properties securing the mortgage PROPERTY TAX \$ 7.135		4. Refund of overpaid interest	5. Mortgage in: premiums	surance		
		6. Points paid on purchase of	an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a non-deductible item.			
		7. X If address of property as PAYER'S/BORROWER'S ac or the address or description				
		Address or description of property securing mortgage (see Instructions)				
Account number (see instructions)	7,133				11. Mortgage acquisition date	

Michael provided these details for gifts to charity:					
St Peter's Church	\$2,900				
Chamber of Commerce	\$75				
Mayo Clinic	\$1,000				
Republican National Party	\$50				
American Red Cross	\$500				
AARP Foundation	\$500				
Noncash contributions:					
Goodwill (clothing/etc.)	\$478				
Miscellaneous Deductions:					
Safe deposit box	\$300				
Investment fees	\$1,978				
Tax return preparation	\$675				

Michael shows you a blank check with this bank account information:

MICHAEL & SOPHIA DAVENPORT 167 HOLLAND AVE YOUR CITY, YOUR STATE YZIP	1234
PAY TO THEORDER OF	\$ DOLLARS
FRIST CREDIT UNION 1ST AND MAIN STREET CITY, STATE ZIP	
For	

2024 Itemized Deductions (Sch A) Worksheet (fillable) I donated a vehicle worth more than \$500 I made more than \$5,000 of noncash donations I paid interest on borrowings for investments I repaid income (taxed in prior year) over \$3,000 If you checked any of the above, please stop here and speak with one of our Counselors. If none is checked: enter your totals below for each expense – we do not need the details. Please ask if you are unsure or have any questions. MICHAEL & SOPHIA DAVENPORT Your name: MEDICAL EXPENSES you paid for yourself or STATE/LOCAL TAXES your dependent that were not reimbursed State/local income tax paid Insurance* (specify) (other than through withholding) \$ SUPPLIMENTAL INSURANCE (MICHAEL) \$ Sales tax on car or home 1,500 improvement purchases \$ DENTAL INSURANCE 1,616 Real estate taxes (not service \$ \$ 7,135 fees like garbage or sewer) *Not paid pre-tax from paycheck for health, Personal property (e.g. tax dental, vision, long-term care. Provide Form \$ 318 portion of car registration) 1095-A from Marketplace if received. Other taxes paid (specify): Doctors, dentist, etc. 2,345 450 \$ PROPERTY TAX ON LAND Hospital, medically needed care \$ 4,123 facility, etc. INTEREST Prescriptions (even if filled with over the counter meds) \$ Home mortgage interest 1,796 9,539 Medical aids (canes, glasses, etc.) \$ - on main home 4,000 \$ - on second loan or home COVID protective items Other (specify): INSULIN \$ Loan balance owed at Jan 1 or 980 \$ 289,678 date acquired (Form 1098): \$ DENTAL CROWNS 2,178 Amount of loan used to buy, \$ Parking build, or improve home, if \$ Bus or car service less than the full amount \$ **AMBULANCE** \$ 800 Mortgage insurance required Medical miles 1.750 mi. by lender CHARITY (you need to keep evidence of each; if Year loan originated Yr: \$250 or more, must be in writing from charity) Cash contributions (total) 4,900 Other (specify): Other than cash, specify name of charity \$ (provide thrift store value) (no appreciated items) OTHER: GOODWILL 478 Gambling losses/expenses \$ \$ Other (specify): \$ Charitable miles mi. We'll use your 2024 federal standard deduction shown below if more than your itemized deductions above (if blind, add \$1,850 or \$1,500 if married): Sinale \$14,600 Married (filing joint) HOH \$21,900 \$29,200 Single(65+) \$16,550 Married (one 65+) \$30,750 HOH (65+) \$23,850 Married (both 65+) \$32,300

Optional supplement: <u>Use your state and local tax rate for sales tax</u>

		CORR	ECTED						
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. LINCOLN INVESTMENT SERVICES		Applicable Check Box on Form 8949	OMB No. 1545-0715 20 XX Form 1099-B	Proceeds From Broker and Barter Exchange Transactions					
197 ESSEX AVE JACKSONVILLE FL 32	209		1a Description of Property (Example 100 sh. XYZ Co.) 25 SHARES IBM						
			1b Date acquired	1c Date sold or disposed 08/19/20XX	Copy B For Recipient				
PAYER'S TIN 89-6XXXXXX	RECIPIENT'S	TIN 1-00-XXXX	1d Proceeds \$3,569.50	1e Cost or other basis	roi Recipient				
		8	1f Accrued Market Discount	1g Wash sale loss disallowed					
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code MICHAEL E DAVENPORT 167 HOLLAND AVE YC YS YZIP Account number (see instructions)		2 Short term gain or loss Long term gain or loss Ordinary 4 Federal income tax withheld	3 If checked, proceeds from: Collectables QOF 5 If checked, noncovered security	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					
		6 Reported to IRS Gross proceeds Net proceeds X	7 If checked, loss is not allowed due to amount in 1d	taxable and the IRS determines that it has not been					
4958672	*		8 Profit or (loss) realized	9 Unrealized profiit or (loss) on	reported.				
CUSIP number FATCA filing requirement 14 State Name 15 State identification no. 16 State tax withheld		in 20XX on closed contracts	open contracts - 12/31/20XX						
		10 Unrealized profit or (loss) on open contracts - 12/31/20XX	11 Aggragate profit or (loss) on contracts						
			12 If checked, basis reported to IRS	13 Bartering					
Form 1099-B	,				0.5				

Click for this seven-page broker statement that contains tax forms for Michael & Sophia:

Sonic Brokerage Services, LLC

Refer to <u>NTTC Training Resource Links</u> for NTTC Workbook and other Tax-Aide training resources. If you're using your AARP Chromebook, then you don't need to type in this link ... just click *Tax-Aide-Links* in the upper-left corner of the Chrome browser, click the *Tax Prep and Training* folder, and then click *NTTC Training Resource Links*.

