



National Tax Training Committee Workbook

**Tax Year 2024
Digital Version, Release 3**

FOR USE BY AARP FOUNDATION TAX-AIDE VOLUNTEERS ONLY

Click [here](#) for the latest version of this workbook.

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 [errata](#) 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

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

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 exercise. Some 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 [NTTC Training Resources](#) 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 [2024 Workbook Links](#) 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 [here](#) 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)	<div>Department of the Treasury - Internal Revenue Service</div> <div>Intake/Interview and Quality Review Sheet</div>	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: <ul style="list-style-type: none">Tax Information such as Forms W-2, 1099, 1098, 1095.Social Security cards or ITIN letters for all persons on your tax returnPicture ID (such as valid driver's license) for you and your spouse											
<ul style="list-style-type: none">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) SEAN	M.I. C	Last name ALLMAN									
Spouse's first name (pronouns, optional)	M.I.	Last name									
Your date of birth 06/27/75	Your job ADVISOR										
Spouse's date of birth	Spouse's job										
Mailing address 123 MAIN ST	Apt #	City YOUR CITY									
State YOUR STATE	ZIP code YOUR ZIP										
Telephone number 208 884-8622	Email address SCALLMAN@GMAIL.COM	Did you live or work in two or more states in 2024 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Check if you or your spouse were in 2024:											
A U.S. citizen	<input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> No	Legally blind <input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No									
In the U.S. on a visa	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No	Totally and permanently disabled <input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No									
A full-time student	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No	Issued an identity protection PIN <input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No									
Do you own or hold any digital assets <input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No											
If due a refund , would you like your refund											
<input checked="" type="checkbox"/> Direct deposit <input type="checkbox"/> Check by mail											
<input type="checkbox"/> Split refund between accounts <input type="checkbox"/> Other											
If you have a balance due , would you like to make a payment directly from											
<input type="checkbox"/> Bank account <input checked="" type="checkbox"/> Direct debit											
<input type="checkbox"/> Set up installment agreement <input type="checkbox"/> Mail payment to IRS											
Would you like to receive written communications from the IRS in a language other than English											
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No What language											
Would you like information on how to vote and/or how to register to vote											
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
Would you like \$3 to go to the Presidential Election Campaign Fund											
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
As of December 31, 2024, what was your marital status											
<input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Married If married, were you married for all of 2024 <input type="checkbox"/> Yes <input type="checkbox"/> No											
Did you live with your spouse during any part of the last six months of 2024 <input type="checkbox"/> Yes <input type="checkbox"/> No											
<input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed											
Date of final decree Date of separate maintenance decree Year of spouse's death											
Can anyone else claim the taxpayer or spouse on their tax return (to be completed by certified volunteer) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
List the names below of everyone who lived with you last year (except your spouse) AND anyone you supported but did not live with you last year.				Answer Yes or No (Y/N)				To be completed by certified volunteer (Refer to Pub 4012 Tab C)			
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.)

Answer the following questions on this page and the next page about you and your spouse's tax situation

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

Paid any of the following expenses in 2024:

- ☐ (A) Mortgage Interest
- ☐ (A) Taxes: state, local, real estate, sales, etc.
- ☐ (A) Medical, Dental, Prescription Expenses
- ☐ (B) Charitable contributions

Standard or Itemized Deductions (To be completed by certified volunteer) Notes/Comments

- ☐ (B) Taxable state/local income taxes
- ☐ (B) Standard deduction ☐ (A) Itemized deduction

Paid any of these expenses in 2024:

- ☒ (B) Student loan interest
- ☐ (B) Child and dependent care
- ☐ (B/A) Contributions to a retirement account
- ☐ Repayments to a qualified retirement plan
- ☐ (B) School supplies by a teacher, teacher's aide or other educator
- ☐ (B) Alimony payments (do not include child support)

Expenses to report (To be completed by certified volunteer)

- ☐ (B) 1098-E
- ☐ (B) Child and dependent care credit
- ☐ (A) IRA, 401(k), etc. deduction
- ☐ (B) Saver's credit
- ☐ (B) Educator expenses deduction
- ☐ (B) Alimony payments with spouse's SSN \$ _____
- Adjustment to income ☐ Yes ☐ No

Notes/Comments**Did any of the following happen during 2024:**

- ☐ (B) You or someone in your family took educational classes (technical school, college, job related, etc.)
- ☐ (A) Sell a home
- ☐ (A) Have a health savings account (HSA)
- ☐ (A) Purchase health insurance through the Marketplace (Exchange)
- ☒ (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)
- ☐ (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender
- ☐ Have a loss related to a declared federal disaster area
- ☐ (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)
- ☐ Receive any letter or bill from the IRS
- ☐ (B) Make estimated tax payments or apply last year's refund to 2024 taxes
- ☐ Additional information you think we should know

Information to report (To be completed by certified volunteer)

- ☐ (B) Taxable scholarship income
- ☐ (B) 1098-T (itemized statement from school, invoice, etc.)
- ☐ (B) Education credit or tuition and fees deduction
- ☐ (A) Sale of home (1099-S)
- ☐ HSA contributions ☐ HSA distributions
- ☐ (A) 1095-A
- ☐ (B) Energy efficient home improvement credit
- ☐ (A) 1099-C
- ☐ (A) 1099-A
- ☐ Disaster relief impacts return
- ☐ (B) EITC, CTC, AOTC or HOH disallowed in a previous year
- Year disallowed Reason
- ☐ Eligible for Low Income Taxpayer Clinic referral
- ☐ Estimated tax payments _____
- ☐ Last year's refund applied to this year _____
- ☐ Last year's return available
- ☐ Additional information for accurate tax preparation

Notes/Comments

The following information is for statistical purposes. These questions are optional.

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

<p>5. What is your race and/or ethnicity (<i>select all that apply and enter additional details in the spaces below</i>)</p> <p><input type="checkbox"/> American Indian or Alaska Native (<i>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.</i>)</p> <p><input type="checkbox"/> Asian (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Filipino</td> </tr> <tr> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Japanese</td> </tr> </table> <p><i>Enter, for example, Pakistani, Hmong, Afghan, etc.</i></p> <p><input type="checkbox"/> Black or African American (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> African American</td> <td><input type="checkbox"/> Jamaican</td> <td><input type="checkbox"/> Haitian</td> </tr> <tr> <td><input type="checkbox"/> Nigerian</td> <td><input type="checkbox"/> Ethiopian</td> <td><input type="checkbox"/> Somali</td> </tr> </table> <p><i>Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.</i></p> <p><input type="checkbox"/> Hispanic or Latino (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Mexican</td> <td><input type="checkbox"/> Puerto Rican</td> <td><input type="checkbox"/> Salvadoran</td> </tr> <tr> <td><input type="checkbox"/> Cuban</td> <td><input type="checkbox"/> Dominican</td> <td><input type="checkbox"/> Guatemalan</td> </tr> </table> <p><i>Enter, for example, Colombian, Honduran, Spaniard, etc.</i></p> <p><input type="checkbox"/> Middle Eastern or North African (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Lebanese</td> <td><input type="checkbox"/> Iranian</td> <td><input type="checkbox"/> Egyptian</td> </tr> <tr> <td><input type="checkbox"/> Syrian</td> <td><input type="checkbox"/> Iraqi</td> <td><input type="checkbox"/> Israeli</td> </tr> </table> <p><i>Enter, for example, Moroccan, Yemeni, Kurdish, etc.</i></p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Native Hawaiian</td> <td><input type="checkbox"/> Samoan</td> <td><input type="checkbox"/> Chamorro</td> </tr> <tr> <td><input type="checkbox"/> Tongan</td> <td><input type="checkbox"/> Fijian</td> <td><input type="checkbox"/> Marshallese</td> </tr> </table> <p><i>Enter, for example, Chuukese, Palauan, Tahitian, etc.</i></p> <p><input checked="" type="checkbox"/> White (<i>provide details below</i>)</p> <table> <tr> <td><input checked="" type="checkbox"/> English</td> <td><input checked="" type="checkbox"/> German</td> <td><input checked="" type="checkbox"/> Irish</td> </tr> <tr> <td><input type="checkbox"/> Italian</td> <td><input type="checkbox"/> Polish</td> <td><input type="checkbox"/> Scottish</td> </tr> </table> <p><i>Enter, for example, French, Swedish, Norwegian, etc.</i></p>	<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Korean	<input type="checkbox"/> Japanese	<input type="checkbox"/> African American	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Haitian	<input type="checkbox"/> Nigerian	<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Somali	<input type="checkbox"/> Mexican	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Salvadoran	<input type="checkbox"/> Cuban	<input type="checkbox"/> Dominican	<input type="checkbox"/> Guatemalan	<input type="checkbox"/> Lebanese	<input type="checkbox"/> Iranian	<input type="checkbox"/> Egyptian	<input type="checkbox"/> Syrian	<input type="checkbox"/> Iraqi	<input type="checkbox"/> Israeli	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Chamorro	<input type="checkbox"/> Tongan	<input type="checkbox"/> Fijian	<input type="checkbox"/> Marshallese	<input checked="" type="checkbox"/> English	<input checked="" type="checkbox"/> German	<input checked="" type="checkbox"/> Irish	<input type="checkbox"/> Italian	<input type="checkbox"/> Polish	<input type="checkbox"/> Scottish	<p>6. 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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 \(SORNs\)](https://www.treasury.gov/sorn). 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

212-00-XXXX

THIS NUMBER HAS BEEN ESTABLISHED FOR


SEAN C ALLMAN

For Tax Training Purposes Only

Driver's License (Tax Training Only)

License No. 20240725193528


Name and Address
SEAN C ALLMAN
123 MAIN ST
YC, YS YZIP



Birth Date 06/27/1975

Issue Date 07/11/2024

Expiration Date 06/27/2029

a. Employee's social security number 212-00-XXXX		Save. accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile	
b. Employer identification number (EIN) 47-4365018		1. Wages, tips, other compensation \$61,686.10		2. Federal income tax withheld \$5,236.28			
c. Employer's name, address, and ZIP code WESTERN GOVERNORS UNIVERSITY 4001 S 700 E STE 700 SALT LAKE CITY, UT 84107		3. Social security wages \$67,719.06		4. Social security tax withheld \$4,198.58			
		5. Medicare wages and tips \$67,719.06		6. Medicare tax withheld \$981.93			
		7. Social security tips		8. Allocated tips			
d. Control number		9.		10. Dependant care benefits			
e. Employee's first name and initial Last name Suff. Employee's address and ZIP code SEAN C ALLMAN 123 MAIN ST YC, YS YZIP		11. Nonqualified plans		12a. See instructions for box 12 C \$273.29			
		13. Statutory Retirement Third-party Employee Plan sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b. E \$6,032.96			
		14. Other		12c. DD \$10,095.02			
				12d.			
15. State YS	Employer's state ID number 6789123	16. State wages, tips, etc. \$61,686.10	17. State income tax 4,469.52	18. Local wages, tips, etc.	19. Local income tax	20. Locality name	
<p>Form W-2 Wage and Tax Statement</p> <p>2024</p> <p>Copy B - To Be Filed With Employee's FEDERAL Tax Return.</p> <p>This information is being furnished to the Internal Revenue Service.</p>							

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:

<input type="checkbox"/> CORRECTED (if checked)					
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. CAPITAL ONE, N.A. 1680 CAPITAL ONE DR MCLEAN, VA 22102		Payer's RTN (optional)		OMB No. 1545-0112 2024 Form 1099-INT	
PAYER'S TIN 72-0210640		RECIPIENT'S TIN 212-00-XXXX		Interest Income	
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code SEAN C ALLMAN 123 MAIN ST YC YC YZIP		1 Interest income \$116.41		2 Early withdrawal penalty	
FATCA filing requirement <input type="checkbox"/>		3 Interest on US Savings Bonds and Treas. obligations		Copy B For Recipient	
Account number (see instructions)		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	
		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. 17 State tax withheld	
Form 1099-INT					

AGI: \$61,802

Bottom Line: Balance due of \$207

Stay with the Allman problem and add the following:

<input type="checkbox"/> CORRECTED (if checked)					
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. PRUDENTIAL FINANCIAL INC P O BOX 43078 PROVIDENCE RI 02940-3078		1 Total Ordinary Dividends \$120.00		OMB No. 1545--0110 2024 Form 1099-DIV	
PAYER'S TIN 22-1211670		RECIPIENT'S TIN 212-00-XXXX		Dividends and Distributions	
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code SEAN C ALLMAN 123 MAIN ST YC YC YZIP		1b Qualified Dividends \$120.00		2a Total capital gain distr.	
FATCA filing requirement <input type="checkbox"/>		2c Section 1202 gain		2b Unrecap. Sec. 1250 gain	
Account number (see instructions)		2e Section 897 ordinary dividends		2d Collectables (28%) gain	
		3 Nondividend distributions		2f Section 897 capital gain	
		5 Section 199A dividends		4 Federal income tax withheld	
		7 Foreign Tax Paid		6 Investment expenses	
		9 Cash liquidation distributions		8 Foreign Country or US possession	
		11 Exempt-Interest dividends		10 Noncash liquidation distribution	
		12 Specified private activity bond interest dividends		13 State 14 State Identification no. 15 State tax withheld	
Form 1099-DIV					

AGI: \$61,922

Bottom Line: Balance due of \$225

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

<input type="checkbox"/> CORRECTED (if checked)			
RECIPIENT'S/LENDER'S name Street address City or town, state or province, country, ZIP or Foreign Postal Code Telephone number JOMAMAS STUDENT LENDERS 1 EDUCATION WAY CANTON, OHIO 45431		OMB. 1545-1576 <div style="font-size: 2em; font-weight: bold;">2024</div> Form 1098-E	Student Loan Interest Statement
RECIPIENT'S federal identification no. 91-1234567	BORROWER'S social security number 212-00-XXXX	1 Student loan interest received by lender \$5,645.00	Copy B For Borrower <small>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 for student loan interest.</small>
BORROWER'S name Street address (including apt. no.) City or town, state or province, country, ZIP or Foreign Postal Code SEAN C ALLMAN 123 MAIN ST YC YC YZIP		2 If checked box 1 does not include loan origination fees and/or capitalized interest for loans made before September, 1 2004 <input type="checkbox"/>	
Account number (see instructions)			
Form 1098-E			

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 [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 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: <ul style="list-style-type: none">Tax Information such as Forms W-2, 1099, 1098, 1095.Social Security cards or ITIN letters for all persons on your tax returnPicture ID (such as valid driver's license) for you and your spouseComplete 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) HAZEL	M.I. A	Last name BAXTER									
Spouse's first name (pronouns, optional)	M.I.	Last name									
Your date of birth 06/20/90	Your job UNEMPLOYED										
Spouse's date of birth	Spouse's job										
Mailing address 1356 N FIRST ST	Apt #	City YOUR CITY									
Telephone number 208 824-8122	Email address	State YOUR STATE									
Did you live or work in two or more states in 2024 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		ZIP code YOUR ZIP									
Check if you or your spouse were in 2024:											
A U.S. citizen <input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> No	Legally blind <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
In the U.S. on a visa <input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No	Totally and permanently disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
A full-time student <input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No	Issued an identity protection PIN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
Do you own or hold any digital assets <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
If due a refund , would you like your refund											
<input checked="" type="checkbox"/> Direct deposit <input type="checkbox"/> Check by mail											
<input type="checkbox"/> Split refund between accounts <input type="checkbox"/> Other											
If you have a balance due , would you like to make a payment directly from											
<input type="checkbox"/> Bank account <input checked="" type="checkbox"/> Direct debit											
<input type="checkbox"/> Set up installment agreement <input type="checkbox"/> Mail payment to IRS											
Would you like to receive written communications from the IRS in a language other than English <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No What language											
Would you like information on how to vote and/or how to register to vote <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
Would you like \$3 to go to the Presidential Election Campaign Fund <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
As of December 31, 2024, what was your marital status											
<input type="checkbox"/> Never Married <input type="checkbox"/> Married If married, were you married for all of 2024 <input type="checkbox"/> Yes <input type="checkbox"/> No											
Did you live with your spouse during any part of the last six months of 2024 <input type="checkbox"/> Yes <input type="checkbox"/> No											
<input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed											
Date of final decree 2012 Date of separate maintenance decree Year of spouse's death											
Can anyone else claim the taxpayer or spouse on their tax return (to be completed by certified volunteer) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
List the names below of everyone who lived with you last year (except your spouse) AND anyone you supported but did not live with you last year.					Answer Yes or No (Y/N)			To be completed by certified volunteer (Refer to Pub 4012 Tab C)			
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.)

Answer the following questions on this page and the next page about you and your spouse's tax situation

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

Paid any of the following expenses in 2024:

- ☐ (A) Mortgage Interest
- ☐ (A) Taxes: state, local, real estate, sales, etc.
- ☐ (A) Medical, Dental, Prescription Expenses
- ☐ (B) Charitable contributions

Standard or Itemized Deductions (To be completed by certified volunteer) Notes/Comments

- ☐ (B) Taxable state/local income taxes
- ☐ (B) Standard deduction ☐ (A) Itemized deduction

Paid any of these expenses in 2024:

- ☐ (B) Student loan interest
- ☐ (B) Child and dependent care
- ☐ (B/A) Contributions to a retirement account
- ☐ Repayments to a qualified retirement plan
- ☐ (B) School supplies by a teacher, teacher's aide or other educator
- ☐ (B) Alimony payments (do not include child support)

Expenses to report (To be completed by certified volunteer)

- ☐ (B) 1098-E
- ☐ (B) Child and dependent care credit
- ☐ (A) IRA, 401(k), etc. deduction
- ☐ (B) Saver's credit
- ☐ (B) Educator expenses deduction
- ☐ (B) Alimony payments with spouse's SSN \$ _____
- Adjustment to income ☐ Yes ☐ No

Notes/Comments**Did any of the following happen during 2024:**

- ☒ (B) You or someone in your family took educational classes (technical school, college, job related, etc.)
- ☐ (A) Sell a home
- ☐ (A) Have a health savings account (HSA)
- ☐ (A) Purchase health insurance through the Marketplace (Exchange)
- ☐ (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)
- ☐ (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender
- ☐ Have a loss related to a declared federal disaster area
- ☐ (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)
- ☐ Receive any letter or bill from the IRS
- ☐ (B) Make estimated tax payments or apply last year's refund to 2024 taxes
- ☐ Additional information you think we should know

Information to report (To be completed by certified volunteer)

- ☐ (B) Taxable scholarship income
- ☐ (B) 1098-T (itemized statement from school, invoice, etc.)
- ☐ (B) Education credit or tuition and fees deduction
- ☐ (A) Sale of home (1099-S)
- ☐ HSA contributions ☐ HSA distributions
- ☐ (A) 1095-A
- ☐ (B) Energy efficient home improvement credit
- ☐ (A) 1099-C
- ☐ (A) 1099-A
- ☐ Disaster relief impacts return
- ☐ (B) EITC, CTC, AOTC or HOH disallowed in a previous year
- Year disallowed Reason
- ☐ Eligible for Low Income Taxpayer Clinic referral
- ☐ Estimated tax payments _____
- ☐ Last year's refund applied to this year _____
- ☐ Last year's return available _____
- ☐ Additional information for accurate tax preparation

Notes/Comments

The following information is for statistical purposes. These questions are optional.

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

<p>5. What is your race and/or ethnicity (<i>select all that apply and enter additional details in the spaces below</i>)</p> <p><input type="checkbox"/> American Indian or Alaska Native (<i>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.</i>)</p> <p><input type="checkbox"/> Asian (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Filipino</td> </tr> <tr> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Japanese</td> </tr> </table> <p><i>Enter, for example, Pakistani, Hmong, Afghan, etc.</i></p> <p><input type="checkbox"/> Black or African American (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> African American</td> <td><input type="checkbox"/> Jamaican</td> <td><input type="checkbox"/> Haitian</td> </tr> <tr> <td><input type="checkbox"/> Nigerian</td> <td><input type="checkbox"/> Ethiopian</td> <td><input type="checkbox"/> Somali</td> </tr> </table> <p><i>Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.</i></p> <p><input type="checkbox"/> Hispanic or Latino (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Mexican</td> <td><input type="checkbox"/> Puerto Rican</td> <td><input type="checkbox"/> Salvadoran</td> </tr> <tr> <td><input type="checkbox"/> Cuban</td> <td><input type="checkbox"/> Dominican</td> <td><input type="checkbox"/> Guatemalan</td> </tr> </table> <p><i>Enter, for example, Colombian, Honduran, Spaniard, etc.</i></p> <p><input type="checkbox"/> Middle Eastern or North African (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Lebanese</td> <td><input type="checkbox"/> Iranian</td> <td><input type="checkbox"/> Egyptian</td> </tr> <tr> <td><input type="checkbox"/> Syrian</td> <td><input type="checkbox"/> Iraqi</td> <td><input type="checkbox"/> Israeli</td> </tr> </table> <p><i>Enter, for example, Moroccan, Yemeni, Kurdish, etc.</i></p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Native Hawaiian</td> <td><input type="checkbox"/> Samoan</td> <td><input type="checkbox"/> Chamorro</td> </tr> <tr> <td><input type="checkbox"/> Tongan</td> <td><input type="checkbox"/> Fijian</td> <td><input type="checkbox"/> Marshallese</td> </tr> </table> <p><i>Enter, for example, Chuukese, Palauan, Tahitian, etc.</i></p> <p><input checked="" type="checkbox"/> White (<i>provide details below</i>)</p> <table> <tr> <td><input checked="" type="checkbox"/> English</td> <td><input type="checkbox"/> German</td> <td><input type="checkbox"/> Irish</td> </tr> <tr> <td><input type="checkbox"/> Italian</td> <td><input type="checkbox"/> Polish</td> <td><input type="checkbox"/> Scottish</td> </tr> </table> <p><i>Enter, for example, French, Swedish, Norwegian, etc.</i></p>	<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Korean	<input type="checkbox"/> Japanese	<input type="checkbox"/> African American	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Haitian	<input type="checkbox"/> Nigerian	<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Somali	<input type="checkbox"/> Mexican	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Salvadoran	<input type="checkbox"/> Cuban	<input type="checkbox"/> Dominican	<input type="checkbox"/> Guatemalan	<input type="checkbox"/> Lebanese	<input type="checkbox"/> Iranian	<input type="checkbox"/> Egyptian	<input type="checkbox"/> Syrian	<input type="checkbox"/> Iraqi	<input type="checkbox"/> Israeli	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Chamorro	<input type="checkbox"/> Tongan	<input type="checkbox"/> Fijian	<input type="checkbox"/> Marshallese	<input checked="" type="checkbox"/> English	<input type="checkbox"/> German	<input type="checkbox"/> Irish	<input type="checkbox"/> Italian	<input type="checkbox"/> Polish	<input type="checkbox"/> Scottish	<p>6. 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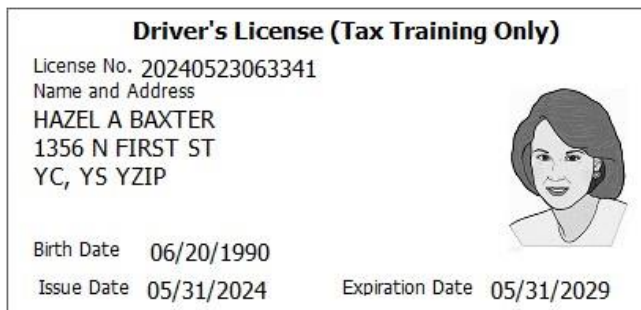
Additional comments

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/](https://www.treasury.gov/sorn) 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.



a. Employee's social security number 213-00-2024		Save, accurate, FAST! Use Visit the IRS website at www.irs.gov/efile				
b. Employer identification number (EIN) 03-0388120		1. Wages, tips, other compensation \$27,567.00	2. Federal income tax withheld \$1,400.00			
c. Employer's name, address, and ZIP code ALLEGRO MULTIMEDIA 7367 GLACIER VIEW RD LONGMONT, CO 80503		3. Social security wages \$29,567.00	4. Social security tax withheld \$1,833.15			
		5. Medicare wages and tips \$29,567.00	6. Medicare tax withheld \$428.72			
		7. Social security tips	8. Allocated tips			
d. Control number		9.	10. Dependant care benefits			
e. Employee's first name and initial Last name Suff. Employee's address and ZIP code HAZEL A BAXTER 1356 N FIRST ST YC, YS YZIP		11. Nonqualified plans	12a. See instructions for box 12			
		13. Statutory Retirement Third-party Employee Plan sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	12b. D \$2,000.00			
		14. Other	12c.			
			12d.			
15. State YS	Employer's state ID number 234567	16. State wages, tips, etc. \$27,567.00	17. State income tax 900.00	18. Local wages, tips, etc.	19. Local income tax	20. Locality name
Form W-2 Wage and Tax Statement 2024 Copy B - To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.						

AGI: \$27,567

Bottom Line: Refund \$275

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

<input type="checkbox"/> CORRECTED (if checked)					
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. STATE EMPLOYMENT DEVELOPMENT DIV 317 W MAIN ST YC,YS YZIP		1 Unemployment compensation \$7,500.00	OMB No. 1545-0120 2024 Form 1099-G		Certain Government Payments 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.
		2 State or local income tax refunds, credits or offsets			
		PAYER'S TIN 32-1341234		RECIPIENT'S TIN 213-00-2024	
RECIPIENT'S name Street address City or town, state or province, country, ZIP or foreign postal code HAZEL A BAXTER 1356 N FIRST ST YC, YS YZIP		3 Box 2 amount is for tax year		4 Federal income tax withheld \$750.00	
		5 RTAA payments		6 Taxable grants	
		7 Agriculture payments		8 If checked, box 2 is trade or business income > <input type="checkbox"/>	
9 Market gain					
10. State		10b State identification no.		11 State income tax withheld	
Account number (see instructions)					
Form 1099-G					

AGI: \$35,067

Bottom Line: Refund \$125

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

<input type="checkbox"/> CORRECTED (if checked)						
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. CAPITAL ONE, N.A. P O BOX 30249 SALT LAKE CITY, UT 84130		Payer's RTN (optional)		OMB No. 1545-0112 2024 Form 1099-INT		Interest Income 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.
		1 Interest income \$3,000.00				
		2 Early withdrawal penalty				
PAYER'S TIN 72-0210640		RECIPIENT'S TIN 213-00-2024		3 Interest on US Savings Bonds and Treas. obligations \$200.00		
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code HAZEL A BAXTER 1356 N FIRST ST YC, YS YZIP		4 Federal income tax withheld		5 Investment expenses		
		6 Foreign Tax Paid		7 Foreign Country or US possession		
		8 Tax exempt interest \$100.00		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				
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						

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		1234
PAY TO THE ORDER OF		\$
		DOLLARS
YOUR BANK ADDRESS CITY, STATE ZIP		
For	325070760 987123654	1234

CAMEL – 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 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: <ul style="list-style-type: none"> 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																																																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Your first name (pronouns, optional) LESTER</td> <td style="width:10%;">M.I.</td> <td style="width:25%;">Last name CAMEL</td> <td style="width:15%;">Your date of birth 02/10/1953</td> <td style="width:35%;">Your job RETIRED</td> </tr> <tr> <td>Spouse's first name (pronouns, optional) WANDA</td> <td>M.I.</td> <td>Last name CAMEL</td> <td>Spouse's date of birth 6/27/1956</td> <td>Spouse's job RETIRED</td> </tr> <tr> <td colspan="2">Mailing address 157 E BRENT RD</td> <td>Apt #</td> <td>City YOUR CITY</td> <td>State YOUR STATE</td> </tr> <tr> <td colspan="2">Telephone number 2082342934</td> <td colspan="2">Email address</td> <td>Did you live or work in two or more states in 2024 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> </table>			Your first name (pronouns, optional) LESTER	M.I.	Last name CAMEL	Your date of birth 02/10/1953	Your job RETIRED	Spouse's first name (pronouns, optional) WANDA	M.I.	Last name CAMEL	Spouse's date of birth 6/27/1956	Spouse's job RETIRED	Mailing address 157 E BRENT RD		Apt #	City YOUR CITY	State YOUR STATE	Telephone number 2082342934		Email address		Did you live or work in two or more states in 2024 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																				
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<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="4"> If due a refund, would you like your refund <input checked="" type="checkbox"/> Direct deposit <input type="checkbox"/> Check by mail <input type="checkbox"/> Split refund between accounts <input type="checkbox"/> Other </td> <td colspan="4"> If you have a balance due, would you like to make a payment directly from <input type="checkbox"/> Bank account <input checked="" type="checkbox"/> Direct debit <input type="checkbox"/> Set up installment agreement <input type="checkbox"/> Mail payment to IRS </td> </tr> <tr> <td colspan="4"> Would you like to receive written communications from the IRS in a language other than English <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No What language </td> <td colspan="4"> Would you like information on how to vote and/or how to register to vote <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </td> </tr> <tr> <td colspan="4"></td> <td colspan="4"> Would you like \$3 to go to the Presidential Election Campaign Fund <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </table>			If due a refund , would you like your refund <input checked="" type="checkbox"/> Direct deposit <input type="checkbox"/> Check by mail <input type="checkbox"/> Split refund between accounts <input type="checkbox"/> Other				If you have a balance due , would you like to make a payment directly from <input type="checkbox"/> Bank account <input checked="" type="checkbox"/> Direct debit <input type="checkbox"/> Set up installment agreement <input type="checkbox"/> Mail payment to IRS				Would you like to receive written communications from the IRS in a language other than English <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No What language				Would you like information on how to vote and/or how to register to vote <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								Would you like \$3 to go to the Presidential Election Campaign Fund <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																			
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As of December 31, 2024, what was your marital status <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married If married, were you married for all of 2024 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did you live with your spouse during any part of the last six months of 2024 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed Date of final decree _____ Date of separate maintenance decree _____ Year of spouse's death _____																																																																										
Can anyone else claim the taxpayer or spouse on their tax return (to be completed by certified volunteer) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="5">List the names below of everyone who lived with you last year (except your spouse) AND anyone you supported but did not live with you last year.</th> <th colspan="4">Answer Yes or No (Y/N)</th> <th colspan="3">To be completed by certified volunteer (Refer to Pub 4012 Tab C)</th> </tr> <tr> <th>Name (first, last)</th> <th>Date of birth (mm/dd/yy)</th> <th>Relationship to you (son, daughter, parent, none, etc.)</th> <th>Number of months lived in your home in 2024</th> <th>Single or Married as of 12/31/2024 (S/M)</th> <th>A U.S. Citizen</th> <th>Resident of U.S., Canada or Mexico</th> <th>Full-time student</th> <th>Totally and permanently disabled</th> <th>Qualifying child dependent</th> <th>Qualifying relative dependent</th> <th>Provides tax benefits (HOH, EITC, CTC, etc.)</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>			List the names below of everyone who lived with you last year (except your spouse) AND anyone you supported but did not live with you last year.					Answer Yes or No (Y/N)				To be completed by certified volunteer (Refer to Pub 4012 Tab C)			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.)																																																
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Catalog Number 52121E

www.irs.gov

Form **13614-C** (Rev. 10-2024)

Answer the following questions on this page and the next page about you and your spouse's tax situation

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

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

The following information is for statistical purposes. These questions are optional.

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

<p>5. What is your race and/or ethnicity (<i>select all that apply and enter additional details in the spaces below</i>)</p> <p><input type="checkbox"/> American Indian or Alaska Native (<i>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.</i>)</p> <p><input type="checkbox"/> Asian (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Filipino</td> </tr> <tr> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Japanese</td> </tr> </table> <p><i>Enter, for example, Pakistani, Hmong, Afghan, etc.</i></p> <p><input checked="" type="checkbox"/> Black or African American (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> African American</td> <td><input checked="" type="checkbox"/> Jamaican</td> <td><input type="checkbox"/> Haitian</td> </tr> <tr> <td><input type="checkbox"/> Nigerian</td> <td><input type="checkbox"/> Ethiopian</td> <td><input type="checkbox"/> Somali</td> </tr> </table> <p><i>Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.</i></p> <p><input type="checkbox"/> Hispanic or Latino (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Mexican</td> <td><input type="checkbox"/> Puerto Rican</td> <td><input type="checkbox"/> Salvadoran</td> </tr> <tr> <td><input type="checkbox"/> Cuban</td> <td><input type="checkbox"/> Dominican</td> <td><input type="checkbox"/> Guatemalan</td> </tr> </table> <p><i>Enter, for example, Colombian, Honduran, Spaniard, etc.</i></p> <p><input type="checkbox"/> Middle Eastern or North African (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Lebanese</td> <td><input type="checkbox"/> Iranian</td> <td><input type="checkbox"/> Egyptian</td> </tr> <tr> <td><input type="checkbox"/> Syrian</td> <td><input type="checkbox"/> Iraqi</td> <td><input type="checkbox"/> Israeli</td> </tr> </table> <p><i>Enter, for example, Moroccan, Yemeni, Kurdish, etc.</i></p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Native Hawaiian</td> <td><input type="checkbox"/> Samoan</td> <td><input type="checkbox"/> Chamorro</td> </tr> <tr> <td><input type="checkbox"/> Tongan</td> <td><input type="checkbox"/> Fijian</td> <td><input type="checkbox"/> Marshallese</td> </tr> </table> <p><i>Enter, for example, Chuukese, Palauan, Tahitian, etc.</i></p> <p><input type="checkbox"/> White (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> English</td> <td><input type="checkbox"/> German</td> <td><input type="checkbox"/> Irish</td> </tr> <tr> <td><input type="checkbox"/> Italian</td> <td><input type="checkbox"/> Polish</td> <td><input type="checkbox"/> Scottish</td> </tr> </table> <p><i>Enter, for example, French, Swedish, Norwegian, etc.</i></p>	<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Korean	<input type="checkbox"/> Japanese	<input type="checkbox"/> African American	<input checked="" type="checkbox"/> Jamaican	<input type="checkbox"/> Haitian	<input type="checkbox"/> Nigerian	<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Somali	<input type="checkbox"/> Mexican	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Salvadoran	<input type="checkbox"/> Cuban	<input type="checkbox"/> Dominican	<input type="checkbox"/> Guatemalan	<input type="checkbox"/> Lebanese	<input type="checkbox"/> Iranian	<input type="checkbox"/> Egyptian	<input type="checkbox"/> Syrian	<input type="checkbox"/> Iraqi	<input type="checkbox"/> Israeli	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Chamorro	<input type="checkbox"/> Tongan	<input type="checkbox"/> Fijian	<input type="checkbox"/> Marshallese	<input type="checkbox"/> English	<input type="checkbox"/> German	<input type="checkbox"/> Irish	<input type="checkbox"/> Italian	<input type="checkbox"/> Polish	<input type="checkbox"/> Scottish	<p>6. 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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 \(SORNs\)](https://www.treasury.gov/sorn). 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.

Driver's License (Tax Training Only)	Driver's License (Tax Training Only)
License No. 20240524141749 Name and Address LESTER CARMEL 157 E BRENT RD YC YS YZIP 	License No. 20240524141720 Name and Address WANDA CARMEL 157 E BRENT RD YC YS YZIP 
Birth Date 02/10/1953 Issue Date 01/21/2024 Expiration Date 01/21/2029	Birth Date 06/27/1956 Issue Date 06/07/2024 Expiration Date 06/07/2029

Social Security	Social Security
214-00-XXXX THIS NUMBER HAS BEEN ESTABLISHED FOR LESTER CARMEL For Tax Training Purposes Only	224-00-XXXX THIS NUMBER HAS BEEN ESTABLISHED FOR WANDA CARMEL For Tax Training Purposes Only

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT		
2024 <input type="radio"/> PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. <input type="radio"/> SEE THE REVERSE FOR MORE INFORMATION.		
Box 1. Name LESTER CAMEL		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 AMOUNT IN BOX 3 Paid by check or direct deposit \$26,400.00 Medicare Part B premiums deducted from your benefits \$2,096.40 Medicare Prescription Drug premiums (Part D) deducted from your benefits Total Additions \$2,096.40 Benefits for 2024 \$28,496.40 Benefits for 2023 Benefits for 2022 Benefits for 2021		DESCRIPTION OF AMOUNT IN BOX 4 Box 6. Voluntary Federal Income Tax Withheld Box 7. Address LESTER CAMEL 157 E BRENT RD YC YS YZIP Box 8. Claim Number (use this number if you need to contact SSA) 214-00-XXXXA

Form **SSA-1099-SM**

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT		
2024 <input type="radio"/> PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. <input type="radio"/> SEE THE REVERSE FOR MORE INFORMATION.		
Box 1. Name WANDA CAMEL		Box 2. Beneficiary's Social Security 224-00-XXXX
Box 3. Benefits Paid in 2024 \$14,744.40	Box 4. Benefits Repaid to SSA in 2024	Box 5. Net Benefits Paid for 2024 (Box 3 minus Box 4) \$14,744.40
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or direct deposit \$12,528.00 Medicare Part B premiums deducted from your benefits \$2,096.40 Medicare Prescription Drug premiums (Part D) deducted from your benefits Total Additions \$2,216.40 Benefits for 2024 \$14,744.40 Benefits for 2023 Benefits for 2022 Benefits for 2021		DESCRIPTION OF AMOUNT IN BOX 4 Box 6. Voluntary Federal Income Tax Withheld \$120.00 Box 7. Address WANDA CAMEL 157 E BRENT RD YC YS YZIP Box 8. Claim 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:

<input type="checkbox"/> CORRECTED (if checked)						Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		
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			1 Gross distribution \$25,800.00		2024 Form 1099-R		Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS	
			2a Taxable amount \$25,800.00					
			2b Taxable amount not determined. <input type="checkbox"/> Total Distribution <input type="checkbox"/>					
			3 Capital gain (included in box 2a).		4 Federal income tax withheld			
PAYER'S TIN 34-0727612		RECIPIENT'S TIN 214-00-XXXX		5 Employee contributions/ Designated Roth contributions or		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 code LESTER CAMEL 157 E BRENT RD YC YS YZIP			7 Distribution Code(s) 7		IRA/ SEP/ SIMPLE <input type="checkbox"/>			
			8 Other		%			
			9a Your percentage of total distribution %		9b Total Employee Contributions			
10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth		12 FATCA filing requirement <input type="checkbox"/>		14 State tax withheld		
						15 State/Payer's state no.		
						16 State distribution		
Account number (see instructions)			13 Date of payment		17 Local tax withheld		18 Name of locality	
							19 Local distribution	
Form 1099-R								

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.