20XX TAX REPORTING STATEMENT

SONIC BROKERAGE SERVICES LLC

P.O. Box 1234 Albuquerque, NM 87125-8019

MICHAEL & SOPHIA DAVENPORT 167 HOLLAND AVENUE YOUR CITY, YOUR STATE, YOUR ZIP

Payer's Name and Address: STATE SERVICES LLC 123 IRVING BLVD JERSEY CITY, NJ 07310

Form 1099-DIV * 20XX Divi		Copy B for Recipient (OMB No. 1545-0110)	
1a Total ordinary dividends 270 1b Qualified dividends 167 2a Total capital gain distributions 3,512 2b Unrecap. Sec 1250 gain 0 2c Section 1202 gain 0 2d Collectibles (28%) gain 0 2e Section 897 ordinary dividends 0	40 6 Investment expenses. 83 7 Foreign tax paid. 99 8 Foreign country or U.S. possession. 90 9 Cash liquidation distributions. 10 Noncash liquidation distributions.	0.00 0.00 N/A 0.00 0.00	
2f Section 897 capital gain	00 13 Specified private activity bond interest dividends	0.00 N/A N/A	

	Form 1099-INT *	20XX Interes	t Income	Copy B for Recipient (OMB No. 1545-0112)
Г	1 Interest income	43.13	10 Market discount	0.00 #
ı	2 Early withdrawal penalty	0.00	11 Bond premium	0.00 #
ı	3 Interest on U.S. savings bonds and Treas, obligations	50.00	12 Bond premium on U.S. Treasury obligations	0.00 #
L	4 Federal income tax withheld	0.00	13 Bond premium on tax-exempt bond	0.00 #
П	5 Investment expenses	0.00	14 Tax-exempt and tax credit bond CUSIP no	
П	6 Foreign tax paid	0.00	15 State	NA
П	7 Foreign country or U.S. possession	N/A	16 State identification no	NA
1	8 Tax-exempt interest	0.00	17 State tax withheld.	0.00
1	9 Specified private activity bond interest	0.00		

Box 1D, Box 11, Box 12, and Box 13 contain amounts for covered securities only.

^e 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.

20XX TAX REPORTING STATEMENT

MICHAEL & SOPHIA DAVENPORT

Account No. \$12-123456 Customer Service 800-555-1212 Recipient ID No. 014-**-**** Payer's Fed ID Number: 04-3******

Summary of 20XX Original Issue Discount

1	Original issue discount for 20XX	0.00
	Other periodic interest.	
3	Early withdrawal penalty	.00 **
4	Federal income tax withheld	0.00
5	Market discount.	0.00
6	Acquisition premium	0.00

8	Original issue discount on U.S. Treasury obligations	0.00 **
9	Investment expenses	
10	Bond premium	0.00 **
11	Tax-exempt OID	0.00 **
12	State	-
13	State/Payer's state no.	
14	State tax withheld	0.00

^{**} Amounts of original issue discount are individually reported to the IRS. This summary contains only reportable amounts. Refer to the 20XX Original issue Discount section of this statement for all details

Summary of 20XX Proceeds From Broker and Barter Exchange Transactions

1099-B Section	Total Proceeds	Total Cost Basis	Total Market Discount	Total Wash Sales	Realized Gain/Loss	Federal Income Tax Withheld
Short-term transactions for which basis is reported to the IRS	41,200.06	52,482.02	0.00	0.00	-11,281.96	0.00
Short-term transactions for which basis is not reported to the IRS	0.00	0.00	0.00	0.00	0.00	0.00
Long-term transactions for which basis is reported to the IRS	26,327.32	23,771.86	0.00	0.00	2,555.46	0.00
Long-term transactions for which basis is not reported to the IRS	0.00	0.00	0.00	0.00	0.00	0.00
Transactions for which basis is not reported to the IRS and Term is Unknown	0.00	0.00	0.00	0.00	0.00	0.00
	67,527,38	76.253.88	0.00	0.00	-8.726.50	0.00

^{*} 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 taxae and the IRS determines that it has not been reported.

20XX TAX REPORTING STATEMENT

MICHAEL & SOPHIA DAVENPORT

Accoun o. S12-123456 Customer Service 800-555-1212 Recipient ID o. 014-**-**** Payer's Fed ID umber: 04-3****

Summary of 20XX Supplemental Information Not Reported to the IRS

Margin Interest Paid	Currency Realized Gain/Loss (USD)
Tax Exempt Investment Expense	Actual Payment Shortfall 0.00
Accrued Interest Paid on Purchases	Addition to Basis
Proceeds Investment Expenses	Account Fees
Severance Tax	Short Dividends
Administrative Expenses	Money Market Realized Gain/Loss
Non-deduc ible Generic Expenses	Short/Long Term Realized Gain/Loss
Deductible Generic Expenses	Mortgage Pool Statement (MBS)

Exempt Interest Dividends Income Detail, Tax Exempt Obligations

Description, Sy	rmbol, CUSP	
SONIC EVERY	STATE MUNICIPAL BOND FUND, SCEVR 123456789	(ALL states)
Date	12 Exempt Interest Income	186 11 12 11 11 11 11
20XX	\$127.01	
Description, Sy	rmbol, CUSP	(Your state)
SONIC YS BO	ND FUND, SCYSM 987654321	344
Date	12 Exempt Interest Income	
20XX	\$201.98	
Totals	\$328.99	

^{*} 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 taxae and the IRS determines that it has not been reported.