<input type="checkbox"/> CORRECTED (if checked)						OMB No. 1545-0116		Nonemployee Compensation	
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. ST LUKES HEALTH SYSTEM, LTD 132 S EAGLE DRIVE MERIDIAN, ID 83646					2024 Form 1099-NEC		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.		
			1 Nonemployee compensation \$2,000.00						
PAYER'S TIN 56-2570681			RECIPIENT'S TIN 224-00-XXXX		2				
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code WANDA CAMEL 157 E BRENT RD YC YS YZIP			3						
			4 Federal income tax withheld						
			FATCA filing requirement <input type="checkbox"/>						
Account number (see instructions)			5 State tax withheld		6 State/Payer's state no.		7 State income		
Form 1099-NEC									

AGI: \$34,707

Bottom Line: Balance Due \$178

Wanda made 4 timely estimated payments of \$75 each.

AGI: \$34,707

Bottom Line: Refund \$122

<input type="checkbox"/> CORRECTED				
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. MORGAN STANLEY CAPITAL MGT ETRADE SECURITIES LLC P O BOX 484 JERSEY CITY, NJ 07303-0484		Applicable Check Box on Form 8949 A ←	OMB No. 1545-0715 2024 Form 1099-B	Proceeds From Broker and Barter Exchange Transactions
		1a Description of Property (Example: 100 sh. XYZ Co.) 100 SH GAMESTOP		
		1b Date acquired 02/01/2024	1c Date sold or disposed 05/14/2024	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.
PAYER'S TIN 11-3658445	RECIPIENT'S TIN 214-00-XXXX	1d Proceeds \$2,479.00	1e Cost or other basis \$1,978.89	
		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 CAMEL 157 E BRENT RD YC YS YZIP		2 Short term gain or loss <input checked="" type="checkbox"/> Long term gain or loss <input type="checkbox"/> Ordinary <input type="checkbox"/>	3 If checked, proceeds from: Collectables <input type="checkbox"/> QOF <input type="checkbox"/>	
		4 Federal income tax withheld	5 If checked, noncovered security <input type="checkbox"/>	
Account number (see instructions)		6 Reported to IRS Gross proceeds <input checked="" type="checkbox"/> Net proceeds <input type="checkbox"/>	7 If checked, loss is not allowed due to amount in 1d <input type="checkbox"/>	
CUSIP number		FATCA filing requirement <input type="checkbox"/>	8 Profit or (loss) realized in 2024 on closed contracts	9 Unrealized profit or (loss) on open contracts - 12/31/2024
14 State Name	15 State identification no.	16 State tax withheld	10 Unrealized profit or (loss) on open contracts - 12/31/2024	11 Aggregate profit or (loss) on contracts
			12 If checked, basis reported to IRS <input type="checkbox"/>	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	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: <ul style="list-style-type: none"> 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) MARILYN	M.I. A	Last name DAVIS									
Spouse's first name (pronouns, optional)	M.I.	Last name									
Your date of birth AUG 10, 1951		Your job WALMART GREETER									
Spouse's date of birth		Spouse's job									
Mailing address 172 N GARY LN	Apt #	City YOUR CITY									
Telephone number 208 555-1897	Email address	State YOUR STATE									
ZIP code YOUR ZIP		Did you live or work in two or more states in 2024 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Check if you or your spouse were in 2024:											
A U.S. citizen	<input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> No	Legally blind <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
In the U.S. on a visa	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No	Totally and permanently disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
A full-time student	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No	Issued an identity protection PIN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
		Do you own or hold any digital assets <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
If due a refund , would you like your refund											
<input checked="" type="checkbox"/> Direct deposit <input type="checkbox"/> Check by mail											
<input type="checkbox"/> Split refund between accounts <input type="checkbox"/> Other											
If you have a balance due , would you like to make a payment directly from											
<input type="checkbox"/> Bank account <input checked="" type="checkbox"/> Direct debit											
<input type="checkbox"/> Set up installment agreement <input type="checkbox"/> Mail payment to IRS											
Would you like to receive written communications from the IRS in a language other than English											
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No What language											
Would you like information on how to vote and/or how to register to vote											
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
Would you like \$3 to go to the Presidential Election Campaign Fund											
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
As of December 31, 2024, what was your marital status											
<input type="checkbox"/> Never Married <input type="checkbox"/> Married If married, were you married for all of 2024 <input type="checkbox"/> Yes <input type="checkbox"/> No											
Did you live with your spouse during any part of the last six months of 2024 <input type="checkbox"/> Yes <input type="checkbox"/> No											
<input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input checked="" type="checkbox"/> Widowed											
Date of final decree _____ Date of separate maintenance decree _____ Year of spouse's death 2020											
Can anyone else claim the taxpayer or spouse on their tax return (to be completed by certified volunteer) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
List the names below of everyone who lived with you last year (except your spouse) AND anyone you supported but did not live with you last year.					Answer Yes or No (Y/N)			To be completed by certified volunteer (Refer to Pub 4012 Tab C)			
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.)
CASSIDY DAVIS	6-19-2014	GRAND DAU	12	S	Y	Y	Y	N	Y	N	Y

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

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

The following information is for statistical purposes. These questions are optional.

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

<p>5. What is your race and/or ethnicity (<i>select all that apply and enter additional details in the spaces below</i>)</p> <p><input checked="" type="checkbox"/> American Indian or Alaska Native (<i>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.</i>)</p> <p><input type="checkbox"/> Asian (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Filipino</td> </tr> <tr> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Japanese</td> </tr> </table> <p><i>Enter, for example, Pakistani, Hmong, Afghan, etc.</i></p> <p><input type="checkbox"/> Black or African American (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> African American</td> <td><input type="checkbox"/> Jamaican</td> <td><input type="checkbox"/> Haitian</td> </tr> <tr> <td><input type="checkbox"/> Nigerian</td> <td><input type="checkbox"/> Ethiopian</td> <td><input type="checkbox"/> Somali</td> </tr> </table> <p><i>Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.</i></p> <p><input type="checkbox"/> Hispanic or Latino (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Mexican</td> <td><input type="checkbox"/> Puerto Rican</td> <td><input type="checkbox"/> Salvadoran</td> </tr> <tr> <td><input type="checkbox"/> Cuban</td> <td><input type="checkbox"/> Dominican</td> <td><input type="checkbox"/> Guatemalan</td> </tr> </table> <p><i>Enter, for example, Colombian, Honduran, Spaniard, etc.</i></p> <p><input type="checkbox"/> Middle Eastern or North African (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Lebanese</td> <td><input type="checkbox"/> Iranian</td> <td><input type="checkbox"/> Egyptian</td> </tr> <tr> <td><input type="checkbox"/> Syrian</td> <td><input type="checkbox"/> Iraqi</td> <td><input type="checkbox"/> Israeli</td> </tr> </table> <p><i>Enter, for example, Moroccan, Yemeni, Kurdish, etc.</i></p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Native Hawaiian</td> <td><input type="checkbox"/> Samoan</td> <td><input type="checkbox"/> Chamorro</td> </tr> <tr> <td><input type="checkbox"/> Tongan</td> <td><input type="checkbox"/> Fijian</td> <td><input type="checkbox"/> Marshallese</td> </tr> </table> <p><i>Enter, for example, Chuukese, Palauan, Tahitian, etc.</i></p> <p><input type="checkbox"/> White (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> English</td> <td><input type="checkbox"/> German</td> <td><input type="checkbox"/> Irish</td> </tr> <tr> <td><input type="checkbox"/> Italian</td> <td><input type="checkbox"/> Polish</td> <td><input type="checkbox"/> Scottish</td> </tr> </table> <p><i>Enter, for example, French, Swedish, Norwegian, etc.</i></p>	<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Korean	<input type="checkbox"/> Japanese	<input type="checkbox"/> African American	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Haitian	<input type="checkbox"/> Nigerian	<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Somali	<input type="checkbox"/> Mexican	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Salvadoran	<input type="checkbox"/> Cuban	<input type="checkbox"/> Dominican	<input type="checkbox"/> Guatemalan	<input type="checkbox"/> Lebanese	<input type="checkbox"/> Iranian	<input type="checkbox"/> Egyptian	<input type="checkbox"/> Syrian	<input type="checkbox"/> Iraqi	<input type="checkbox"/> Israeli	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Chamorro	<input type="checkbox"/> Tongan	<input type="checkbox"/> Fijian	<input type="checkbox"/> Marshallese	<input type="checkbox"/> English	<input type="checkbox"/> German	<input type="checkbox"/> Irish	<input type="checkbox"/> Italian	<input type="checkbox"/> Polish	<input type="checkbox"/> Scottish	<p>6. What is your spouse's race and/or ethnicity (<i>select all that apply and enter additional details in the spaces below</i>)</p> <p><input type="checkbox"/> American Indian or Alaska Native (<i>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.</i>)</p> <p><input type="checkbox"/> Asian (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Filipino</td> </tr> <tr> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Japanese</td> </tr> </table> <p><i>Enter, for example, Pakistani, Hmong, Afghan, etc.</i></p> <p><input type="checkbox"/> Black or African American (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> African American</td> <td><input type="checkbox"/> Jamaican</td> <td><input type="checkbox"/> Haitian</td> </tr> <tr> <td><input type="checkbox"/> Nigerian</td> <td><input type="checkbox"/> Ethiopian</td> <td><input type="checkbox"/> Somali</td> </tr> </table> <p><i>Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.</i></p> <p><input type="checkbox"/> Hispanic or Latino (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Mexican</td> <td><input type="checkbox"/> Puerto Rican</td> <td><input type="checkbox"/> Salvadoran</td> </tr> <tr> <td><input type="checkbox"/> Cuban</td> <td><input type="checkbox"/> Dominican</td> <td><input type="checkbox"/> Guatemalan</td> </tr> </table> <p><i>Enter, for example, Colombian, Honduran, Spaniard, etc.</i></p> <p><input type="checkbox"/> Middle Eastern or North African (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Lebanese</td> <td><input type="checkbox"/> Iranian</td> <td><input type="checkbox"/> Egyptian</td> </tr> <tr> <td><input type="checkbox"/> Syrian</td> <td><input type="checkbox"/> Iraqi</td> <td><input type="checkbox"/> Israeli</td> </tr> </table> <p><i>Enter, for example, Moroccan, Yemeni, Kurdish, etc.</i></p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Native Hawaiian</td> <td><input type="checkbox"/> Samoan</td> <td><input type="checkbox"/> Chamorro</td> </tr> <tr> <td><input type="checkbox"/> Tongan</td> <td><input type="checkbox"/> Fijian</td> <td><input type="checkbox"/> Marshallese</td> </tr> </table> <p><i>Enter, for example, Chuukese, Palauan, Tahitian, etc.</i></p> <p><input type="checkbox"/> White (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> English</td> <td><input type="checkbox"/> German</td> <td><input type="checkbox"/> Irish</td> </tr> <tr> <td><input type="checkbox"/> Italian</td> <td><input type="checkbox"/> Polish</td> <td><input type="checkbox"/> Scottish</td> </tr> </table> <p><i>Enter, for example, French, Swedish, Norwegian, etc.</i></p>	<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Korean	<input type="checkbox"/> Japanese	<input type="checkbox"/> African American	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Haitian	<input type="checkbox"/> Nigerian	<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Somali	<input type="checkbox"/> Mexican	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Salvadoran	<input type="checkbox"/> Cuban	<input type="checkbox"/> Dominican	<input type="checkbox"/> Guatemalan	<input type="checkbox"/> Lebanese	<input type="checkbox"/> Iranian	<input type="checkbox"/> Egyptian	<input type="checkbox"/> Syrian	<input type="checkbox"/> Iraqi	<input type="checkbox"/> Israeli	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Chamorro	<input type="checkbox"/> Tongan	<input type="checkbox"/> Fijian	<input type="checkbox"/> Marshallese	<input type="checkbox"/> English	<input type="checkbox"/> German	<input type="checkbox"/> Irish	<input type="checkbox"/> Italian	<input type="checkbox"/> Polish	<input type="checkbox"/> Scottish
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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/](https://www.treasury.gov/sorn) 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.

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.

Social Security	Social Security
224-00-XXXX	224-22-2024
THIS NUMBER HAS BEEN ESTABLISHED FOR	THIS NUMBER HAS BEEN ESTABLISHED FOR
MARILYN DAVIS	CASSIDY DAVIS
For Tax Training Purposes Only	For Tax Training Purposes Only

Driver's License (Tax Training Only)	
License No. 20240513174758	
Name and Address	
MARILYN DAVIS	
172 N GARY LN	
YC,YS,YZIP	
Birth Date	08/10/1951
Issue Date	04/29/2024
Expiration Date	08/10/2029

a. Employee's social security number		Save, accurate, FAST! Use		Visit the IRS website at www.irs.gov/efile	
224-00-XXXX		OMB No. 1545-0008			
b. Employer identification number (EIN)		1. Wages, tips, other compensation		2. Federal income tax withheld	
71-6076821		\$25,000.00		\$500.00	
c. Employer's name, address, and ZIP code		3. Social security wages		4. Social security tax withheld	
WALMART		\$25,000.00		\$1,550.00	
785 E BRENDA DR		5. Medicare wages and tips		6. Medicare tax withheld	
YC, YS, YZIP		\$25,000.00		\$362.50	
d. Control number		7. Social security tips		8. Allocated tips	
e. Employee's first name and initial		9.		10. Dependant care benefits	
Last name	Suff.	11. Nonqualified plans		12a. See instructions for box 12	
MARILYN DAVIS		13. Statutory Employee Retirement Plan Third-party sick pay		12b.	
172 N GARY LN		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12c.	
YC,YS,YZIP		14. Other		12d.	
15. State		16. State wages, tips, etc.		17. State income tax	
YS	716076823	\$25,000.00		250.00	
18. Local wages, tips, etc.		19. Local income tax		20. Locality name	

Form **W-2 Wage and Tax Statement** **2024**

Copy B - To Be Filed With Employee's FEDERAL Tax Return.

This information is being furnished to the Internal Revenue Service.

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

2024

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

Box 1. Name 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
<p align="center">DESCRIPTION OF AMOUNT IN BOX 3</p> <p>Paid by check or direct deposit \$23,904.00</p> <p>Medicare Part B premiums deducted from your benefits \$2,096.40</p> <p>Medicare Prescription Drug premiums (Part D) deducted from your benefits</p> <p>Total Additions \$2,096.40</p> <p>Benefits for 2024 \$26,000.40</p> <p>Benefits for 2023</p> <p>Benefits for 2022</p> <p>Benefits for 2021</p>		<p align="center">DESCRIPTION OF AMOUNT IN BOX 4</p> <p>Box 6. Voluntary Federal Income Tax Withheld</p> <p>Box 7. Address MARILYN DAVIS 172 N GARY LN YC,YS,YZIP</p> <p>Box 8. Claim Number (use this number if you need to contact SSA) 224-00-XXXXA</p>

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:

<input type="checkbox"/> CORRECTED (if checked)			2024 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. NA CUST FOR IRA PROGRAM 1378 W WILLIAMS ST YC, YS YZIP			1 Gross distribution \$12,000.00		Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS	
			2a Taxable amount \$12,000.00			
			2b Taxable amount not determined. <input checked="" type="checkbox"/> Total Distribution <input type="checkbox"/>			
3 Capital gain (included in box 2a).		4 Federal income tax withheld				
PAYER'S TIN 43-6853075	RECIPIENT'S TIN 224-00-XXXX	5 Employee contributions/ Designated Roth contributions or		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 YC,YS,YZIP		7 Distribution Code(s) 7	IRA/ SEP/ SIMPLE <input checked="" type="checkbox"/>	8 Other %		
		9a Your percentage of total distribution %		9b Total Employee Contributions		
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth	12 FATCA filing requirement <input type="checkbox"/>	14 State tax withheld	15 State/Payer's state no.		16 State distribution
Account number (see instructions)		13 Date of payment	17 Local tax withheld	18 Name of locality		19 Local distribution
Form 1099-R						

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 Department of the Treasury Internal Revenue Service	Health Insurance Marketplace Statement > Do not attach to your tax return. Keep for your records. > Go to www.irs.gov/Form1095A for instructions and the latest information.	OMB No. 1545-2232 <div style="font-size: 2em; font-weight: bold; text-align: center;">2024</div>
<div style="background-color: #f2f2f2; padding: 2px;">Part I Recipient Information</div>		
1 Marketplace Identifier 20-0712345	2 Marketplace-assigned policy number 45987	3 Policy issuer's name BLUE CROSS
4 Recipient's name MARILYN DAVIS	5 Recipient's SSN 224-00-XXXX	6 Recipient's date of birth 08/10/1951
7 Recipient's spouse's name	8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth
10 Policy start date 01/01/2024	11 Policy termination date 12/31/2024	12 Street address (including apartment number) 172 N GARY LN
13 City or town, State or province, Country and ZIP or foreign postal code YC, YS YZIP		
<div style="background-color: #f2f2f2; padding: 2px;">Part II Covered Individuals</div>		
A Covered individual name	B Covered individual SSN	C. Date of birth
D. Coverage start date	E. Coverage termination date	
16 CASSIDY DAVIS	224-22-XXXX	06/19/2014
17		
18		
19		
20		
<div style="background-color: #f2f2f2; padding: 2px;">Part III Coverage Information</div>		
Month	A Monthly Enrollment Premiums	B Monthly second lowest cost silver plan (SLCSP) premium
C. Monthly advance payment of premium tax credit		
21 January	\$250.00	\$300.00
22 February	\$250.00	\$300.00
23 March	\$250.00	\$300.00
24 April	\$250.00	\$300.00
25 May	\$250.00	\$300.00
26 June	\$250.00	\$300.00
27 July	\$250.00	\$300.00
28 August	\$250.00	\$300.00
29 September	\$250.00	\$300.00
30 October	\$250.00	\$300.00
31 November	\$250.00	\$300.00
32 December	\$250.00	\$300.00
33 Annual Totals	\$3,000.00	\$3,600.00
		\$1,100.00

AGI: \$32,900

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

Bottom Line: Refund \$4,601

EGRET – Ctrl+Click [here](#) to view Intake/Interview & Quality Review

Form 13614-C (October 2024)	Department of the Treasury - Internal Revenue Service <h2 style="margin: 0;">Intake/Interview and Quality Review Sheet</h2>	OMB Number 1545-1964
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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 vi.voltax@irs.gov

Your first name (pronouns, optional) RONALD	M.I. P	Last name EGRET	Your date of birth 10/31/1958	Your job RETIRED
Spouse's first name (pronouns, optional) LILY	M.I. M	Last name EGRET	Spouse's date of birth 12/25/1962	Spouse's job DECEASED
Mailing address 1722 EMERALD WAY		Apt #	City YOUR CITY	State YOUR STATE
Telephone number 2085552456		Email address	Did you live or work in two or more states in 2024 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Check if you or your spouse were in 2024:

A U.S. citizen <input checked="" type="checkbox"/> You <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> No In the U.S. on a visa <input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No A full-time student <input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No	Legally blind <input type="checkbox"/> Yes <input type="checkbox"/> No Totally and permanently disabled <input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No Issued an identity protection PIN <input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No Do you own or hold any digital assets <input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No
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If due a refund , would you like your refund <input checked="" type="checkbox"/> Direct deposit <input type="checkbox"/> Check by mail <input type="checkbox"/> Split refund between accounts <input type="checkbox"/> Other	If you have a balance due , would you like to make a payment directly from <input type="checkbox"/> Bank account <input checked="" type="checkbox"/> Direct debit <input type="checkbox"/> Set up installment agreement <input type="checkbox"/> Mail payment to IRS
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Would you like to receive written communications from the IRS in a language other than English <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No What language _____	Would you like information on how to vote and/or how to register to vote <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---

As of December 31, 2024, what was your marital status <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced Date of final decree _____	<input type="checkbox"/> Married If married, were you married for all of 2024 <input type="checkbox"/> Yes <input type="checkbox"/> No Did you live with your spouse during any part of the last six months of 2024 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Legally Separated Date of separate maintenance decree _____ <input checked="" type="checkbox"/> Widowed Year of spouse's death 2024
---	--

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 spouse) AND anyone you supported but did not live with you last year.							Answer Yes or No (Y/N)		To be completed by certified volunteer (Refer to Pub 4012 Tab C)		
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.)

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

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

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

The following information is for statistical purposes. These questions are optional.

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

<p>5. What is your race and/or ethnicity (<i>select all that apply and enter additional details in the spaces below</i>)</p> <p><input type="checkbox"/> American Indian or Alaska Native (<i>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.</i>)</p> <p><input type="checkbox"/> Asian (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Filipino</td> </tr> <tr> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Japanese</td> </tr> </table> <p><i>Enter, for example, Pakistani, Hmong, Afghan, etc.</i></p> <p><input type="checkbox"/> Black or African American (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> African American</td> <td><input type="checkbox"/> Jamaican</td> <td><input type="checkbox"/> Haitian</td> </tr> <tr> <td><input type="checkbox"/> Nigerian</td> <td><input type="checkbox"/> Ethiopian</td> <td><input type="checkbox"/> Somali</td> </tr> </table> <p><i>Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.</i></p> <p><input type="checkbox"/> Hispanic or Latino (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Mexican</td> <td><input type="checkbox"/> Puerto Rican</td> <td><input type="checkbox"/> Salvadoran</td> </tr> <tr> <td><input type="checkbox"/> Cuban</td> <td><input type="checkbox"/> Dominican</td> <td><input type="checkbox"/> Guatemalan</td> </tr> </table> <p><i>Enter, for example, Colombian, Honduran, Spaniard, etc.</i></p> <p><input type="checkbox"/> Middle Eastern or North African (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Lebanese</td> <td><input type="checkbox"/> Iranian</td> <td><input type="checkbox"/> Egyptian</td> </tr> <tr> <td><input type="checkbox"/> Syrian</td> <td><input type="checkbox"/> Iraqi</td> <td><input type="checkbox"/> Israeli</td> </tr> </table> <p><i>Enter, for example, Moroccan, Yemeni, Kurdish, etc.</i></p> <p><input checked="" type="checkbox"/> Native Hawaiian or Pacific Islander (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Native Hawaiian</td> <td><input type="checkbox"/> Samoan</td> <td><input type="checkbox"/> Chamorro</td> </tr> <tr> <td><input type="checkbox"/> Tongan</td> <td><input checked="" type="checkbox"/> Fijian</td> <td><input type="checkbox"/> Marshallese</td> </tr> </table> <p><i>Enter, for example, Chuukese, Palauan, Tahitian, etc.</i></p> <p><input type="checkbox"/> White (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> English</td> <td><input type="checkbox"/> German</td> <td><input type="checkbox"/> Irish</td> </tr> <tr> <td><input type="checkbox"/> Italian</td> <td><input type="checkbox"/> Polish</td> <td><input type="checkbox"/> Scottish</td> </tr> </table> <p><i>Enter, for example, French, Swedish, Norwegian, etc.</i></p>	<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Korean	<input type="checkbox"/> Japanese	<input type="checkbox"/> African American	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Haitian	<input type="checkbox"/> Nigerian	<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Somali	<input type="checkbox"/> Mexican	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Salvadoran	<input type="checkbox"/> Cuban	<input type="checkbox"/> Dominican	<input type="checkbox"/> Guatemalan	<input type="checkbox"/> Lebanese	<input type="checkbox"/> Iranian	<input type="checkbox"/> Egyptian	<input type="checkbox"/> Syrian	<input type="checkbox"/> Iraqi	<input type="checkbox"/> Israeli	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Chamorro	<input type="checkbox"/> Tongan	<input checked="" type="checkbox"/> Fijian	<input type="checkbox"/> Marshallese	<input type="checkbox"/> English	<input type="checkbox"/> German	<input type="checkbox"/> Irish	<input type="checkbox"/> Italian	<input type="checkbox"/> Polish	<input type="checkbox"/> Scottish	<p>6. What is your spouse's race and/or ethnicity (<i>select all that apply and enter additional details in the spaces below</i>)</p> <p><input type="checkbox"/> American Indian or Alaska Native (<i>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.</i>)</p> <p><input type="checkbox"/> Asian (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Filipino</td> </tr> <tr> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Japanese</td> </tr> </table> <p><i>Enter, for example, Pakistani, Hmong, Afghan, etc.</i></p> <p><input type="checkbox"/> Black or African American (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> African American</td> <td><input type="checkbox"/> Jamaican</td> <td><input type="checkbox"/> Haitian</td> </tr> <tr> <td><input type="checkbox"/> Nigerian</td> <td><input type="checkbox"/> Ethiopian</td> <td><input type="checkbox"/> Somali</td> </tr> </table> <p><i>Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.</i></p> <p><input type="checkbox"/> Hispanic or Latino (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Mexican</td> <td><input type="checkbox"/> Puerto Rican</td> <td><input type="checkbox"/> Salvadoran</td> </tr> <tr> <td><input type="checkbox"/> Cuban</td> <td><input type="checkbox"/> Dominican</td> <td><input type="checkbox"/> Guatemalan</td> </tr> </table> <p><i>Enter, for example, Colombian, Honduran, Spaniard, etc.</i></p> <p><input checked="" type="checkbox"/> Middle Eastern or North African (<i>provide details below</i>)</p> <table> <tr> <td><input checked="" type="checkbox"/> Lebanese</td> <td><input type="checkbox"/> Iranian</td> <td><input type="checkbox"/> Egyptian</td> </tr> <tr> <td><input type="checkbox"/> Syrian</td> <td><input type="checkbox"/> Iraqi</td> <td><input type="checkbox"/> Israeli</td> </tr> </table> <p><i>Enter, for example, Moroccan, Yemeni, Kurdish, etc.</i></p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Native Hawaiian</td> <td><input type="checkbox"/> Samoan</td> <td><input type="checkbox"/> Chamorro</td> </tr> <tr> <td><input type="checkbox"/> Tongan</td> <td><input type="checkbox"/> Fijian</td> <td><input type="checkbox"/> Marshallese</td> </tr> </table> <p><i>Enter, for example, Chuukese, Palauan, Tahitian, etc.</i></p> <p><input type="checkbox"/> White (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> English</td> <td><input type="checkbox"/> German</td> <td><input type="checkbox"/> Irish</td> </tr> <tr> <td><input type="checkbox"/> Italian</td> <td><input type="checkbox"/> Polish</td> <td><input type="checkbox"/> Scottish</td> </tr> </table> <p><i>Enter, for example, French, Swedish, Norwegian, etc.</i></p>	<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Korean	<input type="checkbox"/> Japanese	<input type="checkbox"/> African American	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Haitian	<input type="checkbox"/> Nigerian	<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Somali	<input type="checkbox"/> Mexican	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Salvadoran	<input type="checkbox"/> Cuban	<input type="checkbox"/> Dominican	<input type="checkbox"/> Guatemalan	<input checked="" type="checkbox"/> Lebanese	<input type="checkbox"/> Iranian	<input type="checkbox"/> Egyptian	<input type="checkbox"/> Syrian	<input type="checkbox"/> Iraqi	<input type="checkbox"/> Israeli	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Chamorro	<input type="checkbox"/> Tongan	<input type="checkbox"/> Fijian	<input type="checkbox"/> Marshallese	<input type="checkbox"/> English	<input type="checkbox"/> German	<input type="checkbox"/> Irish	<input type="checkbox"/> Italian	<input type="checkbox"/> Polish	<input type="checkbox"/> Scottish
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Additional comments

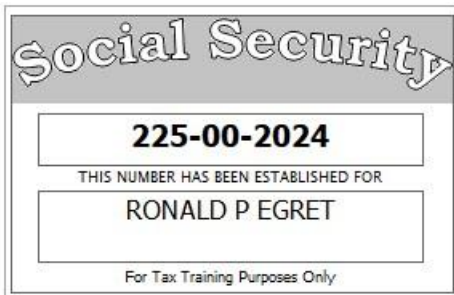
Privacy Act and Paperwork Reduction Act Notice

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/](https://www.treasury.gov/sorn) 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.


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



Driver's License (Tax Training Only)

License No. 20240620072503

Name and Address
RONALD P EGRET
1722 EMERALD WAY
YC, YS YZIP



Birth Date 10/31/1958
Issue Date 10/18/2024 Expiration Date 10/31/2029

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT			
2024 ○ PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. ○ SEE THE REVERSE FOR MORE INFORMATION.			
Box 1. Name 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 AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4	
Paid by check or direct deposit \$23,904.00			
Medicare Part B premiums deducted from your benefits \$2,096.40			
Medicare Prescription Drug premiums (Part D) deducted from your benefits			
Total Additions \$2,096.40			
Benefits for 2024 \$26,000.40		Box 6. Voluntary Federal Income Tax Withheld	
Benefits for 2023		Box 7. Address RONALD P EGRET 1722 EMERALD WAY YC, YS YZIP	
Benefits for 2022		Box 8. Claim Number (use this number if you need to contact SSA) 225-00-2024A	
Benefits for 2021			

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:

<input type="checkbox"/> CORRECTED (if checked)			20XX Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. NA CUST FOR IRA PROGRAM 1378 W WILLIAMS ST YC, YS, YZIP			1 Gross distribution \$12,000.00	Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS		
			2a Taxable amount \$12,000.00			
			2b Taxable amount not determined. <input checked="" type="checkbox"/>			Total Distribution <input type="checkbox"/>
			3 Capital gain (included in box 2a).			4 Federal income tax withheld
PAYER'S TIN 43-6853075		RECIPIENT'S TIN 225-00-2024	5 Employee contributions/ Designated Roth contributions or		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 RONALD P EGRET 1722 EMERALD WAY YC, YS YZIP			7 Distribution Code(s) 7	IRA/ SEP/ SIMPLE <input checked="" type="checkbox"/>	8 Other %	
			9a Your percentage of total distribution %	9b Total Employee Contributions		
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth	12 FATCA filing requirement <input type="checkbox"/>	14 State tax withheld	15 State/Payer's state no.	16 State distribution	
Account number (see instructions)			13 Date of payment	17 Local tax withheld	18 Name of locality	
					19 Local distribution	
Form 1099-R						

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.

PAID BY OFFICE OF PERSONNEL MANAGEMENT RETIREMENT SERVICES PROGRAM P. O. BOX 45 BOYERS, PA 16017-0045		Copy B - File with Federal tax return		20XX OMB No. 1545-0119 Form: 1099R Distribution From Pensions, Annuities Retirement or Profit-Sharing Plans, IRA's, Insurance Contracts, etc.	
PAYER's Federal Identification 52-6083699		Recipient's ID No. (Annuitant) 225-00-2024		Account number (Retirement Claim) CSA15623	
5. Employee Contributions/ Designated ROTH Contributions or Insurance Premiums		PAID TO → RONALD P EGRET 1722 EMERALD WAY YC, YS YZIP		1. Gross distribution \$22,097.00	
7. Distribution Code(s) 7-NONDISABILITY				2a. Taxable amount \$22,097.00	
9b. Total Employee Contributions				4. Federal Income Tax Withheld \$600.00	
		State 1		10. State Income Tax Withheld	
		State 2		11. State Income Tax Withheld	

AGI: \$38,852

Bottom Line: Balance due \$213

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

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.

Your name: ROBERT EGRET

MEDICAL EXPENSES you paid for yourself or your dependent that were not reimbursed		STATE/LOCAL TAXES	
Insurance* (specify)	\$	State/local income tax paid (other than through withholding)	\$
	\$	Sales tax on car or home improvement purchases	\$
	\$	Real estate taxes (not service fees like garbage or sewer)	\$ 11,000
*Not paid pre-tax from paycheck for health, dental, vision, long-term care. Provide Form 1095-A from Marketplace if received.		Personal property (e.g. tax portion of car registration)	\$
Doctors, dentist, etc.	\$	Other taxes paid (specify):	\$
Hospital, medically needed care facility, etc.	\$		\$
Prescriptions (even if filled with over the counter meds)	\$	INTEREST	
Medical aids (canes, glasses, etc.)	\$	Home mortgage interest - 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):	\$
	\$	Amount of loan used to buy, build, or improve home, if less than the full amount	\$
Parking	\$	Mortgage insurance required by lender	\$
Bus or car service	\$	Year loan originated	Yr:
		Other (specify):	\$
Medical miles	mi.	OTHER:	
CHARITY (you need to keep evidence of each; if \$250 or more, must be in writing from charity)		Gambling losses/expenses	\$
Cash contributions (total)	\$ 5,200	Other (specify):	\$
Other than cash, specify name of charity (provide thrift store value) (no appreciated items)	\$		
	\$		
	\$		
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):

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		

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 and telephone no. PENNYMAC FINANCIAL SERVICES 3043 TOWNSGATE ROAD, SUITE 200 WESTLAKE VILLAGE, CA 91361		* 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.		2024 Form 1098	Mortgage Interest Statement Copy B For Payer/Borrower The information in boxes 1 through 9 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for 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.
1. Mortgage interest received from payer(s)/borrower(s) * \$7,500.00		2. Outstanding mortgage principal as of 1/1/2024 \$100,090.00		3. Mortgage origination date 07/12/2004	
RECIPIENT'S/LENDER'S TIN 26-2049351	PAYER'S/BORROWER'S TIN 225-00-2024	4. Refund of overpaid interest		5. Mortgage insurance premiums	
PAYER'S/BORROWER'S name, street address, city or town, state or province, country, ZIP or foreign postal code and telephone no. RONALD P EGRET 1722 EMERALD WAY YC, YS YZIP		6. Points paid on purchase of principal residence		11. Mortgage acquisition date	
9. Number of properties securing the mortgage 10. Other REAL ESTATE TAXES \$5390		7. <input type="checkbox"/> If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.			
8. Address or description of property securing mortgage (see Instructions)		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 YC, YS YZIP		1234
PAY TO THE ORDER OF _____		\$ _____
_____		DOLLARS
NEW CREDIT UNION 10TH AND MAIN YC, YS, YZIP		
For _____		
325070760	987123654	1234

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

Can anyone else claim the taxpayer or spouse on their tax return (to be completed by certified volunteer) ☐ Yes ☐ No

Form **13614-C** (Rev. 10-2024)

Answer the following questions on this page and the next page about you and your spouse's tax situation

Received money from any of the following in 2024:

☐ (B) Wages as a part-time or full-time employee
How many jobs _____

☐ (B/A) Tips

☒ (B/A) Retirement account, pension or annuity proceeds

☐ (B) Disability benefits

☐ (B) Social Security or Railroad Retirement Benefits

☐ (B) Unemployment benefits

☐ (B) Refund of state or local income tax

☒ (B) Interest or dividends (bank account, bonds, etc.)

☐ (A) Sale of stocks, bonds or real estate

Did you report a loss on last year's return ☐ Yes ☐ No

☐ (B) Alimony

☐ (M) Income from renting out your house or a room in your house

If yes, did you use the dwelling unit as a personal residence and rent it for few than 15 days ☐ Yes ☐ No

☐ Income from renting personal property such as a vehicle

☐ Farm activity

☐ Gambling winnings, including lottery

☐ Payments for contract or self-employment work

Did you report a loss on last year's return ☐ Yes ☐ No

☐ Any other money received during the year (example: cash payments, jury duty, awards, virtual currency, royalties, union strike benefits)

Income to be included (To be completed by certified volunteer)

☐ (B) W-2s Number of forms _____

☐ (B/A) Tips (basic when reported on W2)

☐ (B/A) 1099-R (basic when taxable amount is reported)
Number of forms _____

☐ (B) SSA-1099, RRB-1099

☐ (B) 1099-G Number of forms _____

☐ Did you receive a refund of state or local taxes ☐ Yes ☐ No

☐ Did you itemize last year ☐ Yes ☐ No

☐ (B) 1099-INT/DIV Number of forms _____

☐ (A) 1099-B Number of forms _____ (include
brokerage statement) ☐ Capital Loss carryover

☐ (B) Alimony Amount \$ _____
Excluded from income ☐ Yes ☐ No

☐ (M) Rental income

☐ Farm income (out of scope)

☐ (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions)

☐ (A) Schedule C

☐ 1099-MISC Number _____

☐ 1099-K Number _____

☐ Other income reported elsewhere

☐ Schedule C expenses

☐ Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart)

Notes/Comments

The following information is for statistical purposes. These questions are optional.

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

5. What is your 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.)

☐ **Asian** (provide details below)

- | | | |
|-------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Korean | <input type="checkbox"/> Japanese |

Enter, for example, Pakistani, Hmong, Afghan, etc.

☐ **Black or African American** (provide details below)

- | | | |
|---|------------------------------------|----------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Jamaican | <input type="checkbox"/> Haitian |
| <input type="checkbox"/> Nigerian | <input type="checkbox"/> Ethiopian | <input type="checkbox"/> Somali |

Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.

☐ **Hispanic or Latino** (provide details below)

- | | | |
|----------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Mexican | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Salvadoran |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Dominican | <input type="checkbox"/> Guatemalan |

Enter, for example, Colombian, Honduran, Spaniard, etc.

☐ **Middle Eastern or North African** (provide details below)

- | | | |
|-----------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Lebanese | <input type="checkbox"/> Iranian | <input type="checkbox"/> Egyptian |
| <input type="checkbox"/> Syrian | <input type="checkbox"/> Iraqi | <input type="checkbox"/> Israeli |

Enter, for example, Moroccan, Yemeni, Kurdish, etc.

☐ **Native Hawaiian or Pacific Islander** (provide details below)

- | | | |
|--|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Samoan | <input type="checkbox"/> Chamorro |
| <input type="checkbox"/> Tongan | <input type="checkbox"/> Fijian | <input type="checkbox"/> Marshallese |

Enter, for example, Chuukese, Palauan, Tahitian, etc.

☒ **White** (provide details below)

- | | | |
|---|---------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> English | <input type="checkbox"/> German | <input type="checkbox"/> Irish |
| <input type="checkbox"/> Italian | <input type="checkbox"/> Polish | <input type="checkbox"/> Scottish |

Enter, for example, French, Swedish, Norwegian, etc.

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.)

☐ **Asian** (provide details below)

- | | | |
|-------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Korean | <input type="checkbox"/> Japanese |

Enter, for example, Pakistani, Hmong, Afghan, etc.

☐ **Black or African American** (provide details below)

- | | | |
|---|------------------------------------|----------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Jamaican | <input type="checkbox"/> Haitian |
| <input type="checkbox"/> Nigerian | <input type="checkbox"/> Ethiopian | <input type="checkbox"/> Somali |

Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.

☐ **Hispanic or Latino** (provide details below)

- | | | |
|----------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Mexican | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Salvadoran |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Dominican | <input type="checkbox"/> Guatemalan |

Enter, for example, Colombian, Honduran, Spaniard, etc.

☐ **Middle Eastern or North African** (provide details below)

- | | | |
|-----------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Lebanese | <input type="checkbox"/> Iranian | <input type="checkbox"/> Egyptian |
| <input type="checkbox"/> Syrian | <input type="checkbox"/> Iraqi | <input type="checkbox"/> Israeli |

Enter, for example, Moroccan, Yemeni, Kurdish, etc.

☐ **Native Hawaiian or Pacific Islander** (provide details below)

- | | | |
|--|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Samoan | <input type="checkbox"/> Chamorro |
| <input type="checkbox"/> Tongan | <input type="checkbox"/> Fijian | <input type="checkbox"/> Marshallese |

Enter, for example, Chuukese, Palauan, Tahitian, etc.

☐ **White** (provide details below)

- | | | |
|----------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> German | <input type="checkbox"/> Irish |
| <input type="checkbox"/> Italian | <input type="checkbox"/> Polish | <input type="checkbox"/> Scottish |

Enter, for example, French, Swedish, Norwegian, etc.

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/](https://www.treasury.gov/sorn) 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.


CERTIFICATION EXERCISES

FRANKLIN – Ctrl+Click [here](#) to view Intake/Interview & Quality Review

Driver's License (Tax Training Only)

License No. 20240609172250
 Name and Address
 IRENE D FRANKLIN
 1313 MOCKING BIRD WAY
 YC,YS YZIP

Birth Date 01/25/1943
 Issue Date 01/05/2024 Expiration Date 01/05/2029



Social Security

216-00-2024

THIS NUMBER HAS BEEN ESTABLISHED FOR

IRENE D FRANKLIN

For Tax Training Purposes Only

Irene's banking information is:

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

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT			
2024 <input type="radio"/> PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. <input type="radio"/> SEE THE REVERSE FOR MORE INFORMATION.			
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 Paid by check or direct deposit \$41,100.00 Medicare Part B premiums deducted from your benefits \$2,096.40 Medicare Prescription Drug premiums (Part D) deducted from your benefits Total Additions \$2,096.40 Benefits for 2024 \$43,196.40 Benefits for 2023 Benefits for 2022 Benefits for 2021		DESCRIPTION OF AMOUNT IN BOX 4 Box 6. Voluntary Federal Income Tax Withheld Box 7. Address IRENE D FRANKLIN 1313 MOCKING BIRD WAY YC,YS YZIP Box 8. Claim Number (use this number if you need to contact SSA) 216-00-2024A	

Form **SSA-1099-SM**

<input type="checkbox"/> CORRECTED (if checked)						Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.			
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. ALPINE PENSION FUND 7588 PEACHTREE ST ATLANTA, GA 30301			1 Gross distribution <div style="text-align: right; font-weight: bold;">\$25,867.00</div>		<div style="font-size: 2em; font-weight: bold;">2024</div> <div style="font-weight: bold;">Form 1099-R</div>	Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS			
			2a Taxable amount <div style="text-align: right; font-weight: bold;">\$25,867.00</div>						
			2b Taxable amount not determined. <input checked="" type="checkbox"/>		Total Distribution <input type="checkbox"/>				
PAYER'S TIN <div style="text-align: center;">94-1XXXXXX</div>			RECIPIENT'S TIN <div style="text-align: center;">216-00-2024</div>		3 Capital gain (included in box 2a).		4 Federal income tax withheld <div style="text-align: right; font-weight: bold;">\$3,000.00</div>		
					5 Employee contributions/ Designated Roth contributions or		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 code IRENE D FRANKLIN 1313 MOCKING BIRD WAY YC,YS YZIP			7 Distribution Code(s) <div style="text-align: center;">7</div>		IRA/ SEP/ SIMPLE <input type="checkbox"/>		8 Other		
			9a Your percentage of total distribution <div style="text-align: center;">%</div>		9b Total Employee Contributions <div style="text-align: right; font-weight: bold;">\$18,756.00</div>				
			10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth		12 FATCA filing requirement <input type="checkbox"/>		14 State tax withheld <div style="text-align: right; font-weight: bold;">\$1,200.00</div>
Account number (see instructions)			13 Date of payment		15 State/Payer's state no. <div style="text-align: center;">YS23123654</div>		16 State distribution <div style="text-align: right; font-weight: bold;">\$25,867.00</div>		
					17 Local tax withheld		18 Name of locality		19 Local distribution
Form 1099-R									

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

<input type="checkbox"/> CORRECTED (if checked)						Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.			
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code and phone no. TEACHERS FEDERAL CREDIT UNION 174 W PIKE RD YC, YS YZIP			1 Gross distribution <div style="text-align: right; font-weight: bold;">\$6,000.00</div>		<div style="font-size: 2em; font-weight: bold;">2024</div> <div style="font-weight: bold;">Form 1099-R</div>	Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS			
			2a Taxable amount <div style="text-align: right; font-weight: bold;">\$6,000.00</div>						
			2b Taxable amount not determined. <input checked="" type="checkbox"/>		Total Distribution <input type="checkbox"/>				
PAYER'S TIN <div style="text-align: center;">35-2XXXXXX</div>			RECIPIENT'S TIN <div style="text-align: center;">216-00-2024</div>		3 Capital gain (included in box 2a).		4 Federal income tax withheld		
					5 Employee contributions/ Designated Roth contributions or insurance premiums		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 code IRENE D FRANKLIN 1313 MOCKING BIRD WAY YC,YS YZIP			7 Distribution Code(s) <div style="text-align: center;">7</div>		IRA/ SEP/ SIMPLE <input checked="" type="checkbox"/>		8 Other		
			9a Your percentage of total distribution <div style="text-align: center;">%</div>		9b Total Employee Contributions				
			10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib.		12 FATCA filing requirement <input type="checkbox"/>		14 State tax withheld
Account number (see instructions)			13 Date of payment		15 State/Payer's state no.		16 State distribution		
					17 Local tax withheld		18 Name of locality		19 Local distribution
Form 1099-R									

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.

<input type="checkbox"/> CORRECTED (if checked)						
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. DAVENPORT AND COMPANY LLC 801 EAST CARY ST - 12TH FLOOR RICHMOND, VA 23219		Payer's RTN (optional) <hr/> 1 Interest income <div style="text-align: right; font-weight: bold;">\$378.51</div>		OMB No. 1545-0112 <div style="text-align: center; font-size: 2em; font-weight: bold;">2024</div> Form 1099-INT		Interest Income Copy B For Recipient <small>This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.</small>
PAYER'S TIN <div style="text-align: center;">54-183XXXX</div>		RECIPIENT'S TIN <div style="text-align: center;">216-00-2024</div>		2 Early withdrawal penalty <hr/> 3 Interest on US Savings Bonds and Treas. obligations <div style="text-align: right; font-weight: bold;">\$250.00</div>		
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code IRENE D FRANKLIN 1313 MOCKING BIRD WAY YC,YS YZIP		4 Federal income tax withheld <div style="text-align: right; font-weight: bold;">\$922.83</div>		5 Investment expenses <hr/> 6 Foreign Tax Paid <hr/> 7 Foreign Country or US possession <hr/> 8 Tax exempt interest <div style="text-align: right; font-weight: bold;">\$922.83</div>		
10 Market Discount <hr/> 12 Bond premium on Treasury obligations <hr/> 13 Bond Premium on tax-exempt bond <div style="text-align: right; font-weight: bold;">\$256.97</div>		11 Bond Premium <div style="text-align: right; font-weight: bold;">\$256.97</div>		14 Tax-exempt and tax credit bond CUSIP no. <hr/> 15 State <hr/> 16 State Identification no. <hr/> 17 State tax withheld <hr/>		
Account number (see instructions)		Form 1099-INT				

<input type="checkbox"/> CORRECTED (if checked)							
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code and telephone no. DAVENPORT AND COMPANY LLC 901 EAST CARY ST - 12TH FLOOR RICHMOND, VA 23219		1 Total Ordinary Dividends <div style="text-align: right; font-weight: bold;">\$11,798.34</div>		OMB No. 1545-0110 Form 1099-DIV (Rev. January, 2022) For calendar Year <div style="text-align: center; font-weight: bold;">2024</div>		Dividends and Distributions Copy B For Recipient <small>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.</small>	
PAYER'S TIN <div style="text-align: center;">54-183XXXX</div>		RECIPIENT'S TIN <div style="text-align: center;">216-00-2024</div>		1b Qualified Dividends <div style="text-align: right; font-weight: bold;">\$9,087.34</div>			
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code IRENE D FRANKLIN 1313 MOCKING BIRD WAY YC,YS YZIP		2a Total capital gain distr. <div style="text-align: right; font-weight: bold;">\$2,158.06</div>		2b Unrecap. Sec. 1250 gain <hr/> 2c Section 1202 gain <hr/> 2e Section 897 ordinary dividends <hr/> 2f Section 897 capital gain <hr/>			
11 FATCA filing requirement <div style="text-align: center;"><input type="checkbox"/></div>		3 Nondividend distributions <div style="text-align: right; font-weight: bold;">\$34.50</div>		4 Federal income tax withheld <div style="text-align: right; font-weight: bold;">\$1,200.00</div>			
Account number (see instructions)		5 Section 199A dividends <div style="text-align: right; font-weight: bold;">\$450.00</div>		6 Investment expenses <hr/> 7 Foreign Tax Paid <div style="text-align: right; font-weight: bold;">\$9.34</div>		8 Foreign Country or US possession <div style="text-align: center; font-weight: bold;">VARIOUS</div>	
12 Exempt-Interest dividends <hr/> 15 State <hr/>		13 Specified private activity bond interest dividends <hr/> 14 State Identification no. <hr/>		10 Noncash liquidation distribution <hr/> 15 State tax withheld <hr/>			
Form 1099-DIV (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099DIV Department of the Treasury - Internal Revenue Service							

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 (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: <ul style="list-style-type: none">• 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) ADAM		M.I. H	Last name HANSON		Your date of birth 4-28-1949		Your job RETIRED				
Spouse's first name (pronouns, optional) MARTHA		M.I. C	Last name HANSON		Spouse's date of birth 6-26-1956		Spouse's job HOMEMAKER				
Mailing address 134 MASON ST				Apt #	City YOUR CITY			State YOUR STATE		ZIP code YOUR ZIP	
Telephone number (208) 555-2816		Email address				Did you live or work in two or more states in 2024 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Check if you or your spouse were in 2024: A U.S. citizen <input checked="" type="checkbox"/> You <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> No In the U.S. on a visa <input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No A full-time student <input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No				Legally blind <input type="checkbox"/> You <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> No Totally and permanently disabled <input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No Issued an identity protection PIN <input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No Do you own or hold any digital assets <input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No							
If due a refund , would you like your refund <input checked="" type="checkbox"/> Direct deposit <input type="checkbox"/> Check by mail <input type="checkbox"/> Split refund between accounts <input type="checkbox"/> Other					If you have a balance due , would you like to make a payment directly from <input type="checkbox"/> Bank account <input type="checkbox"/> Direct debit <input type="checkbox"/> Set up installment agreement <input checked="" type="checkbox"/> Mail payment to IRS						
Would you like to receive written communications from the IRS in a language other than English <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No What language					Would you like information on how to vote and/or how to register to vote <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Would you like \$3 to go to the Presidential Election Campaign Fund <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
As of December 31, 2024, what was your marital status <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married If married, were you married for all of 2024 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did you live with your spouse during any part of the last six months of 2024 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed Date of final decree Date of separate maintenance decree Year of spouse's death											
Can anyone else claim the taxpayer or spouse on their tax return (to be completed by certified volunteer) <input type="checkbox"/> Yes <input type="checkbox"/> No											
List the names below of everyone who lived with you last year (except your spouse) AND anyone you supported but did not live with you last year.					Answer Yes or No (Y/N)				To be completed by certified volunteer (Refer to Pub 4012 Tab C)		
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.)

Answer the following questions on this page and the next page about you and your spouse's tax situation

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

Paid any of the following expenses in 2024:

- ☐ (A) Mortgage Interest
- ☐ (A) Taxes: state, local, real estate, sales, etc.
- ☐ (A) Medical, Dental, Prescription Expenses
- ☐ (B) Charitable contributions

Standard or Itemized Deductions (To be completed by certified volunteer) Notes/Comments

- ☐ (B) Taxable state/local income taxes
- ☐ (B) Standard deduction ☐ (A) Itemized deduction

Paid any of these expenses in 2024:

- ☐ (B) Student loan interest
- ☐ (B) Child and dependent care
- ☐ (B/A) Contributions to a retirement account
- ☐ Repayments to a qualified retirement plan
- ☐ (B) School supplies by a teacher, teacher's aide or other educator
- ☐ (B) Alimony payments (do not include child support)

Expenses to report (To be completed by certified volunteer)

- ☐ (B) 1098-E
- ☐ (B) Child and dependent care credit
- ☐ (A) IRA, 401(k), etc. deduction
- ☐ (B) Saver's credit
- ☐ (B) Educator expenses deduction
- ☐ (B) Alimony payments with spouse's SSN \$ _____
- Adjustment to income ☐ Yes ☐ No

Notes/Comments**Did any of the following happen during 2024:**

- ☐ (B) You or someone in your family took educational classes (technical school, college, job related, etc.)
- ☐ (A) Sell a home
- ☐ (A) Have a health savings account (HSA)
- ☐ (A) Purchase health insurance through the Marketplace (Exchange)
- ☐ (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)
- ☐ (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender
- ☐ Have a loss related to a declared federal disaster area
- ☐ (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)
- ☐ Receive any letter or bill from the IRS
- ☐ (B) Make estimated tax payments or apply last year's refund to 2024 taxes
- ☐ Additional information you think we should know

Information to report (To be completed by certified volunteer)

- ☐ (B) Taxable scholarship income
- ☐ (B) 1098-T (itemized statement from school, invoice, etc.)
- ☐ (B) Education credit or tuition and fees deduction
- ☐ (A) Sale of home (1099-S)
- ☐ HSA contributions ☐ HSA distributions
- ☐ (A) 1095-A
- ☐ (B) Energy efficient home improvement credit
- ☐ (A) 1099-C
- ☐ (A) 1099-A
- ☐ Disaster relief impacts return
- ☐ (B) EITC, CTC, AOTC or HOH disallowed in a previous year
- Year disallowed Reason
- ☐ Eligible for Low Income Taxpayer Clinic referral
- ☐ Estimated tax payments _____
- ☐ Last year's refund applied to this year _____
- ☐ Last year's return available _____
- ☐ Additional information for accurate tax preparation

Notes/Comments

The following information is for statistical purposes. These questions are optional.



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

<p>5. What is your race and/or ethnicity (<i>select all that apply and enter additional details in the spaces below</i>)</p> <p><input type="checkbox"/> American Indian or Alaska Native (<i>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.</i>)</p> <p><input type="checkbox"/> Asian (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Filipino</td> </tr> <tr> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Japanese</td> </tr> </table> <p><i>Enter, for example, Pakistani, Hmong, Afghan, etc.</i></p> <p><input type="checkbox"/> Black or African American (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> African American</td> <td><input type="checkbox"/> Jamaican</td> <td><input type="checkbox"/> Haitian</td> </tr> <tr> <td><input type="checkbox"/> Nigerian</td> <td><input type="checkbox"/> Ethiopian</td> <td><input type="checkbox"/> Somali</td> </tr> </table> <p><i>Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.</i></p> <p><input type="checkbox"/> Hispanic or Latino (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Mexican</td> <td><input type="checkbox"/> Puerto Rican</td> <td><input type="checkbox"/> Salvadoran</td> </tr> <tr> <td><input type="checkbox"/> Cuban</td> <td><input type="checkbox"/> Dominican</td> <td><input type="checkbox"/> Guatemalan</td> </tr> </table> <p><i>Enter, for example, Colombian, Honduran, Spaniard, etc.</i></p> <p><input type="checkbox"/> Middle Eastern or North African (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Lebanese</td> <td><input type="checkbox"/> Iranian</td> <td><input type="checkbox"/> Egyptian</td> </tr> <tr> <td><input type="checkbox"/> Syrian</td> <td><input type="checkbox"/> Iraqi</td> <td><input type="checkbox"/> Israeli</td> </tr> </table> <p><i>Enter, for example, Moroccan, Yemeni, Kurdish, etc.</i></p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Native Hawaiian</td> <td><input type="checkbox"/> Samoan</td> <td><input type="checkbox"/> Chamorro</td> </tr> <tr> <td><input type="checkbox"/> Tongan</td> <td><input type="checkbox"/> Fijian</td> <td><input type="checkbox"/> Marshallese</td> </tr> </table> <p><i>Enter, for example, Chuukese, Palauan, Tahitian, etc.</i></p> <p><input checked="" type="checkbox"/> White (<i>provide details below</i>)</p> <table> <tr> <td><input checked="" type="checkbox"/> English</td> <td><input type="checkbox"/> German</td> <td><input type="checkbox"/> Irish</td> </tr> <tr> <td><input type="checkbox"/> Italian</td> <td><input type="checkbox"/> Polish</td> <td><input type="checkbox"/> Scottish</td> </tr> </table> <p><i>Enter, for example, French, Swedish, Norwegian, etc.</i></p>	<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Korean	<input type="checkbox"/> Japanese	<input type="checkbox"/> African American	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Haitian	<input type="checkbox"/> Nigerian	<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Somali	<input type="checkbox"/> Mexican	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Salvadoran	<input type="checkbox"/> Cuban	<input type="checkbox"/> Dominican	<input type="checkbox"/> Guatemalan	<input type="checkbox"/> Lebanese	<input type="checkbox"/> Iranian	<input type="checkbox"/> Egyptian	<input type="checkbox"/> Syrian	<input type="checkbox"/> Iraqi	<input type="checkbox"/> Israeli	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Chamorro	<input type="checkbox"/> Tongan	<input type="checkbox"/> Fijian	<input type="checkbox"/> Marshallese	<input checked="" type="checkbox"/> English	<input type="checkbox"/> German	<input type="checkbox"/> Irish	<input type="checkbox"/> Italian	<input type="checkbox"/> Polish	<input type="checkbox"/> Scottish	<p>6. What is your spouse's race and/or ethnicity (<i>select all that apply and enter additional details in the spaces below</i>)</p> <p><input type="checkbox"/> American Indian or Alaska Native (<i>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.</i>)</p> <p><input type="checkbox"/> Asian (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Filipino</td> </tr> <tr> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Japanese</td> </tr> </table> <p><i>Enter, for example, Pakistani, Hmong, Afghan, etc.</i></p> <p><input type="checkbox"/> Black or African American (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> African American</td> <td><input type="checkbox"/> Jamaican</td> <td><input type="checkbox"/> Haitian</td> </tr> <tr> <td><input type="checkbox"/> Nigerian</td> <td><input type="checkbox"/> Ethiopian</td> <td><input type="checkbox"/> Somali</td> </tr> </table> <p><i>Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.</i></p> <p><input type="checkbox"/> Hispanic or Latino (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Mexican</td> <td><input type="checkbox"/> Puerto Rican</td> <td><input type="checkbox"/> Salvadoran</td> </tr> <tr> <td><input type="checkbox"/> Cuban</td> <td><input type="checkbox"/> Dominican</td> <td><input type="checkbox"/> Guatemalan</td> </tr> </table> <p><i>Enter, for example, Colombian, Honduran, Spaniard, etc.</i></p> <p><input type="checkbox"/> Middle Eastern or North African (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Lebanese</td> <td><input type="checkbox"/> Iranian</td> <td><input type="checkbox"/> Egyptian</td> </tr> <tr> <td><input type="checkbox"/> Syrian</td> <td><input type="checkbox"/> Iraqi</td> <td><input type="checkbox"/> Israeli</td> </tr> </table> <p><i>Enter, for example, Moroccan, Yemeni, Kurdish, etc.</i></p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Native Hawaiian</td> <td><input type="checkbox"/> Samoan</td> <td><input type="checkbox"/> Chamorro</td> </tr> <tr> <td><input type="checkbox"/> Tongan</td> <td><input type="checkbox"/> Fijian</td> <td><input type="checkbox"/> Marshallese</td> </tr> </table> <p><i>Enter, for example, Chuukese, Palauan, Tahitian, etc.</i></p> <p><input checked="" type="checkbox"/> White (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> English</td> <td><input type="checkbox"/> German</td> <td><input checked="" type="checkbox"/> Irish</td> </tr> <tr> <td><input type="checkbox"/> Italian</td> <td><input type="checkbox"/> Polish</td> <td><input type="checkbox"/> Scottish</td> </tr> </table> <p><i>Enter, for example, French, Swedish, Norwegian, etc.</i></p>	<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Korean	<input type="checkbox"/> Japanese	<input type="checkbox"/> African American	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Haitian	<input type="checkbox"/> Nigerian	<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Somali	<input type="checkbox"/> Mexican	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Salvadoran	<input type="checkbox"/> Cuban	<input type="checkbox"/> Dominican	<input type="checkbox"/> Guatemalan	<input type="checkbox"/> Lebanese	<input type="checkbox"/> Iranian	<input type="checkbox"/> Egyptian	<input type="checkbox"/> Syrian	<input type="checkbox"/> Iraqi	<input type="checkbox"/> Israeli	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Chamorro	<input type="checkbox"/> Tongan	<input type="checkbox"/> Fijian	<input type="checkbox"/> Marshallese	<input type="checkbox"/> English	<input type="checkbox"/> German	<input checked="" type="checkbox"/> Irish	<input type="checkbox"/> Italian	<input type="checkbox"/> Polish	<input type="checkbox"/> Scottish
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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 \(SORNs\)](https://www.treasury.gov/sorn). 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.

<p align="center">Driver's License (Tax Training Only)</p> <p>License No. 20240611082443 Name and Address ADAM H HANSON 134 MASON ST YC, YS YZIP</p> <div align="center"></div> <p>Birth Date 04/28/1949 Issue Date Expiration Date 04/28/2029</p>	<p align="center">Driver's License (Tax Training Only)</p> <p>License No. 20240611082437 Name and Address MARTHA C HANSON 134 MASON ST YC, YS YZIP</p> <div align="center"></div> <p>Birth Date 06/26/1956 Issue Date Expiration Date 06/26/2029</p>
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<p align="center" style="background-color: #cccccc;">Social Security</p> <div align="center" style="border: 1px solid black; padding: 5px; margin: 10px 0;"> 528-00-XXXX </div> <p align="center" style="font-size: small;">THIS NUMBER HAS BEEN ESTABLISHED FOR</p> <div align="center" style="border: 1px solid black; padding: 5px; margin: 5px 0;"> ADAM H HANSON </div> <p align="center" style="font-size: x-small;">For Tax Training Purposes Only</p>	<p align="center" style="background-color: #cccccc;">Social Security</p> <div align="center" style="border: 1px solid black; padding: 5px; margin: 10px 0;"> 529-00-XXXX </div> <p align="center" style="font-size: small;">THIS NUMBER HAS BEEN ESTABLISHED FOR</p> <div align="center" style="border: 1px solid black; padding: 5px; margin: 5px 0;"> MARTHA C HANSON </div> <p align="center" style="font-size: x-small;">For Tax Training Purposes Only</p>
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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

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT			
<div style="display: flex; align-items: center;"> <div style="font-size: 2em; font-weight: bold; margin-right: 10px;">2024</div> <div> <input type="radio"/> PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. <input type="radio"/> SEE THE REVERSE FOR MORE INFORMATION. </div> </div>			
Box 1. Name ADAM H HANSON		Box 2. Beneficiary's Social Security Number 528-00-XXXX	
Box 3. Benefits Paid in 2024 \$28,904.40	Box 4. Benefits Repaid to SSA in 2024	Box 5. Net Benefits Paid for 2024 (Box 3 minus Box 4) \$28,904.40	
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or direct deposit \$26,808.00 Medicare Part B premiums deducted from your benefits \$2,096.40 Medicare Prescription Drug premiums (Part D) deducted from your benefits Total Additions \$2,096.40 Benefits for 2024 \$28,904.40 Benefits for 2023 Benefits for 2022 Benefits for 2021		DESCRIPTION OF AMOUNT IN BOX 4 <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">Box 6. Voluntary Federal Income Tax Withheld</div> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">Box 7. Address ADAM H HANSON 134 MASON ST YC, YS YZIP</div> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">Box 8. Claim Number (use this number if you need to contact SSA) 528-00-XXXXA</div>	

Form SSA-1099-SM

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT			
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="font-size: 2em; font-weight: bold;">2024</div> <div> <p>○ PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.</p> <p>○ SEE THE REVERSE FOR MORE INFORMATION.</p> </div> </div>			
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 4. Benefits Repaid to SSA in 2024	Box 5. Net Benefits Paid for 2024 (Box 3 minus Box 4) \$15,500.40	
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or direct deposit \$13,404.00 Medicare Part B premiums deducted from your benefits \$2,096.40 Medicare Prescription Drug premiums (Part D) deducted from your benefits Total Additions \$2,096.40 Benefits for 2024 \$15,500.40 Benefits for 2023 Benefits for 2022 Benefits for 2021		DESCRIPTION OF AMOUNT IN BOX 4 <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Box 6. Voluntary Federal Income Tax Withheld</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Box 7. Address MARTHA C HANSON 134 MASON ST YC, YS YZIP</div> <div style="border: 1px solid black; padding: 5px;">Box 8. Claim Number (use this number if you need to contact SSA) 529-00-XXXXA</div>	

Form **SSA-1099-SM**

<input type="checkbox"/> CORRECTED (if checked)									
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. BAKER FINANCIAL SERVICES P O BOX 237 JACKSONVILLE, FL 32209		Payer's RTN (optional) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		OMB No. 1545-0112 Form 1099-INT (Rev. January, 2022) For calendar Year 2024		Interest Income			
PAYER'S TIN 25-701XXXX		RECIPIENT'S TIN 529-00-XXXX		1 Interest income \$6,435.89		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			
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code MARTHA C HANSON 134 MASON ST YC, YS YZIP		2 Early withdrawal penalty		3 Interest on US Savings Bonds and Treas. obligations \$500.00					
		4 Federal income tax withheld		5 Investment expenses					
		6 Foreign Tax Paid		7 Foreign Country or US possession					
		8 Tax exempt interest \$672.78		9 Specified private activity bond interest					
FATCA filing requirement <input type="checkbox"/>		10 Market Discount		11 Bond Premium					
		12 Bond premium on Treasury obligations		13 Bond Premium on tax-exempt bond					
Account number (see instructions)		14 Tax-exempt and tax credit bond CUSIP no.		15 State		16 State Identification no.		17 State tax withheld	
Form 1099-INT (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099INT Department of the Treasury - Internal Revenue Service									

<input type="checkbox"/> CORRECTED (if checked)							
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. BAKER FINANCIAL SERVICES P O BOX 237 JACKSONVILLE, FL 32209			1 Total Ordinary Dividends <div style="text-align: right; font-weight: bold;">\$6,752.49</div>		<div style="text-align: center;"> <div style="font-size: 2em; font-weight: bold;">2024</div> <div style="font-weight: bold;">Form 1099-DIV</div> </div>	<div style="text-align: center; font-weight: bold;">Dividends and Distributions</div> <div style="text-align: center; font-weight: bold;">Copy B For Recipient</div> 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.	
			1b Qualified Dividends <div style="text-align: right; font-weight: bold;">\$6,071.51</div>				
			2a Total capital gain distr. <div style="text-align: right; font-weight: bold;">\$42.34</div>		2b Unrecap. Sec. 1250 gain		
PAYER'S TIN <div style="text-align: center;">25-701XXXX</div>	RECIPIENT'S TIN <div style="text-align: center;">528-00-XXXX</div>	2c Section 1202 gain		2d Collectables (28%) gain			
		2e Section 897 ordinary dividends		2f Section 897 capital gain			
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code ADAM H HANSON 134 MASON ST YC, YS YZIP			3 Nondividend distributions <div style="text-align: right; font-weight: bold;">\$35.00</div>		4 Federal income tax withheld		
			5 Section 199A dividends <div style="text-align: right; font-weight: bold;">\$128.56</div>		6 Investment expenses		
			7 Foreign Tax Paid <div style="text-align: right; font-weight: bold;">\$5.13</div>		8 Foreign Country or US possession <div style="text-align: center; font-weight: bold;">VARIOUS</div>		
			9 Cash liquidation distributions		10 Noncash liquidation distribution		
		11 FATCA filing requirement <input type="checkbox"/>		12 Exempt-Interest dividends <div style="text-align: right; font-weight: bold;">\$424.56</div>			13 Specified private activity bond interest dividends
Account number (see instructions)			15 State	14 State Identification no.	15 State tax withheld		
Form 1099-DIV							

<input type="checkbox"/> CORRECTED (if checked)									
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. CALVERT COUNTY SHERIFF'S DEPARTMENT 18 COUNTY RD 16 LEWISTON, ME 04240			1 Gross distribution <div style="text-align: right; font-weight: bold;">\$30,567.00</div>		<div style="text-align: center;"> <div style="font-size: 2em; font-weight: bold;">2024</div> <div style="font-weight: bold;">Form 1099-R</div> </div>	<div style="text-align: center; font-weight: bold;">Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</div> <div style="text-align: center; font-weight: bold;">Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.</div> This information is being furnished to the IRS			
			2a Taxable amount						
			2b Taxable amount not determined. <input checked="" type="checkbox"/>		Total Distribution <input type="checkbox"/>				
PAYER'S TIN <div style="text-align: center;">87-6XXXXXXX</div>			RECIPIENT'S TIN <div style="text-align: center;">529-00-XXXX</div>		3 Capital gain (included in box 2a).		4 Federal income tax withheld <div style="text-align: right; font-weight: bold;">\$3,200.00</div>		
					5 Employee contributions/ Designated Roth contributions or		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 MARTHA C HANSON 134 MASON ST YC, YS YZIP			7 Distribution Code(s) <div style="text-align: center; font-weight: bold;">7</div>	IRA/ SEP/ SIMPLE <input type="checkbox"/>	8 Other <div style="text-align: center;">%</div>				
			9a Your percentage of total distribution <div style="text-align: center;">%</div>		9b Total Employee Contributions <div style="text-align: right; font-weight: bold;">\$110,650.00</div>				
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth	12 FATCA filing requirement <input type="checkbox"/>	14 State tax withheld		15 State/Payer's state no.		16 State distribution		
Account number (see instructions)			13 Date of payment		17 Local tax withheld		18 Name of locality		
Form 1099-R									

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

<input type="checkbox"/> CORRECTED (if checked)						Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. CALVERT COUNTRY SHERIFF'S DEPARTMENT 18 COUNTY RD 16 LEWISTON, ME 04240			1 Gross distribution \$50,877.00		2024 Form 1099-R		
			2a Taxable amount				
			2b Taxable amount not determined. <input checked="" type="checkbox"/>		Total Distribution <input type="checkbox"/>		Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS
3 Capital gain (included in box 2a).		4 Federal income tax withheld \$9,200.00					
5 Employee contributions/ Designated Roth contributions or		6 Net unrealized appreciation in employer's securities					
7 Distribution Code(s) 7		IRA/ SEP/ SIMPLE <input type="checkbox"/>		8 Other <input type="checkbox"/>			
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 requirement <input type="checkbox"/>	14 State tax withheld	15 State/Payer's state no.	16 State distribution		
Account number (see instructions)			13 Date of payment	17 Local tax withheld	18 Name of locality	19 Local distribution	
Form 1099-R							

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

<input type="checkbox"/> CORRECTED (if checked)						Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
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			1 Gross distribution \$2,100.00		2024 Form 1099-R		
			2a Taxable amount \$2,100.00				
			2b Taxable amount not determined. <input type="checkbox"/>		Total Distribution <input type="checkbox"/>		Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS
3 Capital gain (included in box 2a).		4 Federal income tax withheld \$210.00					
5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities					
7 Distribution Code(s) 7D		IRA/ SEP/ SIMPLE <input type="checkbox"/>		8 Other <input type="checkbox"/>			
9a Your percentage of total distribution %		9b Total Employee Contributions					
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>	14 State tax withheld	15 State/Payer's state no.	16 State distribution		
Account number (see instructions)			13 Date of payment	17 Local tax withheld	18 Name of locality	19 Local distribution	
Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service							

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: <ul style="list-style-type: none">• 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) GEORGE		M.I. W	Last name JACKSON		Your date of birth 5/5/1967		Your job TEACHER				
Spouse's first name (pronouns, optional) TERESA		M.I. A	Last name JACKSON		Spouse's date of birth 3/11/1959		Spouse's job RETIRED				
Mailing address 123 TALL OAKS DR				Apt #	City YC			State YS	ZIP code YZIP		
Telephone number 812-555-1212		Email address				Did you live or work in two or more states in 2024 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Check if you or your spouse were in 2024: A U.S. citizen <input checked="" type="checkbox"/> You <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> No In the U.S. on a visa <input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No A full-time student <input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No					Legally blind <input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No Totally and permanently disabled <input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No Issued an identity protection PIN <input type="checkbox"/> You <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> No Do you own or hold any digital assets <input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No						
If due a refund , would you like your refund <input checked="" type="checkbox"/> Direct deposit <input type="checkbox"/> Check by mail <input type="checkbox"/> Split refund between accounts <input type="checkbox"/> Other					If you have a balance due , would you like to make a payment directly from <input type="checkbox"/> Bank account <input type="checkbox"/> Direct debit <input type="checkbox"/> Set up installment agreement <input checked="" type="checkbox"/> Mail payment to IRS						
Would you like to receive written communications from the IRS in a language other than English <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No What language					Would you like information on how to vote and/or how to register to vote <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Would you like \$3 to go to the Presidential Election Campaign Fund <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
As of December 31, 2024, what was your marital status <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married If married, were you married for all of 2024 <input type="checkbox"/> Yes <input type="checkbox"/> No Did you live with your spouse during any part of the last six months of 2024 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed Date of final decree Date of separate maintenance decree Year of spouse's death											
Can anyone else claim the taxpayer or spouse on their tax return (to be completed by certified volunteer) <input type="checkbox"/> Yes <input type="checkbox"/> No											
List the names below of everyone who lived with you last year (except your spouse) AND anyone you supported but did not live with you last year.					Answer Yes or No (Y/N)				To be completed by certified volunteer (Refer to Pub 4012 Tab C)		
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.)
THOMAS O JACKSON	10/10/1992	SON	12	S	Y	Y	N	Y			

Catalog Number 52121E

www.irs.gov

Form **13614-C** (Rev. 10-2024)

Answer the following questions on this page and the next page about you and your spouse's tax situation

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

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

The following information is for statistical purposes. These questions are optional.

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

<p>5. What is your race and/or ethnicity (<i>select all that apply and enter additional details in the spaces below</i>)</p> <p><input type="checkbox"/> American Indian or Alaska Native (<i>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.</i>)</p> <p><input type="checkbox"/> Asian (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Filipino</td> </tr> <tr> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Japanese</td> </tr> </table> <p><i>Enter, for example, Pakistani, Hmong, Afghan, etc.</i></p> <p><input type="checkbox"/> Black or African American (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> African American</td> <td><input type="checkbox"/> Jamaican</td> <td><input type="checkbox"/> Haitian</td> </tr> <tr> <td><input type="checkbox"/> Nigerian</td> <td><input type="checkbox"/> Ethiopian</td> <td><input type="checkbox"/> Somali</td> </tr> </table> <p><i>Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.</i></p> <p><input type="checkbox"/> Hispanic or Latino (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Mexican</td> <td><input type="checkbox"/> Puerto Rican</td> <td><input type="checkbox"/> Salvadoran</td> </tr> <tr> <td><input type="checkbox"/> Cuban</td> <td><input type="checkbox"/> Dominican</td> <td><input type="checkbox"/> Guatemalan</td> </tr> </table> <p><i>Enter, for example, Colombian, Honduran, Spaniard, etc.</i></p> <p><input type="checkbox"/> Middle Eastern or North African (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Lebanese</td> <td><input type="checkbox"/> Iranian</td> <td><input type="checkbox"/> Egyptian</td> </tr> <tr> <td><input type="checkbox"/> Syrian</td> <td><input type="checkbox"/> Iraqi</td> <td><input type="checkbox"/> Israeli</td> </tr> </table> <p><i>Enter, for example, Moroccan, Yemeni, Kurdish, etc.</i></p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Native Hawaiian</td> <td><input type="checkbox"/> Samoan</td> <td><input type="checkbox"/> Chamorro</td> </tr> <tr> <td><input type="checkbox"/> Tongan</td> <td><input type="checkbox"/> Fijian</td> <td><input type="checkbox"/> Marshallese</td> </tr> </table> <p><i>Enter, for example, Chuukese, Palauan, Tahitian, etc.</i></p> <p><input checked="" type="checkbox"/> White (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> English</td> <td><input checked="" type="checkbox"/> German</td> <td><input type="checkbox"/> Irish</td> </tr> <tr> <td><input type="checkbox"/> Italian</td> <td><input type="checkbox"/> Polish</td> <td><input type="checkbox"/> Scottish</td> </tr> </table> <p><i>Enter, for example, French, Swedish, Norwegian, etc.</i></p>	<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Korean	<input type="checkbox"/> Japanese	<input type="checkbox"/> African American	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Haitian	<input type="checkbox"/> Nigerian	<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Somali	<input type="checkbox"/> Mexican	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Salvadoran	<input type="checkbox"/> Cuban	<input type="checkbox"/> Dominican	<input type="checkbox"/> Guatemalan	<input type="checkbox"/> Lebanese	<input type="checkbox"/> Iranian	<input type="checkbox"/> Egyptian	<input type="checkbox"/> Syrian	<input type="checkbox"/> Iraqi	<input type="checkbox"/> Israeli	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Chamorro	<input type="checkbox"/> Tongan	<input type="checkbox"/> Fijian	<input type="checkbox"/> Marshallese	<input type="checkbox"/> English	<input checked="" type="checkbox"/> German	<input type="checkbox"/> Irish	<input type="checkbox"/> Italian	<input type="checkbox"/> Polish	<input type="checkbox"/> Scottish	<p>6. 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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 \(SORNs\)](https://www.treasury.gov/sorn). 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.

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.