20XX TAX REPORTING STATEMENT

MICHAEL & SOPHIA DAVENPORT

Account No. S12-123456 Customer Service 800-555-1212 Recipient ID No. 014-**-**** Payer's Fed ID Number: 04-3*****

FORM 1099-B*

20XX Proceeds from Broker and Barter Exchange Transactions

Short-term transactions for which basis is reported to the IRS --report on Form 8949 with Box A checked and/or Schedule D, Part I Proceeds are reported as gross proceeds unless otherwise indicated (a).(This Label is a Substitute for Boxes 2, 3, 5 & 6)

(IRS Form 1099-B box numbers are shown below in bold type)

1a Description of	property, Stock of	or Other Syr	mbol, CUSIP							
Action	Quantity		1c Date Sold or Disposed	1d Proceeds	1e Cost or Other Basis (b)	1f Accrued Market Discount	1g Wash Sale Loss Disallowed	Gain/Loss (-)	4 Federal Income Tax Withheld	14 State 16 State Tax Withheld
SONIC ENERGY	, SSENX, 316391	1234								
Sale	513.136	05/14/X	11/12/XX	20,535.70	25,000.00			-4,464.30		
SONIC TECHN	IOLOGY, SSTEX	31639123	5							
Sale	2.737	04/09/XX	02/15/XX	125.63	114.14			11.49		
Sale	32.876	12/14/XX	02/15/XX	1,509.01	1,467.88			41.13		
Subtotals				1,634.64	1,582.02					
GO GETTER FU	ND, GGTIX, 9876	5432								
Sale	256.258	06/21/XX	11/21/XX	19,029.72	25,900.00			-6,870.28		
TOTALS		Doy A S	hort-Term Realize	41,200.06	52,482.02	0.00	0.00	52.62	0.00	
		DOX A S	hort-Term Realize	ed Loss				-11,334.58		

^{*} 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.

20XX TAX REPORTING STATEMENT

MICHAEL & SOPHIA DAVENPORT

Account No. S12-123456 Customer Service 800-555-1212 Recipient ID No. 014-**-**** Payer's Fed ID Number: 04-3******

FORM 1099-B*

20XX Proceeds from Broker and Barter Exchange Transactions

Long-term transactions for which basis is reported to the IRS —report on Form 8949 with Box D checked and/or Schedule D, Part II Proceeds are reported as gross proceeds unless otherwise indicated (a).(This Label is a Substitute for Boxes 2, 3, 5 & 6)

(IRS Form 1099-B box numbers are shown below in bold type)

1a Description of pr	operty, Stock	or Other Sy	mbol, CUSIP							
Action	Quantity	1b Date Acquired	1c Date Sold or Disposed	1d Proceeds	1e Cost or Other Basis (b)	1f Accrued Market Discount	1g Wash Sale Loss Disallowed	Gain/Loss (-)	4 Federal Income Tax Withheld	14 State 16 State Tax Withheld
GO GETTER FUND	GGTIX, 9876	65432								
Sale	546.232	07/25/17	02/15/XX	25,072.05	22,663.16			2,408.89		
Sale	27.348	08/03/17	02/15/XX	1,255.27	1,108.70			146.57		
Subtotals				<mark>26,327.32</mark>	23,771.86					
TOTALS				26,327.32	23,771.86	0.00	0.00		0.00	
		Box D L	.ong-T <mark>erm R</mark> eali	zed Gain				2,555.46		
		Box D L	ong-Term Reali	zed Loss				0.00		

For any transaction listed on Form 1099-B in a section indicating that "basis is reported to the IRS", we are reporting to the IRS: 1a Description of Property, 2 type of gain or loss (i.e. short-term or long-term), 3 basis reported to IRS, 6 Gross or Net Proceeds, and columns 1b, 1c, 1d, 1e, 1f, 1g, 4, 7, 14, 15 and 16. We are not reporting to the IRS: the Action, the Gain/Loss, and all subtotals and totals.

For any section 1256 option contracts we are reporting to the IRS: 1a Description of Property and totals for boxes 8, 9, 10 and 11.

For any transaction listed on Form 1099-B in a section indicating that "basis is not reported to the IRS", we are reporting to the IRS: 1a Description of Property, 5 Noncovered security, 6 Gross or Net Proceeds, and columns 1c, 1d, 4, 14, 15 and 16. We are not reporting to the IRS: 2 type of gain or loss (i.e. short-term or long-term), the Action, the Gain/Loss, columns 1b, 1e, 1f, 1g, 2, 3 and 7 and all subtotals and totals.

Although Sonic makes every effort to provide accurate information, please bear in mind that you, the taxpayer, are ultimately responsible for the accuracy of your tax returns.