Driver's License (Tax Training Only)	Driver's License (Tax Training Only)
License No. 20240529082027 Name and Address GEORGE W JACKSON 123 TALL OAKS DR YC,YS,YZIP	License No. 20240529082012 Name and Address TERESA A JACKSON 123 TALL OAKS DR YC,YS,YZIP
	
Birth Date 05/05/1967 Issue Date 04/15/2024 Expiration Date 04/15/2029	Birth Date 03/11/1959 Issue Date 02/20/2024 Expiration Date 02/20/2029

Social Security

224-00-XXXX

THIS NUMBER HAS BEEN ESTABLISHED FOR

GEORGE W JACKSON

For Tax Training Purposes Only

Social Security

225-00-XXXX

THIS NUMBER HAS BEEN ESTABLISHED FOR

TERESA A JACKSON

For Tax Training Purposes Only


Social Security

225-00-1234

THIS NUMBER HAS BEEN ESTABLISHED FOR

THOMAS O JACKSON

For Tax Training Purposes Only

		a. Employee's social security number 224-00-XXXX		Save. accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile	
				OMB No. 1545-0008					
b. Employer identification number (EIN) 35-1101018				1. Wages, tips, other compensation		2. Federal income tax withheld			
				\$45,505.75		\$4,505.06			
c. Employer's name, address, and ZIP code SCOTT COUNTY SCHOOL DISTRICT #2 375 E MCCLAIN AVE SCOTTSBURG, IN 47170				3. Social security wages		4. Social security tax withheld			
				\$47,505.75		\$2,945.36			
				5. Medicare wages and tips		6. Medicare tax withheld			
				\$47,505.75		\$688.83			
				7. Social security tips		8. Allocated tips			
d. Control number				9.		10. Dependant care benefits			
e. Employee's first name and initial Last name Suff. Employee's address and ZIP code GEORGE W JACKSON 123 TALL OAKS DR YC,YS,YZIP				11. Nonqualified plans		12a. See instructions for box 12			
						E \$2,000.00			
				13. Statutory Retirement Third-party Employee Plan sick pay		12b.			
				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		DD \$6,200.00			
				14. Other		12c.			
						12d.			
15. State	Employer's state ID number	16. State wages, tips, etc.	17. State income tax	18. Local wages, tips, etc.	19. Local income tax	20. Locality name			
YS	351101018	\$45,505.75	1,456.18						
<div style="display: flex; justify-content: space-between; align-items: center;"> <div> Form W-2 Wage and Tax Statement Copy B - To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service. </div> <div style="font-size: 2em; font-weight: bold;">2024</div> </div>									

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

2024

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

Box 1. Name TERESA A JACKSON		Box 2. Beneficiary's Social Security 225-00-XXXX
Box 3. Benefits Paid in 2024 \$21,104.40	Box 4. Benefits Repaid to SSA in 2024	Box 5. Net Benefits Paid for 2024 (Box 3 minus Box 4) \$21,104.40
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or direct deposit \$19,008.00 Medicare Part B premiums deducted from your benefits \$2,096.40 Medicare Prescription Drug premiums (Part D) deducted from your benefits Total Additions \$2,096.40 Benefits for 2024 \$21,104.40 Benefits for 2023 Benefits for 2022 Benefits for 2021		DESCRIPTION OF AMOUNT IN BOX 4 Box 6. Voluntary Federal Income Tax Withheld Box 7. Address TERESA A JACKSON 123 TALL OAKS DR YC,YS,YZIP Box 8. Claim Number (use this number if you need to contact SSA) 225-00-XXXXA

Form **SSA-1099-SM**

☐ **CORRECTED (if checked)**

OMB No 1545-0238

PAYER'S name, street address, city or town, state or province, country, ZIP or Foreign Postal Code CARNIVAL CORPORATION 3655 NW 87 AVE MIAMI FL 33178	1. Reportable winnings \$2,941.00	2. Date won 05/16/20XX	<p>20XX</p> <p>Form W2-G</p> <p>Certain Gambling Winnings</p>	
	3. Type of wager SLOT MACH	4. Federal income tax withheld \$294.00		
	5. Transaction	6. Race		
	7. Winnings from identical wagers	8. Cashier		
PAYER'S Federal identification number 59-1562976	Payer's Telephone number	9. Winner's taxpayer identification no. 225-00-XXXX	10. Window	This information is being furnished to the Internal Revenue Service Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.
WINNER'S name, street address, city or town, state or province, country, ZIP or Foreign Postal Code TERESA A JACKSON 123 TALL OAKS DR YC,YS YZIP		11. First I.D. 20240529082012	12. Second I.D.	
		13. State/Payer's state identification no. YS591562976	14. State Winnings \$2,941.00	
		15. State income tax withheld \$147.00	16. Local Winnings	
		17. Local income tax withheld	18. Name of locality	

Under penalty of perjury, I declare that, to the best of my knowledge and belief, the name, address, taxpayer identification 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 >

Date >

Form **W-2G**

<input type="checkbox"/> CORRECTED (if checked)				Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		
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 <div style="text-align: right; font-size: 1.2em;">\$36,404.52</div>		<div style="font-size: 2em; font-weight: bold;">2024</div> Form 1099-R	
			2a Taxable amount			
			2b Taxable amount not determined. <input checked="" type="checkbox"/>		Total Distribution <input type="checkbox"/>	
			3 Capital gain (included in box 2a).		4 Federal income tax withheld <div style="text-align: right; font-size: 1.2em;">\$3,506.25</div>	
PAYER'S TIN <div style="text-align: center;">04-3581074</div>		RECIPIENT'S TIN <div style="text-align: center;">225-00-XXXX</div>				
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 YC,YS,YZIP		5 Employee contributions/ Designated Roth contributions or		6 Net unrealized appreciation in employer's securities		
		7 Distribution Code(s) <div style="text-align: center; font-size: 1.2em;">7</div>	IRA/ SEP/ SIMPLE <input type="checkbox"/>	8 Other	%	
		9a Your percentage of total distribution <div style="text-align: center;">%</div>		9b Total Employee Contributions <div style="text-align: right; font-size: 1.2em;">\$30,168.50</div>		
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth	12 FATCA filing requirement <input type="checkbox"/>	14 State tax withheld <div style="text-align: right; font-size: 1.2em;">\$1,161.15</div>	15 State/Payer's state no. <div style="text-align: center;">YS043581074</div>	16 State distribution <div style="text-align: right; font-size: 1.2em;">\$36,404.52</div>	
Account number (see instructions)		13 Date of payment	17 Local tax withheld	18 Name of locality	19 Local distribution	
Form 1099-R						

<input type="checkbox"/> CORRECTED (if checked)				Interest Income			
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. STOCKYARDS BANK AND TRUST PO BOX 32890 LOUISVILLE, KY 40206			Payer's RTN (optional)		<div style="font-size: 2em; font-weight: bold;">2024</div> Form 1099-INT		
			1 Interest income <div style="text-align: right; font-size: 1.2em;">\$535.05</div>				
			2 Early withdrawal penalty		3 Interest on US Savings Bonds and Treas. obligations <div style="text-align: right; font-size: 1.2em;">\$314.24</div>		<p>Copy B For Recipient</p> <p>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</p>
			PAYER'S TIN <div style="text-align: center;">61-0354170</div>		RECIPIENT'S TIN <div style="text-align: center;">225-00-XXXX</div>		
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			
		6 Foreign Tax Paid		7 Foreign Country or US possession			
		8 Tax exempt interest		9 Specified private activity bond interest			
FATCA filing requirement <input type="checkbox"/>		10 Market Discount		11 Bond Premium			
		12 Bond premium on Treasury obligations		13 Bond Premium on tax-exempt bond			
Account number (see instructions)		14 Tax-exempt and tax credit bond CUSIP no.		15 State	16 State Identification no.		
Form 1099-INT							

<input type="checkbox"/> CORRECTED (if checked)				
CREDITOR'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. CHASE CARD SERVICES PO BOX 17799 WILMINGTON, DE 19850-7799		1 Date of Identifiable Event 06/30/2024	OMB No. 1545-1424 <div style="font-size: 2em; font-weight: bold; text-align: center;">2024</div> Form 1099-C	Cancellation of Debt Copy B For Debtor <small>This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.</small>
		2 Amount of debt discharged \$1,489.34		
		3 Interest if included in Box 2 \$171.23		
CREDITOR'S TIN 76-5XXXXXX		DEBTOR'S TIN 224-00-XXXX		
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		4 Debt description CREDIT CARD		
		5 If checked, the debtor was personally liable for repayment of this debt > <input checked="" type="checkbox"/>		
Account number (see instructions) XXXX-XXXX-XXXX-2398		6 Identifiable Event Code	7 Fair market value of property	
Form 1099-C				

<input type="checkbox"/> CORRECTED (if checked)				
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. HEARTFELT MEDICAL CENTER 674 WELLNESS AVE YC, YS, YZIP		OMB No. 1545-0116		Nonemployee Compensation
		<div style="font-size: 2em; font-weight: bold;">2024</div> Form 1099-NEC		
		1 Nonemployee compensation \$1,608.00		
PAYER'S TIN 25-734XXXX		RECIPIENT'S TIN 225-00-XXXX		Copy B For Recipient <small>This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.</small>
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		2		
		3		
		4 Federal income tax withheld		
FATCA filing requirement <input type="checkbox"/>				
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 owner's name: TERESA JACKSON

- | | |
|--|---|
| <input type="checkbox"/> I paid employees or other individuals | <input type="checkbox"/> I want to deduct a home office |
| <input type="checkbox"/> I had more than \$35,000 in business expenses | <input type="checkbox"/> I received Form 1095-A for health coverage |
| <input type="checkbox"/> I kept an inventory for my business | <input type="checkbox"/> I need to report a business loss |
| <input type="checkbox"/> I have assets to depreciate (any > \$2,500) | <input type="checkbox"/> 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 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	

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)	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

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).

☐ CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code and telephone no. US BANK 800 NICOLLET MALL MINNEAPOLIS MN 55402		* 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.		2024 Form 1098	Mortgage Interest Statement Copy B For Payer/Borrower The information in boxes 1 through 9 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for 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.
		1. Mortgage interest received from payer(s)/borrower(s) * \$5,367.49			
RECIPIENT'S/LENDER'S TIN 31-0841368	PAYER'S/BORROWER'S TIN 224-00-XXXX	2. Outstanding mortgage principal as of 1/1/2024 \$120,851.30	3. Mortgage origination date 05/23/2015		
PAYER'S/BORROWER'S name, street address, city or town, state or province, country, ZIP or foreign postal code and telephone no. GEORGE W JACKSON 123 TALL OAKS DR YC,YS,YZIP		4. Refund of overpaid interest	5. Mortgage insurance premiums		
		6. Points paid on purchase of principal residence			
		7. <input checked="" type="checkbox"/> If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.			
9. Number of properties securing the mortgage	10. Other PROPERTY TAX \$3,000	8. Address or description of property securing mortgage (see Instructions)		11. Mortgage acquisition date	
Account number (see instructions)					

Form **1098**

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

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: <ul style="list-style-type: none">• 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) MICHAEL		M.I.	Last name MILLER		Your date of birth 4-1-85		Your job MACHINIST				
Spouse's first name (pronouns, optional) LOIS		M.I.	Last name MILLER		Spouse's date of birth 11-11-87		Spouse's job STYLIST				
Mailing address 18762 EL CAMINO REAL				Apt #	City YOUR CITY			State YOUR STATE	ZIP code YOUR ZIP		
Telephone number 2085558282		Email address				Did you live or work in two or more states in 2024 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Check if you or your spouse were in 2024: A U.S. citizen <input checked="" type="checkbox"/> You <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> No In the U.S. on a visa <input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No A full-time student <input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No					Legally blind <input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No Totally and permanently disabled <input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No Issued an identity protection PIN <input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No Do you own or hold any digital assets <input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No						
If due a refund , would you like your refund <input type="checkbox"/> Direct deposit <input type="checkbox"/> Check by mail <input type="checkbox"/> Split refund between accounts <input type="checkbox"/> Other					If you have a balance due , would you like to make a payment directly from <input type="checkbox"/> Bank account <input type="checkbox"/> Direct debit <input type="checkbox"/> Set up installment agreement <input checked="" type="checkbox"/> Mail payment to IRS						
Would you like to receive written communications from the IRS in a language other than English <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No What language					Would you like information on how to vote and/or how to register to vote <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Would you like \$3 to go to the Presidential Election Campaign Fund <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
As of December 31, 2024, what was your marital status <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married If married, were you married for all of 2024 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did you live with your spouse during any part of the last six months of 2024 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed Date of final decree _____ Date of separate maintenance decree _____ Year of spouse's death _____											
Can anyone else claim the taxpayer or spouse on their tax return (to be completed by certified volunteer) <input type="checkbox"/> Yes <input type="checkbox"/> No											
List the names below of everyone who lived with you last year (except your spouse) AND anyone you supported but did not live with you last year.					Answer Yes or No (Y/N)				To be completed by certified volunteer (Refer to Pub 4012 Tab C)		
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.)
MARY MILLER	5-8-2006	DAUGHTER	12	S	Y	Y	Y	N			

Catalog Number 52121E

www.irs.gov

Form **13614-C** (Rev. 10-2024)

Answer the following questions on this page and the next page about you and your spouse's tax situation

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

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

The following information is for statistical purposes. These questions are optional.

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

<p>5. What is your race and/or ethnicity (<i>select all that apply and enter additional details in the spaces below</i>)</p> <p><input type="checkbox"/> American Indian or Alaska Native (<i>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.</i>)</p> <p><input type="checkbox"/> Asian (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Filipino</td> </tr> <tr> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Japanese</td> </tr> </table> <p><i>Enter, for example, Pakistani, Hmong, Afghan, etc.</i></p> <p><input checked="" type="checkbox"/> Black or African American (<i>provide details below</i>)</p> <table> <tr> <td><input checked="" type="checkbox"/> African American</td> <td><input type="checkbox"/> Jamaican</td> <td><input type="checkbox"/> Haitian</td> </tr> <tr> <td><input type="checkbox"/> Nigerian</td> <td><input type="checkbox"/> Ethiopian</td> <td><input type="checkbox"/> Somali</td> </tr> </table> <p><i>Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.</i></p> <p><input type="checkbox"/> Hispanic or Latino (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Mexican</td> <td><input type="checkbox"/> Puerto Rican</td> <td><input type="checkbox"/> Salvadoran</td> </tr> <tr> <td><input type="checkbox"/> Cuban</td> <td><input type="checkbox"/> Dominican</td> <td><input type="checkbox"/> Guatemalan</td> </tr> </table> <p><i>Enter, for example, Colombian, Honduran, Spaniard, etc.</i></p> <p><input type="checkbox"/> Middle Eastern or North African (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Lebanese</td> <td><input type="checkbox"/> Iranian</td> <td><input type="checkbox"/> Egyptian</td> </tr> <tr> <td><input type="checkbox"/> Syrian</td> <td><input type="checkbox"/> Iraqi</td> <td><input type="checkbox"/> Israeli</td> </tr> </table> <p><i>Enter, for example, Moroccan, Yemeni, Kurdish, etc.</i></p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Native Hawaiian</td> <td><input type="checkbox"/> Samoan</td> <td><input type="checkbox"/> Chamorro</td> </tr> <tr> <td><input type="checkbox"/> Tongan</td> <td><input type="checkbox"/> Fijian</td> <td><input type="checkbox"/> Marshallese</td> </tr> </table> <p><i>Enter, for example, Chuukese, Palauan, Tahitian, etc.</i></p> <p><input type="checkbox"/> White (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> English</td> <td><input type="checkbox"/> German</td> <td><input type="checkbox"/> Irish</td> </tr> <tr> <td><input type="checkbox"/> Italian</td> <td><input type="checkbox"/> Polish</td> <td><input type="checkbox"/> Scottish</td> </tr> </table> <p><i>Enter, for example, French, Swedish, Norwegian, etc.</i></p>	<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Korean	<input type="checkbox"/> Japanese	<input checked="" type="checkbox"/> African American	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Haitian	<input type="checkbox"/> Nigerian	<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Somali	<input type="checkbox"/> Mexican	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Salvadoran	<input type="checkbox"/> Cuban	<input type="checkbox"/> Dominican	<input type="checkbox"/> Guatemalan	<input type="checkbox"/> Lebanese	<input type="checkbox"/> Iranian	<input type="checkbox"/> Egyptian	<input type="checkbox"/> Syrian	<input type="checkbox"/> Iraqi	<input type="checkbox"/> Israeli	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Chamorro	<input type="checkbox"/> Tongan	<input type="checkbox"/> Fijian	<input type="checkbox"/> Marshallese	<input type="checkbox"/> English	<input type="checkbox"/> German	<input type="checkbox"/> Irish	<input type="checkbox"/> Italian	<input type="checkbox"/> Polish	<input type="checkbox"/> Scottish	<p>6. What is your spouse's race and/or ethnicity (<i>select all that apply and enter additional details in the spaces below</i>)</p> <p><input type="checkbox"/> American Indian or Alaska Native (<i>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.</i>)</p> <p><input type="checkbox"/> Asian (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Filipino</td> </tr> <tr> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Japanese</td> </tr> </table> <p><i>Enter, for example, Pakistani, Hmong, Afghan, etc.</i></p> <p><input checked="" type="checkbox"/> Black or African American (<i>provide details below</i>)</p> <table> <tr> <td><input checked="" type="checkbox"/> African American</td> <td><input type="checkbox"/> Jamaican</td> <td><input type="checkbox"/> Haitian</td> </tr> <tr> <td><input type="checkbox"/> Nigerian</td> <td><input type="checkbox"/> Ethiopian</td> <td><input type="checkbox"/> Somali</td> </tr> </table> <p><i>Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.</i></p> <p><input type="checkbox"/> Hispanic or Latino (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Mexican</td> <td><input type="checkbox"/> Puerto Rican</td> <td><input type="checkbox"/> Salvadoran</td> </tr> <tr> <td><input type="checkbox"/> Cuban</td> <td><input type="checkbox"/> Dominican</td> <td><input type="checkbox"/> Guatemalan</td> </tr> </table> <p><i>Enter, for example, Colombian, Honduran, Spaniard, etc.</i></p> <p><input type="checkbox"/> Middle Eastern or North African (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Lebanese</td> <td><input type="checkbox"/> Iranian</td> <td><input type="checkbox"/> Egyptian</td> </tr> <tr> <td><input type="checkbox"/> Syrian</td> <td><input type="checkbox"/> Iraqi</td> <td><input type="checkbox"/> Israeli</td> </tr> </table> <p><i>Enter, for example, Moroccan, Yemeni, Kurdish, etc.</i></p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Native Hawaiian</td> <td><input type="checkbox"/> Samoan</td> <td><input type="checkbox"/> Chamorro</td> </tr> <tr> <td><input type="checkbox"/> Tongan</td> <td><input type="checkbox"/> Fijian</td> <td><input type="checkbox"/> Marshallese</td> </tr> </table> <p><i>Enter, for example, Chuukese, Palauan, Tahitian, etc.</i></p> <p><input type="checkbox"/> White (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> English</td> <td><input type="checkbox"/> German</td> <td><input type="checkbox"/> Irish</td> </tr> <tr> <td><input type="checkbox"/> Italian</td> <td><input type="checkbox"/> Polish</td> <td><input type="checkbox"/> Scottish</td> </tr> </table> <p><i>Enter, for example, French, Swedish, Norwegian, etc.</i></p>	<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Korean	<input type="checkbox"/> Japanese	<input checked="" type="checkbox"/> African American	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Haitian	<input type="checkbox"/> Nigerian	<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Somali	<input type="checkbox"/> Mexican	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Salvadoran	<input type="checkbox"/> Cuban	<input type="checkbox"/> Dominican	<input type="checkbox"/> Guatemalan	<input type="checkbox"/> Lebanese	<input type="checkbox"/> Iranian	<input type="checkbox"/> Egyptian	<input type="checkbox"/> Syrian	<input type="checkbox"/> Iraqi	<input type="checkbox"/> Israeli	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Chamorro	<input type="checkbox"/> Tongan	<input type="checkbox"/> Fijian	<input type="checkbox"/> Marshallese	<input type="checkbox"/> English	<input type="checkbox"/> German	<input type="checkbox"/> Irish	<input type="checkbox"/> Italian	<input type="checkbox"/> Polish	<input type="checkbox"/> Scottish
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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 \(SORNs\)](https://www.treasury.gov/sorn). 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

Social Security

468-00-XXXX

THIS NUMBER HAS BEEN ESTABLISHED FOR

MICHAEL MILLER

For Tax Training Purposes Only

Social Security

569-00-XXXX

THIS NUMBER HAS BEEN ESTABLISHED FOR

LOIS MILLER

For Tax Training Purposes Only


Social Security

519-00-XXXX

THIS NUMBER HAS BEEN ESTABLISHED FOR

MARY MILLER

For Tax Training Purposes Only

a. Employee's social security number 468-00-XXXX		Save, accurate, FAST! Use  Visit the IRS website at www.irs.gov/efile				
b. Employer identification number (EIN) 67-8851234		1. Wages, tips, other compensation \$35,200.00	2. Federal income tax withheld \$1,020.00			
c. Employer's name, address, and ZIP code KRAMER WELDING ASSOCIATES 16 COMMERCIAL BLVD YC, YS YZIP		3. Social security wages \$40,480.00	4. Social security tax withheld \$2,509.76			
		5. Medicare wages and tips \$40,480.00	6. Medicare tax withheld \$586.96			
		7. Social security tips	8. Allocated tips			
d. Control number		9.	10. Dependant care benefits			
e. Employee's first name and initial Last name Suff. Employee's address and ZIP code MICHAEL MILLER 18760 EL CAMINO REAL YC, YS YZIP		11. Nonqualified plans	12a. See instructions for box 12 D \$5,280.00			
		13. Statutory Retirement Third-party Employee Plan sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	12b. DD \$9,123.00			
		14. Other	12c. W \$1,000.00			
			12d.			
15. State YS	Employer's state ID number 67885XXXX	16. State wages, tips, etc. \$35,200.00	17. State income tax 1,400.00	18. Local wages, tips, etc.	19. Local income tax	20. Locality name

Form **W-2 Wage and Tax Statement** **20XX**
 Copy B - To Be Filed With Employee's FEDERAL Tax Return.
 This information is being furnished to the Internal Revenue Service.

a. Employee's social security number <div style="border: 1px solid black; padding: 2px; display: inline-block;">569-00-XXXX</div>		Save, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile	
b. Employer identification number (EIN) <div style="border: 1px solid black; padding: 2px; display: inline-block;">44-3XXXXXX</div>		1. Wages, tips, other compensation <div style="border: 1px solid black; padding: 2px; display: inline-block;">\$34,799.75</div>		2. Federal income tax withheld <div style="border: 1px solid black; padding: 2px; display: inline-block;">\$215.00</div>			
c. Employer's name, address, and ZIP code REINHARDT TECHNOLOGY 74 LAWERENCE AVE ST PETERSBURG FL 33702		3. Social security wages <div style="border: 1px solid black; padding: 2px; display: inline-block;">\$34,799.75</div>		4. Social security tax withheld <div style="border: 1px solid black; padding: 2px; display: inline-block;">\$2,157.58</div>			
		5. Medicare wages and tips <div style="border: 1px solid black; padding: 2px; display: inline-block;">\$34,799.75</div>		6. Medicare tax withheld <div style="border: 1px solid black; padding: 2px; display: inline-block;">\$504.60</div>			
		7. Social security tips <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		8. Allocated tips <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>			
d. Control number <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		9. <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		10. Dependant care benefits <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>			
e. Employee's first name and initial Last name Suff. Employee's address and ZIP code LOIS MILLER 18760 EL CAMINO REAL YC, YS YZIP		11. Nonqualified plans <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		12a. See instructions for box 12 <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>			
		13. Statutory Employee Retirement Plan Third-party sick pay <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>		12b. <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>			
		14. Other <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		12c. <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>			
		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		12d. <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>			
		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>					
15. State <div style="border: 1px solid black; padding: 2px; display: inline-block;">YS</div>	Employer's state ID number <div style="border: 1px solid black; padding: 2px; display: inline-block;">44312XXXX</div>	16. State wages, tips, etc. <div style="border: 1px solid black; padding: 2px; display: inline-block;">\$34,799.75</div>	17. State income tax <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	18. Local wages, tips, etc. <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	19. Local income tax <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	20. Locality name <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	

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

20XX

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code and telephone no. STATE UNEMPLOYMENT OFFICE 1 FIRST ST YC, YS YZIP		1 Unemployment compensation <div style="border: 1px solid black; padding: 2px; display: inline-block;">\$960.00</div>		OMB No. 1545-0120 Form 1099-G (Rev. January, 2022) For calendar Year <div style="border: 1px solid black; padding: 2px; display: inline-block;">2024</div>		Certain Government Payments			
2 State or local income tax refunds, credits or offsets <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		3. Box 2 amount is for tax year <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>							
PAYER'S TIN <div style="border: 1px solid black; padding: 2px; display: inline-block;">83-1231234</div>	RECIPIENT'S TIN <div style="border: 1px solid black; padding: 2px; display: inline-block;">569-00-XXXX</div>	4 Federal income tax withheld <div style="border: 1px solid black; padding: 2px; display: inline-block;">\$96.00</div>		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.					
RECIPIENT'S name Street address City or town, state or province, country, ZIP or foreign postal code LOIS MILLER 18762 EL CAMINO REAL YC, YS YZIP		5 RTAA payments <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>						6 Taxable grants <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
		7 Agriculture payments <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>						8 If checked, box 2 is trade or business income <input type="checkbox"/>	
		9 Market gain <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>							
Account number (see instructions) <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		10a State <div style="border: 1px solid black; padding: 2px; display: inline-block;">YS</div>	10b State identification no. <div style="border: 1px solid black; padding: 2px; display: inline-block;">125XXXXXX</div>	11 State income tax withheld <div style="border: 1px solid black; padding: 2px; display: inline-block;">48.00</div>					

Form 1099-G (Rev. 1-2022) (keep for your records)

www.irs.gov/Form1099G

Department of the Treasury - Internal Revenue Service

<input type="checkbox"/> CORRECTED (if checked)			
TRUSTEE'S/PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code and telephone no. BANK OF HSA 35 OAK LANE YC, YS YZIP		OMB No. 1545-1517 Form 1099-SA (Rev. January, 2022) For calendar Year 2024	
		Distributions From an HSA, Archer MSA, or Medicare Advantage MSA	
PAYER'S TIN 32-5XXXXXX	RECIPIENT'S TIN 468-00-XXXX	1 Gross Distribution \$496.00	2 Earnings on excess cont.
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code MICHAEL MILLER 18762 EL CAMINO REAL YC, YS YZIP		3 Distribution Code	4 FMV on date of death
		5 HSA <input checked="" type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>	This information is being furnished to the IRS.
Account number (see instructions)			
Form 1099-SA (Rev. 1-2019) (keep for your records) www.irs.gov/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.

<input type="checkbox"/> CORRECTED (if checked)			
RECIPIENT'S/LENDER'S name street address city or town, state or province, country, ZIP or foreign postal code and telephone number US DEPARTMENT OF EDUCATION P O BOX 82561 LINCOLN, NE 68501-2561 888-486-4722		OMB No. 1545-1576 2024 Form 1098-E	
		Student Loan Interest Statement	
RECIPIENT'S TIN 52-1198289	BORROWER'S TIN 468-00-XXXX	1 Student loan interest received by lender \$3,200.00	
BORROWER'S name Street address (including apt. no.) City or town, state or province, country, ZIP or foreign postal code MICHAEL MILLER 18762 EL CAMINO REAL YC, YS YZIP		Copy B For Borrower 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 for student loan interest.	
Account number (see instructions)			
Form 1098-E (keep for your records) www.irs.gov/Form109E Department of the Treasury - Internal Revenue Service			

<input type="checkbox"/> CORRECTED (if checked)			
FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code and telephone number LUCKY COLLEGE 1 COLLEGE WAY SALISBURY NC 28145		OMB No. 1545-1574 2024 Form 1098-T	
		Tuition Statement	
FILER'S employer identification no. 96-1234567	STUDENT'S TIN 468-00-XXXX	3	
STUDENT'S name Street address (including apt. no.) City or town, state or province, country, ZIP or foreign postal code MARY MILLER 18762 EL CAMINO REAL YC, YS YZIP		1 Payments received for qualified tuition and related expenses \$5,000.00	2
		4 Adjustments made for a prior year	5 Scholarships or grants \$2,000.00
		6 Adjustments to scholarships or grants for a prior year	7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January-March 2025. <input type="checkbox"/>
Service Provider/Acct No. (see instr.)	8. Checked if at least half-time student <input checked="" type="checkbox"/>	9 Checked if a graduate student <input type="checkbox"/>	10 Ins. contract reimb./refund
Form 1098-T (keep for your records) www.irs.gov/Form1098T Department of the Treasury - Internal Revenue Service			

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.

CHARLES SCHWAB

Form 1099 B

ACCOUNT NUMBER XXXX-5555

RECIPIENT'S NAME AND ADDRESS

MICHAEL MILLER
LOIS MILLER
18763 ELCAMINO REAL
YC, YS, YZIP
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

LONG TERM GAIN OR LOSS

Long-term transactions for which basis is reported to IRS

Description of property (Example 100 sh. XYZ)	Date acquired	Date sold or disposed	Proceeds	Cost or other basis	Gain/Loss	Wash sale loss disallowed
100 SH MMM	4/24/2018	11/4/2024	\$ 9,999.00	\$ 9,835.00	\$ 164.00	\$ -

Long-term transactions for which basis is NOT reported to IRS

TOTAL LONG-TERM			\$ 9,999.00	\$ 9,835.00	\$ 164.00	\$ -
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SHORT TERM GAIN OR LOSS

Short-term transactions for which basis is reported to IRS

Description of property (Example 100 sh. XYZ)	Date acquired	Date sold or disposed	Proceeds	Cost or other basis	Gain/Loss	Wash sale loss disallowed
100 SH LUMN	9/30/2024	10/31/2024	\$ 101.00	\$ 109.00	\$ (8.00)	\$ 5.00

Short-term transactions for which basis is NOT reported to IRS

TOTAL SHORT-TERM			\$ 101.00	\$ 109.00	\$ (8.00)	\$ 5.00
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CHARLES
SCHWAB

ACCOUNT NUMBER XXXX-5555

COMPOSIT 1099 FOR TAX YEAR 2024

RECIPIENT'S NAME 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	
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	\$	-
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.		
17	State Tax Withheld	\$	-
	FATCA filing requirement		

8 Tax-Exempt Interest is all Your State.

CHARLES
SCHWAB

ACCOUNT NUMBER XXXX-5555

RECIPIENT'S NAME AND ADDRESS

MICHAEL MILLER

LOIS MILLER

18763 ELCAMINO REAL

YC, YS, YZIP

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

DIVIDENDS AND DISTRIBUTIONS - 2024

Form 1099-DIV

Box	Description	Amount
	Total Ordinary Dividends (Includes amount shown in box 1a)	
1a	1b)	\$ 325.00
1b	Qualified Dividends	\$ 257.00
	Total Capital Gain Distributions (Includes amounts shown in boxes 2b 2c and 2d)	
2a	2b)	\$ 12.00
2b	Unrecap. Sec. 1250 Gain	
2c	Section 1202 Gain	
2d	Collectibles(28 %) Gain	
2e	Section 897 ordinary dividends	
2f	Section 897 capital gain	
	3 Nondividend Distributions	\$ 25.00
	4 Federal Income Tax Withheld	\$ -
	5 DIV-199A	\$ 13.00
	6 Investment Expenses	
	7 Foreign Tax Paid	
	8 Foreign Country or U.S. Possession	
	9 Cash Liquidation Distributions	
	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: <ul style="list-style-type: none">• 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) 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 LANE				Apt #	City YOUR CITY			State YOUR STATE		ZIP code YOUR ZIP	
Telephone number 904-555-1212		Email address JOHNADAMS@EMAIL.XXX				Did you live or work in two or more states in 2024 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Check if you or your spouse were in 2024:					Legally blind			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No			
A U.S. citizen					<input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> No			Totally and permanently disabled			
In the U.S. on a visa					<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No			
A full-time student					<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No			Issued an identity protection PIN			
					Do you own or hold any digital assets			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> 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						
<input checked="" type="checkbox"/> Direct deposit					<input type="checkbox"/> Check by mail					<input type="checkbox"/> Bank account	
<input type="checkbox"/> Split refund between accounts					<input type="checkbox"/> Other					<input checked="" type="checkbox"/> Direct debit	
										<input type="checkbox"/> Set up installment agreement	
										<input type="checkbox"/> Mail payment to IRS	
Would you like to receive written communications from the IRS in a language other than English					Would you like information on how to vote and/or how to register to vote			Would you like \$3 to go to the Presidential Election Campaign Fund			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No What language					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
As of December 31, 2024, what was your marital status											
<input type="checkbox"/> Never Married <input type="checkbox"/> Married If married, were you married for all of 2024 <input type="checkbox"/> Yes <input type="checkbox"/> No											
Did you live with your spouse during any part of the last six months of 2024 <input type="checkbox"/> Yes <input type="checkbox"/> No											
<input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input checked="" type="checkbox"/> Widowed											
Date of final decree _____ Date of separate maintenance decree _____ Year of spouse's death 2015											
Can anyone else claim the taxpayer or spouse on their tax return (to be completed by certified volunteer) <input type="checkbox"/> Yes <input type="checkbox"/> No											
List the names below of everyone who lived with you last year (except your spouse) AND anyone you supported but did not live with you last year.					Answer Yes or No (Y/N)				To be completed by certified volunteer (Refer to Pub 4012 Tab C)		
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.)
AMY ADAMS	05/04/1996	DAUGHTER	12	S	N	Y	N	Y			

Answer the following questions on this page and the next page about you and your spouse's tax situation

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

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

The following information is for statistical purposes. These questions are optional.

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

5. What is your 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.*)

☐ **Asian** (*provide details below*)

- | | | |
|-------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Korean | <input type="checkbox"/> Japanese |

Enter, for example, Pakistani, Hmong, Afghan, etc.

☒ **Black or African American** (*provide details below*)

- | | | |
|--|------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> African American | <input type="checkbox"/> Jamaican | <input type="checkbox"/> Haitian |
| <input type="checkbox"/> Nigerian | <input type="checkbox"/> Ethiopian | <input type="checkbox"/> Somali |

Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.

☐ **Hispanic or Latino** (*provide details below*)

- | | | |
|----------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Mexican | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Salvadoran |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Dominican | <input type="checkbox"/> Guatemalan |

Enter, for example, Colombian, Honduran, Spaniard, etc.

☐ **Middle Eastern or North African** (*provide details below*)

- | | | |
|-----------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Lebanese | <input type="checkbox"/> Iranian | <input type="checkbox"/> Egyptian |
| <input type="checkbox"/> Syrian | <input type="checkbox"/> Iraqi | <input type="checkbox"/> Israeli |

Enter, for example, Moroccan, Yemeni, Kurdish, etc.

☐ **Native Hawaiian or Pacific Islander** (*provide details below*)

- | | | |
|--|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Samoan | <input type="checkbox"/> Chamorro |
| <input type="checkbox"/> Tongan | <input type="checkbox"/> Fijian | <input type="checkbox"/> Marshallese |

Enter, for example, Chuukese, Palauan, Tahitian, etc.

☐ **White** (*provide details below*)

- | | | |
|----------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> German | <input type="checkbox"/> Irish |
| <input type="checkbox"/> Italian | <input type="checkbox"/> Polish | <input type="checkbox"/> Scottish |

Enter, for example, French, Swedish, Norwegian, etc.

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.*)

☐ **Asian** (*provide details below*)

- | | | |
|-------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Korean | <input type="checkbox"/> Japanese |

Enter, for example, Pakistani, Hmong, Afghan, etc.

☐ **Black or African American** (*provide details below*)

- | | | |
|---|------------------------------------|----------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Jamaican | <input type="checkbox"/> Haitian |
| <input type="checkbox"/> Nigerian | <input type="checkbox"/> Ethiopian | <input type="checkbox"/> Somali |

Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.

☐ **Hispanic or Latino** (*provide details below*)

- | | | |
|----------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Mexican | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Salvadoran |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Dominican | <input type="checkbox"/> Guatemalan |

Enter, for example, Colombian, Honduran, Spaniard, etc.

☐ **Middle Eastern or North African** (*provide details below*)

- | | | |
|-----------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Lebanese | <input type="checkbox"/> Iranian | <input type="checkbox"/> Egyptian |
| <input type="checkbox"/> Syrian | <input type="checkbox"/> Iraqi | <input type="checkbox"/> Israeli |

Enter, for example, Moroccan, Yemeni, Kurdish, etc.

☐ **Native Hawaiian or Pacific Islander** (*provide details below*)

- | | | |
|--|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Samoan | <input type="checkbox"/> Chamorro |
| <input type="checkbox"/> Tongan | <input type="checkbox"/> Fijian | <input type="checkbox"/> Marshallese |

Enter, for example, Chuukese, Palauan, Tahitian, etc.

☐ **White** (*provide details below*)

- | | | |
|----------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> German | <input type="checkbox"/> Irish |
| <input type="checkbox"/> Italian | <input type="checkbox"/> Polish | <input type="checkbox"/> Scottish |

Enter, for example, French, Swedish, Norwegian, etc.

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 \(SORNs\)](https://www.treasury.gov/sorn). 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

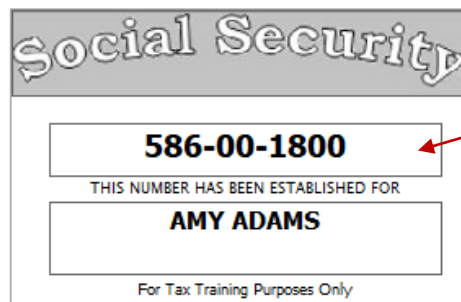
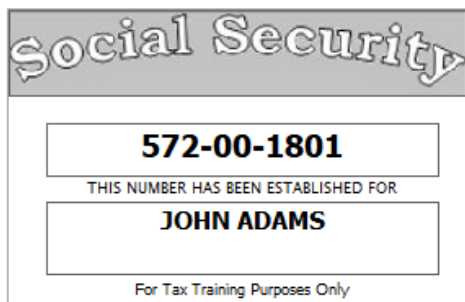
User Note for Instructors and Volunteers

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		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.

<input type="checkbox"/> CORRECTED (if checked)						
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. NAVY FEDERAL CREDIT UNION PO BOX 3000 MERRIFIELD VA 22119		Payer's RTN (optional)		OMB No. 1545-0112 <div style="text-align: center; font-size: 2em; font-weight: bold;">20XX</div> Form 1099-INT		Interest Income
PAYER'S TIN 53-011XXXX		RECIPIENT'S TIN 572-00-1801		1 Interest income <div style="text-align: right;">\$265.87</div>		
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code JOHN ADAMS 143 CONCORD LANE YC/YS/YZIP		2 Early withdrawal penalty <div style="text-align: right;">\$27.00</div>		Copy B For Recipient <small>This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported</small>		
3 Interest on US Savings Bonds and Treas. obligations		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		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.		17 State tax withheld		18 State		
Account number (see instructions)		19 State		20 State		21 State
22 State		23 State		24 State		
Form 1099-INT						

<input type="checkbox"/> CORRECTED (if checked)		a. Employee's social security number 572-00-1801		Save. accurate, FAST! Use OMB No. 1545-0008		Visit the IRS website at www.irs.gov/efile	
b. Employer identification number (EIN) 94-3XXXXXX		1. Wages, tips, other compensation <div style="text-align: right;">\$30,500.00</div>		2. Federal income tax withheld <div style="text-align: right;">\$3,400.00</div>		3. Social security wages <div style="text-align: right;">\$31,500.00</div>	
c. Employer's name, address, and ZIP code WALKER CONSTRUCTION 12 COLUMBIA PIKE FAIRFAX VA 22030		4. Social security tax withheld <div style="text-align: right;">\$1,953.00</div>		5. Medicare wages and tips <div style="text-align: right;">\$31,500.00</div>			
d. Control number 239063		6. Medicare tax withheld <div style="text-align: right;">\$456.75</div>		7. Social security tips			
e. Employee's first name and initial Last name Employee's address and ZIP code JOHN ADAMS 143 CONCORD LANE YC/YS/YZIP		8. Allocated tips		9.			
10. Dependant care benefits		11. Nonqualified plans		12a. See instructions for box 12 D <div style="text-align: right;">\$1,000.00</div>		12b. DD <div style="text-align: right;">\$3,980.00</div>	
13. Statutory Employee Plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12c.		12d.			
14. Other		15. State		16. State wages, tips, etc.			
17. State income tax		18. Local wages, tips, etc.		19. Local income tax			
20. Locality name		21. State		22. State		23. State	
24. State		25. State		26. State		27. State	
28. State		29. State		30. State		31. State	
32. State		33. State		34. State		35. State	
36. State		37. State		38. State		39. State	
40. State		41. State		42. State		43. State	
44. State		45. State		46. State		47. State	
48. State		49. State		50. State		51. State	
52. State		53. State		54. State		55. State	
56. State		57. State		58. State		59. State	
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104. State		105. State		106. State		107. State	
108. State		109. State		110. State		111. State	
112. State		113. State		114. State		115. State	
116. State		117. State		118. State		119. State	
120. State		121. State		122. State		123. State	
124. State		125. State		126. State		127. State	
128. State		129. State		130. State		131. State	
132. State		133. State		134. State		135. State	
136. State		137. State		138. State		139. State	
140. State		141. State		142. State		143. State	
144. State		145. State		146. State		147. State	
148. State		149. State		150. State		151. State	
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268. State		269. State		270. State		271. State	
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288. State		289. State		290. State		291. State	
292. State		293. State		294. State		295. State	
296. State							

<input type="checkbox"/> CORRECTED (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 Unemployment compensation <div style="text-align: center; font-size: 1.2em;">\$3,250.00</div>	OMB No. 1545-0120 <div style="text-align: center; font-size: 2em; font-weight: bold;">20XX</div> Form 1099-G	Certain Government Payments Copy B For Recipient <small>This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.</small>	
2 State or local income tax refunds, credits or offsets		. Box 2 amount is for tax year	4 Federal income tax withheld <div style="text-align: center; font-size: 1.2em;">\$325.00</div>		
PAYER'S TIN <div style="text-align: center;">91-6XXXXXXX</div>		RECIPIENT'S TIN <div style="text-align: center;">572-00-1801</div>			
RECIPIENT'S name Street address City or town, state or province, country, ZIP or foreign postal code JOHN ADAMS 143 CONCORD LANE YC/YS/YZIP		5 RTAA payments		6 Taxable grants	
		7 Agriculture payments		8 If checked, box 2 is trade or business income > <input type="checkbox"/>	
		9 Market gain		10. State 10b State identification no. 11 State income tax withheld <div style="border-top: 1px dashed black; height: 20px;"></div>	
Account number (see instructions)					
Form 1099-G					

JOHN ADAMS 143 CONCORD LANE YOUR CITY, YS YZIP		1234
PAY TO THE ORDER OF _____		\$ _____
1ST STREET CREDIT UNION 1ST AND MAIN YOUR CITY, YS YZIP		DOLLARS
For _____		
325070760	987123654	1234

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 (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: <ul style="list-style-type: none">• 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) 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				Apt #	City YOUR CITY			State YOUR STATE		ZIP code YOUR ZIP		
Telephone number 904-555-1212		Email address TERRYBALDWIN@EMAIL.XXX				Did you live or work in two or more states in 2024 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Check if you or your spouse were in 2024:						Legally blind			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No			
A U.S. citizen						<input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> No			Totally and permanently disabled			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No
In the U.S. on a visa						<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No			Issued an identity protection PIN			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No
A full-time student						<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No			Do you own or hold any digital assets			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> 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						
<input checked="" type="checkbox"/> Direct deposit						<input type="checkbox"/> Check by mail			<input type="checkbox"/> Bank account			<input type="checkbox"/> Direct debit
<input type="checkbox"/> Split refund between accounts						<input type="checkbox"/> Other			<input type="checkbox"/> Set up installment agreement			<input checked="" type="checkbox"/> Mail payment to IRS
Would you like to receive written communications from the IRS in a language other than English						Would you like information on how to vote and/or how to register to vote			Would you like \$3 to go to the Presidential Election Campaign Fund			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No What language						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
As of December 31, 2024, what was your marital status												
<input type="checkbox"/> Never Married <input type="checkbox"/> Married If married, were you married for all of 2024 <input type="checkbox"/> Yes <input type="checkbox"/> No												
Did you live with your spouse during any part of the last six months of 2024 <input type="checkbox"/> Yes <input type="checkbox"/> No												
<input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input checked="" type="checkbox"/> Widowed Year of spouse's death 2015												
Date of final decree Date of separate maintenance decree												
Can anyone else claim the taxpayer or spouse on their tax return (to be completed by certified volunteer) <input type="checkbox"/> Yes <input type="checkbox"/> No												
List the names below of everyone who lived with you last year (except your spouse) AND anyone you supported but did not live with you last year.					Answer Yes or No (Y/N)				To be completed by certified volunteer (Refer to Pub 4012 Tab C)			
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.)	
AMY BALDWIN	05/04/1996	DAUGHTER	12	S	Y	Y	N	N				

Catalog Number 52121E

www.irs.gov

Form **13614-C** (Rev. 10-2024)

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

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

The following information is for statistical purposes. These questions are optional.

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

<p>5. What is your race and/or ethnicity (<i>select all that apply and enter additional details in the spaces below</i>)</p> <p><input type="checkbox"/> American Indian or Alaska Native (<i>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.</i>)</p> <p><input type="checkbox"/> Asian (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Filipino</td> </tr> <tr> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Japanese</td> </tr> </table> <p><i>Enter, for example, Pakistani, Hmong, Afghan, etc.</i></p> <p><input type="checkbox"/> Black or African American (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> African American</td> <td><input type="checkbox"/> Jamaican</td> <td><input type="checkbox"/> Haitian</td> </tr> <tr> <td><input type="checkbox"/> Nigerian</td> <td><input type="checkbox"/> Ethiopian</td> <td><input type="checkbox"/> Somali</td> </tr> </table> <p><i>Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.</i></p> <p><input type="checkbox"/> Hispanic or Latino (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Mexican</td> <td><input type="checkbox"/> Puerto Rican</td> <td><input type="checkbox"/> Salvadoran</td> </tr> <tr> <td><input type="checkbox"/> Cuban</td> <td><input type="checkbox"/> Dominican</td> <td><input type="checkbox"/> Guatemalan</td> </tr> </table> <p><i>Enter, for example, Colombian, Honduran, Spaniard, etc.</i></p> <p><input type="checkbox"/> Middle Eastern or North African (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Lebanese</td> <td><input type="checkbox"/> Iranian</td> <td><input type="checkbox"/> Egyptian</td> </tr> <tr> <td><input type="checkbox"/> Syrian</td> <td><input type="checkbox"/> Iraqi</td> <td><input type="checkbox"/> Israeli</td> </tr> </table> <p><i>Enter, for example, Moroccan, Yemeni, Kurdish, etc.</i></p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Native Hawaiian</td> <td><input type="checkbox"/> Samoan</td> <td><input type="checkbox"/> Chamorro</td> </tr> <tr> <td><input type="checkbox"/> Tongan</td> <td><input type="checkbox"/> Fijian</td> <td><input type="checkbox"/> Marshallese</td> </tr> </table> <p><i>Enter, for example, Chuukese, Palauan, Tahitian, etc.</i></p> <p><input type="checkbox"/> White (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> English</td> <td><input type="checkbox"/> German</td> <td><input type="checkbox"/> Irish</td> </tr> <tr> <td><input type="checkbox"/> Italian</td> <td><input type="checkbox"/> Polish</td> <td><input type="checkbox"/> Scottish</td> </tr> </table> <p><i>Enter, for example, French, Swedish, Norwegian, etc.</i></p>	<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Korean	<input type="checkbox"/> Japanese	<input type="checkbox"/> African American	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Haitian	<input type="checkbox"/> Nigerian	<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Somali	<input type="checkbox"/> Mexican	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Salvadoran	<input type="checkbox"/> Cuban	<input type="checkbox"/> Dominican	<input type="checkbox"/> Guatemalan	<input type="checkbox"/> Lebanese	<input type="checkbox"/> Iranian	<input type="checkbox"/> Egyptian	<input type="checkbox"/> Syrian	<input type="checkbox"/> Iraqi	<input type="checkbox"/> Israeli	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Chamorro	<input type="checkbox"/> Tongan	<input type="checkbox"/> Fijian	<input type="checkbox"/> Marshallese	<input type="checkbox"/> English	<input type="checkbox"/> German	<input type="checkbox"/> Irish	<input type="checkbox"/> Italian	<input type="checkbox"/> Polish	<input type="checkbox"/> Scottish	<p>6. What is your spouse's race and/or ethnicity (<i>select all that apply and enter additional details in the spaces below</i>)</p> <p><input type="checkbox"/> American Indian or Alaska Native (<i>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.</i>)</p> <p><input type="checkbox"/> Asian (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Filipino</td> </tr> <tr> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Japanese</td> </tr> </table> <p><i>Enter, for example, Pakistani, Hmong, Afghan, etc.</i></p> <p><input type="checkbox"/> Black or African American (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> African American</td> <td><input type="checkbox"/> Jamaican</td> <td><input type="checkbox"/> Haitian</td> </tr> <tr> <td><input type="checkbox"/> Nigerian</td> <td><input type="checkbox"/> Ethiopian</td> <td><input type="checkbox"/> Somali</td> </tr> </table> <p><i>Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.</i></p> <p><input type="checkbox"/> Hispanic or Latino (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Mexican</td> <td><input type="checkbox"/> Puerto Rican</td> <td><input type="checkbox"/> Salvadoran</td> </tr> <tr> <td><input type="checkbox"/> Cuban</td> <td><input type="checkbox"/> Dominican</td> <td><input type="checkbox"/> Guatemalan</td> </tr> </table> <p><i>Enter, for example, Colombian, Honduran, Spaniard, etc.</i></p> <p><input type="checkbox"/> Middle Eastern or North African (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Lebanese</td> <td><input type="checkbox"/> Iranian</td> <td><input type="checkbox"/> Egyptian</td> </tr> <tr> <td><input type="checkbox"/> Syrian</td> <td><input type="checkbox"/> Iraqi</td> <td><input type="checkbox"/> Israeli</td> </tr> </table> <p><i>Enter, for example, Moroccan, Yemeni, Kurdish, etc.</i></p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Native Hawaiian</td> <td><input type="checkbox"/> Samoan</td> <td><input type="checkbox"/> Chamorro</td> </tr> <tr> <td><input type="checkbox"/> Tongan</td> <td><input type="checkbox"/> Fijian</td> <td><input type="checkbox"/> Marshallese</td> </tr> </table> <p><i>Enter, for example, Chuukese, Palauan, Tahitian, etc.</i></p> <p><input type="checkbox"/> White (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> English</td> <td><input type="checkbox"/> German</td> <td><input type="checkbox"/> Irish</td> </tr> <tr> <td><input type="checkbox"/> Italian</td> <td><input type="checkbox"/> Polish</td> <td><input type="checkbox"/> Scottish</td> </tr> </table> <p><i>Enter, for example, French, Swedish, Norwegian, etc.</i></p>	<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Korean	<input type="checkbox"/> Japanese	<input type="checkbox"/> African American	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Haitian	<input type="checkbox"/> Nigerian	<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Somali	<input type="checkbox"/> Mexican	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Salvadoran	<input type="checkbox"/> Cuban	<input type="checkbox"/> Dominican	<input type="checkbox"/> Guatemalan	<input type="checkbox"/> Lebanese	<input type="checkbox"/> Iranian	<input type="checkbox"/> Egyptian	<input type="checkbox"/> Syrian	<input type="checkbox"/> Iraqi	<input type="checkbox"/> Israeli	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Chamorro	<input type="checkbox"/> Tongan	<input type="checkbox"/> Fijian	<input type="checkbox"/> Marshallese	<input type="checkbox"/> English	<input type="checkbox"/> German	<input type="checkbox"/> Irish	<input type="checkbox"/> Italian	<input type="checkbox"/> Polish	<input type="checkbox"/> Scottish
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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.


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			Apt #	City YOUR CITY

Click to find Terry's full [Intake/Interview and Quality Review Sheet](#).

Driver's License (Tax Training Only)

License No. 20240509105358
 Name and Address
TERRY BALDWIN
143 CONCORD LANE
YC, YS YZIP



Birth Date 08/03/1965
 Issue Date 04/25/2024 Expiration Date 08/03/2029

social Security

572-00-1802

THIS NUMBER HAS BEEN ESTABLISHED FOR

TERRY BALDWIN

For Tax Training Purposes Only

TERRY BALDWIN
143 CONCORD LANE
YOUR CITY, YS YZIP **1234**

PAY TO THE ORDER OF _____ \$ _____
 _____ DOLLARS

1ST STREET CREDIT UNION
 1ST STREET AND MAIN
 YOUR CITY, YS YZIP

For _____

325070760 987123654 1234

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.

<input type="checkbox"/> CORRECTED (if checked)						
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. JANE'S CAFE 35 WEST ELM ST YC YS YZIP			OMB No. 1545-0116 <div style="text-align: center; font-size: 2em; font-weight: bold;">20XX</div> Form 1099-NEC		Nonemployee Compensation	
PAYER'S TIN <div style="text-align: center;">43-5XXXXXX</div>			RECIPIENT'S TIN <div style="text-align: center;">572-00-1802</div>		<div style="text-align: center;">1 Nonemployee compensation</div> <div style="text-align: center; font-size: 1.2em;">\$3,200.00</div>	
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code TERRY BALDWIN 143 CONCORD LANE YC/YS/YZIP			<div style="text-align: center;">2</div>		<div style="text-align: center; font-weight: bold;">Copy B For Recipient</div> 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.	
<div style="text-align: center;">3</div>			<div style="text-align: center;">4 Federal income tax withheld</div>			
<div style="text-align: center;">FATCA filing requirement <input type="checkbox"/></div>			<div style="text-align: center;">5 State tax withheld</div>			
<div style="text-align: center;">6 State/Payer's state no.</div>			<div style="text-align: center;">7 State income</div>			
Account number (see instructions)			<div style="text-align: center;">-----</div>		<div style="text-align: center;">-----</div>	
Form 1099-NEC						

<input type="checkbox"/> CORRECTED (if checked)						
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. ALICE'S BISTRO 234 FALCON DR YC YS YZIP			OMB No. 1545-0116 <div style="text-align: center; font-size: 2em; font-weight: bold;">20XX</div> Form 1099-NEC		Nonemployee Compensation	
PAYER'S TIN <div style="text-align: center;">54-3XXXXXX</div>			RECIPIENT'S TIN <div style="text-align: center;">572-00-1802</div>		<div style="text-align: center;">1 Nonemployee compensation</div> <div style="text-align: center; font-size: 1.2em;">\$5,500.00</div>	
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code TERRY BALDWIN 143 CONCORD LANE YC/YS/YZIP			<div style="text-align: center;">2</div>		<div style="text-align: center; font-weight: bold;">Copy B For Recipient</div> 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.	
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<div style="text-align: center;">FATCA filing requirement <input type="checkbox"/></div>			<div style="text-align: center;">5 State tax withheld</div>			
<div style="text-align: center;">6 State/Payer's state no.</div>			<div style="text-align: center;">7 State income</div>			
Account number (see instructions)			<div style="text-align: center;">-----</div>		<div style="text-align: center;">-----</div>	
Form 1099-NEC						

2024 Self-Employed (Sch C) Worksheet (type-in fillable)(Complete a separate worksheet for each business) **Business**owner's name: Terry Baldwin

- ☐ I paid employees or other individuals
☐ I had more than \$35,000 in business expenses
☐ I kept an inventory for my business
☐ I have assets to depreciate (any > \$2,500)
- ☐ I want to deduct a home office
☐ I received Form 1095-A for health coverage
☐ I need to report a business loss
☐ 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)	\$ <u>8,700</u>
Cash, checks, etc. (incl. tips)	\$ <u>24,675</u>
Business expenses	
Advertising	\$ <u>350</u>
Commissions and fees	\$
Health insurance premiums	\$ <u>3,400</u>
Business insurance	\$
Interest on business loans	\$
Office expense/supplies	\$
Rent (not home office)	\$
Repairs	\$
Supplies	\$ <u>598</u>
Licenses or fees	\$ <u>95</u>

Business use of car or truck	
Total mileage for year	<u>13,668</u> mi.
Business miles	<u>1,968</u> mi.
Commuting miles	<u>8700</u> mi.
Other miles	mi.
Vehicle description:	<u>truck</u>
Date placed in service:	<u>5/2/1998</u>

Business expenses (cont.)	
Business part of phone	\$ <u>695</u>
Training for this business	\$
Tools, etc. under \$2,500 each	\$
Travel away from home	\$
Business meals from restaurants	\$
Other business meals	\$
Other (specify) <u>Paint</u>	\$ <u>8,745</u>
<u>Liability Insurance</u>	\$ <u>478</u>
<u>Business Cards</u>	\$ <u>42</u>
<u>Personalized coveralls</u>	\$ <u>250</u>
<u>Website</u>	\$ <u>317</u>
	\$
	\$

Car or truck expenses	
Car loan interest	\$
Parking, tolls	\$
Other (specify)	\$
	\$
<u>Estimated payments/qtr</u>	\$ <u>1,650</u>
	\$

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).

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 (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: <ul style="list-style-type: none">• 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) KAREN		M.I.	Last name CHAMBERS		Your date of birth 08/03/1960		Your job RETIRED				
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			State YOUR STATE		ZIP code YOUR ZIP	
Telephone number 904-555-1212		Email address KARENCHAMBERS@EMAIL.XXX				Did you live or work in two or more states in 2024 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Check if you or your spouse were in 2024: A U.S. citizen <input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> No In the U.S. on a visa <input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No A full-time student <input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No					Legally blind <input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No Totally and permanently disabled <input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> No Issued an identity protection PIN <input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No Do you own or hold any digital assets <input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No						
If due a refund , would you like your refund <input checked="" type="checkbox"/> Direct deposit <input type="checkbox"/> Check by mail <input type="checkbox"/> Split refund between accounts <input type="checkbox"/> Other					If you have a balance due , would you like to make a payment directly from <input type="checkbox"/> Bank account <input checked="" type="checkbox"/> Direct debit <input type="checkbox"/> Set up installment agreement <input type="checkbox"/> Mail payment to IRS						
Would you like to receive written communications from the IRS in a language other than English <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No What language					Would you like information on how to vote and/or how to register to vote <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Would you like \$3 to go to the Presidential Election Campaign Fund <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
As of December 31, 2024, what was your marital status <input type="checkbox"/> Never Married <input type="checkbox"/> Married If married, were you married for all of 2024 <input type="checkbox"/> Yes <input type="checkbox"/> No Did you live with your spouse during any part of the last six months of 2024 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input checked="" type="checkbox"/> Widowed Date of final decree _____ Date of separate maintenance decree _____ Year of spouse's death 2022											
Can anyone else claim the taxpayer or spouse on their tax return (to be completed by certified volunteer) <input type="checkbox"/> Yes <input type="checkbox"/> No											
List the names below of everyone who lived with you last year (except your spouse) AND anyone you supported but did not live with you last year.					Answer Yes or No (Y/N)				To be completed by certified volunteer (Refer to Pub 4012 Tab C)		
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.)
BETH CHAMBERS	05/04/1990	DAUGHTER	7	S	Y	Y	N	N			

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

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

The following information is for statistical purposes. These questions are optional.

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

<p>5. What is your race and/or ethnicity (<i>select all that apply and enter additional details in the spaces below</i>)</p> <p><input type="checkbox"/> American Indian or Alaska Native (<i>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.</i>)</p> <p><input type="checkbox"/> Asian (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Filipino</td> </tr> <tr> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Japanese</td> </tr> </table> <p><i>Enter, for example, Pakistani, Hmong, Afghan, etc.</i></p> <p><input type="checkbox"/> Black or African American (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> African American</td> <td><input type="checkbox"/> Jamaican</td> <td><input type="checkbox"/> Haitian</td> </tr> <tr> <td><input type="checkbox"/> Nigerian</td> <td><input type="checkbox"/> Ethiopian</td> <td><input type="checkbox"/> Somali</td> </tr> </table> <p><i>Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.</i></p> <p><input type="checkbox"/> Hispanic or Latino (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Mexican</td> <td><input type="checkbox"/> Puerto Rican</td> <td><input type="checkbox"/> Salvadoran</td> </tr> <tr> <td><input type="checkbox"/> Cuban</td> <td><input type="checkbox"/> Dominican</td> <td><input type="checkbox"/> Guatemalan</td> </tr> </table> <p><i>Enter, for example, Colombian, Honduran, Spaniard, etc.</i></p> <p><input type="checkbox"/> Middle Eastern or North African (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Lebanese</td> <td><input type="checkbox"/> Iranian</td> <td><input type="checkbox"/> Egyptian</td> </tr> <tr> <td><input type="checkbox"/> Syrian</td> <td><input type="checkbox"/> Iraqi</td> <td><input type="checkbox"/> Israeli</td> </tr> </table> <p><i>Enter, for example, Moroccan, Yemeni, Kurdish, etc.</i></p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Native Hawaiian</td> <td><input type="checkbox"/> Samoan</td> <td><input type="checkbox"/> Chamorro</td> </tr> <tr> <td><input type="checkbox"/> Tongan</td> <td><input type="checkbox"/> Fijian</td> <td><input type="checkbox"/> Marshallese</td> </tr> </table> <p><i>Enter, for example, Chuukese, Palauan, Tahitian, etc.</i></p> <p><input type="checkbox"/> White (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> English</td> <td><input type="checkbox"/> German</td> <td><input type="checkbox"/> Irish</td> </tr> <tr> <td><input type="checkbox"/> Italian</td> <td><input type="checkbox"/> Polish</td> <td><input type="checkbox"/> Scottish</td> </tr> </table> <p><i>Enter, for example, French, Swedish, Norwegian, etc.</i></p>	<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Korean	<input type="checkbox"/> Japanese	<input type="checkbox"/> African American	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Haitian	<input type="checkbox"/> Nigerian	<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Somali	<input type="checkbox"/> Mexican	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Salvadoran	<input type="checkbox"/> Cuban	<input type="checkbox"/> Dominican	<input type="checkbox"/> Guatemalan	<input type="checkbox"/> Lebanese	<input type="checkbox"/> Iranian	<input type="checkbox"/> Egyptian	<input type="checkbox"/> Syrian	<input type="checkbox"/> Iraqi	<input type="checkbox"/> Israeli	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Chamorro	<input type="checkbox"/> Tongan	<input type="checkbox"/> Fijian	<input type="checkbox"/> Marshallese	<input type="checkbox"/> English	<input type="checkbox"/> German	<input type="checkbox"/> Irish	<input type="checkbox"/> Italian	<input type="checkbox"/> Polish	<input type="checkbox"/> Scottish	<p>6. What is your spouse's race and/or ethnicity (<i>select all that apply and enter additional details in the spaces below</i>)</p> <p><input type="checkbox"/> American Indian or Alaska Native (<i>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.</i>)</p> <p><input type="checkbox"/> Asian (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Filipino</td> </tr> <tr> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Japanese</td> </tr> </table> <p><i>Enter, for example, Pakistani, Hmong, Afghan, etc.</i></p> <p><input type="checkbox"/> Black or African American (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> African American</td> <td><input type="checkbox"/> Jamaican</td> <td><input type="checkbox"/> Haitian</td> </tr> <tr> <td><input type="checkbox"/> Nigerian</td> <td><input type="checkbox"/> Ethiopian</td> <td><input type="checkbox"/> Somali</td> </tr> </table> <p><i>Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.</i></p> <p><input type="checkbox"/> Hispanic or Latino (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Mexican</td> <td><input type="checkbox"/> Puerto Rican</td> <td><input type="checkbox"/> Salvadoran</td> </tr> <tr> <td><input type="checkbox"/> Cuban</td> <td><input type="checkbox"/> Dominican</td> <td><input type="checkbox"/> Guatemalan</td> </tr> </table> <p><i>Enter, for example, Colombian, Honduran, Spaniard, etc.</i></p> <p><input type="checkbox"/> Middle Eastern or North African (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Lebanese</td> <td><input type="checkbox"/> Iranian</td> <td><input type="checkbox"/> Egyptian</td> </tr> <tr> <td><input type="checkbox"/> Syrian</td> <td><input type="checkbox"/> Iraqi</td> <td><input type="checkbox"/> Israeli</td> </tr> </table> <p><i>Enter, for example, Moroccan, Yemeni, Kurdish, etc.</i></p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Native Hawaiian</td> <td><input type="checkbox"/> Samoan</td> <td><input type="checkbox"/> Chamorro</td> </tr> <tr> <td><input type="checkbox"/> Tongan</td> <td><input type="checkbox"/> Fijian</td> <td><input type="checkbox"/> Marshallese</td> </tr> </table> <p><i>Enter, for example, Chuukese, Palauan, Tahitian, etc.</i></p> <p><input type="checkbox"/> White (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> English</td> <td><input type="checkbox"/> German</td> <td><input type="checkbox"/> Irish</td> </tr> <tr> <td><input type="checkbox"/> Italian</td> <td><input type="checkbox"/> Polish</td> <td><input type="checkbox"/> Scottish</td> </tr> </table> <p><i>Enter, for example, French, Swedish, Norwegian, etc.</i></p>	<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Korean	<input type="checkbox"/> Japanese	<input type="checkbox"/> African American	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Haitian	<input type="checkbox"/> Nigerian	<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Somali	<input type="checkbox"/> Mexican	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Salvadoran	<input type="checkbox"/> Cuban	<input type="checkbox"/> Dominican	<input type="checkbox"/> Guatemalan	<input type="checkbox"/> Lebanese	<input type="checkbox"/> Iranian	<input type="checkbox"/> Egyptian	<input type="checkbox"/> Syrian	<input type="checkbox"/> Iraqi	<input type="checkbox"/> Israeli	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Chamorro	<input type="checkbox"/> Tongan	<input type="checkbox"/> Fijian	<input type="checkbox"/> Marshallese	<input type="checkbox"/> English	<input type="checkbox"/> German	<input type="checkbox"/> Irish	<input type="checkbox"/> Italian	<input type="checkbox"/> Polish	<input type="checkbox"/> Scottish
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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 \(SORNs\)](https://www.treasury.gov/sorn). 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.	Last name CHAMBERS	Your date of birth 08/03/1960	Your job RETIRED
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	State YOUR STATE

Click to find **Karen's full [Intake/Interview and Quality Review Sheet](#)**.

Driver's License (Tax Training Only)	
License No. 20240520142719	
Name and Address KAREN CHAMBERS 143 CONCORD LANE YC, YS YZIP	
Birth Date 08/03/1960	
Issue Date 05/06/2024 Expiration Date 08/03/2029	

Social Security	
572-00-1803	
THIS NUMBER HAS BEEN ESTABLISHED FOR	
KAREN CHAMBERS	
For Tax Training Purposes Only	

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 SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT			
<div style="display: flex; align-items: center;"> <div style="font-size: 2em; font-weight: bold; margin-right: 10px;">20XX</div> <div> <input type="checkbox"/> PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. <input type="checkbox"/> SEE THE REVERSE FOR MORE INFORMATION. </div> </div>			
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 AMOUNT IN BOX 3 Paid by check or direct deposit \$10,305.60 Medicare Part B premiums deducted from your benefits \$2,096.40 Medicare Prescription Drug premiums (Part D) deducted from your benefits \$498.00 Total Additions \$3,094.40 Benefits for 20XX \$13,400.00 Benefits for 20XX-1 Benefits for 20XX-2 Benefits for 20XX-3		DESCRIPTION OF AMOUNT IN BOX 4 <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Box 6. Voluntary Federal Income Tax Withheld \$500.00 </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Box 7. Address KAREN CHAMBERS 143 CONCORD LANE YC, YS YZIP </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Box 8. Claim Number (use this number if you need to contact SSA) 572-00-1803A </div>	

Form **SSA-1099-SM**

<input type="checkbox"/> CORRECTED (if checked)						2024 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. MAYBERRY SHERIFF'S DEPARTMENT 1 HOLLOW TREE RD YOUR CITY, YOUR STATE YZIP			1 Gross distribution \$21,650.00		<div style="font-size: 1.5em; font-weight: bold;">2024</div> <div style="font-weight: bold;">Form 1099-R</div>		<div style="font-weight: bold;">Copy B</div> <div>Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.</div> <div style="margin-top: 20px;">This information is being furnished to the IRS</div>			
PAYER'S TIN 21-8123456			2a Taxable amount						2b Taxable amount not determined. <input checked="" type="checkbox"/> Total Distribution <input type="checkbox"/>	
			3 Capital gain (included in box 2a).						4 Federal income tax withheld	
			5 Employee contributions/ Designated Roth contributions or						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 KAREN CHAMBERS 143 CONCORD LANE YC, YS YZIP			7 Distribution Code(s) 7		IRA/ SEP/ SIMPLE <input type="checkbox"/>				8 Other %	
RECIPIENT'S TIN 572-00-1803			9a Your percentage of total distribution %		9b Total Employee Contributions \$86,500.00					
			10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth					
13 Date of payment			14 State tax withheld \$875.00		15 State/Payer's state no. YS 218123456				16 State distribution \$21,650.00	
Account number (see instructions)			17 Local tax withheld		18 Name of locality				19 Local distribution	
Form 1099-R										

<input type="checkbox"/> CORRECTED (if checked)			20XX Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. DEFENSE FINANCE AND ACCOUNTING SERVICE US MILITARY RETIRED PAY 8899 E 56TH STREET INDIANAPOLIS IN 46249-1200			1 Gross distribution \$27,117.00		Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS	
			2a Taxable amount \$27,117.00			
			2b Taxable amount not determined. <input type="checkbox"/> Total Distribution <input type="checkbox"/>			
3 Capital gain (included in box 2a).		4 Federal income tax withheld \$3,900.00				
5 Employee contributions/ Designated Roth contributions or		6 Net unrealized appreciation in employer's securities				
7 Distribution Code(s) 7		8 Other %				
9a Your percentage of total distribution %		9b Total Employee Contributions				
10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth		12 FATCA filing requirement <input type="checkbox"/>		
14 State tax withheld \$987.00		15 State/Payer's state no. YS 841XXXXXX		16 State distribution \$27,117.00		
Account number (see instructions)		13 Date of payment		17 Local tax withheld		
				18 Name of locality		
				19 Local distribution		
Form 1099-R						

KAREN CHAMBERS 143 CONCORD LANE YOUR CITY, YS YZIP		1234
PAY TO THE ORDER OF _____		\$ _____
1ST STREET CREDIT UNION 1ST AND MAIN STREET YOUR CITY, YS YZIP		DOLLARS
For _____		
325070760	987123654	1234

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: <ul style="list-style-type: none">• 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) RONALD		M.I.	Last name DAVIS		Your date of birth 08/03/1975		Your job RETIRED				
Spouse's first name (pronouns, optional) ALICIA		M.I.	Last name DAVIS		Spouse's date of birth 05/06/1964		Spouse's job DECEASED				
Mailing address 143 CONCORD LANE				Apt #	City YOUR CITY			State YOUR STATE		ZIP code YOUR ZIP	
Telephone number 904-555-1212		Email address RONALDDAVIS@EMAIL.XXX				Did you live or work in two or more states in 2024 <input type="checkbox"/> Yes <input type="checkbox"/> No					
Check if you or your spouse were in 2024:					Legally blind			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No			
A U.S. citizen					<input checked="" type="checkbox"/> You <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> No			Totally and permanently disabled			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No
In the U.S. on a visa					<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No			Issued an identity protection PIN			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No
A full-time student					<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No			Do you own or hold any digital assets			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> 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						
<input checked="" type="checkbox"/> Direct deposit <input type="checkbox"/> Check by mail					<input type="checkbox"/> Bank account <input checked="" type="checkbox"/> Direct debit						
<input type="checkbox"/> Split refund between accounts <input type="checkbox"/> Other					<input type="checkbox"/> Set up installment agreement <input type="checkbox"/> Mail payment to IRS						
Would you like to receive written communications from the IRS in a language other than English					Would you like information on how to vote and/or how to register to vote			Would you like \$3 to go to the Presidential Election Campaign Fund			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No What language					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
As of December 31, 2024, what was your marital status											
<input type="checkbox"/> Never Married <input type="checkbox"/> Married If married, were you married for all of 2024 <input type="checkbox"/> Yes <input type="checkbox"/> No											
Did you live with your spouse during any part of the last six months of 2024 <input type="checkbox"/> Yes <input type="checkbox"/> No											
<input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input checked="" type="checkbox"/> Widowed Year of spouse's death 2024											
Date of final decree _____ Date of separate maintenance decree _____											
Can anyone else claim the taxpayer or spouse on their tax return (to be completed by certified volunteer) <input type="checkbox"/> Yes <input type="checkbox"/> No											
List the names below of everyone who lived with you last year (except your spouse) AND anyone you supported but did not live with you last year.					Answer Yes or No (Y/N)				To be completed by certified volunteer (Refer to Pub 4012 Tab C)		
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.)
JULIE DAVIS	05/04/1996	DAUGHTER	11	S	Y	Y	N	N			

Answer the following questions on this page and the next page about you and your spouse's tax situation

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

Paid any of the following expenses in 2024: <input type="checkbox"/> (A) Mortgage Interest <input type="checkbox"/> (A) Taxes: state, local, real estate, sales, etc. <input type="checkbox"/> (A) Medical, Dental, Prescription Expenses <input type="checkbox"/> (B) Charitable contributions	Standard or Itemized Deductions (To be completed by certified volunteer) Notes/Comments <input type="checkbox"/> (B) Taxable state/local income taxes <input type="checkbox"/> (B) Standard deduction <input type="checkbox"/> (A) Itemized deduction	
Paid any of these expenses in 2024: <input type="checkbox"/> (B) Student loan interest <input type="checkbox"/> (B) Child and dependent care <input type="checkbox"/> (B/A) Contributions to a retirement account <input type="checkbox"/> Repayments to a qualified retirement plan <input type="checkbox"/> (B) School supplies by a teacher, teacher's aide or other educator <input type="checkbox"/> (B) Alimony payments (do not include child support)	Expenses to report (To be completed by certified volunteer) Notes/Comments <input type="checkbox"/> (B) 1098-E <input type="checkbox"/> (B) Child and dependent care credit <input type="checkbox"/> (A) IRA, 401(k), etc. deduction <input type="checkbox"/> (B) Saver's credit <input type="checkbox"/> (B) Educator expenses deduction <input type="checkbox"/> (B) Alimony payments with spouse's SSN \$ _____ Adjustment to income <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did any of the following happen during 2024: <input type="checkbox"/> (B) You or someone in your family took educational classes (technical school, college, job related, etc.) <input type="checkbox"/> (A) Sell a home <input type="checkbox"/> (A) Have a health savings account (HSA) <input type="checkbox"/> (A) Purchase health insurance through the Marketplace (Exchange) <input type="checkbox"/> (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.) <input type="checkbox"/> (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender <input type="checkbox"/> Have a loss related to a declared federal disaster area <input type="checkbox"/> (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit) <input type="checkbox"/> Receive any letter or bill from the IRS <input type="checkbox"/> (B) Make estimated tax payments or apply last year's refund to 2024 taxes <input checked="" type="checkbox"/> Additional information you think we should know ALICA DAVIS DIED ON 01/05/2024	Information to report (To be completed by certified volunteer) Notes/Comments <input type="checkbox"/> (B) Taxable scholarship income <input type="checkbox"/> (B) 1098-T (itemized statement from school, invoice, etc.) <input type="checkbox"/> (B) Education credit or tuition and fees deduction <input type="checkbox"/> (A) Sale of home (1099-S) <input type="checkbox"/> HSA contributions <input type="checkbox"/> HSA distributions <input type="checkbox"/> (A) 1095-A <input type="checkbox"/> (B) Energy efficient home improvement credit <input type="checkbox"/> (A) 1099-C <input type="checkbox"/> (A) 1099-A <input type="checkbox"/> Disaster relief impacts return <input type="checkbox"/> (B) EITC, CTC, AOTC or HOH disallowed in a previous year Year disallowed Reason <input type="checkbox"/> Eligible for Low Income Taxpayer Clinic referral <input type="checkbox"/> Estimated tax payments _____ <input type="checkbox"/> Last year's refund applied to this year _____ <input type="checkbox"/> Last year's return available _____ <input type="checkbox"/> Additional information for accurate tax preparation	

The following information is for statistical purposes. These questions are optional.