(b) Cost or other basis provided may include adjustments including, but not limited to, dividend reinvestment, return of capital/principal, wash sale loss disallowed, amortization, accretion, acquisition premium, bond premium, market discount, market premium, and option premium.

Amortization, accretion, and similar adjustments to cost basis are not provided for short-term instruments and unit investment trusts.

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.

20XX SUPPLEMENTAL INFORMATION

MICHAEL & SOPHIA DAVENPORT

Account No. S12-123456
Customer Service 800-555-1212
Recipient ID No. 014-*-****
Payer's Fed ID Number: 04-3*****

Note: This information is not reported to the IRS. It may assist you in tax return preparation.

Details of 1099-DIV Transactions

Total Ordinary Dividends and Distributions Detail

Description,	Symbol, CUSIP							
Date	1a Total Ordinary Dividends (includes 1b and 5)	Dividend Distributions	Short-Term Capital Gains	1b Qualified Dividends	5 Section 199A Dividends	11 Exempt Interest Dividends	12 Specified Private Activity Bond Interest Dividends	7 Foreign Tax Paid
GLOBAL GF	R <mark>OWT</mark> H CL A, GGAIX, 123	456789		·				
12/06/XX	270.40		102.57	167.83				
TOTALS	270.40	0.00	102.57	167.83	0.00	0.00	0.00	0.00

Short-term capital gain distributions reported on monthly/quarterly account statements are included in 1a Total Ordinary Dividends on Form 1099-DIV.

To see the 20XX State Percentages of Tax-Exempt Income for Sonic Federal Tax-Exempt Funds or the Percentage of Income from U.S. Government Securities for applicable Sonic Funds, visit Sonic.com/fundtaxinfo.

Total Capital Gains Distributions Detail

Description,	Symbol, CUSIP				
Date	2a Total Capital Gain Distr. (m)	Capital Gain Distributions Subject to Applicable Rate (m)	2b Unrecaptured Section 1250 Gain	2c Section 1202 Gain	2d Collectibles (28%) Gain
SONIC POR	T A, SONIX, 23456789				
09/13/XX	1,055.99	1,055.99			
12/06/XX	662.06	662.06			
Subtotals	1,718.05	1,718.05			
GLOBAL GR	OWTH CL A, GGAIX, 123456789				
12/06/XX	1,794.04	1,794.04			
TOTALS	3,512.09	3,512.09	0.00	0.00	0.00

(m) 2a Total Capital Gain includes 2b, 2c and 2d. The portion of Capital Gain Distributions is subject to Applicable Rate.

20XX SUPPLEMENTAL INFORMATION

MICHAEL & SOPHIA DAVENPORT

Account No. S12-123456 Customer Service 800-555-1212 Recipient ID No. 014-**-**** Payer's Fed ID Number: 04-3******

Note: This information is not reported to the IRS. It may assist you in tax return preparation.

Details of 1099-INT Transactions

Interest Income Details, Taxable Obligations

Description, Syn	nbol, CUSIP					
Date	1 Interest Income	6 Foreign Tax Paid	11 Bond Premium	Noncovered Bond Premium	10 Market Discount	Noncovered Market Discount
CASH, SCASH,	345678912					Ý.
01/31/XX	2.65					
02/28/XX	3.29					
03/29/XX	6.59					
04/30/XX	8.11					
05/31/XX	6.30					
06/28/XX	3.90					
07/31/XX	0.22					
08/30/XX	0.22					
09/30/XX	0.22					
10/31/XX	0.28					
11/29/XX	2.68					
12/31/XX	8.67					
Subtotals	43.13					
TOTALS	43.13	0.00	0.00	0.00	0.00	0.00

Important Tax Return Document Enclosed.

Form **13614-C**

Department of the Treasury - Internal Revenue Service

OMB Number 1545-1964

(October 2024)

Intake/Interview and Quality Review Sheet

Note: Do not complete this form if you (or your spouse) are not a U.S. citizen or green card holder.