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

<p>5. What is your race and/or ethnicity (<i>select all that apply and enter additional details in the spaces below</i>)</p> <p><input type="checkbox"/> American Indian or Alaska Native (<i>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.</i>)</p> <p><input type="checkbox"/> Asian (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Filipino</td> </tr> <tr> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Japanese</td> </tr> </table> <p><i>Enter, for example, Pakistani, Hmong, Afghan, etc.</i></p> <p><input checked="" type="checkbox"/> Black or African American (<i>provide details below</i>)</p> <table> <tr> <td><input checked="" type="checkbox"/> African American</td> <td><input type="checkbox"/> Jamaican</td> <td><input type="checkbox"/> Haitian</td> </tr> <tr> <td><input type="checkbox"/> Nigerian</td> <td><input type="checkbox"/> Ethiopian</td> <td><input type="checkbox"/> Somali</td> </tr> </table> <p><i>Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.</i></p> <p><input type="checkbox"/> Hispanic or Latino (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Mexican</td> <td><input type="checkbox"/> Puerto Rican</td> <td><input type="checkbox"/> Salvadoran</td> </tr> <tr> <td><input type="checkbox"/> Cuban</td> <td><input type="checkbox"/> Dominican</td> <td><input type="checkbox"/> Guatemalan</td> </tr> </table> <p><i>Enter, for example, Colombian, Honduran, Spaniard, etc.</i></p> <p><input type="checkbox"/> Middle Eastern or North African (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Lebanese</td> <td><input type="checkbox"/> Iranian</td> <td><input type="checkbox"/> Egyptian</td> </tr> <tr> <td><input type="checkbox"/> Syrian</td> <td><input type="checkbox"/> Iraqi</td> <td><input type="checkbox"/> Israeli</td> </tr> </table> <p><i>Enter, for example, Moroccan, Yemeni, Kurdish, etc.</i></p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Native Hawaiian</td> <td><input type="checkbox"/> Samoan</td> <td><input type="checkbox"/> Chamorro</td> </tr> <tr> <td><input type="checkbox"/> Tongan</td> <td><input type="checkbox"/> Fijian</td> <td><input type="checkbox"/> Marshallese</td> </tr> </table> <p><i>Enter, for example, Chuukese, Palauan, Tahitian, etc.</i></p> <p><input type="checkbox"/> White (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> English</td> <td><input type="checkbox"/> German</td> <td><input type="checkbox"/> Irish</td> </tr> <tr> <td><input type="checkbox"/> Italian</td> <td><input type="checkbox"/> Polish</td> <td><input type="checkbox"/> Scottish</td> </tr> </table> <p><i>Enter, for example, French, Swedish, Norwegian, etc.</i></p>	<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Korean	<input type="checkbox"/> Japanese	<input checked="" type="checkbox"/> African American	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Haitian	<input type="checkbox"/> Nigerian	<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Somali	<input type="checkbox"/> Mexican	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Salvadoran	<input type="checkbox"/> Cuban	<input type="checkbox"/> Dominican	<input type="checkbox"/> Guatemalan	<input type="checkbox"/> Lebanese	<input type="checkbox"/> Iranian	<input type="checkbox"/> Egyptian	<input type="checkbox"/> Syrian	<input type="checkbox"/> Iraqi	<input type="checkbox"/> Israeli	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Chamorro	<input type="checkbox"/> Tongan	<input type="checkbox"/> Fijian	<input type="checkbox"/> Marshallese	<input type="checkbox"/> English	<input type="checkbox"/> German	<input type="checkbox"/> Irish	<input type="checkbox"/> Italian	<input type="checkbox"/> Polish	<input type="checkbox"/> Scottish	<p>6. What is your spouse's race and/or ethnicity (<i>select all that apply and enter additional details in the spaces below</i>)</p> <p><input type="checkbox"/> American Indian or Alaska Native (<i>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.</i>)</p> <p><input type="checkbox"/> Asian (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Filipino</td> </tr> <tr> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Japanese</td> </tr> </table> <p><i>Enter, for example, Pakistani, Hmong, Afghan, etc.</i></p> <p><input checked="" type="checkbox"/> Black or African American (<i>provide details below</i>)</p> <table> <tr> <td><input checked="" type="checkbox"/> African American</td> <td><input type="checkbox"/> Jamaican</td> <td><input type="checkbox"/> Haitian</td> </tr> <tr> <td><input type="checkbox"/> Nigerian</td> <td><input type="checkbox"/> Ethiopian</td> <td><input type="checkbox"/> Somali</td> </tr> </table> <p><i>Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.</i></p> <p><input type="checkbox"/> Hispanic or Latino (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Mexican</td> <td><input type="checkbox"/> Puerto Rican</td> <td><input type="checkbox"/> Salvadoran</td> </tr> <tr> <td><input type="checkbox"/> Cuban</td> <td><input type="checkbox"/> Dominican</td> <td><input type="checkbox"/> Guatemalan</td> </tr> </table> <p><i>Enter, for example, Colombian, Honduran, Spaniard, etc.</i></p> <p><input type="checkbox"/> Middle Eastern or North African (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Lebanese</td> <td><input type="checkbox"/> Iranian</td> <td><input type="checkbox"/> Egyptian</td> </tr> <tr> <td><input type="checkbox"/> Syrian</td> <td><input type="checkbox"/> Iraqi</td> <td><input type="checkbox"/> Israeli</td> </tr> </table> <p><i>Enter, for example, Moroccan, Yemeni, Kurdish, etc.</i></p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Native Hawaiian</td> <td><input type="checkbox"/> Samoan</td> <td><input type="checkbox"/> Chamorro</td> </tr> <tr> <td><input type="checkbox"/> Tongan</td> <td><input type="checkbox"/> Fijian</td> <td><input type="checkbox"/> Marshallese</td> </tr> </table> <p><i>Enter, for example, Chuukese, Palauan, Tahitian, etc.</i></p> <p><input type="checkbox"/> White (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> English</td> <td><input type="checkbox"/> German</td> <td><input type="checkbox"/> Irish</td> </tr> <tr> <td><input type="checkbox"/> Italian</td> <td><input type="checkbox"/> Polish</td> <td><input type="checkbox"/> Scottish</td> </tr> </table> <p><i>Enter, for example, French, Swedish, Norwegian, etc.</i></p>	<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Korean	<input type="checkbox"/> Japanese	<input checked="" type="checkbox"/> African American	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Haitian	<input type="checkbox"/> Nigerian	<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Somali	<input type="checkbox"/> Mexican	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Salvadoran	<input type="checkbox"/> Cuban	<input type="checkbox"/> Dominican	<input type="checkbox"/> Guatemalan	<input type="checkbox"/> Lebanese	<input type="checkbox"/> Iranian	<input type="checkbox"/> Egyptian	<input type="checkbox"/> Syrian	<input type="checkbox"/> Iraqi	<input type="checkbox"/> Israeli	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Chamorro	<input type="checkbox"/> Tongan	<input type="checkbox"/> Fijian	<input type="checkbox"/> Marshallese	<input type="checkbox"/> English	<input type="checkbox"/> German	<input type="checkbox"/> Irish	<input type="checkbox"/> Italian	<input type="checkbox"/> Polish	<input type="checkbox"/> Scottish
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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 \(SORNs\)](https://www.treasury.gov/sorn). 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	Your date of birth 08/03/1975	Your job RETIRED	
Spouse's first name (pronouns, optional) ALICIA	M.I.	Last name DAVIS	Spouse's date of birth 05/06/1964	Spouse's job DECEASED	
Mailing address 143 CONCORD LANE		Apt #	City YOUR CITY		State YOUR STATE

Click to find **Ronald's full** [Intake/Interview and Quality Review Sheet](#).



Driver's License (Tax Training Only)

License No. 20240520143422
Name and Address
RONALD DAVIS
143 CONCORD LANE
YC, YS, YZIP



Birth Date **08/03/1975**
Issue Date **05/06/2024** Expiration Date **08/03/2029**

Social Security

572-00-1804

THIS NUMBER HAS BEEN ESTABLISHED FOR

RONALD DAVIS

For Tax Training Purposes Only

Social Security

572-00-1814

THIS NUMBER HAS BEEN ESTABLISHED FOR

ALICIA DAVIS

For Tax Training Purposes Only

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.

<input type="checkbox"/> CORRECTED (if checked)				2024 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. COUNTY SCHOOL DISTRICT 358 HIGH SCHOOL CIRCLE YC, YS YZIP			1 Gross distribution \$26,145.00		Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.	
			2a Taxable amount \$26,145.00			
			2b Taxable amount not determined. <input type="checkbox"/>			
PAYER'S TIN 84-3234589			3 Capital gain (included in box 2a). <input type="checkbox"/>		4 Federal income tax withheld \$2,900.00	
			5 Employee contributions/ Designated Roth contributions or			
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal RONALD DAVIS 143 CONCORD LANE YC, YS YZIP			6 Net unrealized appreciation in employer's securities		This information is being furnished to the IRS	
			7 Distribution Code(s) 3			
RECIPIENT'S TIN 572-00-1804			8 Other <input type="checkbox"/>			
			9a Your percentage of total distribution %			
10 Amount allocable to IRR within 5 years			11 1st year of desig. Roth		12 FATCA filing requirement <input type="checkbox"/>	
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		17 Local tax withheld	
			18 Name of locality		19 Local distribution	
Form 1099-R						

Alpine Brokerage LLC 2715 Alpine Lane Boston MA 02110 Account No. 111-227 Payer's TIN: 95-7XXXXXX		20XX TAX INFORMATION SUMMARY		TAX REPORTING STATEMENT Ronald Davis 143 Concord Ln, Your City, YS ZIP Recipient ID No. XXX-XX-1804	
Form 1099-DIV Dividends and Distributions Copy B for Recipient (OMB NO. 1545-0110)			Form 1099-INT Interest Income Copy B for Recipient (OMB NO. 1545-0112)		
Box		Amount	Box		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 and 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. Possession	
2f	Section 897 capital gain	0.00	8	Tax-Exempt Interest	87.95
3	Nondividend Distributions	56.90	9	Specified Private Activity Bond Interest	0.00
4	Federal Income Tax Withheld	2,000.00	10	Market Discount	0.00
5	Section 199A Dividends	654.85		Market Discount on Noncovered Securities	0.00
6	Investment Expenses	850.00	11	Bond Premium	223.67
7	Foreign Tax Paid	34.89	12	Bond Premium on Tax-Exempt Bond	0.00
8	Foreign Country/U.S. Possession: Various		13	Bond Premium on tax Exempt Bonds	
9	Cash Liquidation Distributions	0.00	15	State	YS
10	Non-Cash Liquidation Distributions	0.00	16	State Identification No.	XXXX
11	FATCA filing requirement		17	State Tax Withheld	0.00
12	Exempt-Interest Dividends	507.78		FATCA filing requirement	
13	Specified Private Activity Bond Interest Dividends	0.00			
14	State	YS			
15	State Identification No.	XXXX			
16	State Tax Withheld	0.00			
Summary of Proceeds, Gains & Losses, Adjustments and Withholding					
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)				
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)				
	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 [NTTC Training Resource Links](#) for links to NTTC Workbook and other Tax-Aide training resources.

Input the taxable income from the brokerage statement.

Alpine Brokerage LLC				TAX REPORTING STATEMENT	
2715 Alpine Lane				20XX	
Boston MA 02110				TAX INFORMATION SUMMARY	
Account No. 111-227				Ronald Davis	
Payer's TIN: 95-7XXXXXX				143 Concord Ln, Your City, YS ZIP	
				Recipient ID No. XXX-XX-1804	
Form 1099-DIV Dividends and Distributions			Form 1099-INT Interest Income		
Copy B for Recipient (OMB NO. 1545-0110)			Copy B for Recipient (OMB NO. 1545-0112)		
Box		Amount	Box		Amount
1a	Total Ordinary Dividends	5,859.66	1	Interest Income	658.00
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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. Possession	
2f	Section 897 capital gain	0.00	8	Tax-Exempt Interest	87.95
3	Nondividend Distributions	56.90	9	Specified Private Activity Bond Interest	0.00
4	Federal Income Tax Withheld	2,000.00	10	Market Discount	0.00
5	Section 199A Dividends	654.85		Market Discount on Noncovered Securities	0.00
6	Investment Expenses	850.00	11	Bond Premium	223.67
7	Foreign Tax Paid	34.89	12	Bond Premium on Tax-Exempt Bond	0.00
8	Foreign Country/U.S. Possession:	Various	13	Bond Premium on tax Exempt Bonds	
9	Cash Liquidation Distributions	0.00	15	State	YS
10	Non-Cash Liquidation Distributions	0.00	16	State Identification No.	XXXX
11	FATCA filing requirement		17	State Tax Withheld	0.00
12	Exempt-Interest Dividends	507.78		FATCA filing requirement	
13	Specified Private Activity Bond Interest Dividends	0.00			
14	State	YS			
15	State Identification No	XXXX			
16	State Tax Withheld	0.00			
Summary of Proceeds, Gains & Losses, Adjustments and Withholding					
Term	Form 8949 type	Proceeds	Cost basis	Wash Sale loss disallowed	Net Gain or Loss(-)
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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.

<input type="checkbox"/> CORRECTED				
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. GRANT INVESTMENT SERVICES 2121 ESSEX PKWY PITTSBURG PA 15219		Applicable Check Box on Form 8949	OMB No. 1545-0715 <div style="font-size: 2em; font-weight: bold; text-align: center;">20XX</div> <div style="text-align: center;">Form 1099-B</div>	Proceeds From Broker and Barter Exchange Transactions
PAYER'S TIN <div style="text-align: center;">43-3XXXXXX</div>		RECIPIENT'S TIN <div style="text-align: center;">572-00-1804</div>		1a Description of Property (Example 100 sh. XYZ Co.) <div style="text-align: center;">63 SH LONG HOLDINGS</div>
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		1b Date acquired	1c Date sold or disposed <div style="text-align: center;">03/15/20XX</div>	<div style="text-align: center; font-weight: bold;">Copy B For Recipient</div> 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 instructions)		1d Proceeds <div style="text-align: center;">\$9,492.21</div>	1e Cost or other basis	
CUSIP number		1f Accrued Market Discount	1g Wash sale loss disallowed	
FATCA filing requirement <input type="checkbox"/>		2 Short term gain or loss <input type="checkbox"/> Long term gain or loss <input type="checkbox"/> Ordinary <input type="checkbox"/>	3 If checked, proceeds from: Collectables <input type="checkbox"/> QOF <input type="checkbox"/>	
14 State Name		4 Federal income tax withheld	5 If checked, noncovered security <input checked="" type="checkbox"/>	
15 State identification no.		6 Reported to IRS Gross proceeds <input type="checkbox"/> Net proceeds <input checked="" type="checkbox"/>	7 If checked, loss is not allowed due to amount in 1d <input type="checkbox"/>	
16 State tax withheld		8 Profit or (loss) realized in 20XX on closed contracts	9 Unrealized profit or (loss) on open contracts - 12/31/20XX	
10 Unrealized profit or (loss) on open contracts - 12/31/20XX		11 Aggregate profit or (loss) on contracts		
12 If checked, basis reported to IRS <input type="checkbox"/>		13 Bartering		
Form 1099-B				

Input the taxable income from the brokerage statement.

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

RONALD DAVIS ALICIA DAVIS 143 CONCORD LANE YOUR CITY, YS, YZIP		1234
PAY TO THE ORDER OF _____		\$ _____
1ST STREET CREDIT UNION 1ST AND MAIN STREET YOUR CITY, YS YZIP		DOLLARS
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 (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: <ul style="list-style-type: none">• 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) 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			State YOUR STTE		ZIP code YOUR ZIP	
Telephone number 904-555-1212		Email address MARYELLIOTT@EMAIL.XXX				Did you live or work in two or more states in 2024 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Check if you or your spouse were in 2024:					Legally blind		<input type="checkbox"/> You		<input type="checkbox"/> Spouse		<input checked="" type="checkbox"/> No
A U.S. citizen					<input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> No		<input type="checkbox"/> You		<input type="checkbox"/> Spouse		<input checked="" type="checkbox"/> No
In the U.S. on a visa					<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No		<input type="checkbox"/> You		<input type="checkbox"/> Spouse		<input checked="" type="checkbox"/> No
A full-time student					<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No		<input type="checkbox"/> You		<input type="checkbox"/> Spouse		<input checked="" type="checkbox"/> 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						
<input checked="" type="checkbox"/> Direct deposit <input type="checkbox"/> Check by mail					<input type="checkbox"/> Bank account <input checked="" type="checkbox"/> Direct debit						
<input type="checkbox"/> Split refund between accounts <input type="checkbox"/> Other					<input type="checkbox"/> Set up installment agreement <input type="checkbox"/> Mail payment to IRS						
Would you like to receive written communications from the IRS in a language other than English					Would you like information on how to vote and/or how to register to vote			Would you like \$3 to go to the Presidential Election Campaign Fund			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No What language					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
As of December 31, 2024, what was your marital status											
<input type="checkbox"/> Never Married		<input type="checkbox"/> Married		If married, were you married for all of 2024				<input type="checkbox"/> Yes <input type="checkbox"/> No			
				Did you live with your spouse during any part of the last six months of 2024				<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Divorced		<input type="checkbox"/> Legally Separated		<input checked="" type="checkbox"/> Widowed				Year of spouse's death 2014			
Date of final decree		Date of separate maintenance decree									
Can anyone else claim the taxpayer or spouse on their tax return (to be completed by certified volunteer) <input type="checkbox"/> Yes <input type="checkbox"/> No											
List the names below of everyone who lived with you last year (except your spouse) AND anyone you supported but did not live with you last year.					Answer Yes or No (Y/N)				To be completed by certified volunteer (Refer to Pub 4012 Tab C)		
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.)
AMY ELLIOTT	05/04/1996	DAUGHTER	12	S	Y	Y	Y	N			

Catalog Number 52121E

www.irs.gov

Form **13614-C** (Rev. 10-2024)

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

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

The following information is for statistical purposes. These questions are optional.

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

<p>5. What is your race and/or ethnicity (<i>select all that apply and enter additional details in the spaces below</i>)</p> <p><input type="checkbox"/> American Indian or Alaska Native (<i>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.</i>)</p> <p><input type="checkbox"/> Asian (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Filipino</td> </tr> <tr> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Japanese</td> </tr> </table> <p><i>Enter, for example, Pakistani, Hmong, Afghan, etc.</i></p> <p><input type="checkbox"/> Black or African American (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> African American</td> <td><input type="checkbox"/> Jamaican</td> <td><input type="checkbox"/> Haitian</td> </tr> <tr> <td><input type="checkbox"/> Nigerian</td> <td><input type="checkbox"/> Ethiopian</td> <td><input type="checkbox"/> Somali</td> </tr> </table> <p><i>Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.</i></p> <p><input type="checkbox"/> Hispanic or Latino (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Mexican</td> <td><input type="checkbox"/> Puerto Rican</td> <td><input type="checkbox"/> Salvadoran</td> </tr> <tr> <td><input type="checkbox"/> Cuban</td> <td><input type="checkbox"/> Dominican</td> <td><input type="checkbox"/> Guatemalan</td> </tr> </table> <p><i>Enter, for example, Colombian, Honduran, Spaniard, etc.</i></p> <p><input type="checkbox"/> Middle Eastern or North African (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Lebanese</td> <td><input type="checkbox"/> Iranian</td> <td><input type="checkbox"/> Egyptian</td> </tr> <tr> <td><input type="checkbox"/> Syrian</td> <td><input type="checkbox"/> Iraqi</td> <td><input type="checkbox"/> Israeli</td> </tr> </table> <p><i>Enter, for example, Moroccan, Yemeni, Kurdish, etc.</i></p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Native Hawaiian</td> <td><input type="checkbox"/> Samoan</td> <td><input type="checkbox"/> Chamorro</td> </tr> <tr> <td><input type="checkbox"/> Tongan</td> <td><input type="checkbox"/> Fijian</td> <td><input type="checkbox"/> Marshallese</td> </tr> </table> <p><i>Enter, for example, Chuukese, Palauan, Tahitian, etc.</i></p> <p><input type="checkbox"/> White (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> English</td> <td><input type="checkbox"/> German</td> <td><input type="checkbox"/> Irish</td> </tr> <tr> <td><input type="checkbox"/> Italian</td> <td><input type="checkbox"/> Polish</td> <td><input type="checkbox"/> Scottish</td> </tr> </table> <p><i>Enter, for example, French, Swedish, Norwegian, etc.</i></p>	<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Korean	<input type="checkbox"/> Japanese	<input type="checkbox"/> African American	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Haitian	<input type="checkbox"/> Nigerian	<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Somali	<input type="checkbox"/> Mexican	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Salvadoran	<input type="checkbox"/> Cuban	<input type="checkbox"/> Dominican	<input type="checkbox"/> Guatemalan	<input type="checkbox"/> Lebanese	<input type="checkbox"/> Iranian	<input type="checkbox"/> Egyptian	<input type="checkbox"/> Syrian	<input type="checkbox"/> Iraqi	<input type="checkbox"/> Israeli	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Chamorro	<input type="checkbox"/> Tongan	<input type="checkbox"/> Fijian	<input type="checkbox"/> Marshallese	<input type="checkbox"/> English	<input type="checkbox"/> German	<input type="checkbox"/> Irish	<input type="checkbox"/> Italian	<input type="checkbox"/> Polish	<input type="checkbox"/> Scottish	<p>6. What is your spouse's race and/or ethnicity (<i>select all that apply and enter additional details in the spaces below</i>)</p> <p><input type="checkbox"/> American Indian or Alaska Native (<i>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.</i>)</p> <p><input type="checkbox"/> Asian (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Filipino</td> </tr> <tr> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Japanese</td> </tr> </table> <p><i>Enter, for example, Pakistani, Hmong, Afghan, etc.</i></p> <p><input type="checkbox"/> Black or African American (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> African American</td> <td><input type="checkbox"/> Jamaican</td> <td><input type="checkbox"/> Haitian</td> </tr> <tr> <td><input type="checkbox"/> Nigerian</td> <td><input type="checkbox"/> Ethiopian</td> <td><input type="checkbox"/> Somali</td> </tr> </table> <p><i>Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.</i></p> <p><input type="checkbox"/> Hispanic or Latino (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Mexican</td> <td><input type="checkbox"/> Puerto Rican</td> <td><input type="checkbox"/> Salvadoran</td> </tr> <tr> <td><input type="checkbox"/> Cuban</td> <td><input type="checkbox"/> Dominican</td> <td><input type="checkbox"/> Guatemalan</td> </tr> </table> <p><i>Enter, for example, Colombian, Honduran, Spaniard, etc.</i></p> <p><input type="checkbox"/> Middle Eastern or North African (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Lebanese</td> <td><input type="checkbox"/> Iranian</td> <td><input type="checkbox"/> Egyptian</td> </tr> <tr> <td><input type="checkbox"/> Syrian</td> <td><input type="checkbox"/> Iraqi</td> <td><input type="checkbox"/> Israeli</td> </tr> </table> <p><i>Enter, for example, Moroccan, Yemeni, Kurdish, etc.</i></p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Native Hawaiian</td> <td><input type="checkbox"/> Samoan</td> <td><input type="checkbox"/> Chamorro</td> </tr> <tr> <td><input type="checkbox"/> Tongan</td> <td><input type="checkbox"/> Fijian</td> <td><input type="checkbox"/> Marshallese</td> </tr> </table> <p><i>Enter, for example, Chuukese, Palauan, Tahitian, etc.</i></p> <p><input type="checkbox"/> White (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> English</td> <td><input type="checkbox"/> German</td> <td><input type="checkbox"/> Irish</td> </tr> <tr> <td><input type="checkbox"/> Italian</td> <td><input type="checkbox"/> Polish</td> <td><input type="checkbox"/> Scottish</td> </tr> </table> <p><i>Enter, for example, French, Swedish, Norwegian, etc.</i></p>	<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Korean	<input type="checkbox"/> Japanese	<input type="checkbox"/> African American	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Haitian	<input type="checkbox"/> Nigerian	<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Somali	<input type="checkbox"/> Mexican	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Salvadoran	<input type="checkbox"/> Cuban	<input type="checkbox"/> Dominican	<input type="checkbox"/> Guatemalan	<input type="checkbox"/> Lebanese	<input type="checkbox"/> Iranian	<input type="checkbox"/> Egyptian	<input type="checkbox"/> Syrian	<input type="checkbox"/> Iraqi	<input type="checkbox"/> Israeli	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Chamorro	<input type="checkbox"/> Tongan	<input type="checkbox"/> Fijian	<input type="checkbox"/> Marshallese	<input type="checkbox"/> English	<input type="checkbox"/> German	<input type="checkbox"/> Irish	<input type="checkbox"/> Italian	<input type="checkbox"/> Polish	<input type="checkbox"/> Scottish
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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/](https://www.treasury.gov/sorn) 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](#).



Driver's License (Tax Training Only)

License No. 20240512170301
 Name and Address
MARY ELLIOTT
143 CONCORD LANE
YC, YS YZIP



Birth Date **08/03/1965**
 Issue Date **04/26/2024** Expiration Date **08/03/2029**

Social Security

572-00-1805

THIS NUMBER HAS BEEN ESTABLISHED FOR

MARY ELLIOTT

For Tax Training Purposes Only

Social Security

572-00-0000

THIS NUMBER HAS BEEN ESTABLISHED FOR

AMY ELLIOTT

For Tax Training Purposes Only

MARY ELLIOTT
 143 CONCORD LANE
 YOUR CITY, YS YZIP

1234

PAY TO THE ORDER OF _____ \$ _____

_____ DOLLARS

1ST STREET CREDIT UNION
 1ST AND MAIN STREET
 YOUR CITY, YS YZIP

For _____

325070760 987123654 1234

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.

		a. Employee's social security number <div style="border: 1px solid black; padding: 2px; display: inline-block;">572-00-1805</div>		Save. accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile	
				OMB No. 1545-0008					
b. Employer identification number (EIN) 46-9XXXXXX				1. Wages, tips, other compensation <div style="text-align: right;">\$35,850.00</div>		2. Federal income tax withheld <div style="text-align: right;">\$3,600.00</div>			
c. Employer's name, address, and ZIP code BAXTER'S QUILT SHOPPE 4200 DOCKSIDE AVE YC, YS YZIP				3. Social security wages <div style="text-align: right;">\$35,850.00</div>		4. Social security tax withheld <div style="text-align: right;">\$2,222.70</div>			
				5. Medicare wages and tips <div style="text-align: right;">\$35,850.00</div>		6. Medicare tax withheld <div style="text-align: right;">\$519.83</div>			
				7. Social security tips		8. Allocated tips			
d. Control number				9.		10. Dependant care benefits			
e. Employee's first name and initial Last name Suff. Employee's address and ZIP code MARY ELLIOTT 143 CONCORD LANE YC, YS YZIP				11. Nonqualified plans		12a. See instructions for box 12 <div style="display: flex; justify-content: space-between;"> DD \$5,600.00 </div>			
				13. Statutory Retirement Third-party Employee Plan sick pay <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>		12b.			
				14. Other		12c.			
				-----		12d.			
				-----		-----			
15. State	Employer's state ID number	16. State wages, tips, etc.	17. State income tax	18. Local wages, tips, etc.	19. Local income tax	20. Locality name			
YS	46-8XXXXXX	\$35,850.00	1,267.00						

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

Copy B - To Be Filed With Employee's FEDERAL Tax Return.

This information is being furnished to the Internal Revenue Service.

20XX

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.

Your name: Mary Elliott

MEDICAL EXPENSES you paid for yourself or your dependent that were not reimbursed	
Insurance* (specify)	\$
Dental insurance	\$ 960
	\$
	\$
*Not paid pre-tax from paycheck for health, dental, vision, long-term care. Provide Form 1095-A from Marketplace if received.	
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 of each; if \$250 or more, must be in writing from charity)	
Cash contributions (total)	\$ 3,670
Other than cash, specify name of charity (provide thrift store value) (no appreciated items)	
Salvation Army (clothing):	\$ 100
	\$
	\$
Charitable miles	mi.

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 fees like garbage or sewer)	\$ Form-1098
Personal property (e.g. tax portion of car registration)	\$ 219
Other taxes paid (specify):	\$
	\$
INTEREST	
Home mortgage interest - on main home	\$ Form-1098
- on second loan or home	\$
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 by lender	\$
Year loan originated	Yr: Form-1098
Other (specify):	\$
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:	\$3,080
Mayo Clinic:	500
Salvation Army (clothing):	100
Chamber of Commerce:	50
Church raffle:	<u>40</u>
Total	\$3,770

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

<input type="checkbox"/> CORRECTED (if checked)			
RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code and telephone no. US BANK HOME MORTGAGE PO BOX 55121 EAGAN MN 55121		* 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.	
		<div>20XX</div> <div>Form 1098</div>	
		Mortgage Interest Statement	
RECIPIENT'S/LENDER'S TIN 31-085XXXX		PAYER'S/BORROWER'S TIN 572-00-1805	
PAYER'S/BORROWER'S name, street address, city or town, state or province, country, ZIP or foreign postal code and telephone no. MARY ELLIOTT 143 CONCORD LANE YC, YS YZIP		1. Mortgage interest received from payer(s)/borrower(s) * \$6,987.67	
		2. Outstanding mortgage principal as of 1/1/20XX \$180,050.67	
		3. Mortgage origination date 06/19/2016	
		4. Refund of overpaid interest	
		5. Mortgage insurance premiums	
		6. Points paid on purchase of principal residence	
		7. <input type="checkbox"/> If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.	
9. Number of properties securing the mortgage		10. Other PROPERTY TAX PAID \$4,675	
Account number (see instructions)		8. Address or description of property securing mortgage (see Instructions)	
		11. Mortgage acquisition date	

Form 1098

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.

<input type="checkbox"/> CORRECTED (if checked)				Tuition Statement OMB No. 1545-1574 20XX Form 1098-T	
FILER'S name Street address City or town, state or province, country, ZIP or Foreign Postal Code Telephone number LIBERTY COLLEGE 23 GRADUATE WAY YC, YS YZIP		1 Payments received for qualified tuition and related expenses \$10,200.00	2		
FILER'S employer identification no. 10-877XXXX	STUDENT'S TIN 572-00-0000	3			
STUDENT'S name Street address (including apt. no.) City or town, state or province, country, ZIP or Foreign Postal Code AMY ELLIOTT 143 CONCORD LANE YC, YS YZIP		4 Adjustments made for a prior year	5 Scholarships or grants \$7,500.00	Copy B For Student This is important tax information and is being furnished to the IRS. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.	
		6 Adjustments to scholarships or grants for a prior year	7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January-March 20XX+1. <input type="checkbox"/>		
Service Provider/Acct No. (see instr.)	8. Checked if at least half-time student <input checked="" type="checkbox"/>	9 Checked if a graduate student <input type="checkbox"/>	10 Ins. contract reimb./refund		
Form 1098-T					

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)	<u>Single</u>
Was student's earned income less than one-half of their support? (Yes / No)	<u>Yes</u>
Was at least one parent alive at the end of the tax year? (Yes / No)	<u>Yes</u>
Is student enrolled in a degree or other credential program? (Yes / No)	<u>Yes</u>
Is student enrolled full-time (FT), half-time (HT), or less than half-time (Less)	<u>FT</u>
Had student completed the first four years of postsecondary education at the beginning of the tax year? (Yes / No)	<u>No</u>
Has the American Opportunity Credit been used for this student for four tax years? (Yes / No)	<u>No</u>
Was the student ever convicted of a drug felony? (Yes / No)	<u>No</u>

Funding Sources (list amount received from each source, use separate sheet as needed)

Unrestricted grants or scholarships eligible for living expenses	\$
Other scholarships or fellowships	\$ <u>7,500</u>
Was a W-2 issued for any of this income? (Yes / No)	<u>No</u>
Amount <u>required</u> to be spent on tuition, fees, books or equipment	\$ <u>7,500</u>
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	\$ <u>1,000</u>

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 on-line 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.

Expenses <i>(Not all expenses qualify for both Education Credits)</i>	
Tuition	\$ 10,200
Student activity fees, if required for enrollment	\$
Required books that <u>must</u> 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	\$
Other (specify):	\$
	\$
Total Expenses	\$ 11,200
	\$

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 (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: <ul style="list-style-type: none">• 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) TOM		M.I.	Last name ANDREWS			Your date of birth 08/16/1993		Your job COMPUTER TECHNICIAN				
Spouse's first name (pronouns, optional)		M.I.	Last name			Spouse's date of birth		Spouse's job				
Mailing address 134 MARSH VIEW PL					Apt #	City YOUR CITY			State YOUR STATE		ZIP code YOUR ZIP	
Telephone number 904-555-3456		Email address TANDREWS568@EMAIL.XXX					Did you live or work in two or more states in 2024 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Check if you or your spouse were in 2024:						Legally blind			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No			
A U.S. citizen						<input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> No			Totally and permanently disabled			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No
In the U.S. on a visa						<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No			Issued an identity protection PIN			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No
A full-time student						<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No			Do you own or hold any digital assets			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> 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						
<input checked="" type="checkbox"/> Direct deposit <input type="checkbox"/> Check by mail						<input type="checkbox"/> Bank account <input checked="" type="checkbox"/> Direct debit						
<input type="checkbox"/> Split refund between accounts <input type="checkbox"/> Other						<input type="checkbox"/> Set up installment agreement <input type="checkbox"/> Mail payment to IRS						
Would you like to receive written communications from the IRS in a language other than English						Would you like information on how to vote and/or how to register to vote			Would you like \$3 to go to the Presidential Election Campaign Fund			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No What language						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
As of December 31, 2024, what was your marital status												
<input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Married If married, were you married for all of 2024 <input type="checkbox"/> Yes <input type="checkbox"/> No												
Did you live with your spouse during any part of the last six months of 2024 <input type="checkbox"/> Yes <input type="checkbox"/> No												
<input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed												
Date of final decree _____ Date of separate maintenance decree _____ Year of spouse's death _____												
Can anyone else claim the taxpayer or spouse on their tax return (to be completed by certified volunteer) <input type="checkbox"/> Yes <input type="checkbox"/> No												
List the names below of everyone who lived with you last year (except your spouse) AND anyone you supported but did not live with you last year.					Answer Yes or No (Y/N)				To be completed by certified volunteer (Refer to Pub 4012 Tab C)			
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.)	
SCOTT ANDREWS	05/12/1	BROTHER	12	S	Y	Y	N	N				

Catalog Number 52121E

www.irs.gov

Form **13614-C** (Rev. 10-2024)

Answer the following questions on this page and the next page about you and your spouse's tax situation

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

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

The following information is for statistical purposes. These questions are optional.

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

<p>5. What is your race and/or ethnicity (<i>select all that apply and enter additional details in the spaces below</i>)</p> <p><input type="checkbox"/> American Indian or Alaska Native (<i>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.</i>)</p> <p><input type="checkbox"/> Asian (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Filipino</td> </tr> <tr> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Japanese</td> </tr> </table> <p><i>Enter, for example, Pakistani, Hmong, Afghan, etc.</i></p> <p><input type="checkbox"/> Black or African American (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> African American</td> <td><input type="checkbox"/> Jamaican</td> <td><input type="checkbox"/> Haitian</td> </tr> <tr> <td><input type="checkbox"/> Nigerian</td> <td><input type="checkbox"/> Ethiopian</td> <td><input type="checkbox"/> Somali</td> </tr> </table> <p><i>Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.</i></p> <p><input type="checkbox"/> Hispanic or Latino (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Mexican</td> <td><input type="checkbox"/> Puerto Rican</td> <td><input type="checkbox"/> Salvadoran</td> </tr> <tr> <td><input type="checkbox"/> Cuban</td> <td><input type="checkbox"/> Dominican</td> <td><input type="checkbox"/> Guatemalan</td> </tr> </table> <p><i>Enter, for example, Colombian, Honduran, Spaniard, etc.</i></p> <p><input type="checkbox"/> Middle Eastern or North African (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Lebanese</td> <td><input type="checkbox"/> Iranian</td> <td><input type="checkbox"/> Egyptian</td> </tr> <tr> <td><input type="checkbox"/> Syrian</td> <td><input type="checkbox"/> Iraqi</td> <td><input type="checkbox"/> Israeli</td> </tr> </table> <p><i>Enter, for example, Moroccan, Yemeni, Kurdish, etc.</i></p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Native Hawaiian</td> <td><input type="checkbox"/> Samoan</td> <td><input type="checkbox"/> Chamorro</td> </tr> <tr> <td><input type="checkbox"/> Tongan</td> <td><input type="checkbox"/> Fijian</td> <td><input type="checkbox"/> Marshallese</td> </tr> </table> <p><i>Enter, for example, Chuukese, Palauan, Tahitian, etc.</i></p> <p><input checked="" type="checkbox"/> White (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> English</td> <td><input type="checkbox"/> German</td> <td><input type="checkbox"/> Irish</td> </tr> <tr> <td><input type="checkbox"/> Italian</td> <td><input type="checkbox"/> Polish</td> <td><input type="checkbox"/> Scottish</td> </tr> </table> <p><i>Enter, for example, French, Swedish, Norwegian, etc.</i></p>	<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Korean	<input type="checkbox"/> Japanese	<input type="checkbox"/> African American	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Haitian	<input type="checkbox"/> Nigerian	<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Somali	<input type="checkbox"/> Mexican	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Salvadoran	<input type="checkbox"/> Cuban	<input type="checkbox"/> Dominican	<input type="checkbox"/> Guatemalan	<input type="checkbox"/> Lebanese	<input type="checkbox"/> Iranian	<input type="checkbox"/> Egyptian	<input type="checkbox"/> Syrian	<input type="checkbox"/> Iraqi	<input type="checkbox"/> Israeli	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Chamorro	<input type="checkbox"/> Tongan	<input type="checkbox"/> Fijian	<input type="checkbox"/> Marshallese	<input type="checkbox"/> English	<input type="checkbox"/> German	<input type="checkbox"/> Irish	<input type="checkbox"/> Italian	<input type="checkbox"/> Polish	<input type="checkbox"/> Scottish	<p>6. 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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 \(SORNs\)](https://www.treasury.gov/sorn). 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 (in-person 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](#)**.

Driver's License (Tax Training Only)		
License No. 20240725084235		
Name and Address TOM ANDREWS 12 MACON WAY YC YS, YZIP		
		
Birth Date	08/16/1993	
Issue Date	07/11/2024	Expiration Date 08/16/2029

social Security	
011-00-XXXX	
THIS NUMBER HAS BEEN ESTABLISHED FOR	
TOM ANDREWS	
For Tax Training Purposes Only	

<input type="checkbox"/> CORRECTED (if checked)					
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. NATIONS BANK 1125 S 12TH ST PHILADELPHIA PA 19102		Payer's RTN (optional)		OMB No. 1545-0112	
PAYER'S TIN 13-9XXXXXX		RECIPIENT'S TIN 011-00-XXXX		20XX Form 1099-INT	
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code TOM ANDREWS 12 MACON WAY YC YS YZIP		1 Interest income \$550.00		Interest Income	
FATCA filing requirement <input type="checkbox"/>		2 Early withdrawal penalty \$55.00		Copy B For Recipient	
3 Interest on US Savings Bonds and Treas. obligations		4 Federal income tax withheld		5 Investment expenses	
6 Foreign Tax Paid		7 Foreign Country or US possession		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	
8 Tax exempt interest		9 Specified private activity bond interest			
10 Market Discount		11 Bond Premium			
12 Bond premium on Treasury obligations		13 Bond Premium on tax-exempt bond			
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					

a. Employee's social security number 011-00-XXXX		Save, accurate, FAST! Use		 Visit the IRS website at www.irs.gov/efile	
OMB No. 1545-0008					
b. Employer identification number (EIN) 13-0XXXXXX		1. Wages, tips, other compensation \$23,450.00		2. Federal income tax withheld \$570.00	
c. Employer's name, address, and ZIP code MARC TECKTRONICS PO BOX 717 CHARLOTTE NC 28202		3. Social security wages \$23,450.00		4. Social security tax withheld \$1,453.90	
		5. Medicare wages and tips \$23,450.00		6. Medicare tax withheld \$340.02	
		7. Social security tips		8. Allocated tips	
d. Control number		9.		10. Dependant care benefits	
e. Employee's first name and initial Employee's address and ZIP code		Last name		Suff.	
TOM ANDREWS 12 MACON WAY YC, YS YZIP					
11. Nonqualified plans		12a. See instructions for box 12 DD \$4,300.00			
13. Statutory Employee <input type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b.			
14. Other		12c.			
		12d.			
15. State YS	Employer's state ID number 911XXXXXX	16. State wages, tips, etc. \$23,450.00	17. State income tax 600.00	18. Local wages, tips, etc.	19. Local income tax
Form W-2 Wage and Tax Statement 20XX Copy B - To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.					

<input type="checkbox"/> CORRECTED (if checked)			
RECIPIENT'S/LENDER'S name Street address City or town, state or province, country, ZIP or Foreign Postal Code Telephone number PEOPLES FEDERAL BANK PO BOX 54321 SAN DIEGO CA 92109		OMB. 1545-1576 20XX Form 1098-E	
RECIPIENT'S federal identification no. 13-6XXXXXX		BORROWER'S social security number 011-00-XXXX	
BORROWER'S name Street address (including apt. no.) City or town, state or province, country, ZIP or Foreign Postal Code TOM ANDREWS 12 MACON WAY YC/YS/YZIP		1 Student loan interest received by lender \$550.00	
Account number (see instructions)		2 If checked box 1 does not include loan origination fees and/or capitalized interest for loans made before September, 1 2004. <input type="checkbox"/>	
Form 1098-E			

**Student
Loan Interest
Statement**

**Copy B
For Borrower**

 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 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: <ul style="list-style-type: none">• 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) TIANA		M.I.	Last name BAKER		Your date of birth 06/15/88		Your job NURSE					
Spouse's first name (pronouns, optional)		M.I.	Last name		Spouse's date of birth		Spouse's job					
Mailing address 17 BEACH BLVD				Apt # 18	City YOUR CITY			State YOUR STATE		ZIP code YOUR ZIP		
Telephone number 202-555-1245		Email address TIANABAKER@EMAIL.XXX				Did you live or work in two or more states in 2024 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Check if you or your spouse were in 2024:						Legally blind			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> No			
A U.S. citizen						<input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> No			Totally and permanently disabled			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No
In the U.S. on a visa						<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No			Issued an identity protection PIN			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No
A full-time student						<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No			Do you own or hold any digital assets			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> 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						
<input checked="" type="checkbox"/> Direct deposit <input type="checkbox"/> Check by mail						<input type="checkbox"/> Bank account <input checked="" type="checkbox"/> Direct debit						
<input type="checkbox"/> Split refund between accounts <input type="checkbox"/> Other						<input type="checkbox"/> Set up installment agreement <input type="checkbox"/> Mail payment to IRS						
Would you like to receive written communications from the IRS in a language other than English						Would you like information on how to vote and/or how to register to vote			Would you like \$3 to go to the Presidential Election Campaign Fund			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No What language						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
As of December 31, 2024, what was your marital status												
<input type="checkbox"/> Never Married <input type="checkbox"/> Married If married, were you married for all of 2024 <input type="checkbox"/> Yes <input type="checkbox"/> No												
Did you live with your spouse during any part of the last six months of 2024 <input type="checkbox"/> Yes <input type="checkbox"/> No												
<input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed												
Date of final decree 7/16/2015 Date of separate maintenance decree Year of spouse's death												
Can anyone else claim the taxpayer or spouse on their tax return (to be completed by certified volunteer) <input type="checkbox"/> Yes <input type="checkbox"/> No												
List the names below of everyone who lived with you last year (except your spouse) AND anyone you supported but did not live with you last year.					Answer Yes or No (Y/N)				To be completed by certified volunteer (Refer to Pub 4012 Tab C)			
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.)	
MARY THOMAS	09/14/2013	DAUGHTER	12	S	Y	Y	Y	N				

Answer the following questions on this page and the next page about you and your spouse's tax situation

Received money from any of the following in 2024:

☒ (B) Wages as a part-time or full-time employee

How many jobs 1 1

☐ (B/A) Tips

☐ (B/A) Retirement account, pension or annuity proceeds

☐ (B) Disability benefits

☐ (B) Social Security or Railroad Retirement Benefits

☐ (B) Unemployment benefits

☐ (B) Refund of state or local income tax

☒ (B) Interest or dividends (bank account, bonds, etc.)

☐ (A) Sale of stocks, bonds or real estate

Did you report a loss on last year's return ☐ Yes ☐ No

☒ (B) Alimony

☐ (M) Income from renting out your house or a room in your house

If yes, did you use the dwelling unit as a personal residence and rent it for few than 15 days ☐ Yes ☐ No

☐ Income from renting personal property such as a vehicle

☐ Farm activity

☒ Gambling winnings, including lottery

☐ Payments for contract or self-employment work

Did you report a loss on last year's return ☐ Yes ☐ No

☒ Any other money received during the year (example: cash payments, jury duty, awards, virtual currency, royalties, union strike benefits)

Income to be included (To be completed by certified volunteer)

☐ (B) W-2s Number of forms _____

☐ (B/A) Tips (basic when reported on W2)

☐ (B/A) 1099-R (basic when taxable amount is reported)
Number of forms _____

☐ (B) SSA-1099, RRB-1099

☐ (B) 1099-G Number of forms _____

☐ Did you receive a refund of state or local taxes ☐ Yes ☐ No

☐ Did you itemize last year ☐ Yes ☐ No

☐ (B) 1099-INT/DIV Number of forms _____

☐ (A) 1099-B Number of forms _____ (include
brokerage statement) ☐ Capital Loss carryover

☐ (B) Alimony Amount \$ _____
Excluded from income ☐ Yes ☐ No

☐ (M) Rental income

☐ Farm income (out of scope)

☐ (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions)

☐ (A) Schedule C

☐ 1099-MISC Number _____

☐ 1099-K Number _____

☐ Other income reported elsewhere

☐ Schedule C expenses

☐ Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart)

Notes/Comments

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

The following information is for statistical purposes. These questions are optional.

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

5. What is your 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.*)

☐ **Asian** (*provide details below*)

<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Filipino
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Korean	<input type="checkbox"/> Japanese

Enter, for example, Pakistani, Hmong, Afghan, etc.

☐ **Black or African American** (*provide details below*)

<input type="checkbox"/> African American	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Haitian
<input type="checkbox"/> Nigerian	<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Somali

Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.

☐ **Hispanic or Latino** (*provide details below*)

<input type="checkbox"/> Mexican	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Salvadoran
<input type="checkbox"/> Cuban	<input type="checkbox"/> Dominican	<input type="checkbox"/> Guatemalan

Enter, for example, Colombian, Honduran, Spaniard, etc.

☐ **Middle Eastern or North African** (*provide details below*)

<input type="checkbox"/> Lebanese	<input type="checkbox"/> Iranian	<input type="checkbox"/> Egyptian
<input type="checkbox"/> Syrian	<input type="checkbox"/> Iraqi	<input type="checkbox"/> Israeli

Enter, for example, Moroccan, Yemeni, Kurdish, etc.

☐ **Native Hawaiian or Pacific Islander** (*provide details below*)

<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Chamorro
<input type="checkbox"/> Tongan	<input type="checkbox"/> Fijian	<input type="checkbox"/> Marshallese

Enter, for example, Chuukese, Palauan, Tahitian, etc.

☐ **White** (*provide details below*)

<input type="checkbox"/> English	<input type="checkbox"/> German	<input type="checkbox"/> Irish
<input type="checkbox"/> Italian	<input type="checkbox"/> Polish	<input type="checkbox"/> Scottish

Enter, for example, French, Swedish, Norwegian, etc.

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.*)

☐ **Asian** (*provide details below*)

<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Filipino
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Korean	<input type="checkbox"/> Japanese

Enter, for example, Pakistani, Hmong, Afghan, etc.

☐ **Black or African American** (*provide details below*)

<input type="checkbox"/> African American	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Haitian
<input type="checkbox"/> Nigerian	<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Somali

Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.

☐ **Hispanic or Latino** (*provide details below*)

<input type="checkbox"/> Mexican	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Salvadoran
<input type="checkbox"/> Cuban	<input type="checkbox"/> Dominican	<input type="checkbox"/> Guatemalan

Enter, for example, Colombian, Honduran, Spaniard, etc.

☐ **Middle Eastern or North African** (*provide details below*)

<input type="checkbox"/> Lebanese	<input type="checkbox"/> Iranian	<input type="checkbox"/> Egyptian
<input type="checkbox"/> Syrian	<input type="checkbox"/> Iraqi	<input type="checkbox"/> Israeli

Enter, for example, Moroccan, Yemeni, Kurdish, etc.

☐ **Native Hawaiian or Pacific Islander** (*provide details below*)

<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Chamorro
<input type="checkbox"/> Tongan	<input type="checkbox"/> Fijian	<input type="checkbox"/> Marshallese

Enter, for example, Chuukese, Palauan, Tahitian, etc.

☐ **White** (*provide details below*)

<input type="checkbox"/> English	<input type="checkbox"/> German	<input type="checkbox"/> Irish
<input type="checkbox"/> Italian	<input type="checkbox"/> Polish	<input type="checkbox"/> Scottish

Enter, for example, French, Swedish, Norwegian, etc.


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 \(SORNs\)](https://www.treasury.gov/sorn). 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.

TOM ANDREWS		1234
12 MACON WAY YOUR CITY, YS ZIP		
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

Driver's License (Tax Training Only)	
License No. 20220518121830	
Name and Address TIANA BAKER 17 BEACH BLVD APT 18 YC, YS, YZIP	
Birth Date 06/15/1988 Issue Date 04/03/2024 Expiration Date 06/15/2029	

Social Security
012-00-XXXX
THIS NUMBER HAS BEEN ESTABLISHED FOR TIANA BAKER
For Tax Training Purposes Only


Social Security
212-00-XXXX
THIS NUMBER HAS BEEN ESTABLISHED FOR MARY THOMAS
For Tax Training Purposes Only

Interview Notes

- Download or print a version of Tiana Baker's full [Intake/Interview and Quality Review Sheet](#). 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)

3. 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 I&I)
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 I&I)
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)

<input type="checkbox"/> CORRECTED (if checked)				OMB No 1545-0238
PAYER'S name, street address, city or town, state or province, country, ZIP or Foreign Postal Code STATE LOTTERY COMMISSION PO BOX 1968 YC YS YZIP		1. Reportable winnings <div style="text-align: right;">\$1,000.00</div>	2. Date won <div style="text-align: right;">08/15/20XX</div>	<div style="font-size: 2em; font-weight: bold;">20XX</div> Form W2-G Certain Gambling Winnings
PAYER'S Federal identification number <div style="text-align: right;">88-1XXXXXX</div>		3. Type of wager <div style="text-align: right;">\$5 SCTCH OFF</div>	4. Federal income tax withheld <div style="text-align: right;">\$100.00</div>	
PAYER'S Telephone number <div style="text-align: right;">804-564-1356</div>		5. Transaction	6. Race	
WINNER'S name, street address, city or town, state or province, country, ZIP or Foreign Postal Code TIANA BAKER 17 BEACH BLVD APT 18 YC, YS, YZIP		7. Winnings from identical wagers	8. Cashier	This information is being furnished to the Internal Revenue Service Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.
9. Winner's taxpayer identification no. <div style="text-align: right;">012-00-XXXX</div>		10. Window	11. First I.D.	
13. State/Payer's state identification no. <div style="text-align: right;">YS 14-1XXXXXX</div>		14. State Winnings <div style="text-align: right;">\$1,000.00</div>	12. Second I.D.	
15. State income tax withheld <div style="text-align: right;">\$60.00</div>		16. Local Winnings	17. Local income tax withheld	
18. Name of locality		Under penalty of perjury, I declare that, to the best of my knowledge and belief, the name, address, taxpayer identification 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 >		Date >		
Form W-2G				

a. Employee's social security number 012-00-XXXX		Save, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile	
b. Employer identification number (EIN) 89-6XXXXXX		1. Wages, tips, other compensation \$32,189.45		2. Federal income tax withheld \$3,400.00			
c. Employer's name, address, and ZIP code BAPTIST MEDICAL CENTER P.O. BOX 6700 INDIANAPOLIS IN 46204-6700		3. Social security wages \$34,189.45		4. Social security tax withheld \$2,119.75			
		5. Medicare wages and tips \$34,189.45		6. Medicare tax withheld \$495.75			
		7. Social security tips		8. Allocated tips			
d. Control number 76209886		9.		10. Dependent care benefits \$1,000.00			
e. Employee's first name and initial Last name Suff. Employee's address and ZIP code TIANA BAKER 17 BEACH BLVD APT 18 YC, YS, YZIP		11. Nonqualified plans		12a. See instructions for box 12 D \$2,000.00			
		13. Statutory Retirement Third-party Employee Plan sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b.			
		14. Other BONUS 1,000.00		12c.			
				12d.			
15. State YS	Employer's state ID number 911XXXXXX	16. State wages, tips, etc. \$32,189.45	17. State income tax 989.00	18. Local wages, tips, etc.	19. Local income tax	20. Locality name	
<div style="display: flex; justify-content: space-between;"> <div> Form W-2 Wage and Tax Statement Copy B - To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service. </div> <div style="font-size: 2em; font-weight: bold;">20XX</div> </div>							

<input type="checkbox"/> CORRECTED (if checked)				
CREDITOR'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. MEDICAL CENTER CREDIT UNION 139 WEST CENTER AVE YC, YS, YZIP		1 Date of Identifiable Event 04/16/20XX	<div style="text-align: center;"> 20XX Form 1099-C </div>	Cancellation of Debt
		2 Amount of debt discharged \$1,657.68		
		3 Interest if included in Box 2 \$256.98		
4 Debt description MASTERCARD		Copy B For Debtor This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.		
5 If checked, the debtor was personally liable for repayment of this debt > <input checked="" type="checkbox"/>				
6 Identifiable Event Code G				
CREDITOR'S TIN 67-5XXXXXX		DEBTOR'S TIN 012-00-XXXX		
DEBTOR'S name Street address (including apt.no) City or town, state or province, country, ZIP or foreign postal code TIANA BAKER 17 BEACH BLVD APT 18 YC, YS, YZIP				
Account number (see instructions) XXXX-XXXX-XXXX-1259				
Form 1099-C				

Receipt	Clark County After School Program		EIN: 56-2XXXXXX
	14 Learning Way		
	YC, YS YZIP	Date:	12/17/20XX
	Received from: Tiana Baker		\$ 1,800.00
	Eighteen Hundred and 00/100		Dollars
	For: After school daycare for Mary Baker		
	<i>Linda Johnson</i>		

Form 1095-A	Health Insurance Marketplace Statement > Do not attach to your tax return. Keep for your records. <input type="checkbox"/> VOID Department of the Treasury Internal Revenue Service > Go to www.irs.gov/Form1095A for instructions and the latest information. <input type="checkbox"/> CORRECTED	OMB No. 1545-2232		
		20XX		
Part I Recipient Information				
1 Marketplace Identifier 12-002XXXX	2 Marketplace-assigned policy number 53869	3 Policy issuer's name METLIFE		
4 Recipient's name TIANA BAKER	5 Recipient's SSN 012-00-XXXX	6 Recipient's date of birth 06/15/1988		
7 Recipient's spouse's name	8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth		
10 Policy start date 01/01/20XX	11 Policy termination date 12/31/20XX	12 Street address (including apartment number) 17 BEACH BLVD APT 18		
13 City or town, State or province, Country and ZIP or foreign postal code YC, YS YZIP				
Part II Covered Individuals				
A Covered individual name	B Covered individual SSN	C. Date of birth	D. Coverage start date	E. Coverage termination date
16 TIANA BAKER	012-00-XXXX	06/15/1988	01/01/20XX	12/31/20XX
17 MARY THOMAS	212-00-XXXX	09/14/2013	01/01/20XX	12/31/20XX
18				
19				
20				
Part III Coverage Information				
Month	A Monthly Enrollment Premiums	B Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit	
21 January	\$277.85	\$356.12	\$200.00	
22 February	\$277.85	\$356.12	\$200.00	
23 March	\$277.85	\$356.12	\$200.00	
24 April	\$277.85	\$356.12	\$200.00	
25 May	\$277.85	\$356.12	\$200.00	
26 June	\$277.85	\$356.12	\$200.00	
27 July	\$277.85	\$356.12	\$200.00	
28 August	\$277.85	\$356.12	\$200.00	
29 September	\$277.85	\$356.12	\$200.00	
30 October	\$277.85	\$356.12	\$200.00	
31 November	\$277.85	\$356.12	\$200.00	
32 December	\$277.85	\$356.12	\$200.00	
33 Annual Totals	\$3,334.20	\$4,273.44	\$2,400.00	

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

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: <ul style="list-style-type: none">• 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) RAY		M.I. M	Last name CALDWELL		Your date of birth 03/15/1988		Your job TEACHER								
Spouse's first name (pronouns, optional) MALLORY		M.I. S	Last name CALDWELL		Spouse's date of birth 06/24/1990		Spouse's job HOMEMAKER								
Mailing address 6744 NORTH ELM				Apt #	City YOUR CITY			State YOUR STATE		ZIP code YOUR ZIP					
Telephone number 627-555-3807		Email address RAYCAULDWELL@EMAIL.XXX				Did you live or work in two or more states in 2024 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Check if you or your spouse were in 2024:						Legally blind			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No						
A U.S. citizen						<input checked="" type="checkbox"/> You <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> No			Totally and permanently disabled			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No			
In the U.S. on a visa						<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No			Issued an identity protection PIN			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No			
A full-time student						<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No			Do you own or hold any digital assets			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> 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									
<input type="checkbox"/> Direct deposit						<input checked="" type="checkbox"/> Check by mail						<input type="checkbox"/> Bank account		<input type="checkbox"/> Direct debit	
<input type="checkbox"/> Split refund between accounts						<input type="checkbox"/> Other						<input type="checkbox"/> Set up installment agreement		<input checked="" type="checkbox"/> Mail payment to IRS	
Would you like to receive written communications from the IRS in a language other than English						Would you like information on how to vote and/or how to register to vote			Would you like \$3 to go to the Presidential Election Campaign Fund						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No What language						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
As of December 31, 2024, what was your marital status															
<input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married If married, were you married for all of 2024 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
Did you live with your spouse during any part of the last six months of 2024 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
<input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed															
Date of final decree _____ Date of separate maintenance decree _____ Year of spouse's death _____															
Can anyone else claim the taxpayer or spouse on their tax return (to be completed by certified volunteer) <input type="checkbox"/> Yes <input type="checkbox"/> No															
List the names below of everyone who lived with you last year (except your spouse) AND anyone you supported but did not live with you last year.					Answer Yes or No (Y/N)				To be completed by certified volunteer (Refer to Pub 4012 Tab C)						
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.)				
JASON CALDWELL	05/16/2005	SON	4	S	Y	Y	Y	N							
NANCY HUGHES	02/27/1960	MOTHER	11	S	Y	Y	N	N							

Answer the following questions on this page and the next page about you and your spouse's tax situation

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

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

The following information is for statistical purposes. These questions are optional.

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

<p>5. What is your race and/or ethnicity (<i>select all that apply and enter additional details in the spaces below</i>)</p> <p><input type="checkbox"/> American Indian or Alaska Native (<i>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.</i>)</p> <p><input type="checkbox"/> Asian (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Filipino</td> </tr> <tr> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Japanese</td> </tr> </table> <p><i>Enter, for example, Pakistani, Hmong, Afghan, etc.</i></p> <p><input type="checkbox"/> Black or African American (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> African American</td> <td><input type="checkbox"/> Jamaican</td> <td><input type="checkbox"/> Haitian</td> </tr> <tr> <td><input type="checkbox"/> Nigerian</td> <td><input type="checkbox"/> Ethiopian</td> <td><input type="checkbox"/> Somali</td> </tr> </table> <p><i>Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.</i></p> <p><input checked="" type="checkbox"/> Hispanic or Latino (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Mexican</td> <td><input type="checkbox"/> Puerto Rican</td> <td><input type="checkbox"/> Salvadoran</td> </tr> <tr> <td><input type="checkbox"/> Cuban</td> <td><input type="checkbox"/> Dominican</td> <td><input type="checkbox"/> Guatemalan</td> </tr> </table> <p><i>Enter, for example, Colombian, Honduran, Spaniard, etc.</i></p> <p><input type="checkbox"/> Middle Eastern or North African (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Lebanese</td> <td><input type="checkbox"/> Iranian</td> <td><input type="checkbox"/> Egyptian</td> </tr> <tr> <td><input type="checkbox"/> Syrian</td> <td><input type="checkbox"/> Iraqi</td> <td><input type="checkbox"/> Israeli</td> </tr> </table> <p><i>Enter, for example, Moroccan, Yemeni, Kurdish, etc.</i></p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Native Hawaiian</td> <td><input type="checkbox"/> Samoan</td> <td><input type="checkbox"/> Chamorro</td> </tr> <tr> <td><input type="checkbox"/> Tongan</td> <td><input type="checkbox"/> Fijian</td> <td><input type="checkbox"/> Marshallese</td> </tr> </table> <p><i>Enter, for example, Chuukese, Palauan, Tahitian, etc.</i></p> <p><input checked="" type="checkbox"/> White (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> English</td> <td><input type="checkbox"/> German</td> <td><input type="checkbox"/> Irish</td> </tr> <tr> <td><input type="checkbox"/> Italian</td> <td><input type="checkbox"/> Polish</td> <td><input type="checkbox"/> Scottish</td> </tr> </table> <p><i>Enter, for example, French, Swedish, Norwegian, etc.</i></p>	<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Korean	<input type="checkbox"/> Japanese	<input type="checkbox"/> African American	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Haitian	<input type="checkbox"/> Nigerian	<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Somali	<input type="checkbox"/> Mexican	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Salvadoran	<input type="checkbox"/> Cuban	<input type="checkbox"/> Dominican	<input type="checkbox"/> Guatemalan	<input type="checkbox"/> Lebanese	<input type="checkbox"/> Iranian	<input type="checkbox"/> Egyptian	<input type="checkbox"/> Syrian	<input type="checkbox"/> Iraqi	<input type="checkbox"/> Israeli	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Chamorro	<input type="checkbox"/> Tongan	<input type="checkbox"/> Fijian	<input type="checkbox"/> Marshallese	<input type="checkbox"/> English	<input type="checkbox"/> German	<input type="checkbox"/> Irish	<input type="checkbox"/> Italian	<input type="checkbox"/> Polish	<input type="checkbox"/> Scottish	<p>6. What is your spouse's race and/or ethnicity (<i>select all that apply and enter additional details in the spaces below</i>)</p> <p><input type="checkbox"/> American Indian or Alaska Native (<i>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.</i>)</p> <p><input type="checkbox"/> Asian (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Filipino</td> </tr> <tr> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Japanese</td> </tr> </table> <p><i>Enter, for example, Pakistani, Hmong, Afghan, etc.</i></p> <p><input type="checkbox"/> Black or African American (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> African American</td> <td><input type="checkbox"/> Jamaican</td> <td><input type="checkbox"/> Haitian</td> </tr> <tr> <td><input type="checkbox"/> Nigerian</td> <td><input type="checkbox"/> Ethiopian</td> <td><input type="checkbox"/> Somali</td> </tr> </table> <p><i>Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.</i></p> <p><input type="checkbox"/> Hispanic or Latino (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Mexican</td> <td><input type="checkbox"/> Puerto Rican</td> <td><input type="checkbox"/> Salvadoran</td> </tr> <tr> <td><input type="checkbox"/> Cuban</td> <td><input type="checkbox"/> Dominican</td> <td><input type="checkbox"/> Guatemalan</td> </tr> </table> <p><i>Enter, for example, Colombian, Honduran, Spaniard, etc.</i></p> <p><input type="checkbox"/> Middle Eastern or North African (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Lebanese</td> <td><input type="checkbox"/> Iranian</td> <td><input type="checkbox"/> Egyptian</td> </tr> <tr> <td><input type="checkbox"/> Syrian</td> <td><input type="checkbox"/> Iraqi</td> <td><input type="checkbox"/> Israeli</td> </tr> </table> <p><i>Enter, for example, Moroccan, Yemeni, Kurdish, etc.</i></p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Native Hawaiian</td> <td><input type="checkbox"/> Samoan</td> <td><input type="checkbox"/> Chamorro</td> </tr> <tr> <td><input type="checkbox"/> Tongan</td> <td><input type="checkbox"/> Fijian</td> <td><input type="checkbox"/> Marshallese</td> </tr> </table> <p><i>Enter, for example, Chuukese, Palauan, Tahitian, etc.</i></p> <p><input checked="" type="checkbox"/> White (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> English</td> <td><input type="checkbox"/> German</td> <td><input type="checkbox"/> Irish</td> </tr> <tr> <td><input type="checkbox"/> Italian</td> <td><input type="checkbox"/> Polish</td> <td><input type="checkbox"/> Scottish</td> </tr> </table> <p><i>Enter, for example, French, Swedish, Norwegian, etc.</i></p>	<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Korean	<input type="checkbox"/> Japanese	<input type="checkbox"/> African American	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Haitian	<input type="checkbox"/> Nigerian	<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Somali	<input type="checkbox"/> Mexican	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Salvadoran	<input type="checkbox"/> Cuban	<input type="checkbox"/> Dominican	<input type="checkbox"/> Guatemalan	<input type="checkbox"/> Lebanese	<input type="checkbox"/> Iranian	<input type="checkbox"/> Egyptian	<input type="checkbox"/> Syrian	<input type="checkbox"/> Iraqi	<input type="checkbox"/> Israeli	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Chamorro	<input type="checkbox"/> Tongan	<input type="checkbox"/> Fijian	<input type="checkbox"/> Marshallese	<input type="checkbox"/> English	<input type="checkbox"/> German	<input type="checkbox"/> Irish	<input type="checkbox"/> Italian	<input type="checkbox"/> Polish	<input type="checkbox"/> Scottish
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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/](https://www.treasury.gov/sorn) 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](#)

Driver's License (Tax Training Only)		Driver's License (Tax Training Only)	
License No. 20240814084823 Name and Address RAY M CALDWELL 6744 NORTH ELM YC, YS, YZIP		License No. 20240814084815 Name and Address MALLORY S HUGHES 6744 NORTH ELM YC, YS, YZIP	
			
Birth Date	03/15/1988	Birth Date	06/24/1990
Issue Date	07/31/2024	Issue Date	07/31/2024
Expiration Date 03/15/2029		Expiration Date 06/24/2029	

Social Security	Social Security
013-00-XXXX THIS NUMBER HAS BEEN ESTABLISHED FOR RAY MARK CALDWELL For Tax Training Purposes Only	113-00-XXXX THIS NUMBER HAS BEEN ESTABLISHED FOR MALLORY SARA HUGHES For Tax Training Purposes Only
213-00-XXXX THIS NUMBER HAS BEEN ESTABLISHED FOR JASON CALDWELL For Tax Training Purposes Only	313-00-XXXX THIS NUMBER HAS BEEN ESTABLISHED FOR NANCY HUGHES For Tax Training Purposes Only

<input type="checkbox"/> CORRECTED (if checked)				Tuition Statement	
FILER'S name Street address City or town, state or province, country, ZIP or Foreign Postal Code Telephone number OAKLAND UNIVERSITY 677 OAKLAND BLVD COLUMBUS OH 43216		1 Payments received for qualified tuition and related expenses <div style="text-align: right;">\$10,200.00</div>	OMB No. 1545-1574 <div style="font-size: 2em; font-weight: bold;">20XX</div>	Copy B For Student This is important tax information and is being furnished to the IRS. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.	
FILER'S employer identification no. 10-8XXXXXX	STUDENT'S TIN 213-00-XXXX	2	Form 1098-T		
STUDENT'S name Street address (including apt. no.) City or town, state or province, country, ZIP or Foreign Postal Code JASON CALDWELL 6744 NORTH ELM YC YS YZIP		4 Adjustments made for a prior year	5 Scholarships or grants <div style="text-align: right;">\$6,700.00</div>		
Service Provider/Acct No. (see instr.)		6 Adjustments to scholarships or grants for a prior year	7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January-March 20XX+1. <input type="checkbox"/>		
8. Checked if at least half-time student <input checked="" type="checkbox"/>		9 Checked if a graduate student <input type="checkbox"/>	10 Ins. contract reimb./refund		
Form 1098-T					

a. Employee's social security number 013-00-XXXX		Save, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile	
b. Employer identification number (EIN) 45-9XXXXXX		1. Wages, tips, other compensation \$34,800.00		2. Federal income tax withheld \$3,400.00			
c. Employer's name, address, and ZIP code CARSON COUNTY SCHOOL DISTRICT 34 WEST PINE CIR YC,YS, YZIP		3. Social security wages \$35,800.00		4. Social security tax withheld \$2,219.60			
		5. Medicare wages and tips \$35,800.00		6. Medicare tax withheld \$519.10			
		7. Social security tips		8. Allocated tips			
d. Control number		9.		10. Dependant care benefits			
e. Employee's first name and initial Last name Suff. Employee's address and ZIP code RAY M CALDWELL 6744 NORTH ELM YC, YS YZIP		11. Nonqualified plans		12a. See instructions for box 12 E \$1,000.00			
		13. Statutory Retirement Third-party Employee Plan sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b. DD \$8,956.00			
		14. Other		12c. C \$98.00			
				12d. W \$1,000.00			
15. State YS	Employer's state ID number 45-347XXXX	16. State wages, tips, etc. \$34,800.00	17. State income tax 900.00	18. Local wages, tips, etc.	19. Local income tax	20. Locality name	
Form W-2 Wage and Tax Statement 20XX Copy B - To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.							

<input type="checkbox"/> CORRECTED (if checked)							
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. ACE FINANCIAL CORP 714 S MAIN ST CHERRYVILLE NC 28201		1 Total Ordinary Dividends \$413.61		OMB No. 1545--0110 20XX Form 1099-DIV		Dividends and Distributions Copy B For Recipient	
		1b Qualified Dividends \$267.50					
		2a Total capital gain distr. \$187.90		2b Unrecap. Sec. 1250 gain		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.	
PAYER'S TIN 72-6XXXXXX		2c Section 1202 gain		2d Collectables (28%) gain			
RECIPIENT'S TIN 013-00-XXXX		2e Section 897 ordinary dividends		2f Section 897 capital gain			
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code RAY M CALDWELL 6744 NORTH ELM YC, YS YZIP		3 Nondividend distributions \$52.00		4 Federal income tax withheld			
		5 Section 199A dividends		6 Investment expenses			
		7 Foreign Tax Paid \$13.87		8 Foreign Country or US possession			
		9 Cash liquidation distributions		10 Noncash liquidation distribution			
		11 FATCA filing requirement <input type="checkbox"/>		12 Exempt-Interest dividends \$200.16		13 Specified private activity bond interest dividends	
Account number (see instructions) 87230976		15 State		14 State Identification no.		15 State tax withheld	
Form 1099-DIV							

<input type="checkbox"/> CORRECTED (if checked)				Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. LIBERTY TRUST CORP PO BOX 1697 FAIRVIEW KY 42221			1 Gross distribution <div style="text-align: right; font-weight: bold;">\$3,000.00</div>		<div style="font-size: 2em; font-weight: bold;">20XX</div> Form 1099-R
			2a Taxable amount <div style="text-align: right; font-weight: bold;">\$3,000.00</div>		
PAYER'S TIN <div style="text-align: center;">63-2XXXXXX</div>			2b Taxable amount not determined. <input checked="" type="checkbox"/> Total Distribution <input type="checkbox"/>		Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS
			3 Capital gain (included in box 2a).		
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code RAY M CALDWELL 6744 NORTH ELM YC, YS, YZIP			4 Federal income tax withheld <div style="text-align: right; font-weight: bold;">\$300.00</div>		
RECIPIENT'S TIN <div style="text-align: center;">013-00-XXXX</div>			5 Employee contributions/ Designated Roth contributions or		
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code RAY M CALDWELL 6744 NORTH ELM YC, YS, YZIP			6 Net unrealized appreciation in employer's securities		This information is being furnished to the IRS
			7 Distribution Code(s) <div style="text-align: center;">1</div>		
8 Other <div style="text-align: center;">%</div>			9a Your percentage of total distribution <div style="text-align: center;">%</div>		
9b Total Employee Contributions			10 Amount allocable to IRR within 5 years		
11 1st year of desig. Roth			12 FATCA filing requirement <input type="checkbox"/>		14 State tax withheld ----- -----
13 Date of payment			15 State/Payer's state no.		
Account number (see instructions)			16 State distribution ----- -----		17 Local tax withheld ----- -----
18 Name of locality			19 Local distribution ----- -----		
Form 1099-R					

<input type="checkbox"/> CORRECTED (if checked)				Nonemployee Compensation	
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 SAN DIEGO CA 91909			OMB No. 1545-0116 <div style="font-size: 2em; font-weight: bold;">20XX</div> Form 1099-NEC		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.
			1 Nonemployee compensation <div style="text-align: right; font-weight: bold;">\$3,200.00</div>		
PAYER'S TIN <div style="text-align: center;">74-9XXXXXX</div>			2		
RECIPIENT'S TIN <div style="text-align: center;">113-00-XXXX</div>			3		
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code MALLORY S CALDWELL 6744 NORTH ELM YC, YS, YZIP			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.
			5 State tax withheld		
FATCA filing requirement <input type="checkbox"/>			6 State/Payer's state no.		
Account number (see instructions)			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: Mallory Hughes

- ☐ 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)	\$ 3,200
Cash, checks, etc. (incl. tips)	\$ 4,500
Business expenses	
Advertising	\$ 250
Commissions and fees	\$
Health insurance premiums	\$
Business insurance	\$ 315
Interest on business loans	\$
Office expense/supplies	\$
Rent (not home office)	\$
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: <u>car</u>	
Date placed in service: <u>3/23/2016</u>	

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)	\$
Costumes	\$ 1489.97
Candy/prizes	\$ 245.89
Books	\$ 161.17
	\$
	\$
	\$

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).

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: <ul style="list-style-type: none">• 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) MICHAEL		M.I. E	Last name DAVENPORT		Your date of birth 12/25/1950		Your job RETIRED					
Spouse's first name (pronouns, optional) SOPHIA		M.I.	Last name DAVENPORT		Spouse's date of birth 03/17/1954		Spouse's job RETIRED					
Mailing address 167 HOLLAND AVE				Apt #	City YOUR CITY			State YOUR STATE		ZIP code YOUR ZIP		
Telephone number 619-555-2356		Email address MICHAELDAVENPORT@EMAIL.COM				Did you live or work in two or more states in 2024 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Check if you or your spouse were in 2024:						Legally blind			<input type="checkbox"/> You <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> No			
A U.S. citizen						<input checked="" type="checkbox"/> You <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> No			Totally and permanently disabled			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No
In the U.S. on a visa						<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No			Issued an identity protection PIN			<input type="checkbox"/> You <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> No
A full-time student						<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No			Do you own or hold any digital assets			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> 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						
<input checked="" type="checkbox"/> Direct deposit <input type="checkbox"/> Check by mail						<input type="checkbox"/> Bank account <input checked="" type="checkbox"/> Direct debit						
<input type="checkbox"/> Split refund between accounts <input type="checkbox"/> Other						<input type="checkbox"/> Set up installment agreement <input type="checkbox"/> Mail payment to IRS						
Would you like to receive written communications from the IRS in a language other than English						Would you like information on how to vote and/or how to register to vote			Would you like \$3 to go to the Presidential Election Campaign Fund			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No What language						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
As of December 31, 2024, what was your marital status												
<input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married If married, were you married for all of 2024 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No												
Did you live with your spouse during any part of the last six months of 2024 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No												
<input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed												
Date of final decree _____ Date of separate maintenance decree _____ Year of spouse's death _____												
Can anyone else claim the taxpayer or spouse on their tax return (to be completed by certified volunteer) <input type="checkbox"/> Yes <input type="checkbox"/> No												
List the names below of everyone who lived with you last year (except your spouse) AND anyone you supported but did not live with you last year.					Answer Yes or No (Y/N)				To be completed by certified volunteer (Refer to Pub 4012 Tab C)			
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.)	

Answer the following questions on this page and the next page about you and your spouse's tax situation

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

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

The following information is for statistical purposes. These questions are optional.

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

5. What is your 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.*)

☒ **Asian** (*provide details below*)

<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Filipino
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Korean	<input type="checkbox"/> Japanese

Enter, for example, Pakistani, Hmong, Afghan, etc.

☐ **Black or African American** (*provide details below*)

<input type="checkbox"/> African American	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Haitian
<input type="checkbox"/> Nigerian	<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Somali

Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.

☐ **Hispanic or Latino** (*provide details below*)

<input type="checkbox"/> Mexican	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Salvadoran
<input type="checkbox"/> Cuban	<input type="checkbox"/> Dominican	<input type="checkbox"/> Guatemalan

Enter, for example, Colombian, Honduran, Spaniard, etc.

☐ **Middle Eastern or North African** (*provide details below*)

<input type="checkbox"/> Lebanese	<input type="checkbox"/> Iranian	<input type="checkbox"/> Egyptian
<input type="checkbox"/> Syrian	<input type="checkbox"/> Iraqi	<input type="checkbox"/> Israeli

Enter, for example, Moroccan, Yemeni, Kurdish, etc.

☐ **Native Hawaiian or Pacific Islander** (*provide details below*)

<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Chamorro
<input type="checkbox"/> Tongan	<input type="checkbox"/> Fijian	<input type="checkbox"/> Marshallese

Enter, for example, Chuukese, Palauan, Tahitian, etc.

☐ **White** (*provide details below*)

<input type="checkbox"/> English	<input type="checkbox"/> German	<input type="checkbox"/> Irish
<input type="checkbox"/> Italian	<input type="checkbox"/> Polish	<input type="checkbox"/> Scottish

Enter, for example, French, Swedish, Norwegian, etc.