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 1-4 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		, ,	•		•	•		ethical behavio		email us at <u>w</u>	ri.voltax@irs.gov
Your first name (pronou	ns, optional)	1 1	_ast name VARISIAN	J	I	date of birth 10/1978	You AS	rjob ST MANA	GER		
Spouse's first name (pro	onouns, option		_ast name		Spou	se's date of b	irth Spo	use's job			
Mailing address	41/5			Apt #	City	OTT!			State	l l	IP code
465 FULLERTON Telephone number	AVE	Email add			YOUR	R CITY	Did	you live or wo	YOUR S		OUR ZIP
771 -555-1212		I		N@EMAIL	XXX					ne states in z	2024
Check if you or your spo	ouse were in 20		, , , , , , , , , , , , , , , , , , , ,	/		lly blind			☐ You	☐ Spouse	e ⊠ No
A U.S. citizen			☐ Spouse	e □ No	•	ly and permar	ently dis	abled	_ □ You	☐ Spouse	
n the U.S. on a visa		☐ You	☐ Spouse	e 🗵 No	Issue	d an identity p	rotection	n PIN	☐ You	☐ Spouse	e ⊠ No
A full-time student		_ □ You	 ☐ Spouse			ou own or hold			_ ☐ You	 ☐ Spouse	
f due a refund, would y	you like your re	efund			If you	ı have a bala	nce due,	, would you like	e to make a p	ayment direc	tly from
☐ Direct deposit			by mail		□ Ba	ank account		•	☐ Direct de	ebit	-
☐ Split refund between	n accounts	☐ Other			□ Se	et up installme	ent agree	ment	Mail pay	ment to IRS	
Would you like to receive ther than English			m the IRS in a	a language	and/c	or how to regis		on how to vote te	Election Ca	mpaign Fund	to the Presidentia I
☐ Yes 🗷 No	What languag	е			☐ Ye	es 🗷 No			☐ Yes	× No	
As of December 31, 202	24, what was y										
Never Married		☐ Marrie			•	arried for all of				No	
		-	•	r spouse durir	ng any par	t of the last six	x months	of 2024] Yes \square	No	
☐ Divorced			/ Separated					×	Widowed		2222
Date of final decree		Date of	separate mai	intenance dec	ree				Year of spo	use's death	2009
Can anyone else claim t	the taxpayer or	spouse on the	eir tax return (to be complete	ed by cert	ified volunteer	.)			☐ Ye	es 🗌 No
ist the names below of spouse) AND anyone yo	•	,	,			Answer Yes	or No (Y	′/N)	•	er to Pub 401	rtified volunteer 2 Tab C)
Name (first, last)	(mm/dd/yy)	Relationship to you (son, daughter, parent, none, etc.)	Number of months lived in your home in 2024	Single or Married as of 12/31/2024 (S/M)	A U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled	Qualifying child dependent	Qualifying relative dependent	Provides tax benefits (HOH, EITC, CTC, etc.)
SAMARA VARISIAN	04/16/2004	DAUGHTER	12	5	У	У	У	N			

Received money from any of the following in 2024:	Income to be included (To be completed by certified volunteer)	Notes/Comments
☑ (B) Wages as a part-time or full-time employee	☐ (B) W-2s Number of forms	
How many jobs _ 11		
☐ (B/A) Tips	☐ (B/A) Tips (basic when reported on W2)	•
☐ (B/A) Retirement account, pension or annuity proceeds	☐ (B/A) 1099-R (basic when taxable amount is reported)	•
☐ (B) Disability benefits	Number of forms	
☐ (B) Social Security or Railroad Retirement Benefits	☐ (B) SSA-1099, RRB-1099	
☐ (B) Unemployment benefits	☐ (B) 1099-G Number of forms	
☐ (B) Refund of state or local income tax	$\ \square$ Did you receive a refund of state or local taxes $\ \square$ Yes $\ \square$ No	
	☐ Did you itemize last year ☐ Yes ☐ No	
☐ (B) Interest or dividends (bank account, bonds, etc.)	☐ (B) 1099-INT/DIV Number of forms	
☐ (A) Sale of stocks, bonds or real estate	☐ (A) 1099-B Number of forms (include	
Did you report a loss on last year's return ☐ Yes ☐ No	brokerage statement)	
☐ (B) Alimony	☐ (B) Alimony Amount \$	
	Excluded from income	
☐ (M) Income from renting out your house or a room in your house	☐ (M) Rental income	
If yes, did you use the dwelling unit as a personal residence and rent it for few than 15 days ☐ Yes ☐ No		
☐ Income from renting personal property such as a vehicle		
☐ Farm activity	☐ Farm income (out of scope)	
☐ Gambling winnings, including lottery	☐ (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions)	
☐ Payments for contract or self-employment work	☐ (A) Schedule C	
Did you report a loss on last year's return ☐ Yes ☐ No	☐ 1099-MISC Number	
	☐ 1099-K Number	
	☐ Other income reported elsewhere	
	☐ Schedule C expenses	
Any other money received during the year (example: cash payments, jury duty, awards, virtual currency, royalties, union strike benefits)	☐ Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart)	

Paid any of the following expenses in 2024:	Standard or Itemized Deductions (To be completed by certified volunteer)	Notes/Comments
☐ (A) Mortgage Interest	☐ (B) Taxable state/local income taxes	
 ☐ (A) Taxes: state, local, real estate, sales, etc. ☐ (A) Medical, Dental, Prescription Expenses ☐ (B) Charitable contributions 	☐ (B) Standard deduction ☐ (A) Itemized deduction	
Paid any of these expenses in 2024:	Expenses to report (To be completed by certified volunteer)	Notes/Comments
☐ (B) Student loan interest	☐ (B) 1098-E	
☐ (B) Child and dependent care	☐ (B) Child and dependent care credit	
☐ (B/A) Contributions to a retirement account	☐ (A) IRA, 401(k), etc. deduction	
☐ Repayments to a qualified retirement plan	☐ (B) Saver's credit	
☐ (B) School supplies by a teacher, teacher's aide or other educator	☐ (B) Educator expenses deduction	
☐ (B) Alimony payments (do not include child support)	☐ (B) Alimony payments with spouse's SSN \$	
	Adjustment to income	
Did any of the following happen during 2024:	Information to report (To be completed by certified volunteer)	Notes/Comments
	 ☐ (B) Taxable scholarship income ☐ (B) 1098-T (itemized statement from school, invoice, etc.) ☐ (B) Education credit or tuition and fees deduction 	
(A) Sell a home	☐ (A) Sale of home (1099-S)	
(A) Have a health savings account (HSA)	☐ HSA contributions ☐ HSA distributions	
(A) Purchase health insurance through the Marketplace (Exchange)	☐ (A) 1095-A	
(A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)	☐ (B) Energy efficient home improvement credit	
☐ (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender	☐ (A) 1099-C	
☐ Have a loss related to a declared federal disaster area	☐ (A) 1099-A ☐ Disaster relief impacts return	
☐ (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)	☐ (B) EITC, CTC, AOTC or HOH disallowed in a previous year Year disallowed Reason	
Receive any letter or bill from the IRS	☐ Eligible for Low Income Taxpayer Clinic referral	
☐ (B) Make estimated tax payments or apply last year's refund to	☐ Estimated tax payments	
2024 taxes	☐ Last year's refund applied to this year	
	Last year's return available	
☐ Additional information you think we should know SAMARA HAS JOB SCENARIO 2. QTP IN SCENARIO 3	☐ Additional information for accurate tax preparation	

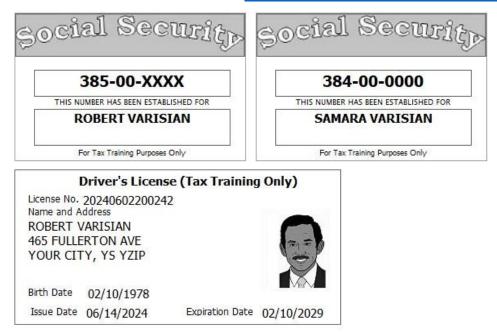
The following information is for	r statistical purposes. Th	nese questions are	e optic	onal.					
1. Would you say you can carry o	n a conversation in Englis	h	□ Ve	ry we	ell 🗌 Well		Not well	☐ Not at all	☐ Prefer not to answer
2. Would you say you read a new	spaper in English		☐ Ve	ry we	ell 🗌 Well		Not well	☐ Not at all	☐ Prefer not to answer
3. Do you or any member of your	household have a disabili	ty	☐ Ye	s	☐ No	□ F	Prefer not	to answer	
4. Are you or your spouse a Veter	ran from the U.S. Armed F	orces	☐ Ye	s	☐ No	□ F	Prefer not	to answer	
5. What is your race and/or ethnic in the spaces below)	sity (select all that apply ar	nd enter additional o	details		What is your spouse's additional details in th				that apply and enter
☐ American Indian or Alaska N Tribe of the Blackfeet Indian Re Inupiat Traditional Government	eservation of Montana, Na	ative Village of Barro	ow		Tribe of the Blackfeet	t India	n Reserva	tion of Montana,	le, Navajo Nation, Blackfeet Native Village of Barrow unity, Aztec, Maya, etc.)
☐ Asian (provide details below)					Asian (provide detail	ls belo	ow)		
☐ Chinese ☐] Asian Indian	☐ Filipino			☐ Chinese		☐ Asiar	ı Indian	☐ Filipino
☐ Vietnamese ☐] Korean	☐ Japanese			☐ Vietnamese		☐ Korea	an	☐ Japanese
Enter, for example, Pakistani,	Hmong, Afghan, etc.				Enter, for example, P	Pakista	ani, Hmong	g, Afghan, etc.	
☐ Black or African American (p	orovide details below)				Black or African Am	nerica	n (provide	details below)	
☐ African American ☐	Jamaican [☐ Haitian			☐ African American		☐ Jamai	can	☐ Haitian
☐ Nigerian ☐	Ethiopian [☐ Somali			☐ Nigerian		☐ Ethiop	ian	☐ Somali
Enter, for example, Trinidadiar	n and Tobagonian, Ghana	ian, Congolese, etc	C.		Enter, for example, T	^r rinida	dian and 1	obagonian, Gha	naian, Congolese, etc.
☐ Hispanic or Latino (provide d	letails below)				Hispanic or Latino ((provid	de details l	pelow)	
☐ Mexican ☐	Puerto Rican [☐ Salvadoran			☐ Mexican		☐ Puerto	Rican	☐ Salvadoran
☐ Cuban ☐	Dominican [☐ Guatemalan			☐ Cuban		☐ Domir	nican	☐ Guatemalan
Enter, for example, Colombian	n, Honduran, Spaniard, etc	Ç.			Enter, for example, C	Colomi	bian, Hond	luran, Spaniard,	etc.
☐ Middle Eastern or North Afri	can (provide details belov	v)			Middle Eastern or N	lorth A	African (p	rovide details bel	low)
☐ Lebanese ☐	Iranian [☐ Egyptian			☐ Lebanese		☐ Irania	า	☐ Egyptian
☐ Syrian ☐	Iraqi [☐ Israeli			☐ Syrian		☐ Iraqi		☐ Israeli
Enter, for example, Moroccan,	Yemeni, Kurdish, etc.				Enter, for example, M	/lorocc	an, Yeme	ni, Kurdish, etc.	
☐ Native Hawaiian or Pacific Is	slander (provide details be	elow)			Native Hawaiian or	Pacifi	c Islandeı	(provide details	below)
☐ Native Hawaiian ☐	Samoan [☐ Chamorro			☐ Native Hawaiian		☐ Samo	an	☐ Chamorro
☐ Tongan ☐	Fijian [☐ Marshallese			☐ Tongan		☐ Fijian		☐ Marshallese
Enter, for example, Chuukese,	, Palauan, Tahitian, etc.				Enter, for example, C	Chuuke	ese, Palau	an, Tahitian, etc.	
☐ White (provide details below)					White (provide detail	ls belo	ow)		
☐ English ☐	German [☐ Irish			☐ English		☐ Germa	an	☐ Irish
☐ Italian ☐	Polish [□ Scottish			☐ Italian		☐ Polish		☐ Scottish
Enter, for example, French, Sv	vedish. Norwegian. etc.				Enter, for example, F	rench	. Swedish.	Norwegian, etc.	

ditional comments	
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 USC 301 and 26 USC 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. 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 Individual Master File. 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:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

VARISIAN - SCHOLARSHIP & EDUCATION CREDIT - EXERCISE

Click to find Robert Varisian's full Intake/Interview and Quality Review Sheet.



Scenario 1 Basic Taxable Scholarship

Robert Varisian is a single parent. His daughter Samara is his dependent, and she is a sophomore in college. She has no income. Samara qualifies for American Opportunity Credit. She has no additional qualifying education expenses, other than what is listed on Form 1098-T Box 1.

Samara's school billing statement shows \$5,500 in Pell grants. All other scholarships must be used for qualified expenses. Samara's college room and board expenses are \$8,500.

	a. Employee's social security number 385-00-XXXX	OMB No		ave. accura AST! Use	te, (RSE)	r file		the IRS website at w.irs.gov/efile
b. Employer identific	ation number (EIN)	- 10	1. Wages, tips	, other com	pensation	2. Federal	income	e tax withheld
20-867XXX	X		\$4	2,000.0	0		\$4	.800.00
. Employer's name,	address,and ZIP code		3. Social secur	ity wages		4. Social se	ecurity	tax withheld
56 56 68	54		\$4	2,000.0	O	e45 - 5849-581-5804	\$2	,604.00
WALTON'S GR	ROCERY		5. Medicare wa	ages and tip	os	6. Medicar	e tax v	vithheld
123 EAST STR	REET		\$4	2,000.0	0		9	609.00
SALSBURY, N	C 28145		7. Social secur	ity tips		8. Allocate	d tips	
d. Control number			9.			10, Depen	dant c	are benefits
e. Employee's first na Employee's addres		Suff.	11. Nonqualifie	d plans		12a. See in	structi	ons for box 12
ROBERT VARISIAN 465 FULLERTON AVE YC, YS YZ		13.Statutory Retirement Third-party Employee Plan sick pay			12b.	Si o		
			14. Other			12c.		
						12d.	8	
5. State Employer	's state ID number 16. State wages, tips, etc	. 17. Si	tate income tax	18. Local v	ages, tips, etc.	19. Local incom	ne tax	20. Locality name
Form W-2	Wage and Tax • Statement		20	XX				
Copy B - To Be FI	iled With Employee's FEDERAL Tax Retu eing furnished to the Internal Revenue Service							
	CORRECTI	ED (if	checked)					
FILER'S name Street address City or town, state of	or province, country, ZIP or Foreign Postal Code	8	Payments receive qualified tuition a		OMB No. 1545-	1574		-

	CORRECTED	(if checked)		
FILER'S name Street address City or town, state or province, count Telephone number	ry, ZIP or Foreign Postal Code	1 Payments received for qualified tuition and related expenses	OMB No. 1545-1574	Tuition
HARPER COLLEGE 1 COLLEGE WAY CITY, STATE, ZIP		EGE WAY		Statement
			Form 1098-T	
FILER'S employer identification no. S	TUDENT'S TIN 384-00-XXXX	3		Copy B For Student
STUDENT'S name Street address (including apt. no.) City or town, state or province, country, ZIP or Foreign Postal Code		4 Adjustments made for a prior year	5 Scholarships or grants \$18,000.	. This is important tax information and is being
SAMARA VARISIAN		59	\$10,000.	furnished to the
465 FULLERTON AVE YC, YS YZ		6 Adustments to scholarships or grants for a prior year	7 Checked if the amount in box 1 or 2 includes amounts for an academic period begining January- March 20XX+1.	must be used to complete Form 8863 to daim education credits. Give it to the tax preparer or use it to
Service Provider/Acct No. (see instr.) 8. Checked if at least half-time student X		9 Checked if a graduate student	10 Ins. contract reimb./refu	

Use the <u>Colorado Resource Toolbox Education Calculator</u> to optimize use of unrestricted scholarship.

Fill out the chart below.

Scenario 1	TaxSlayer Tuition paid	TaxSlayer Grants and Scholarships	Parent's refund	Student's taxable Scholarship	Student required to file?	Kiddie Tax?
Apply entire scholarship to QEE						
Optimized						

For discussion: If Samara is living at home while she attends college, can you optimize the Pell grant?

Yes or No

Scenario 2 Excess Taxable Scholarship

In addition to the Pell grant of \$5,500, the school granted an unrestricted scholarship of \$8,500 to cover room and board. Samara has no additional qualified education expenses. The scholarship amount in Box 5 is \$26,500.

) (if checked)	NO. STATE OF THE S	
FILER'S name Street address City or town, state or province, country, ZIP or Foreign Postal Code Telephone number		1 Payments received for qualified tuition and related expenses	OMB No. 1545-1574	Tuition
HARPER COLLEGE		\$15,000.00	20 XX	Statement
L COLLEGE WAY		2	2011	
CITY, STATE, ZIP			Form 1098-T	
TLER'S employer identification no. STUDENT'S T	IN	3		Сору В
46-343XXXX 384	-00-XXXX		For Student	
STUDENT'S name Street address (including apt. no.) City or town, state or province, country, ZIP or Foreign Postal Code		4 Adjustments made for a prior year	5 Scholarships or grants \$26,500.	This is important tax information and is being
SAMARA VARISIAN			\$20,300.	furnished to the IRS. This form
465 FULLERTON AVE YC, YS YZ		6 Adustments to scholarships or grants for a prior year	7 Checked if the amount in box 1 or 2 includes amounts for an academic period begining January- March 20XX+1.	must be used to complete Form 8863
Service Provider/Acct No. (see instr.) 8. Checked if at least half-time student		9 Checked if a graduate student	10 Ins. contract reimb./ref	

Is this scenario out of scope?	
Can you optimize for the American Opportunity Credit?	Yes or No
Is Samara required to file a tax return?	
Is there a kiddie tax issue?	

Scenario 2	TaxSlayer Tuition paid	TaxSlayer Grants and Scholarships	Parent's refund	Student's taxable Scholarship	Student required to file?	Kiddie Tax?
Apply entire scholarship to QEE						
Optimized						

Scenario 3 Taxable Scholarship with Wage income

Samara went to work at her father's company. She is saving most of her salary, and she is still a dependent.

	a. Employee's social security number 384-00-XXXX	OMB No		ave. accurate, AST! Use	ev	file	Visit the IRS wel www.irs.gov/efi	
b. Employer identificat	ion number (EIN)	(8)	1. Wages, tips	, other compensation		2. Federal in	come tax withhel	d
20-867XXXX			\$	4,500.00			\$450.00	
c. Employer's name, a	ddress,and ZIP code		Social secur	ity wages	38	4. Social secu	urity tax withheld	1
			F1.000 000 000 000	4,500.00			\$279.00	
WALTON'S GRO	DCERY		5. Medicare wa	ages and tips		Medicare t	tax withheld	
123 EAST STRE	ET		\$	4,500.00			65.25	
SALSBURY, NC	28145		7. Social secur	ity tips	3.0	8. Allocated	tips	
d. Control number			9.		88	10. Dependa	nt care benefits	196
e. Employee's first nan Employee's address SAMARA VARIS 465 FULLERTOI YC, YS YZ	and ZIP code IAN	Suff.	11. Nonqualifier 13. Statutory Employee 1	Retirement Third-par	ty]	12a. See instr	ructions for box	12
15. State Employer's	state ID number 16. State wages, tips, etc	c. 17. St	ate income tax	18. Local wages, tips,	etc. 19	. Local income	tax 20. Locality	name
Copy B - To Be FIle	Wage and Tax Statement d With Employee's FEDERAL Tax Retuing furnished to the Internal Revenue Servi		20	XX				

Using the 1098-T in Scenario 1:

a) is a	Samara required to file? Is there a kiddle tax issue?
b) Wł	nat if Samara's wages are \$13,400?
	Is she required to file?
	Is there a kiddie tax issue?

Scenario 4 Coordinating 1099-Q College 529 Distribution

Again, assume expenses for room and board are \$8,500. Samara received no scholarship	Again	. assume ex	openses for	room and	board are	\$8.500.	Samara	received r	no scholarshir
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FILER'S name Street address City or town, state or province, country, ZIP or Foreign Postal C Telephone number HARPER COLLEGE 1 COLLEGE WAY CITY, STATE, ZIP	1 Payments received for qualified tuition and related expenses \$13,000.00		Tuition Statement
FILER'S employer identification no. STUDENT'S TIN 46-343XXXX 384-00-XXXX	3		Copy B For Student
STUDENT'S name Street address (including apt. no.) City or town, state or province, country, ZIP or Foreign Postal C SAMARA VARISIAN	4 Adjustments made for a prior year	5 Scholarships or grants	This is important tax information and is being furnished to the

Robert owns a College 529 plan where Samara is the beneficiary. Use the 1099-Q below that replaces the earlier one. The only difference is that Box 6 is checked.

CORRECTED (if checked)						
PAYER'S/TRUSTEE'S name Street address City or town, state or province, or Telephone no. COLLEGE FUND INVETO	ountry, ZIP or foreign postal code	1 Gross Distribution \$5,000.00 2 Earnings \$3,235.00	OMB No. 1545-1760 20 XX Form 1099-Q		Payments From Qualified Education Programs (Under Sections 529 and 530)	
PAYER'S/TRUSTEE'S TIN 87-2345XXX RECIPIENT'S name Street address (including apt.no.) City or town, state or province, or ROBERT VARISIAN 465 FULLERTON AVE YOUR CITY, YS YZIP Account number (see instructions)	ountry, ZIP or foreign postal code	3 Basis \$1,765.00 5 Check one: * Qualified Tuition Program Private or State X * Coverdell ESA If the fair market value (FN Tax Benefits for Education		Pub. 970,	Copy B For Recipient 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.	
Form 1099-Q						

a)	Nith no scholarship, Robert withdrew money from Samara's College 529 Plan to cov	ver
	college costs.	

How is the College 529 Plan distribution applied?	_
Can he take American Opportunity Credit?	
If yes, how much QEE can he claim?	

b) If Robert withdrew \$13,000 (Box 1) from his College 529 Plan to cover the full tuition amount:	
Can he take American Opportunity Credit?	
If yes, how much QEE can he claim? If no, why not?	
c) What if Robert withdrew \$30,000 (Box 1) from his College 529 Plan:	