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.*)

☐ **Asian** (*provide details below*)

<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Filipino
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Korean	<input type="checkbox"/> Japanese

Enter, for example, Pakistani, Hmong, Afghan, etc.

☐ **Black or African American** (*provide details below*)

<input type="checkbox"/> African American	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Haitian
<input type="checkbox"/> Nigerian	<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Somali

Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.

☐ **Hispanic or Latino** (*provide details below*)

<input type="checkbox"/> Mexican	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Salvadoran
<input type="checkbox"/> Cuban	<input type="checkbox"/> Dominican	<input type="checkbox"/> Guatemalan

Enter, for example, Colombian, Honduran, Spaniard, etc.

☐ **Middle Eastern or North African** (*provide details below*)

<input type="checkbox"/> Lebanese	<input type="checkbox"/> Iranian	<input type="checkbox"/> Egyptian
<input type="checkbox"/> Syrian	<input type="checkbox"/> Iraqi	<input type="checkbox"/> Israeli

Enter, for example, Moroccan, Yemeni, Kurdish, etc.

☐ **Native Hawaiian or Pacific Islander** (*provide details below*)

<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Chamorro
<input type="checkbox"/> Tongan	<input type="checkbox"/> Fijian	<input type="checkbox"/> Marshallese

Enter, for example, Chuukese, Palauan, Tahitian, etc.

☒ **White** (*provide details below*)

<input type="checkbox"/> English	<input type="checkbox"/> German	<input type="checkbox"/> Irish
<input type="checkbox"/> Italian	<input type="checkbox"/> Polish	<input type="checkbox"/> Scottish

Enter, for example, French, Swedish, Norwegian, etc.

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 \(SORNs\)](https://www.treasury.gov/sorn). 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](#)**.

Driver's License (Tax Training Only)		Driver's License (Tax Training Only)	
License No. 20240513160322		License No. 20240513160247	
Name and Address MICHAEL E DAVENPORT 167 HOLLAND AVE YC YS YZIP		Name and Address SOPHIA DAVENPORT 167 HOLLAND AVE YC YS YZIP	
Birth Date 12/25/1950 Issue Date 04/29/2024 Expiration Date 12/25/2029		Birth Date 03/17/1954 Issue Date 04/29/2024 Expiration Date 03/17/2029	

Social Security	Social Security
014-00-XXXX	214-00-XXXX
THIS NUMBER HAS BEEN ESTABLISHED FOR	THIS NUMBER HAS BEEN ESTABLISHED FOR
MICHAEL EDWARD DAVENPORT	SOPHIA DAVENPORT
For Tax Training Purposes Only	For Tax Training Purposes Only

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 I&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)**

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT			
20XX		<input type="checkbox"/> PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. <input type="checkbox"/> SEE THE REVERSE FOR MORE INFORMATION.	
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 Paid by check or direct deposit \$12,266.40 Medicare Part B premiums deducted from your benefits \$2,096.40 Medicare Prescription Drug premiums (Part D) deducted from your benefits Total Additions \$3,496.40 Benefits for 20XX \$15,762.80		DESCRIPTION OF AMOUNT IN BOX 4 Box 6. Voluntary Federal Income Tax Withheld \$1,400.00	
Benefits for 20XX-1 Benefits for 20XX-2 Benefits for 20XX-3		Box 7. Address MICHAEL E DAVENPORT 167 HOLLAND AVE YC YS YZIP	
		Box 8. Claim Number (use this number if you need to contact SSA) 014-00-XXXXA	

Form SSA-1099-SM

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT			
<div style="display: flex; align-items: center;"> <div style="font-size: 24pt; font-weight: bold; margin-right: 10px;">20XX</div> <div> <input type="radio"/> PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. <input type="radio"/> SEE THE REVERSE FOR MORE INFORMATION. </div> </div>			
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 in 20XX	Box 5. Net Benefits Paid for 20XX (Box 3 minus Box 4) \$10,714.80	
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or direct deposit \$8,618.40 Medicare Part B premiums deducted from your benefits \$2,096.40 Medicare Prescription Drug premiums (Part D) deducted from your benefits Total Additions \$2,096.40 Benefits for 20XX \$10,714.80 Benefits for 20XX-1 Benefits for 20XX-2 Benefits for 20XX-3		DESCRIPTION OF AMOUNT IN BOX 4 Box 6. Voluntary Federal Income Tax Withheld Box 7. Address SOPHIA DAVENPORT 167 HOLLAND AVE YC YS YZIP Box 8. Claim Number (use this number if you need to contact SSA) 214-00-XXXXA	

Form **SSA-1099-SM**

<input type="checkbox"/> CORRECTED (if checked)						20XX Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. UNITED FINANCIAL SERVICES PO BOX 3478 INDIANAPOLIS IN 46204			1 Gross distribution <div style="text-align: right; font-weight: bold;">\$12,856.23</div>		<div style="font-size: 24pt; font-weight: bold;">20XX</div> <div>Form 1099-R</div>		<div style="text-align: center;"> Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. </div> <div style="text-align: center; margin-top: 20px;"> This information is being furnished to the IRS </div>		
PAYER'S TIN <div style="text-align: center;">97-6XXXXXX</div>			2a Taxable amount <div style="text-align: right; font-weight: bold;">\$12,856.23</div>						
			2b Taxable amount not determined. <input checked="" type="checkbox"/> Total Distribution <input type="checkbox"/>						
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 YC YS YZIP			3 Capital gain (included in box 2a).		4 Federal income tax withheld <div style="text-align: right; font-weight: bold;">\$1,290.00</div>				
			5 Employee contributions/ Designated Roth contributions or		6 Net unrealized appreciation in employer's securities				
RECIPIENT'S TIN <div style="text-align: center;">014-00-XXXX</div>			7 Distribution Code(s) <div style="text-align: center; font-size: 18pt;">7</div>		8 Other <div style="text-align: center; font-size: 18pt;">%</div>				
			9a Your percentage of total distribution <div style="text-align: center; font-size: 18pt;">%</div>		9b Total Employee Contributions				
10 Amount allocable to IRR within 5 years		11 1st year of design. Roth	12 FATCA filing requirement <div style="text-align: center;"> <input type="checkbox"/> </div>	14 State tax withheld <div style="text-align: right; font-weight: bold;">\$675.00</div>		15 State/Payer's state no. <div style="text-align: center;">19-345XXXX</div>		16 State distribution <div style="text-align: right; font-weight: bold;">\$12,856.23</div>	
Account number (see instructions)			13 Date of payment	17 Local tax withheld		18 Name of locality		19 Local distribution	

Form **1099-R**

PAID BY OFFICE OF PERSONNEL MANAGEMENT RETIREMENT SERVICES PROGRAM P. O. BOX 45 BOYERS, PA 16017-0045	Copy B - File with Federal tax return <div style="font-size: 2em; font-weight: bold;">20XX</div>	OMB No. 1545-0119 Form: 1099R Distribution From Pensions, Annuities Retirement or Profit- Sharing Plans, IRA's, Insurance Contracts, etc.
--	---	---

PAYER's Federal Identification <div style="text-align: center;">52-6083699</div>	Recipient's ID No. (Annuitant) <div style="text-align: center;">014-00-XXXX</div>	Account number (Retirement Claim) <div style="text-align: center;">CSA1653241</div>	1. Gross distribution <div style="text-align: right;">\$30,567.00</div>
5. Employee Contributions/ Designed ROTH Contributions or Insurance Premiums <div style="text-align: right;">\$1,500.00</div>	<div style="font-size: 1.5em; font-weight: bold;">PAID TO →</div> MICHAEL E DAVENPORT 167 HOLLAND AVE YC YS YZIP		2a. Taxable amount <div style="text-align: right;">\$23,284.00</div>
7. Distribution Code(s) <div style="text-align: center;">7-NONDISABILITY</div>			4. Federal Income Tax Withheld <div style="text-align: right;">\$3,200.00</div>
9b. Total Employee Contributions <div style="text-align: right;">\$127,450.00</div>			<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> State 1 YS </div> <div style="width: 60%;"> 10. State Income Tax Withheld <div style="text-align: right;">\$1,500.00</div> </div> </div>
			<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> State 2 </div> <div style="width: 60%;"> 11. State Income Tax Withheld </div> </div>

- 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.

<input type="checkbox"/> CORRECTED (if checked)			
RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code and 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.	<div style="font-size: 2em; font-weight: bold;">20XX</div> Form 1098
1. Mortgage interest received from payer(s)/borrower(s) * <div style="text-align: right;">\$9,539.25</div>		Mortgage Interest Statement Copy B For Payer/Borrower The information in boxes 1 through 9 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for 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.	
RECIPIENT'S/LENDER'S TIN <div style="text-align: center;">31-084XXXX</div>	PAYER'S/BORROWER'S TIN <div style="text-align: center;">014-00-XXXX</div>		
PAYER'S/BORROWER'S name, street address, city or town, state or province, country, ZIP or foreign postal code and telephone no. MICHAEL & SOPHIA DAVENPORT 167 HOLLAND AVE YC YS YZIP		3. Mortgage origination date <div style="text-align: center;">03/12/2011</div>	
4. Refund of overpaid interest		5. Mortgage insurance premiums	
6. Points paid on purchase of principal residence		7. <input checked="" type="checkbox"/> If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or or the address or description is entered in box 8.	
9. Number of properties securing the mortgage <div style="text-align: center;">1</div>	10. Other PROPERTY TAX \$ <div style="text-align: right;">7,135</div>	8. Address or description of property securing mortgage (see Instructions)	
Account number (see instructions) <div style="text-align: center;">687209752</div>		11. Mortgage acquisition date	

Form 1098

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 THE _____ ORDER OF _____		\$ _____ DOLLARS
FRIST CREDIT UNION 1ST AND MAIN STREET CITY, STATE ZIP		
For _____		
325070760	987123654	1234

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.

Your name: MICHAEL & SOPHIA DAVENPORT

MEDICAL EXPENSES you paid for yourself or your dependent that were not reimbursed

Insurance* (specify)	\$
SUPPLEMENTAL INSURANCE (MICHAEL)	\$ 1,500
DENTAL INSURANCE	\$ 1,616
	\$

*Not paid pre-tax from paycheck for health, dental, vision, long-term care. Provide Form 1095-A from Marketplace if received.

Doctors, dentist, etc.	\$ 2,345
Hospital, medically needed care facility, etc.	\$ 4,123
Prescriptions (even if filled with over the counter meds)	\$ 1,796
Medical aids (canes, glasses, etc.)	\$ 4,000
COVID protective items	\$
Other (specify): INSULIN	\$ 980
DENTAL CROWNS	\$ 2,178
Parking	\$
Bus or car service	\$
AMBULANCE	\$ 800
Medical miles	1,750 mi.

CHARITY (you need to keep evidence of each; if \$250 or more, must be in writing from charity)

Cash contributions (total)	\$ 4,900
Other than cash, specify name of charity (provide thrift store value) (no appreciated items)	
GOODWILL	\$ 478
	\$
	\$
Charitable miles	mi.

STATE/LOCAL TAXES

State/local income tax paid (other than through withholding)	\$
Sales tax on car or home improvement purchases	\$
Real estate taxes (not service fees like garbage or sewer)	\$ 7,135
Personal property (e.g. tax portion of car registration)	\$ 318
Other taxes paid (specify):	
PROPERTY TAX ON LAND	\$ 450
	\$

INTEREST

Home mortgage interest	
- on main home	\$ 9,539
- on second loan or home	\$
Loan balance owed at Jan 1 or date acquired (Form 1098):	\$ 289,678
Amount of loan used to buy, build, or improve home, if less than the full amount	\$
Mortgage insurance required by lender	\$
Year loan originated	Yr:
Other (specify):	\$

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		

Optional supplement: Use your state and local tax rate for sales tax

<input type="checkbox"/> CORRECTED						
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. LINCOLN INVESTMENT SERVICES 197 ESSEX AVE JACKSONVILLE FL 32209			Applicable Check Box on Form 8949		OMB No. 1545-0715 <div style="font-size: 2em; font-weight: bold;">20XX</div> Form 1099-B	Proceeds From Broker and Barter Exchange Transactions
			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 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.	
PAYER'S TIN 89-6XXXXXX	RECIPIENT'S TIN 014-00-XXXX	1d Proceeds \$3,569.50	1e Cost or other basis			
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			1f Accrued Market Discount	1g Wash sale loss disallowed		
			2 Short term gain or loss <input type="checkbox"/> Long term gain or loss <input type="checkbox"/> Ordinary <input type="checkbox"/>	3 If checked, proceeds from: Collectables <input type="checkbox"/> QOF <input type="checkbox"/>		
Account number (see instructions) 4958672			4 Federal income tax withheld	5 If checked, noncovered security <input checked="" type="checkbox"/>		
			6 Reported to IRS Gross proceeds <input type="checkbox"/> Net proceeds <input checked="" type="checkbox"/>	7 If checked, loss is not allowed due to amount in 1d <input type="checkbox"/>		
CUSIP number		FATCA filing requirement <input type="checkbox"/>	8 Profit or (loss) realized in 20XX on closed contracts	9 Unrealized profit or (loss) on open contracts - 12/31/20XX		
14 State Name	15 State identification no.	16 State tax withheld	10 Unrealized profit or (loss) on open contracts - 12/31/20XX	11 Aggregate profit or (loss) on contracts		
			12 If checked, basis reported to IRS <input type="checkbox"/>	13 Bartering		
Form 1099-B						

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

[Sonic Brokerage Services, LLC](#)

Refer to [NTTC Training Resource Links](#) 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

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

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 Dividends and Distributions

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

1a Total ordinary dividends	270.40	6 Investment expenses	0.00
1b Qualified dividends	167.83	7 Foreign tax paid	0.00
2a Total capital gain distributions	3,512.09	8 Foreign country or U.S. possession	N/A
2b Unrecap. Sec 1250 gain	0.00	9 Cash liquidation distributions	0.00
2c Section 1202 gain	0.00	10 Noncash liquidation distributions	0.00
2d Collectibles (28%) gain	0.00	11 FATCA filing requirement	—
2e Section 897 ordinary dividends	0.00	12 Exempt interest dividends	328.99
2f Section 897 capital gain	0.00	13 Specified private activity bond interest dividends	0.00
3 Nondividend distributions	0.00	14 State	N/A
4 Federal income tax withheld	0.00	15 State identification no.	N/A
5 Section 199A dividends	0.00	16 State tax withheld	0.00

Form 1099-INT *

20XX Interest Income

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

1 Interest income	43.13	10 Market discount	0.00 #
2 Early withdrawal penalty	0.00	11 Bond premium	0.00 #
3 Interest on U.S. savings bonds and Treas. obligations	50.00	12 Bond premium on U.S. Treasury obligations	0.00 #
4 Federal income tax withheld	0.00	13 Bond premium on tax-exempt bond	0.00 #
5 Investment expenses	0.00	14 Tax-exempt and tax credit bond CUSIP no.	N/A
6 Foreign tax paid	0.00	15 State	N/A
7 Foreign country or U.S. possession	N/A	16 State identification no.	N/A
8 Tax-exempt interest	0.00	17 State tax withheld	0.00
9 Specified private activity bond interest	0.00		

Box 10, Box 11, Box 12, and Box 13 contain amounts for covered securities only.

* 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-MISC ***20XX Miscellaneous Income**

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

2 Royalties	0.00	16 State tax withheld.....	0.00
3 Other income	0.00	17 State/Payer's state no.....	N/A
4 Federal income tax withheld	0.00	18 State income.....	0.00
8 Substitute payments in lieu of dividends or interest	0.00		

Summary of 20XX Original Issue Discount

1 Original issue discount for 20XX	0.00 **	8 Original issue discount on U.S. Treasury obligations	0.00 **
2 Other periodic interest	0.00 **	9 Investment expenses	0.00 **
3 Early withdrawal penalty	0.00 **	10 Bond premium	0.00 **
4 Federal income tax withheld	0.00 **	11 Tax-exempt OID	0.00 **
5 Market discount	0.00 **	12 State	-
6 Acquisition premium	0.00 **	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 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**** *

Summary of 20XX Supplemental Information Not Reported to the IRS

Margin Interest Paid	0.00	Currency Realized Gain/Loss (USD)	0.00
Tax Exempt Investment Expense	0.00	Actual Payment Shortfall	0.00
Accrued Interest Paid on Purchases	0.00	Addition to Basis	0.00
Proceeds Investment Expenses	0.00	Account Fees	1,978.00
Severance Tax	0.00	Short Dividends	0.00
Administrative Expenses	0.00	Money Market Realized Gain/Loss	0.00
Non-deductible Generic Expenses	0.00	Short/Long Term Realized Gain/Loss	0.00
Deductible Generic Expenses	0.00	Mortgage Pool Statement (MBS)	0.00

Exempt Interest Dividends Income Detail, Tax Exempt Obligations

Description, Symbol, CUSP		
SONIC EVERY STATE MUNICIPAL BOND FUND, SCEVR 123456789		(ALL states)
Date	12 Exempt Interest Income	
20XX	\$127.01	
Description, Symbol, CUSP		(Your state)
SONIC YS BOND FUND, SCYSM 987654321		
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 taxable and the IRS determines that it has not been reported.

20XX TAX REPORTING STATEMENT

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

20XX Proceeds from Broker and Barter Exchange Transactions

Proceeds are reported as gross proceeds unless otherwise indicated (a). (This Label is a Substitute for Boxes 2, 3, 5 & 6)

1a Description of property, Stock or Other Symbol, CUSIP	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 Tax Withheld
SONIC ENERGY, SSENX, 316391234										
Sale	513.136	05/14/XX	11/12/XX	20,535.70	25,000.00			-4,464.30		
SONIC TECHNOLOGY, SSTEM, 316391235										
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 FUND, GGTIX, 98765432										
Sale	256.258	06/21/XX	11/21/XX	19,029.72	25,900.00			-6,870.28		
TOTALS				41,200.06	52,482.02	0.00	0.00		0.00	
								52.62		
								-11,334.58		

Pages 4 of 7

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 property, Stock or Other Symbol, 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 Tax Withheld
GO GETTER FUND, GGTIX, 98765432										
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				26,327.32	23,771.86					
TOTALS				26,327.32	23,771.86	0.00	0.00		0.00	
								2,555.46		
								0.00		

Box D Long-Term Realized Gain

Box D Long-Term Realized Loss

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 GROWTH CL A, GGAIX, 123456789								
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](https://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 PORT 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 GROWTH 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, Symbol, CUSIP						
Date	1 Interest Income	6 Foreign Tax Paid	11 Bond Premium	Noncovered Bond Premium	10 Market Discount	Noncovered Market Discount
CASH, SCASH, 345678912						
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 (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: <ul style="list-style-type: none">• 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) ROBERT		M.I.	Last name VARISIAN		Your date of birth 02/10/1978		Your job ASST MANAGER					
Spouse's first name (pronouns, optional)		M.I.	Last name		Spouse's date of birth		Spouse's job					
Mailing address 465 FULLERTON AVE				Apt #	City YOUR CITY			State YOUR STATE		ZIP code YOUR ZIP		
Telephone number 771-555-1212		Email address ROBERTVARISIAN@EMAIL.XXX				Did you live or work in two or more states in 2024 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Check if you or your spouse were in 2024:						Legally blind			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No			
A U.S. citizen						<input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> No			Totally and permanently disabled			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No
In the U.S. on a visa						<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No			Issued an identity protection PIN			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No
A full-time student						<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No			Do you own or hold any digital assets			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> 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						
<input type="checkbox"/> Direct deposit						<input checked="" type="checkbox"/> Check by mail			<input type="checkbox"/> Bank account			<input type="checkbox"/> Direct debit
<input type="checkbox"/> Split refund between accounts						<input type="checkbox"/> Other			<input type="checkbox"/> Set up installment agreement			<input checked="" type="checkbox"/> Mail payment to IRS
Would you like to receive written communications from the IRS in a language other than English						Would you like information on how to vote and/or how to register to vote			Would you like \$3 to go to the Presidential Election Campaign Fund			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No What language						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
As of December 31, 2024, what was your marital status												
<input type="checkbox"/> Never Married		<input type="checkbox"/> Married		If married, were you married for all of 2024				<input type="checkbox"/> Yes <input type="checkbox"/> No				
				Did you live with your spouse during any part of the last six months of 2024				<input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Divorced		<input type="checkbox"/> Legally Separated		<input checked="" type="checkbox"/> Widowed				Year of spouse's death		2009		
Date of final decree		Date of separate maintenance decree										
Can anyone else claim the taxpayer or spouse on their tax return (to be completed by certified volunteer) <input type="checkbox"/> Yes <input type="checkbox"/> No												
List the names below of everyone who lived with you last year (except your spouse) AND anyone you supported but did not live with you last year.					Answer Yes or No (Y/N)				To be completed by certified volunteer (Refer to Pub 4012 Tab C)			
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.)	
SAMARA VARISIAN	04/16/2004	DAUGHTER	12	S	Y	Y	Y	N				

Catalog Number 52121E

www.irs.gov

Form **13614-C** (Rev. 10-2024)

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

Paid any of the following expenses in 2024:

- ☐ (A) Mortgage Interest
- ☐ (A) Taxes: state, local, real estate, sales, etc.
- ☐ (A) Medical, Dental, Prescription Expenses
- ☐ (B) Charitable contributions

Standard or Itemized Deductions (To be completed by certified volunteer) Notes/Comments

- ☐ (B) Taxable state/local income taxes
- ☐ (B) Standard deduction ☐ (A) Itemized deduction

Paid any of these expenses in 2024:

- ☐ (B) Student loan interest
- ☐ (B) Child and dependent care
- ☐ (B/A) Contributions to a retirement account
- ☐ Repayments to a qualified retirement plan
- ☐ (B) School supplies by a teacher, teacher's aide or other educator
- ☐ (B) Alimony payments (do not include child support)

Expenses to report (To be completed by certified volunteer)

- ☐ (B) 1098-E
- ☐ (B) Child and dependent care credit
- ☐ (A) IRA, 401(k), etc. deduction
- ☐ (B) Saver's credit
- ☐ (B) Educator expenses deduction
- ☐ (B) Alimony payments with spouse's SSN \$ _____
- Adjustment to income ☐ Yes ☐ No

Notes/Comments**Did any of the following happen during 2024:**

- ☒ (B) You or someone in your family took educational classes (technical school, college, job related, etc.)
- ☐ (A) Sell a home
- ☐ (A) Have a health savings account (HSA)
- ☐ (A) Purchase health insurance through the Marketplace (Exchange)
- ☐ (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)
- ☐ (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender
- ☐ Have a loss related to a declared federal disaster area
- ☐ (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)
- ☐ Receive any letter or bill from the IRS
- ☐ (B) Make estimated tax payments or apply last year's refund to 2024 taxes
- ☐ Additional information you think we should know

Information to report (To be completed by certified volunteer)

- ☐ (B) Taxable scholarship income
- ☐ (B) 1098-T (itemized statement from school, invoice, etc.)
- ☐ (B) Education credit or tuition and fees deduction
- ☐ (A) Sale of home (1099-S)
- ☐ HSA contributions ☐ HSA distributions
- ☐ (A) 1095-A
- ☐ (B) Energy efficient home improvement credit
- ☐ (A) 1099-C
- ☐ (A) 1099-A
- ☐ Disaster relief impacts return
- ☐ (B) EITC, CTC, AOTC or HOH disallowed in a previous year
- Year disallowed Reason
- ☐ Eligible for Low Income Taxpayer Clinic referral
- ☐ Estimated tax payments _____
- ☐ Last year's refund applied to this year _____
- ☐ Last year's return available
- ☐ Additional information for accurate tax preparation

Notes/Comments**SAMARA HAS JOB SCENARIO 2. QTP IN SCENARIO 3**

The following information is for statistical purposes. These questions are optional.

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

<p>5. What is your race and/or ethnicity (<i>select all that apply and enter additional details in the spaces below</i>)</p> <p><input type="checkbox"/> American Indian or Alaska Native (<i>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.</i>)</p> <p><input type="checkbox"/> Asian (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Filipino</td> </tr> <tr> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Japanese</td> </tr> </table> <p><i>Enter, for example, Pakistani, Hmong, Afghan, etc.</i></p> <p><input type="checkbox"/> Black or African American (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> African American</td> <td><input type="checkbox"/> Jamaican</td> <td><input type="checkbox"/> Haitian</td> </tr> <tr> <td><input type="checkbox"/> Nigerian</td> <td><input type="checkbox"/> Ethiopian</td> <td><input type="checkbox"/> Somali</td> </tr> </table> <p><i>Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.</i></p> <p><input type="checkbox"/> Hispanic or Latino (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Mexican</td> <td><input type="checkbox"/> Puerto Rican</td> <td><input type="checkbox"/> Salvadoran</td> </tr> <tr> <td><input type="checkbox"/> Cuban</td> <td><input type="checkbox"/> Dominican</td> <td><input type="checkbox"/> Guatemalan</td> </tr> </table> <p><i>Enter, for example, Colombian, Honduran, Spaniard, etc.</i></p> <p><input type="checkbox"/> Middle Eastern or North African (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Lebanese</td> <td><input type="checkbox"/> Iranian</td> <td><input type="checkbox"/> Egyptian</td> </tr> <tr> <td><input type="checkbox"/> Syrian</td> <td><input type="checkbox"/> Iraqi</td> <td><input type="checkbox"/> Israeli</td> </tr> </table> <p><i>Enter, for example, Moroccan, Yemeni, Kurdish, etc.</i></p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Native Hawaiian</td> <td><input type="checkbox"/> Samoan</td> <td><input type="checkbox"/> Chamorro</td> </tr> <tr> <td><input type="checkbox"/> Tongan</td> <td><input type="checkbox"/> Fijian</td> <td><input type="checkbox"/> Marshallese</td> </tr> </table> <p><i>Enter, for example, Chuukese, Palauan, Tahitian, etc.</i></p> <p><input type="checkbox"/> White (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> English</td> <td><input type="checkbox"/> German</td> <td><input type="checkbox"/> Irish</td> </tr> <tr> <td><input type="checkbox"/> Italian</td> <td><input type="checkbox"/> Polish</td> <td><input type="checkbox"/> Scottish</td> </tr> </table> <p><i>Enter, for example, French, Swedish, Norwegian, etc.</i></p>	<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Korean	<input type="checkbox"/> Japanese	<input type="checkbox"/> African American	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Haitian	<input type="checkbox"/> Nigerian	<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Somali	<input type="checkbox"/> Mexican	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Salvadoran	<input type="checkbox"/> Cuban	<input type="checkbox"/> Dominican	<input type="checkbox"/> Guatemalan	<input type="checkbox"/> Lebanese	<input type="checkbox"/> Iranian	<input type="checkbox"/> Egyptian	<input type="checkbox"/> Syrian	<input type="checkbox"/> Iraqi	<input type="checkbox"/> Israeli	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Chamorro	<input type="checkbox"/> Tongan	<input type="checkbox"/> Fijian	<input type="checkbox"/> Marshallese	<input type="checkbox"/> English	<input type="checkbox"/> German	<input type="checkbox"/> Irish	<input type="checkbox"/> Italian	<input type="checkbox"/> Polish	<input type="checkbox"/> Scottish	<p>6. What is your spouse's race and/or ethnicity (<i>select all that apply and enter additional details in the spaces below</i>)</p> <p><input type="checkbox"/> American Indian or Alaska Native (<i>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.</i>)</p> <p><input type="checkbox"/> Asian (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Filipino</td> </tr> <tr> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Japanese</td> </tr> </table> <p><i>Enter, for example, Pakistani, Hmong, Afghan, etc.</i></p> <p><input type="checkbox"/> Black or African American (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> African American</td> <td><input type="checkbox"/> Jamaican</td> <td><input type="checkbox"/> Haitian</td> </tr> <tr> <td><input type="checkbox"/> Nigerian</td> <td><input type="checkbox"/> Ethiopian</td> <td><input type="checkbox"/> Somali</td> </tr> </table> <p><i>Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.</i></p> <p><input type="checkbox"/> Hispanic or Latino (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Mexican</td> <td><input type="checkbox"/> Puerto Rican</td> <td><input type="checkbox"/> Salvadoran</td> </tr> <tr> <td><input type="checkbox"/> Cuban</td> <td><input type="checkbox"/> Dominican</td> <td><input type="checkbox"/> Guatemalan</td> </tr> </table> <p><i>Enter, for example, Colombian, Honduran, Spaniard, etc.</i></p> <p><input type="checkbox"/> Middle Eastern or North African (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Lebanese</td> <td><input type="checkbox"/> Iranian</td> <td><input type="checkbox"/> Egyptian</td> </tr> <tr> <td><input type="checkbox"/> Syrian</td> <td><input type="checkbox"/> Iraqi</td> <td><input type="checkbox"/> Israeli</td> </tr> </table> <p><i>Enter, for example, Moroccan, Yemeni, Kurdish, etc.</i></p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> Native Hawaiian</td> <td><input type="checkbox"/> Samoan</td> <td><input type="checkbox"/> Chamorro</td> </tr> <tr> <td><input type="checkbox"/> Tongan</td> <td><input type="checkbox"/> Fijian</td> <td><input type="checkbox"/> Marshallese</td> </tr> </table> <p><i>Enter, for example, Chuukese, Palauan, Tahitian, etc.</i></p> <p><input type="checkbox"/> White (<i>provide details below</i>)</p> <table> <tr> <td><input type="checkbox"/> English</td> <td><input type="checkbox"/> German</td> <td><input type="checkbox"/> Irish</td> </tr> <tr> <td><input type="checkbox"/> Italian</td> <td><input type="checkbox"/> Polish</td> <td><input type="checkbox"/> Scottish</td> </tr> </table> <p><i>Enter, for example, French, Swedish, Norwegian, etc.</i></p>	<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Korean	<input type="checkbox"/> Japanese	<input type="checkbox"/> African American	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Haitian	<input type="checkbox"/> Nigerian	<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Somali	<input type="checkbox"/> Mexican	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Salvadoran	<input type="checkbox"/> Cuban	<input type="checkbox"/> Dominican	<input type="checkbox"/> Guatemalan	<input type="checkbox"/> Lebanese	<input type="checkbox"/> Iranian	<input type="checkbox"/> Egyptian	<input type="checkbox"/> Syrian	<input type="checkbox"/> Iraqi	<input type="checkbox"/> Israeli	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Chamorro	<input type="checkbox"/> Tongan	<input type="checkbox"/> Fijian	<input type="checkbox"/> Marshallese	<input type="checkbox"/> English	<input type="checkbox"/> German	<input type="checkbox"/> Irish	<input type="checkbox"/> Italian	<input type="checkbox"/> Polish	<input type="checkbox"/> Scottish
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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 \(SORNs\)](https://www.treasury.gov/sorn). 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](#) .

Social Security	
385-00-XXXX	384-00-0000
THIS NUMBER HAS BEEN ESTABLISHED FOR	THIS NUMBER HAS BEEN ESTABLISHED FOR
ROBERT VARISIAN	SAMARA VARISIAN
For Tax Training Purposes Only	For Tax Training Purposes Only

Driver's License (Tax Training Only)	
License No. 20240602200242	
Name and Address	
ROBERT VARISIAN	
465 FULLERTON AVE	
YOUR CITY, YS YZIP	
Birth Date	02/10/1978
Issue Date	06/14/2024
Expiration Date	02/10/2029

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		Save, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile	
		OMB No. 1545-0008					
b. Employer identification number (EIN) 20-867XXXX		1. Wages, tips, other compensation \$42,000.00		2. Federal income tax withheld \$4,800.00			
c. Employer's name, address, and ZIP code WALTON'S GROCERY 123 EAST STREET SALSBUURY, NC 28145		3. Social security wages \$42,000.00		4. Social security tax withheld \$2,604.00			
		5. Medicare wages and tips \$42,000.00		6. Medicare tax withheld \$609.00			
		7. Social security tips		8. Allocated tips			
d. Control number		9.		10. Dependant care benefits			
e. Employee's first name and initial Last name Suff. Employee's address and ZIP code ROBERT VARISIAN 465 FULLERTON AVE YC, YS YZ		11. Nonqualified plans		12a. See instructions for box 12			
		13. Statutory Employee Retirement Plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b.			
		14. Other		12c.			
				12d.			
15. State	Employer's state ID number	16. State wages, tips, etc.	17. State income tax	18. Local wages, tips, etc.	19. Local income tax	20. Locality name	
<div style="display: flex; justify-content: space-between; align-items: center;"> <div> Form W-2 Wage and Tax Statement 20XX Copy B - To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service. </div> </div>							

<input type="checkbox"/> CORRECTED (if checked)				Tuition Statement <div style="font-size: 2em; font-weight: bold; margin: 10px 0;">20XX</div> Form 1098-T		
FILER'S name Street address City or town, state or province, country, ZIP or Foreign Postal Code Telephone number HARPER COLLEGE 1 COLLEGE WAY CITY, STATE, ZIP		1 Payments received for qualified tuition and related expenses \$15,000.00	OMB No. 1545-1574			
		2				
FILER'S employer identification no. 46-343XXXX	STUDENT'S TIN 384-00-XXXX	3			Copy B For Student This is important tax information and is being furnished to the IRS. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.	
STUDENT'S name Street address (including apt. no.) City or town, state or province, country, ZIP or Foreign Postal Code SAMARA VARISIAN 465 FULLERTON AVE YC, YS YZ		4 Adjustments made for a prior year	5 Scholarships or grants \$18,000.00			
		6 Adjustments to scholarships or grants for a prior year	7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January-March 20XX+1. <input type="checkbox"/>			
Service Provider/Acct No. (see instr.)	8. Checked if at least half-time student <input checked="" type="checkbox"/>	9 Checked if a graduate student <input type="checkbox"/>	10 Ins. contract reimb./refund			
Form 1098-T						

Use the [Colorado Resource Toolbox Education Calculator](#) 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.

<input type="checkbox"/> CORRECTED (if checked)			
FILER'S name Street address City or town, state or province, country, ZIP or Foreign Postal Code Telephone number HARPER COLLEGE 1 COLLEGE WAY CITY, STATE, ZIP		1 Payments received for qualified tuition and related expenses <div style="text-align: right;">\$15,000.00</div>	OMB No. 1545-1574 <div style="font-size: 2em; font-weight: bold;">20XX</div> Form 1098-T
FILER'S employer identification no. <div style="text-align: center;">46-343XXXX</div>		STUDENT'S TIN <div style="text-align: center;">384-00-XXXX</div>	3
STUDENT'S name Street address (including apt. no.) City or town, state or province, country, ZIP or Foreign Postal Code SAMARA VARISIAN 465 FULLERTON AVE YC, YS YZ		4 Adjustments made for a prior year 6 Adjustments to scholarships or grants for a prior year	5 Scholarships or grants <div style="text-align: right;">\$26,500.00</div> 7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January-March 20XX+1. <input type="checkbox"/>
Service Provider/Acct No. (see instr.)	8. Checked if at least half-time student <input checked="" type="checkbox"/>	9 Checked if a graduate student <input type="checkbox"/>	10 Ins. contract reimb./refund
Form 1098-T			

Tuition Statement

Copy B For Student
 This is important tax information and is being furnished to the IRS. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.

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		Save, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile	
b. Employer identification number (EIN) 20-867XXXX		1. Wages, tips, other compensation \$4,500.00		2. Federal income tax withheld \$450.00			
c. Employer's name, address, and ZIP code WALTON'S GROCERY 123 EAST STREET SALSBURY, NC 28145		3. Social security wages \$4,500.00		4. Social security tax withheld \$279.00			
		5. Medicare wages and tips \$4,500.00		6. Medicare tax withheld 65.25			
		7. Social security tips		8. Allocated tips			
d. Control number		9.		10. Dependant care benefits			
e. Employee's first name and initial Employee's address and ZIP code SAMARA VARISIAN 465 FULLERTON AVE YC, YS YZ		11. Nonqualified plans		12a. See instructions for box 12			
		13. Statutory Retirement Third-party Employee Plan sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b.			
		14. Other		12c.			
				12d.			
15. State	Employer's state ID number	16. State wages, tips, etc.	17. State income tax	18. Local wages, tips, etc.	19. Local income tax	20. Locality name	
<div> <div>Form W-2 Wage and Tax Statement</div> <div>20XX</div> </div> <div> Copy B - To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service. </div>							

Using the 1098-T in Scenario 1:

a) Is Samara required to file? Is there a kiddie tax issue?

b) What 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 scholarships.

FILER'S name Street address City or town, state or province, country, ZIP or Foreign Postal Code Telephone number HARPER COLLEGE 1 COLLEGE WAY CITY, STATE, ZIP		1 Payments received for qualified tuition and related expenses <div style="text-align: right;">\$13,000.00</div>	OMB No. 1545-1574 <div style="font-size: 2em; font-weight: bold;">20XX</div>	Tuition Statement
FILER'S employer identification no. 46-343XXXX STUDENT'S TIN 384-00-XXXX		2	Form 1098-T	
STUDENT'S name Street address (including apt. no.) City or town, state or province, country, ZIP or Foreign Postal Code SAMARA VARISIAN		3	4 Adjustments made for a prior year	5 Scholarships or grants
Copy B For Student 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.

<input type="checkbox"/> CORRECTED (if checked)				
PAYER'S/TRUSTEE'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. COLLEGE FUND INVETORS		1 Gross Distribution <div style="text-align: right;">\$5,000.00</div>	OMB No. 1545-1760 <div style="font-size: 2em; font-weight: bold;">20XX</div>	Payments From Qualified Education Programs (Under Sections 529 and 530)
PAYER'S/TRUSTEE'S TIN 87-2345XXX RECIEPIENT'S TIN 385-00-XXXX		2 Earnings <div style="text-align: right;">\$3,235.00</div>	Form 1099-Q	
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code ROBERT VARISIAN 465 FULLERTON AVE YOUR CITY, YS YZIP		3 Basis <div style="text-align: right;">\$1,765.00</div>	4 Trustee-to-trustee transfer <input type="checkbox"/>	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.
Account number (see instructions)		5 Check one: * Qualified Tuition Program Private <input type="checkbox"/> or State <input checked="" type="checkbox"/> * Coverdell ESA <input type="checkbox"/> If the fair market value (FMV) is shown below, see Pub. 970, Tax Benefits for Education, for how to figure earnings.	6 If this box is checked, the recipient is not the designated beneficiary <input checked="" type="checkbox"/>	
Form 1099-Q				

a) With no scholarship, Robert withdrew money from Samara's College 529 Plan to cover 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:
