AARP Foundation
Tax-Aide

National Tax Training Committee

Workbook

Tax Year 2025

FOR USE BY AARP FOUNDATION TAX-AIDE VOLUNTEERS ONLY

D20176 (9/25)

ERRATA

Revised: September 25, 2025

Click here for latest version: https://ta-nttc.tiny.us/NTTC-Workbook

For Instructors: https://ta-nttc.tiny.us/Classroom-Exercise-Presentations

9/25/25. Jackson. Uber exercise. page 123. AGI $28,426. Refund: $3,525. [2024]

Table of Contents

WELCOME to training tax year 2025!

We are pleased to continue to provide a printed Workbook for our volunteers for TY25. NTTC received extensive feedback on last year's workbook, and we incorporated many of your suggestions and ideas. Click here for latest version: https://ta-nttc.tiny.us/NTTC-Workbook

All information needed to complete the exercise is in the exercise in one place.

- Information learned from the interview is listed first, followed by the tax forms
- Assume each taxpayer qualifies for credits or favorable tax treatment, unless the facts indicate otherwise.
- *Core exercises*: designed to cover basic tax issues we see, and several less common situations
- *Proficiency exercises:* include three generation household, Schedule C gig worker and Schedule A itemized deductions. These may be assigned to you as required exercises, or you may choose to do them on your own
- *Classroom exercises:* intended for Instructor classroom use; renamed from the former Training Exercises
- Several exercises include the Intake Booklet, or the dependent section from the Intake Booklet which can be completed by the counselor
- Advanced (A) topics are marked for each exercise and for individual tax issues
- YC YS YZIP means Your City, Your State, Your Zip
- Checks have MICR codes for real life practice entering routing and account numbers
- Optional printed forms not used in the exercises are included in a separate chapter for Instructor use

Online Workbook (same link as above) contains the printed workbook, *plus* additional material, including:

- All links for additional materials for Instructors and tax counselors
- Advanced exercises: comprehensive, education credit, Uber driver, and more
- Exercise issues matrix: https://ta-nttc.tiny.us/NTTC-Workbook-Matrix-XLSX
  - AGI's have been lowered; AGIs for most exercises are below $50K; one is over $100K based on requests
- Quizzes: https://ta-nttc.tiny.us/NTTC-Workbook-Quizzes
- Answers: TY25 and TY24 answers: https://ta-nttc.tiny.us/Workbook-Answers
  - Provide step by step answers for Core and Classroom exercises
  - TY24 answers are to be used with TaxSlayer Practice Lab 2024
  - TY25 answers are hand calculated; answers will be updated after tax law changes are done and TaxSlayer 2025 has been coded
  - **Your TY25 answers may not match** until Practice Lab 2025 is coded
  - Unfortunately, due to expected tax law changes, we could not provide TY25 Refund or Amount Owed answers in the printed Workbook

Thank you for your dedication to Tax-Aide.

The National Tax Training Committee (NTTC)

Exercise Issues Matrix

Exercise Issues Matrix for Core and Proficiency Exercises	Core						Proficiency			
	Allman	Baxter	Caramel	Davis	Egret	Fitzgerald	Garibaldi	Hanson	Janisch	Miller
Approx AGI	34K	45K	48K	33K	30K	50K	54K	62K	27K	124K
TP or SP 65 or older or blind	X			X		X			X	
3 Generation household							X			
Wages		X	X		X		X			X
Interest or Dividends	X				X	X		X		
1099-R IRA	7		4	Basis		X	1		Y7	
1099-R Pension	7			CSA, G						DFAS
1099-R Simplified method								X		
1099-R PSO health ins						X				
Social security benefits	X							X	X	
Capital gain /loss /carryover/ inherited					Inherit	X				
Sch 1 Unemployment							X			
Sch 1 Gambling winnings						X				X
Sch 1 Cancellation of Debt		X								
Sch C Self-employment									X	
Sch 1 Tax refund						X				X
Sch 1 Educator expenses		X								
Sch 1 Student loan interest						X				
Qualified business income ded.						X			X	
Sch 1 IRA contributions		Trad			Roth					
Sch 1 SEHI Self Employed Health Insurance									X	
Sch 1 Alimony paid							X			
Itemized Deductions						X				X
Child / dependent care credit			X							
Child tax credit / other dependent		X	X				X	?		
Additional child tax credit		X								
Deceased taxpayer		X								
Earned income credit		X	X				X			
Form 8863 Education credit							X		?	
Form 8962 Marketplace health ins			X							
Health Savings Account (HSA)					X			X		X
Retirement savings contributions credit		X	X		X					
Taxpayer Balance Due						X				

Key: CSA= Federal pension; G= Rollover; Y7= Qualified Charitable Dist; DFAS= Military

Core Exercises

Allman

Paul Allman is a typical single senior taxpayer. Paul retired from his job as town manager in Wakefield and receives a pension. He also receives Social Security, an IRA distribution, and interest from his bank account.

Paul Allman: SSN:112-00-xxxx BDATE: 5/6/1950 ADDRESS: 18 PALOMO DRIVE
PH: 622-467-4145

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

20XX

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

Box 1. Name	Box 2. Beneficiary's Social Security Number
PAUL ALLMAN	112-00-XXXX

Box 3. Benefits Paid in 20XX	Box 4. Benefits Repaid to SSA in 20XX	Box 5. Net Benefits Paid for 20XX (Box 3 minus Box 4)
$13,680.00		$13,680.00

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit	$11,215.00
Medicare Part B premiums deducted from your benefits	$2,220.00
Medicare Prescription Drug premiums (Part D) deducted from your benefits	$245.00
Total Additions	$2,465.00
Benefits for 20XX	$13,680.00
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
PAUL ALLMAN
18 PALOMO DRIVE
YC, YS YZIP

Box 8. Claim Number (use this number if you need to contact SSA)
112-00-XXXXA

Form SSA-1099-SM

1. AGI: $0

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province country, ZIP or foreign postal code and phone no. IRA UNITED FINANCIAL AS CUSTODIAN 242 MOTT ST YC, YS YZIP	1 Gross distribution $4,275.00 2a Taxable amount $4,275.00	OMB No. 1545-0119 20XX Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
	2b Taxable amount not determined. ☒	Total Distribution ☐	Copy B
PAYER'S TIN 11-322XXXX RECIPIENT'S TIN 112-00-XXXX	3 Capital gain (included in box 2a).	4 Federal income tax withheld $427.00	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.
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code PAUL ALLMAN 18 PALOMO DRIVE YC, YS YZIP	5 Employee contributions/ Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	
	7 Distribution Code(s) 7 — IRA/ SEP/ SIMPLE ☒	8 Other %	This information is being furnished to the IRS
	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 requirment ☐	14 State tax withheld $200.00	15 State/Payer's state no. YS 406272515	16 State distribution $4,275.00
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

2. AGI: $4,275

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province country, ZIP or foreign postal code and phone no. TOWN OF WAKEFIELD 889 E 256TH ST WAKEFIELD, MA 01880	1 Gross distribution $23,448.00 2a Taxable amount $23,448.00	OMB No. 1545-0119 20XX Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
	2b Taxable amount not determined. ☐	Total Distribution ☐	Copy B
PAYER'S TIN 34-602XXXX RECIPIENT'S TIN 112-00-XXXX	3 Capital gain (included in box 2a).	4 Federal income tax withheld $3,585.00	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.
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code PAUL ALLMAN 18 PALOMO DRIVE YC, YS YZIP	5 Employee contributions/ Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	
	7 Distribution Code(s) 7 — IRA/ SEP/ SIMPLE ☐	8 Other %	This information is being furnished to the IRS
	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 requirment ☐	14 State tax withheld $1,257.00	15 State/Payer's state no. YS 34602XXX	16 State distribution $23,448.00
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

3. AGI: $32,702

Discover Bank			**20XX**	**1099-INT**
502 East Market St			EIN 51-0020270	
Greenwood, DE 19950				
Paul Allman				
18 Palomo Dr				
YC YS, YZIP				
	Box 1	Box 2	Box 3	Box 4
Acct 42987657	165			
CD 38629887	250			
CD 38629895	250			
Total	$665			

4. AGI: $33,932

Baxter

This exercise focuses on a married couple with children and illustrates how various credits (Earned Income, Retirement Savings, Child Tax Credit/other dependent) impact the tax return. The exercise also explores Paolo's filing status after his wife's death and includes educator expenses and cancellation of debt.

Paolo is an 8th grade teacher who has health coverage and a pension plan through work. His spouse Christina did not work. The parents paid all the costs of maintaining the home, groceries, and house necessities. Paolo says he is supporting both his sons who live at home. Juan did not attend school this past year and has a W-2 with $3,250 earnings that he spent on his car and personal items.

- (A) Christina contributed $500 to her traditional IRA in May 2025. [1]
- (A) The credit card company agreed to cancel Christina's debt after she died.
- Paolo spent $280 on classroom supplies. He has receipts and received no reimbursements. He worked 1,500 hours during the school year.
- Paolo donated $415 of Christina's clothes to Goodwill after she died and $150 to the American Cancer Society

Paolo:SSN: 242-00-XXXX
Christina: SSN: 285-00-XXXX Died: 06/28/2025
Emilio: SSN: 287-00-XXXX
Juan: SSN: 202-00-XXXX

[1] Use NTTC 4012 to determine if Paolo qualifies for Educator Expenses and how to enter Christina's traditional IRA contribution.

Form **13614-C** (March 2025)	Department of the Treasury - Internal Revenue Service **Intake/Interview and Quality Review Sheet**	OMB Number 1545-1964

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

- Complete pages 1-5 of this form.
- You are responsible for the information on your return. Provide complete and accurate information.
- If you have questions, ask the IRS-certified volunteer preparer.

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

Your first name	M.I.	Last name	Your date of birth	Your job title
PAOLO	J	BAXTER	10/04/1982	TEACHER
Spouse's first name	M.I.	Last name	Spouse's date of birth	Spouse's job title
CHRISTINA	K	BAXTER	09/25/1980	DECEASED

Mailing address	Apt #	City	State	ZIP code
14 FULLERTON AVENUE		YC	YS	YZIP

Your telephone number	Spouse's telephone number	Email address (optional)	Did you live or work in two or more states in 2024
573-265-1402		PAOLOB@EMAIL.XXX	☐ Yes ☒ No

Check if you or your spouse were in 2024:

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

If due a refund, how would you like your refund
☐ Direct deposit ☒ Check by mail
☐ Split refund between accounts ☐ Other ____

If you have a balance due, how would you like to make your payment
☐ Bank account ☐ IRS.gov Direct Pay
☐ Set up installment agreement ☒ Mail payment to IRS

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

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

As of December 31, 2024, what was your marital status
☐ **Never Married** ☐ **Married** If married, were you married for all of 2024 ☐ Yes ☐ No
Did you live with your spouse during any part of the last six months of 2024 ☐ Yes ☐ No
☐ **Divorced** Date of final decree ____ ☐ **Legally Separated but not Divorced** Date of separate maintenance decree ____ ☒ **Widowed** Year of spouse's death 2025

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

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

Name (first, last)	Date of birth (mm/dd/yy)	Relationship to you (child, parent, none, etc.)	Number of months lived in your home in 2024	Single or Married as of 12/31/2024 (S/M)	Answer Yes or No (Y/N): U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled	Issued IPPIN	To be completed by certified volunteer (Yes, No, or N/A): Qualifying child or relative of any other person	This person provided more than 50% of their own support	This person had less than $5,050 of income	Taxpayer(s) provided more than 50% of support for this person	Taxpayer(s) paid more than half the cost of maintaining a home for this person
EMILIO BAXTER	06/18/2010	SON	12	S	Y	Y	Y	N	N					
JUAN BAXTER	08/15/2003	SON	12	S	Y	Y	N	N	N					

Catalog Number 52121E www.irs.gov Form **13614-C** (Rev. 3-2025)

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

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

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

Paid any of the following expenses to itemize in 2024?	(To be completed by certified volunteer) Standard or Itemized Deductions	Notes/Comments
☐ (A) Mortgage Interest	☐ (A) 1098 # ______	
☐ (A) Taxes: state, local, real estate, sales, etc.		
☐ (A) Medical, dental, prescription expenses	☐ (B) Standard deduction ☐ (A) Itemized deduction	
☒ (A) Charitable contributions		

Paid any of these expenses in 2024?	(To be completed by certified volunteer) Expenses to report	Notes/Comments
☐ (B) Student loan interest	☐ (B) 1098-E	
☐ (B) Child and dependent care	☐ (B) Child and dependent care credit	
☒ (B/A) Contributions to a retirement account	☐ (B/A) IRA (Basic if a Roth IRA or 401K)	
☒ (B) School supplies by a teacher, teacher's aide or other educator	☐ (B) Educator expenses deduction $	
☐ (B) Alimony payments (do not include child support)	☐ (B) Alimony payments with spouse's SSN $ ______ Adjustment to income ☐ Yes ☐ No	

Did any of the following happen during 2024?	(To be completed by certified volunteer) Information to report	Notes/Comments
☐ (B) You or someone in your family took educational classes (technical school, college, job related, etc.)	☐ (B) Taxable scholarship income ☐ (B) 1098-T (itemized statement from school, invoice, etc.) ☐ (B) Education credit or tuition and fees deduction	
☐ (A) Sell a home	☐ (A) Sale of home (1099-S)	
☐ (A) Have a health savings account (HSA)	☐ (A) HSA contributions ☐ (A) HSA distributions	
☐ (A) Purchase health insurance through the Marketplace (Exchange)	☐ (A) 1095-A	
☐ (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)	☐ (A) Energy efficient home improvement credit (Form 5695, Part II only)	
☒ (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender	☐ (A) 1099-C	
☐ (A) Have a loss related to a declared Federal disaster area	☐ (A) 1099-A ☐ Disaster relief impacts return	
☐ (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)	☐ (B) EITC, CTC, AOTC or HOH disallowed in a previous year Year disallowed Reason	
☐ Receive any letter or bill from the IRS	☐ Eligible for Low Income Taxpayer Clinic referral	
☐ (B) Make estimated tax payments or apply last year's refund to 2024 taxes	☐ (B) Estimated tax payments ______ ☐ (B) Last year's refund applied to this year ______ ☐ Last year's return available	

a. Employee's social security number 242-00-XXXX	OMB No. 1545-0008	Save. accurate, FAST! Use IRS e-file	Visit the IRS website at www.irs.gov/efile
b. Employer identification number (EIN) 12-056XXXX		1. Wages, tips, other compensation $41,000.00	2. Federal income tax withheld $2,515.00
c. Employer's name, address,and ZIP code WASHINGTON COUNTY SCHOOL DISTRICT 17 E 12TH AVE YC, YS YZIP		3. Social security wages $42,200.00	4. Social security tax withheld $2,616.40
		5. Medicare wages and tips $42,200.00	6. Medicare tax withheld $611.90
		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 PAOLO BAXTER 14 FULLERTON AVE YC, YS YZIP		11. Nonqualified plans	12a. See instructions for box 12 E $1,200.00
		13. Statutory Employee ☐ Retirement Plan ☒ Third-party sick pay ☐	12b. DD $9,500.00
		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	12056XXX	$41,000.00	900.00			

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.

1. AGI: $41,000

☐ CORRECTED (if checked)

CREDITOR'S name, street address, city or town, state or province, country, ZIP or foreign postal code and telephone no. CHASE CARD SERVICES PO BOX 17799 WILMINGTON, DE 19850-7799		1 Date of Identifiable Event 11/05/20XX	OMB No. 1545-1424 Form **1099-C** (Rev. January, 2022)	**Cancellation of Debt**
		2 Amount of debt discharged $5,100.00		
		3 Interest if included in Box 2 $955.00	For calendar Year 20XX	
CREDITOR'S TIN 76-5XXXXXX	DEBTOR'S TIN 285-00-XXXX	4 Debt description CREDIT CARD		**Copy B For Debtor**
DEBTOR'S name Street address (including apt.no) City or town, state or province, country, ZIP or foreign postal code CHRISTINA BAXTER 14 FULLERTON AVE YC, YS YZIP		5 If checked, the debtor was personally liable for repayment of this debt . . . . ☒		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.
Account number (see instructions) 12007643		6 Identifiable Event Code F	7 Fair market value of property	

Form **1099-C** (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099C Department of the Treasury - Internal Revenue Service

2. AGI: $46,100
3. After Paolo's educator expenses: AGI $45,820
4. After traditional IRA contribution: AGI: $45,320

Caramel

Angel Caramel is a single parent taxpayer with a young child. This exercise explores the best filing status for Angel, Earned Income Credit, and how to handle Marketplace insurance Form 1095-A. We need to determine if Angel qualifies for the Retirement Savings Contributions Credit[2] for a workplace 401(k) contribution, since she also received a retirement distribution and it may offset the contribution.

- Angel is married, but her husband moved out of state soon after Esperanza was born and they have had no contact.
- Angel's mother died recently, and she inherited a small IRA that she cashed out and closed.
- Angel pays for after school care for Esperanza while she works as a scheduler for a heating and cooling company.
- Her employer does not provide health insurance, so she purchased Marketplace insurance (A) and received a Premium Tax Credit.

Angel SSN: 325-00-xxxx BDATE: 5/18/1995 Esperanza SSN: 396-00-xxxx
Address: 1418 CLYBOURN, APT 302 PH: 915-628-7672

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)				
Name (first, last)	Date of birth (mm/dd/yy)	Relationship to you (child, parent, none, etc.)	Number of months lived in your home in 2024	Single or Married as of 12/31/2024 (S/M)	U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled	Issued IPPIN
ESPERANZA CARAMEL	05/08/2017	DAUGHTER	12	S	Y	Y	Y	N	N

Catalog Number 52121E www.irs.gov

To be completed by certified volunteer (Yes, No, or N/A)				
Qualifying child or relative of any other person	This person provided more than 50% of their own support	This person had less than $5,050 of income	Taxpayer(s) provided more than 50% of support for this person	Taxpayer(s) paid more than half the cost of maintaining a home for this person

Form **13614-C** (Rev. 3-2025)

[2] An additional resource is the NTTC 4012 Chart: Certain Distributions Reduce Eligible Contributions. Locate this chart and other relevant information by searching on Retirement Savings Contributions Credit in the NTTC 4012 (Ctrl F brings up a search box, or use the Index).

a. Employee's social security number 325-00-XXXX	OMB No. 1545-0008	Save. accurate, FAST! Use IRS e-file. Visit the IRS website at www.irs.gov/efile
b. Employer identification number (EIN) 88-346XXXX	1. Wages, tips, other compensation $47,500.00	2. Federal income tax withheld $2,200.00
c. Employer's name, address,and ZIP code JOHNSON HEATING AND COOLING 2350 WEST ADKINS ST CITY, STATE, ZIP	3. Social security wages $48,000.00	4. Social security tax withheld $2,976.00
	5. Medicare wages and tips $48,000.00	6. Medicare tax withheld $696.00
	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 ANGEL CARAMEL 1418 CLYBOURN APT 302 YC YS YZIP	11. Nonqualified plans	12a. See instructions for box 12 D $500.00
	13. Statutory Employee [ ] Retirement Plan [X] Third-party sick pay [ ]	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	88346	$47,500.00	1,685.00			

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.

1. AGI: $47,500

[ ] CORRECTED (if checked)

PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. HASTINGS INVESTMENTS 45 ROCKHURST WAY PROVIDENCE RI 02904	1 Gross distribution $958.00 2a Taxable amount $958.00	20XX Form 1099-R	**Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**
	2b Taxable amount not determined. [X]	Total Distribution [X]	**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.**
	3 Capital gain (included in box 2a).	4 Federal income tax withheld $96.00	
PAYER'S TIN 50-811XXXX / RECIPIENT'S TIN 325-00-XXXX	5 Employee contributions/ Designated Roth contributions or	6 Net unrealized appreciation in employer's securities	This information is being furnished to the IRS
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal ANGEL CARAMEL BENEF DOLORES CARAMEL 1418 CLYBOURN, APT 302 YC YS YZIP	7 Distribution Code(s) 4 / IRA/ SEP/ SIMPLE [X]	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 requirment [ ]	14 State tax withheld	15 State/Payer's state no.	16 State distribution
Account number (see instructions) / 13 Date of payment	17 Local tax withheld	18 Name of locality	19 Local distribution

Form **1099-R**

2. AGI $48,458

CALHOUN COUNTY SCHOOL DISTRICT EIN: 87-158XXXX 17 E 12TH ST YC, YS YZIP	
DESCRIPTION:	AFTER SCHOOL CARE FOR ESPERANZA CARAMEL
CHARGED TO:	ANGEL CARAMEL 1418 CLYBOURN APT 302
DATES:	JAN 1 – DEC 31 20XX
AMOUNT:	$750

3. AGI: $48,458

Form 1095-A Department of the Treasury Internal Revenue Service

Health Insurance Marketplace Statement

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

☐ VOID ☐ CORRECTED

OMB No. 1545-2232 **20XX**

Part I Recipient Information

1 Marketplace Identifier 20-07XXXXX	2 Marketplace-assigned policy number 45987	3 Policy issuer's name BLUE CROSS
4 Recipient's name ANGEL CARAMEL	5 Recipient's SSN 325-00-XXXX	6 Recipient's date of birth 05/18/1995
7 Recipient's spouses'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) 1418 CLYBOURN APT 302
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	ANGEL CARAMEL	325-00-XXXX	05/18/1995	01/01/20XX	12/31/20XX
17	ESPERANZA CARAMEL	396-00-XXXX	05/08/2017	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	$295.67	$367.67	$250.00
22 February	$295.67	$367.67	$250.00
23 March	$295.67	$367.67	$250.00
24 April	$295.67	$367.67	$250.00
25 May	$295.67	$367.67	$250.00
26 June	$295.67	$367.67	$250.00
27 July	$295.67	$367.67	$250.00
28 August	$295.67	$367.67	$250.00
29 September	$295.67	$367.67	$250.00
30 October	$295.67	$367.67	$250.00
31 November	$295.67	$367.67	$250.00
32 December	$295.67	$367.67	$250.00
33 Annual Totals	$3,548.04	$4,412.04	$3,000.00

Form: **1095-A**

4. AGI: $48,458

Davis (A)

Assumpta Davis is a widowed senior whose husband died in 2021. The exercise explores how to handle the basis in Assumpta's IRA.

- (A) In previous years, Assumpta made contributions to a traditional IRA that were not tax deductible.[3] She needs to bring additional information to calculate the taxable portion of the distribution she received from Pioneer Trust. For the calculation of her basis on Form 8606, Assumpta brings her Dec 31 2025 balances for all her traditional IRAs:
  - Pioneer Trust Company (1st account) December 31, 2025 balance: $375,000
  - Oppenheimer & Co., Inc. (2nd account) December 31, 2025 balance:$ 15,000
    - There were no distributions from this account
  - Prior year Form 8606, Line 14 total basis (see Form 8606 below) $ 3,256
    - Remember to enter Form 8606 for TY25 for next year's basis
- Assumpta retired as an administrator. Although not relevant for her Federal tax return, her 1099-R from the Office of Personnel Management has $1,255 in health insurance premiums in Box 5.
- In March 2025, Assumpta rolled over her Fidelity account into her Pioneer IRA account.
- Assumpta wrote a check for $250 to her local food pantry.

Assumpta: SSN: 425-00-XXXX BDATE: 5/18/1956 ADDR: 6798 ARLINGTON PLACE PH: 708-949-5876

PRIOR YEAR

Form **8606** Department of the Treasury Internal Revenue Service

Nondeductible IRAs

Attach to 2024 Form 1040, 1040-SR, or 1040-NR.

Go to *www.irs.gov/Form8606* for instructions and the latest information.

OMB No. 1545-0074 **2024** Attachment Sequence No. **48**

Name. If married, file a separate form for each spouse required to file 2024 Form 8606. See instructions. ASSUMPTA DAVIS

Your social security number 425-00-XXXX

14	Subtract line 13 from line 3. This is **your total basis in traditional IRAs for 2024 and earlier years**	14	3,256
15a	Subtract line 12 from line 7	15a	12,468
b	Enter the amount on line 15a attributable to qualified disaster distributions, if any, from 2024 Form(s) 8915-F (see instructions). Also, enter this amount on 2024 Form(s) 8915-F, line 18, as applicable (see instructions)	15b	
c	**Taxable amount.** Subtract line 15b from line 15a. Reduce that amount by certain 2024 retirement plan distribution repayments (other than those reported on Form 8915-F) that are treated as rollovers (see instructions). If more than zero, also include this amount on 2024 Form 1040, 1040-SR, **or** 1040-NR, line 4b	15c	12,468
	Note: You may be subject to an additional 10% tax on the amount on line 15c if you were under age 59½ at the time of the distribution. See instructions.		

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 63966F Form **8606** (2024)

[3] Information on nondeductible contributions to an IRA is available in the NTTC 4012 (Ctrl F and then search on 'nondeductible contributions').

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province country, ZIP or foreign postal code and phone no. PIONEER TRUST COMPANY PO BOX 1400 BOSTON MA 02119-1400	1 Gross distribution $16,000.00 2a Taxable amount $16,000.00	OMB No. 1545-0119 20XX Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
	2b Taxable amount not determined. X	Total Distribution ☐	Copy B
PAYER'S TIN 27-112XXXX / RECIPIENT'S TIN 425-00-XXXX	3 Capital gain (included in box 2a).	4 Federal income tax withheld $1,600.00	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.
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code ASSUMPTA DAVIS 6798 ARLINGTON PLACE YC, YS YZIP	5 Employee contributions/ Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	
	7 Distribution Code(s) 7 / IRA/ SEP/ SIMPLE X	8 Other %	This information is being furnished to the IRS
	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 requirment ☐	14 State tax withheld $450.00	15 State/Payer's state no. YS 27112XXXX	16 State distribution $16,000.00
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

1. AGI: $15,872

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	Recipient's ID No. (Annuitant)	Account number (Retirement Claim
52-6083699	425-00-XXXX	CSA 8972345

5. Employee Contributions/ Designed ROTH Contributions or Insurance Premiums: $1,255.00
7. Distribution Code(s): 7-NONDISABILITY
9b. Total Employee Contributions: $36,423.00

PAID TO ASSUMPTA DAVIS
6798 ARLINGTON PLACE
YC YS YZIP

1. Gross distribution: $18,426.00
2a. Taxable amount: $17,045.00
4. Federal Income Tax Withheld: $1,705.00

State 1	10. State Income Tax Withheld
State 2	11. State Income Tax Withheld

Form CSA 1099R (Rev 1/2009)
This information is being furnished to the Internal Revenue Service
Department of Treasury - Internal Revenue Service

2. AGI: $32,917

☐ CORRECTED (if checked)

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

20XX
Form 1099-R

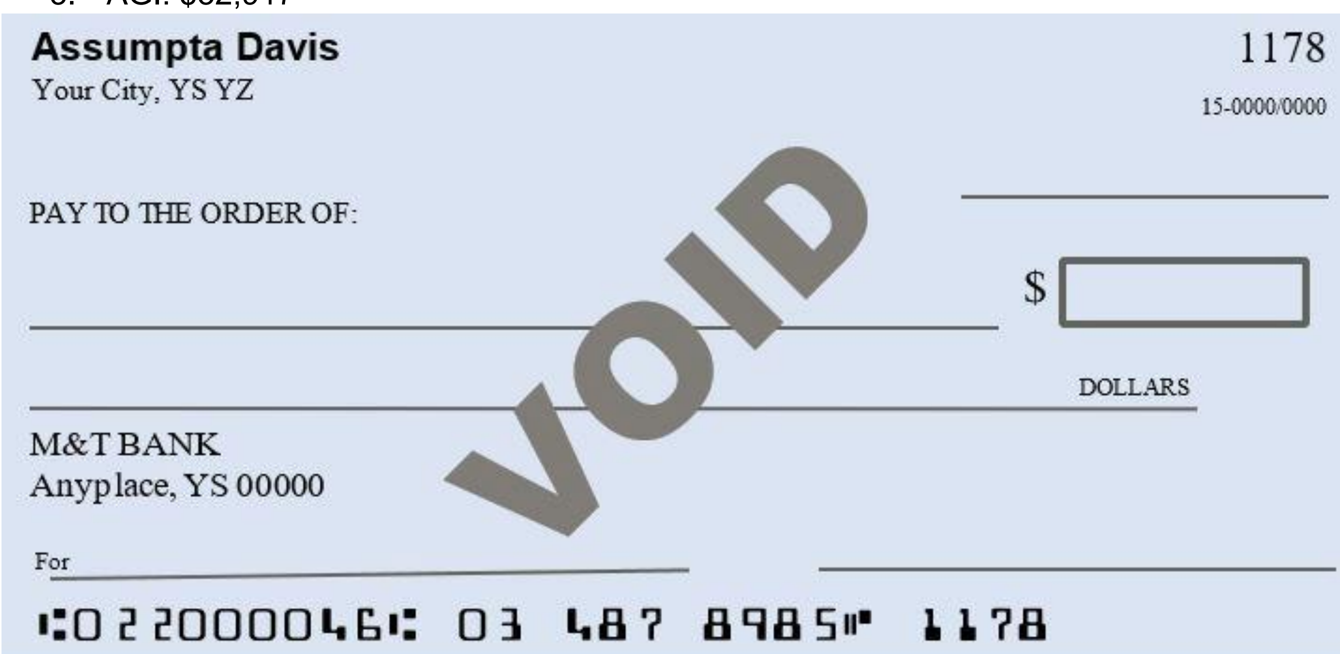
PAYER'S name, Street address, City or town, state or province, country, ZIP or foreign postal code, Telephone no.	FIDELITY CAPITAL INVESTMENT PO BOX 1789 HOUSTON TX 77001-1789
1 Gross distribution	$4,015.00
2a Taxable amount	$.00
2b Taxable amount not determined.	☐
Total Distribution	X
3 Capital gain (included in box 2a).	
4 Federal income tax withheld	
PAYER'S TIN	67-229XXXX
RECIPIENT'S TIN	425-00-XXXX
RECIPIENT'S name, Street address (including apt.no.), City or town, state or province, country, ZIP or foreign postal	ASSUMPTA DAVIS 6798 ARLINGTON PLACE YC YS YZIP
5 Employee contributions/ Designated Roth contributions or	
6 Net unrealized appreciation in employer's securities	
7 Distribution Code(s)	G
IRA/ SEP/ SIMPLE	☐
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 requirment	☐
14 State tax withheld	
15 State/Payer's state no.	
16 State distribution	
Account number (see instructions)	
13 Date of payment	
17 Local tax withheld	
18 Name of locality	
19 Local distribution	

Copy B
Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.

This information is being furnished to the IRS

Form **1099-R**

3. AGI: $32,917



Enter the check in the e-file section for direct deposit for the taxpayer’s refund.

Egret (A)

This exercise explores a working single taxpayer who:

- Signed up with IRS for an annual PIN: 887634
- Received a brokerage statement showing:[4]
  - U.S. Savings Bond interest
  - Tax-Exempt interest - $20 was from other states
- Stock sale. (A) The summary Box E sale for $2,129.50 is entirely the sale of 10 shares of TOPCAT stock. There is no basis on the brokerage statement because he inherited it from his father who died 5/16/2024. He sold the stock on 3/28/2025. The price of TOPCAT on 5/16/2024 was $190.40 per share.
- (A) Had a self only, high deductible health plan and an HSA account all 12 months
  - Made $2,200 contribution through work
  - Made $100 contribution directly into his HSA account
  - Took a distribution which was all for qualified medical expenses
- Made a Roth IRA contribution of $1,100 for tax year 2025[5]

Damion: SSN: 548-00-XXXX BDATE: 4/2/1984 ADDR: 87 5TH STREET
PH: 708-249-6662

a. Employee's social security number 548-00-XXXX	OMB No. 1545-0008	Save. accurate, FAST! Use IRS e-file	Visit the IRS website at www.irs.gov/efile
b. Employer identification number (EIN) 85-674XXXX		1. Wages, tips, other compensation $29,480.00	2. Federal income tax withheld $3,100.00
c. Employer's name, address, and ZIP code NEW HORIZON ARCHITECTS 12 HUDSON AVE YC YS YZIP		3. Social security wages $29,480.00	4. Social security tax withheld $1,827.76
		5. Medicare wages and tips $29,480.00	6. Medicare tax withheld $427.46
		7. Social security tips	8. Allocated tips
d. Control number 45-000987		9.	10. Dependant care benefits
e. Employee's first name and initial, Last name, Suff. Employee's address and ZIP code DAMION EGRET 87 5TH STREET YC YS YZIP		11. Nonqualified plans	12a. See instructions for box 12 W | $2,200.00
		13. Statutory Employee ☐ Retirement Plan ☒ Third-party sick pay ☐	12b. DD | $3,700.00
		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	856741	$29,480.00	1,257.00			

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.

1. AGI after IRS Annual PIN: $0
2. AGI after W-2: $29,480

[4] Your Instructor will teach you how U.S. Savings Bond and Tax-Exempt interest are handled in your state.

[5] See NTTC 4012 under “Retirement Savings Contributions Credit” for how to enter in TaxSlayer.

ALPINE BROKERAGE LLC 2715 Alpine Lane Boston, MA 02110 Account No. 111-227 Payer's TIN: 96-7XXXXXXX	**20XX** **TAX INFORMATION SUMMARY**	TAX REPORTING STATEMENT Damion Egret 87 5th Street YC YS YZIP 548-00-XXXX

Form 1099-DIV **20XX Dividends and Distributions** **Copy B for Recipient**

1a	Total Ordinary Dividends	58.66	6	Investment Expenses	0.00
1b	Qualified Dividends	39.43	7	Foreign Tax Paid	0.00
2a	Total Capital Gain Distributions	5.97	8	Foreign Country or US Possession	
2b	Unrecaptured Sec 1250 Gain	0.00	9	Cash Liquidation Distributions	
2c	Section 1202 Gain	0.00	10	Noncash Liquidation Distributions	0.00
2d	Collectibles (28%) Gain	0.00	12	Exempt-Interest Dividends	0.00
2e	Section 897 Ordinary Dividends	0.00	13	Specified Private Activity Bond Interest Dividends	0.00
2f	Section 897 Capital Gains	0.00	14	State	
3	Nondividend Distributions	10.00	15	State Identification Number	
4	Federal Income Tax Withheld	0.00	16	State Tax Withheld	0.00
5	Section 199A Dividends	0.00			

Form 1099-INT **20XX Interest Income** **Copy B for Recipient**

1	Interest Income	13.31	9	Specified Private Activity Bond Interest	0.00
2	Early Withdrawal Penalty	0.00	10	Market Discount	0.00
3	Interest on US Savings Bonds and Treasury Obligations	125.00	11	Bond Premium	0.00
4	Federal Income Tax Withheld	0.00	12	Bond Premium on US Treasury Obligations	0.00
5	Investment Expenses	0.00	13	Bond Premium on Tax-Exempt Bond	0.00
6	Foreign Tax Paid	0.00	15	State	
7	Foreign Country or US Possession		16	State Identification No	
8	Tax-Exempt Interest	40.00	17	State Tax Withheld	0.00

ALPINE BROKERAGE LLC
2715 Alpine Lane
Boston, MA 02110
Account No. 111-227
Payer's TIN: 96-7XXXXXXX

20XX
TAX INFORMATION SUMMARY

TAX REPORTING STATEMENT
Damion Egret
87 5th Street
YC YS YZIP
548-00-XXXX

Summary of 20XX Proceeds from Broker and Barter Exchange Transactions

1099-B Type	Total Proceeds	Total Cost Basis	Total Market Discount	Total Wash Sales	Realized Gain/Loss	Federal Income Tax Withheld
A Short-term transactions for which basis is reported to the IRS						
B Short-term transactions for which basis is not reported to the IRS						
D Long-term transactions for which basis is reported to the IRS						
E Long-term transactions for which basis is not reported to the IRS	2,129.50				2,129.50	
Transactions for which Term is Unknown (C or F)						
Totals	2,129.50				2,129.50	

3. AGI after Dividends: AGI: $29,545
4. AGI after Interest: AGI: $29,683
5. [6]AGI after Stock Sale AGI: $29,909

[6] Review "Entering Capital Gains and Losses" in NTTC 4012 for inherited stock Date Acquired

☐ CORRECTED (if checked)				
TRUSTEE'S/PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. UMB BANK PO BOX 419226 YC YS YZIP			OMB No. 1545-1517 Form **1099-SA** (Rev. November,2019) For Calendar Year **20XX**	**Distributions From an HSA, Archer MSA, or Medicare Advantage MSA**
PAYER'S TIN 44-0194180	RECIEPIENT'S TIN 548-00-XXXX	1 Gross Distribution $135.00	2 Earnings on excess cont.	**Copy B For Recipient**
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal DAMION EGRET 87 5TH STREET YC YS YZIP		3 Distribution Code 1	4 FMV on date of death	This information is being furnished to the IRS.
		5 HSA ☒ Archer MSA ☐ MA MSA ☐		
Account number (see instructions)				
Form **1099-SA**				

6. AGI after HSA contributions and distributions: $29,809
7. AGI after Roth IRA contribution: $29,809

Damion Egret 429
Your City, YS YZ
15-0000/0000

PAY TO THE ORDER OF: ______

$ ______

DOLLARS

WHITAKER BANK
Anyplace, YS 00000

For ______

VOID

⑆042104168⑆ 4329393487524⑈ 429

Enter bank routing number and checking account number. Finish the return and mark it Ready for Review

Fitzgerald (A)

This exercise explores the health insurance tax benefit for a retired Public Safety Officer (PSO); working with a brokerage statement; capital loss carryforward; student loan interest adjustment: state refund taxability determination; potential benefit of sales tax in lieu of state tax (in applicable states); and gambling losses as an itemized deduction.

The taxpayer is a widowed senior whose husband died 2006. She receives a pension as a retired Deputy Sheriff. Neither she nor her husband were eligible for Social Security benefits. She has a brokerage account statement and a capital loss carryover. She did not itemize the previous year, but had high dental bills this past year. An itemized deduction worksheet [(https://ta-nttc.tiny.us/Itemized-Deductions-WS)](https://ta-nttc.tiny.us/Itemized-Deductions-WS) was completed by the taxpayer.

Rosalina Fitzgerald SSN: 626-00-XXXX BDATE: 11/10/1953 ADDR: 1510 Raupp Blvd
PH: 826-459-5555

- She received a state tax refund of $420 last year (is this taxable income?)[7]
- Carryover long term capital loss of $68,425
- Use zip code 60062 (Northbrook IL) for sales tax calculation
- She won $985 playing slots at the casino; has gambling losses of $1325
- Health insurance premiums $4,200; dental bills $9,200; co-pays: $478; prescriptions $945
- Property tax $6,800; charity cash contributions: $7,645

[7] Review State and Local Refund Worksheet and Public Safety Officer exclusion for insurance premiums in NTTC 4012

CORRECTED (if checked)

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

OMB No. 1545-0119 — **20XX** — Form **1099-R**

PAYER'S name, street address, city or town, state or province country, ZIP or foreign postal code and phone no.	COMPTROLLER JACKSON COUNTY 13 GOVERNMENT PLACE JACKSONVILLE, FL 32211
1 Gross distribution	$28,501.00
2a Taxable amount	$25,930.00
2b Taxable amount not determined.	☐
Total Distribution	☐
PAYER'S TIN	16-851XXXX
RECIPIENT'S TIN	626-00-XXXX
3 Capital gain (included in box 2a).	
4 Federal income tax withheld	$500.00
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code	ROSALINA FITZGERALD 1510 RAUPP BLVD YC, YS YZIP
5 Employee contributions/ Designated Roth contributions or insurance premiums	
6 Net unrealized appreciation in employer's securities	
7 Distribution Code(s)	7
IRA/ SEP/ SIMPLE	☐
8 Other	%
9a Your percentage of total distribution	%
9b Total Employee Contributions	$44,996.00
10 Amount allocable to IRR within 5 years	
11 1st year of desig. Roth contrib.	
12 FATCA filing requirment	☐
14 State tax withheld	$895.00
15 State/Payer's state no.	YS 16851XXX
16 State distribution	$25,930.00
Account number (see instructions)	
13 Date of payment	
17 Local tax withheld	
18 Name of locality	
19 Local distribution	

Copy B

Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.

This information is being furnished to the IRS

Form **1099-R** (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

AGI: $22,930

CORRECTED (if checked)

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

OMB No. 1545-0119 — **20XX** — Form **1099-R**

PAYER'S name, street address, city or town, state or province country, ZIP or foreign postal code and phone no.	LINCOLN INVESTMENT SERVICES 197 ESSEX AVE JACKSONVILLE, FL 32209
1 Gross distribution	$23,000.00
2a Taxable amount	$23,000.00
2b Taxable amount not determined.	X
Total Distribution	☐
PAYER'S TIN	89-666XXXX
RECIPIENT'S TIN	626-00-XXXX
3 Capital gain (included in box 2a).	
4 Federal income tax withheld	
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code	ROSALINA FITZGERALD 1510 RAUPP BLVD YC, YS YZIP
5 Employee contributions/ Designated Roth contributions or insurance premiums	
6 Net unrealized appreciation in employer's securities	
7 Distribution Code(s)	7
IRA/ SEP/ SIMPLE	X
8 Other	%
9a Your percentage of total distribution	%
9b Total Employee Contributions	
10 Amount allocable to IRR within 5 years	
11 1st year of desig. Roth contrib.	
12 FATCA filing requirment	☐
14 State tax withheld	
15 State/Payer's state no.	YS 89666XXXX
16 State distribution	$23,000.00
Account number (see instructions)	
13 Date of payment	
17 Local tax withheld	
18 Name of locality	
19 Local distribution	

Copy B

Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.

This information is being furnished to the IRS

Form **1099-R** (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

AGI: $45,930

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code CARNIVAL CORPORATION 3655 NW 87 AVE MIAMI, FL 33178	1. Reportable winnings $985.00	2. Date won 02/16/20XX	OMB No 1545-0238 **Form W2-G** **Certain Gambling Winnings** (Rev. December 2023) For calendar year 20XX
	3. Type of wager SLOT MACH	**4. Federal income tax withheld** $99.00	
	5. Transaction	6. Race	
	7. Winnings from identical wagers	8. Cashier JT	
PAYER'S TIN 59-1562976 / PAYER'S Telephone number	9. WINNER'S TIN 626-00-XXXX	10. Window	This information is being furnished to the IRS.
WINNER'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code ROSALINA FITZGERALD 1510 RAUPP BLVD YC YS YZIP	11. First identification no. 202576893	12. Second identification no.	
	13. State/Payer's state identification no. YS 591562976	14. State Winnings $985.00	**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.**
	15. State income tax withheld	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**

AGI $46,915

CORRECTED (if checked)

RECIPIENT'S/LENDER'S name Street address City or town, state or province, country, ZIP or Foreign Postal Code Telephone number NORVEST 5 CIRCLE CITY STATE ZIP		OMB. 1545-1576 20XX Form 1098-E	**Student Loan Interest Statement**
RECIPIENT'S federal identification no. 42-987789X	BORROWER'S social security number 626-00-XXXX	1 Student loan interest received by lender $487.00	**Copy B** **For Borrower**
BORROWER'S name Street address (including apt. no.) City or town, state or province, country, ZIP or Foreign Postal Code ROSALINA FITZGERALD 1510 RAUPP BLVD YC YS YZIP			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)		2 If checked box 1 does not include loan origination fees and/or capitalized interest for loans made before September, 1 2004 . . . . ☐	

Form **1098-E**

AGI: $46,428

After you finish entering all information for the tax return, go to E-file to complete the return. Use today's date for the debit date.

ALPINE BROKERAGE LLC 2715 Alpine Lane Boston, MA 02110 Account No. 111-227 Payer's TIN: 95-7XXXXXXX	**20XX** **TAX INFORMATION SUMMARY**	TAX REPORTING STATEMENT Rosalina Fitzgerald 1510 Raupp Blvd YC YS YZIP 626-00-XXXX

Form 1099-DIV **20XX Dividends and Distributions** **Copy B for Recipient**

1a	Total Ordinary Dividends	5,859.66	6	Investment Expenses	850.00
1b	Qualified Dividends	3,987.43	7	Foreign Tax Paid	34.89
2a	Total Capital Gain Distributions	2,353.97	8	Foreign Country or US Possession	VARIOUS
2b	Unrecaptured Sec 1250 Gain	0.00	9	Cash Liquidation Distributions	
2c	Section 1202 Gain	0.00	10	Noncash Liquidation Distributions	0.00
2d	Collectibles (28%) Gain	0.00	12	Exempt-Interest Dividends	507.78
2e	Section 897 Ordinary Dividends	0.00	13	Specified Private Activity Bond Interest Dividends	0.00
2f	Section 897 Capital Gains	0.00	14	State	YS
3	Nondividend Distributions	56.00	15	State Identification Number	
4	Federal Income Tax Withheld	1,600.00	16	State Tax Withheld	0.00
5	Section 199A Dividends	654.85			

Form 1099-INT **20XX Interest Income** **Copy B for Recipient**

1	Interest Income	658.00	9	Specified Private Activity Bond Interest	0.00
2	Early Withdrawal Penalty	0.00	10	Market Discount	0.00
3	Interest on US Savings Bonds and Treasury Obligations	456.93	11	Bond Premium	223.67
4	Federal Income Tax Withheld	0.00	12	Bond Premium on US Treasury Obligations	0.00
5	Investment Expenses	0.00	13	Bond Premium on Tax-Exempt Bond	0.00
6	Foreign Tax Paid	0.00	15	State	YS
7	Foreign Country or US Possession		16	State Identification No	XXXXX
8	Tax-Exempt Interest	87.95	17	State Tax Withheld	0.00

ALPINE BROKERAGE LLC
2715 Alpine Lane
Boston, MA 02110
Account No. 111-227
Payer's TIN: 95-7XXXXXXX

20XX
TAX INFORMATION SUMMARY

TAX REPORTING STATEMENT
Rosalina Fitzgerald
1510 Raupp Blvd
YC YS YZIP
626-00-XXXX

Summary of 20XX Proceeds from Broker and Barter Exchange Transactions

1099-B Type	Total Proceeds	Total Cost Basis	Total Market Discount	Total Wash Sales	Realized Gain/Loss	Federal Income Tax Withheld
A Short-term transactions for which basis is reported to the IRS	17,749.50	13,932.50			3,817.00	
B Short-term transactions for which basis is not reported to the IRS						
D Long-term transactions for which basis is reported to the IRS	8,089.35	5,194.75			2,894.60	
E Long-term transactions for which basis is not reported to the IRS						
Transactions for which Term is Unknown (C or F)						
Totals	25,838.85	19,127.25			6,711.60	

Enter Interest and Dividends[8]

AGI after Interest and Dividends: $55,533

Enter 1099-B and the carryover Long Term Capital Loss. If needed, use 9/1/2025 for Date Sold.

AGI after sales and capital losses: $50,179

[8] Your instructor will teach you how U.S. bonds, Exempt Interest Dividends, and Tax-Exempt interest are handled in your state

2024 Itemized Deductions (Sch A) Worksheet (fillable)

__ I donated a vehicle worth more than $500
__ I paid interest on borrowings for investments
__ I made more than $5,000 of noncash donations
__ 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 exp
Please ask if you are unsure or have any questions.

** Use zip code 60062 Northbrook, IL for sales tax calculator

Your name: ROSALINA FITZGERALD

MEDICAL EXPENSES you paid for yourself or your dependent that were not reimbursed	
Insurance* (specify)	$
PREMIUMS	$ 4200
	$
	$
*Not paid pre-tax from paycheck for health, dental, vision, long-term care. Provide Form 1095-A from Marketplace if received.	
Doctors, dentist, etc.	$ 9678
Hospital, medically needed care facility, etc.	$
Prescriptions (even if filled with over the counter meds)	$ 945
Medical aids (canes, glasses, etc.)	$
COVID protective items	$
Other (specify):	$
	$
Parking	$
Bus or car service	$
Medical miles	mi.
CHARITY (you need to keep evidence of each; if $250 or more, must be in writing from charity)	
Cash contributions (total)	$ 7645
Other than cash, specify name of charity (provide thrift store value) (no appreciated items)	$
	$
	$
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)	$ 6800
Personal property (e.g. tax portion of car registration)	$
Other taxes paid (specify):	$
	$
INTEREST	
Home mortgage interest - on main home	$
- on second loan or home	$
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	$
Mortgage insurance required by lender	$
Year loan originated	Yr:
Other (specify):	$
OTHER:	
Gambling losses/expenses	$ 1325
Investment expenses (for state)	$
Other (specify):	$

Enter Itemized Deductions. Your answers may not match due to different general sales tax amounts.

AGI: $50,179

Proficiency Exercises

Garibaldi

Antonio had a brief layoff at his company. His daughter Althea and granddaughter Marissa live with him. Antonio pays all expenses for maintaining the home.

- Antonio withdrew $500 from his IRA to repair his car when it broke down.[9]
- He was divorced Nov 1, 2017 and paid $1200 alimony to his ex-wife Clara Garibaldi.

Althea is divorced. She had a baby, Marissa, in February. She receives no money from the baby's father. She went to college for the first time starting in the summer. Note the school tax form has the student's SSN. The scholarship is required to be used for tuition. Althea attends full-time and is studying to be a nurse. She earned $4,850 to pay for her baby's expenses. She had no childcare expenses, since the school has free day care for their students. She qualifies for both education credits. In addition to tuition, she had expenses for:

- $300 parking in the school parking lot
- $795 for a laptop
- $220 for nursing scrubs that are required for class
- $375 for books for class that were purchased second-hand online
- $120 for travel carrier for her books and class supplies

Althea is willing to let Antonio claim Marissa if it is allowed and it is better for them.

Antonio SSN: 754-00-XXXX BDATE: 5/8/1970 ADDR: 234 MANOR HILL AVE
PH: 614-229-2351
Clara Garibaldi SSN: 787-00-XXXX
Althea SSN: 727-00-XXXX
Marissa SSN: 715-00-XXXX

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)				
Name (first, last)	Date of birth (mm/dd/yy)	Relationship to you (child, parent, none, etc.)	Number of months lived in your home in 2024	Single or Married as of 12/31/2024 (S/M)	U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled	Issued IPPIN
ALTHEA FALCONI	04/02/2005	DAUGHTER	12	S	Y	Y	Y	N	N
MARISSA FALCONI	02/15/2025	GRANDCHILD	11	S	Y	Y	N	N	N

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[9] Review the exceptions to the IRA early distribution additional tax.

To be completed by certified volunteer (Yes, No, or N/A)				
Qualifying child or relative of any other person	This person provided more than 50% of their own support	This person had less than $5,050 of income	Taxpayer(s) provided more than 50% of support for this person	Taxpayer(s) paid more than half the cost of maintaining a home for this person

Form **13614-C** (Rev. 3-2025)

a. Employee's social security number 754-00-XXXX	OMB No. 1545-0008	Save. accurate, FAST! Use IRS e-file. Visit the IRS website at www.irs.gov/efile
b. Employer identification number (EIN) 67-278XXXX	1. Wages, tips, other compensation $52,100.00	2. Federal income tax withheld $4,055.00
c. Employer's name, address, and ZIP code DOMINION MEDICAL INSTRUMENTS 187 COMMONWEALTH AVE CITY STATE ZIP	3. Social security wages $52,100.00	4. Social security tax withheld $3,230.20
	5. Medicare wages and tips $52,100.00	6. Medicare tax withheld $755.45
	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 ANTONIO GARIBALDI 234 MANOR HILL AVE YC YS YZIP	11. Nonqualified plans	12a. See instructions for box 12 DD $8,950.00
	13. Statutory Employee ☐ Retirement Plan ☐ Third-party sick pay ☐	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	67278XXXX	$52,100.00	1,845.00			

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.

CORRECTED (if checked) ☐

Form 1099-G — Certain Government Payments

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code and telephone no.	STATE EMPLOYMENT DEVELOPMENT DIV 317 W MAIN ST YC YS YZIP
OMB No. 1545-0120	Form 1099-G (Rev. January, 2022)
For calendar Year	20XX
1 Unemployment compensation	$1,800.00
2 State or local income tax refunds, credits or offsets	
3. Box 2 amount is for tax year	
4 Federal income tax withheld	$180.00
PAYER'S TIN	32-1341234
RECIPIENT'S TIN	754-00-XXXX
RECIPIENT'S name, Street address, City or town, state or province, country, ZIP or foreign postal code	ANTONIO GARIBALDI 234 MANOR HILL AVE YC YS YZIP
5 RTAA payments	
6 Taxable grants	
7 Agriculture payments	
8 If checked, box 2 is trade or business income	☐
9 Market gain	
10a State	YS
10b State identification no.	321341234
11 State income tax withheld	90.00
Account number (see instructions)	

Copy B For Recipient

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Form 1099-G (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099G Department of the Treasury - Internal Revenue Service

CORRECTED (if checked) ☐

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 and phone no.	PIONEER FINANCIAL CORP PO BOX 3501 PROVIDENCE, RI 02940
OMB No. 1545-0119	20XX Form 1099-R
1 Gross distribution	$2,000.00
2a Taxable amount	$2,000.00
2b Taxable amount not determined.	X
Total Distribution	☐
PAYER'S TIN	87-050XXXX
RECIPIENT'S TIN	754-00-XXXX
3 Capital gain (included in box 2a).	
4 Federal income tax withheld	$200.00
RECIPIENT'S name, Street address (including apt.no.), City or town, state or province, country, ZIP or foreign postal code	ANTONIO GARIBALDI 234 MANOR HILL AVE YC, YS YZIP
5 Employee contributions/ Designated Roth contributions or insurance premiums	
6 Net unrealized appreciation in employer's securities	
7 Distribution Code(s)	1
IRA/ SEP/ SIMPLE	X
8 Other	%
9a Your percentage of total distribution	%
9b Total Employee Contributions	
10 Amount allocable to IRR within 5 years	
11 1st year of desig. Roth contrib.	
12 FATCA filing requirment	☐
13 Date of payment	
14 State tax withheld	
15 State/Payer's state no.	
16 State distribution	
17 Local tax withheld	
18 Name of locality	
19 Local distribution	
Account number (see instructions)	

Copy B

Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.

This information is being furnished to the IRS

Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

FILER'S name Street address City or town, state or province, country, ZIP or Foreign Postal Code Telephone number TRINITY COMMUNITY COLLEGE 34 TRINITY CIR CITY STATE ZIP	1 Payments received for qualified tuition and related expenses $6,000.00 2	OMB No. 1545-1574 20XX Form 1098-T	**Tuition Statement**
FILER'S employer identification no. 85-689XXXX	STUDENT'S TIN 727-00-XXXX	3	**Copy B For Student**
STUDENT'S name Street address (including apt. no.) City or town, state or province, country, ZIP or Foreign Postal Code ALTHEA FALCONI 234 MANOR HILL AVE YC YS YZIP	4 Adjustments made for a prior year 6 Adjustments to scholarships or grants for a prior year	5 Scholarships or grants $3,100.00 7 Checked if the amount in box 1 or 2 includes amounts for an academic period begining January-March 20XX+1. ☐	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.
Service Provider/Acct No. (see instr.) 8. Checked if at least half-time student ☒	9 Checked if a graduate student ☐	10 Ins. contract reimb./refund	

Form **1098-T**

Hanson (A)

This exercise covers a single senior. Leshaun Hanson supports his mother Serena who lives nearby in their city's subsidized public housing. You need to determine whether he can claim her as his dependent and whether that impacts his filing status. His mother's only income is Social Security and Leshaun pays most of her living expenses. The exercise also explores how to handle after tax contributions in a retirement pension when the taxable amount is unknown.

- His Midwest pension has Box 2a blank taxable amount and Box 9b with an amount (A). You will need to use the Colorado Resource Toolbox (www.Cotaxaide.org/tools) to calculate Box 2a taxable amount.
  - Received his first pension payment 11/1/2022
  - Single annuity
- (A) Leshaun's company offered him an early retirement package. As part of the offer, the company provides health insurance until he is eligible for Medicare. He has a self only insurance plan. Leshaun has an HSA that he uses for medical expenses. Neither he nor the company contributed in TY25. The HSA distribution $5,050 was used for:
  - $3,150 dental bills
  - $350 prescription drugs (Leshaun)
  - $795 prescription drugs (Serena)
  - $725 copays
  - $30 over the counter cold and flu medications
- Leshaun wrote checks to various charities totaling $450

Leshaun Hanson SSN: 822-00-XXXX
Serena Hanson SSN: 878-00-XXXX BDATE: 5/8/1939

Where does the income from Serena's Social Security statement go?

Leshaun also had a consolidated statement from Alpine Investments, but it included only a 1099-DIV and 1099-INT since he did not make any sales.

Your instructor will teach you about handling of Tax-Exempt Interest Dividends in your state and other state specific issues related to brokerage statements.

Instructor note: In the appendix, you will find Railroad Retirement forms, RRB-1099 and RRB-1099-R. The two Railroad Retirement forms can replace Form SSA-1099 and the 1099-R pension for $42,757 in this exercise. The amounts on those forms are the same.

Form **13614-C** (March 2025)

Department of the Treasury - Internal Revenue Service

Intake/Interview and Quality Review Sheet

OMB Number 1545-1964

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

- Complete pages 1-5 of this form.
- You are responsible for the information on your return. Provide complete and accurate information.
- If you have questions, ask the IRS-certified volunteer preparer.

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

Your first name	M.I.	Last name	Your date of birth	Your job title
LESHAUN		HANSON	10/6/1962	RETIRED
Spouse's first name	M.I.	Last name	Spouse's date of birth	Spouse's job title

Mailing address	Apt #	City	State	ZIP code
4725 MALLARD DR		YC	YS	YZIP

Your telephone number	Spouse's telephone number	Email address (optional)	Did you live or work in two or more states in 2024
617-555-1212			☐ Yes ☒ No

Check if you or your spouse were in 2024:

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

If due a refund, how would you like your refund
☒ Direct deposit ☐ Check by mail
☐ Split refund between accounts ☐ Other ____

If you have a balance due, how would you like to make your payment
☒ Bank account ☐ IRS.gov Direct Pay
☐ Set up installment agreement ☐ Mail payment to IRS

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

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

As of December 31, 2024, what was your marital status
☒ **Never Married**
☐ **Married** If married, were you married for all of 2024 ☐ Yes ☐ No
Did you live with your spouse during any part of the last six months of 2024 ☐ Yes ☐ No
☐ **Divorced** Date of final decree ____
☐ **Legally Separated but not Divorced** Date of separate maintenance decree ____
☐ **Widowed** Year of spouse's death ____

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

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

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

Catalog Number 52121E www.irs.gov Form **13614-C** (Rev. 3-2025)

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

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

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

Paid any of the following expenses to itemize in 2024?	(To be completed by certified volunteer) Standard or Itemized Deductions	Notes/Comments
☐ (A) Mortgage Interest	☐ (A) 1098 # ______	
☐ (A) Taxes: state, local, real estate, sales, etc.		
☒ (A) Medical, dental, prescription expenses	☐ (B) Standard deduction ☐ (A) Itemized deduction	
☒ (A) Charitable contributions		

Paid any of these expenses in 2024?	(To be completed by certified volunteer) Expenses to report	Notes/Comments
☐ (B) Student loan interest	☐ (B) 1098-E	
☐ (B) Child and dependent care	☐ (B) Child and dependent care credit	
☐ (B/A) Contributions to a retirement account	☐ (B/A) IRA (Basic if a Roth IRA or 401K)	
☐ (B) School supplies by a teacher, teacher's aide or other educator	☐ (B) Educator expenses deduction $	
☐ (B) Alimony payments (do not include child support)	☐ (B) Alimony payments with spouse's SSN $ ______ Adjustment to income ☐ Yes ☐ No	

Did any of the following happen during 2024?	(To be completed by certified volunteer) Information to report	Notes/Comments
☐ (B) You or someone in your family took educational classes (technical school, college, job related, etc.)	☐ (B) Taxable scholarship income ☐ (B) 1098-T (itemized statement from school, invoice, etc.) ☐ (B) Education credit or tuition and fees deduction	
☐ (A) Sell a home	☐ (A) Sale of home (1099-S)	
☒ (A) Have a health savings account (HSA)	☐ (A) HSA contributions ☐ (A) HSA distributions	
☐ (A) Purchase health insurance through the Marketplace (Exchange)	☐ (A) 1095-A	
☐ (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)	☐ (A) Energy efficient home improvement credit (Form 5695, Part II only)	
☐ (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender	☐ (A) 1099-C	
☐ (A) Have a loss related to a declared Federal disaster area	☐ (A) 1099-A ☐ Disaster relief impacts return	
☐ (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)	☐ (B) EITC, CTC, AOTC or HOH disallowed in a previous year Year disallowed Reason	
☐ Receive any letter or bill from the IRS	☐ Eligible for Low Income Taxpayer Clinic referral	
☐ (B) Make estimated tax payments or apply last year's refund to 2024 taxes	☐ (B) Estimated tax payments ______ ☐ (B) Last year's refund applied to this year ______ ☐ Last year's return available	

Catalog Number 52121E www.irs.gov Form **13614-C** (Rev. 3-2025)

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

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

Box 1. Name LESHAUN HANSON		Box 2. Beneficiary's Social Security Number 822-00-XXXX
Box 3. Benefits Paid in 20XX $22,500.00	Box 4. Benefits Repaid to SSA in 20XX	Box 5. Net Benefits Paid for 20XX (Box 3 minus Box 4) $22,500.00

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit	$22,500.00
Medicare Part B premiums deducted from your benefits	
Medicare Prescription Drug premiums (Part D) deducted from your benefits	
Total Additions	
Benefits for 20XX	$22,500.00
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
LESHAUN HANSON
4725 MALLARD DR
YC YS YZIP

Box 8. Claim Number (use this number if you need to contact SSA)
822-00-XXXXA

Form SSA-1099-SM

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

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

Box 1. Name SERENA HANSON		Box 2. Beneficiary's Social Security Number 878-00-XXXX
Box 3. Benefits Paid in 20XX $14,327.00	Box 4. Benefits Repaid to SSA in 20XX	Box 5. Net Benefits Paid for 20XX (Box 3 minus Box 4) $14,327.00

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit	$12,107.00
Medicare Part B premiums deducted from your benefits	$2,220.00
Medicare Prescription Drug premiums (Part D) deducted from your benefits	
Total Additions	$2,220.00
Benefits for 20XX	$14,327.00
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
SERENA HANSON
1560 WAVERLY PLACE
APT 309
YC YS YZIP

Box 8. Claim Number (use this number if you need to contact SSA)
878-00-XXXXA

Form SSA-1099-SM

CORRECTED (if checked) ☐

Form 1099-R — Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. — OMB No. 1545-0119 — 20XX — Copy B

PAYER'S name, street address, city or town, state or province country, ZIP or foreign postal code and phone no.	MIDWEST RETIREMENT SVCS 18 VICTORY WAY WOODMERE NY 11598
1 Gross distribution	$42,757.00
2a Taxable amount	
2b Taxable amount not determined	X
Total Distribution	☐
PAYER'S TIN	37-157XXXX
RECIPIENT'S TIN	822-00-XXXX
3 Capital gain (included in box 2a).	
4 Federal income tax withheld	$4,277.00
RECIPIENT'S name, Street address (including apt.no.), City or town, state or province, country, ZIP or foreign postal code	LESHAUN HANSON 4725 MALLARD DRIVE YC, YS YZIP
5 Employee contributions/ Designated Roth contributions or insurance premiums	
6 Net unrealized appreciation in employer's securities	
7 Distribution Code(s)	7
IRA/ SEP/ SIMPLE	☐
8 Other	%
9a Your percentage of total distribution	%
9b Total Employee Contributions	$32,850.00
10 Amount allocable to IRR within 5 years	
11 1st year of desig. Roth contrib.	
12 FATCA filing requirement	☐
14 State tax withheld	$2,150.00
15 State/Payer's state no.	YS/37157XXXX
16 State distribution	$42,757.00
Account number (see instructions)	
13 Date of payment	
17 Local tax withheld	
18 Name of locality	
19 Local distribution	

Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.

This information is being furnished to the IRS

Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

Taxable Amount from Colorado calculator: $_______

CORRECTED (if checked) ☐

Form 1099-SA (Rev. January, 2022) — Distributions From an HSA, Archer MSA, or Medicare Advantage MSA — OMB No. 1545-1517 — For calendar Year 20XX — Copy B For Recipient

TRUSTEE'S/PAYER'S name, street address, city or town, state or province country, ZIP or foreign postal code and telephone no.	HSA BANK 35 OAK LANE BOSTON MA 02134
PAYER'S TIN	32-5XXXXXX
RECIEPIENT'S TIN	822-00-XXXX
1 Gross Distribution	$5,050.00
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	LESHAUN HANSON 4725 MALLARD DRIVE YC, YS YZIP
3 Distribution Code	1
4 FMV on date of death	
5 HSA	X
Archer MSA	☐
MA MSA	☐
Account number (see instructions)	

This information is being furnished to the IRS.

Form 1099-SA (Rev. 1-2019) (keep for your records) www.irs.gov/Form1099SA Department of the Treasury - Internal Revenue Service

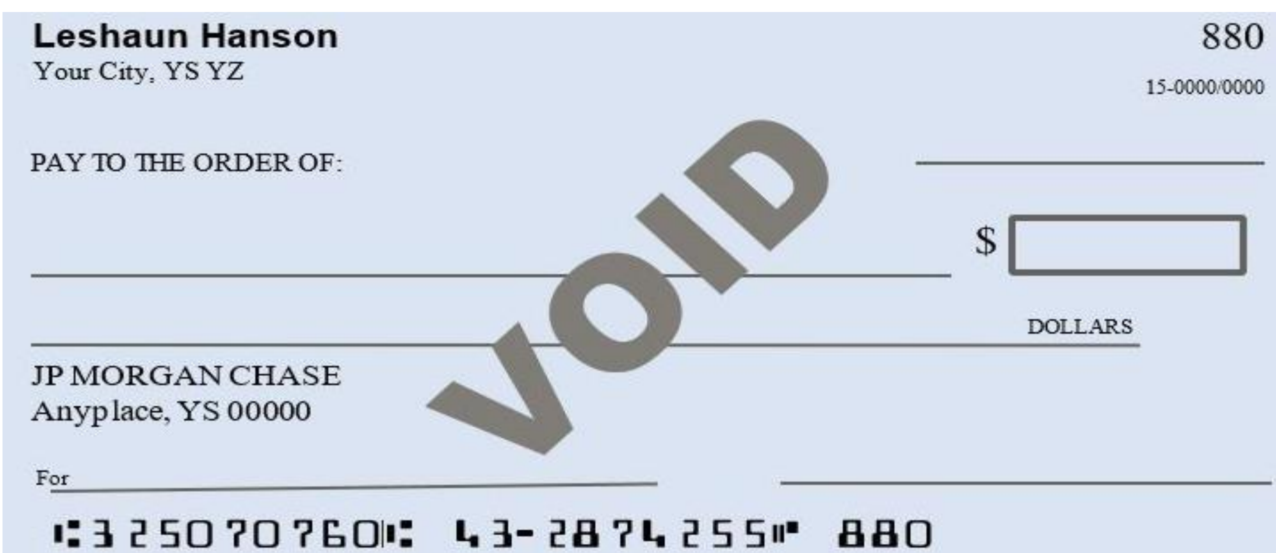
Alpine Brokerage LLC		**TAX REPORTING STATEMENT**
2715 Alpine Lane	**20XX**	**Leshaun Hanson**
Boston MA 02110	TAX INFORMATION SUMMARY	4725 Mallard Ln
Account No. 111-227		YC YS YZIP
Payer's TIN: 95-7XXXXXXX		Recipient ID No: 822-00-XXXX

Form 1099-DIV Dividends and Distributions
Copy B for Recipient (OMB NO: 1545-0110)

Box		Amount
1a	Total ordinary dividends	2248.16
1b	Qualified dividends	2016.08
2a	Total capital gain distributions	
2b	Unrecaptured Sec 1250 Gain	
2c	Section 1202 gain	
2d	Collectibles (28%) gain	
2e	Section 897 ordinary dividends	
2f	Section 897 capital gain	
3	Nondividend distributions	
4	Federal income tax withheld	
5	Section 199A dividends	
6	Investment expenses	
7	Foreign tax paid	
8	Foreign Country/US possession	Various
9	Cash liquidation distributions	
10	Noncash liquidation distributions	
11	FATCA filing requirement	
12	Exempt-interest dividends	
13	Private activity bond interest dividends	
14	State	
15	State identification no	XXXX
16	State tax withheld	

Form 1099-INT Interest Income
Copy B for Recipient (OMB NO: 1545-0112)

Box		Amount
1	Interest income	
2	Early withdrawal penalty	
3	Interest on US Savings Bonds and Treas obligations	
4	Federal income tax withheld	0.00
5	Investment expenses	
6	Foreign tax paid	
7	Foreign country or US territory	
8	Tax-exempt interest	850.00
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	



Janisch (A)

This exercise explores a single senior who (1) made a qualified charitable distribution; (2) delivers for Doordash; (3) took a business course to improve his accounting skills; and (4) may qualify for an adjustment for Self-Employed Health Insurance (SEHI).

NTTC 4491 Training Guide can help you determine what expenses qualify for a business, in Business Income—Business Expenses: https://ta-nttc.tiny.us/NTTC-4491.

Marek Janisch SSN: 588-00-XXXX BDATE: 12/03/1953 ADDR: 14 Ashford Ct
PH: 815-625-4176

- Taxpayer directed the Teachers Federal IRA trustee to send $1,200 to his charity.
  - Box 7 has new Code Y.
  - He received written acknowledgement from the charity and did not receive anything in return for his donation
- Paid $420 for Medicare supplemental insurance
- Made estimated payments on June 1: $500 federal and $100 state

Doordash

- Forms 1099-K and 1099-NEC
- Received $175 in cash tips
- Put his only vehicle, a 2017 Ford, into service May 1, 2023
- Drove 8,251 miles doing deliveries; 14,000 total miles for 2025
- Bought additional insurance rider for his car for $468
- Bought an accounting book on eBay for $25 and a ledger for $15

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

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

Box 1. Name MAREK JANISCH		Box 2. Beneficiary's Social Security Number 588-00-XXXX
Box 3. Benefits Paid in 20XX $40,120.00	Box 4. Benefits Repaid to SSA in 20XX	Box 5. Net Benefits Paid for 20XX (Box 3 minus Box 4) $40,120.00

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit	$34,812.00
Medicare Part B premiums deducted from your benefits	$2,220.00
Medicare Prescription Drug premiums (Part D) deducted from your benefits	$280.00
Total Additions	$5,308.00
Benefits for 20XX	$40,120.00
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
$2,808.00

Box 7. Address
MAREK JANISCH
14 ASHFORD CT
YC YS YZIP

Box 8. Claim Number (use this number if you need to contact SSA)
588-00-XXXXA

Form SSA-1099-SM

☐ CORRECTED (if checked)

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 $1,200.00 2a Taxable amount $1,200.00	OMB No. 1545-0119 **20XX** Form **1099-R** **Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**
	2b Taxable amount not determined. X	Total Distribution ☐
PAYER'S TIN 35-2XXXXXX / RECIPIENT'S TIN 588-00-XXXX	3 Capital gain (included in box 2a).	4 Federal income tax withheld
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code MAREK JANISCH 14 ASHFORD CT YC, YS YZIP	5 Employee contributions/ Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities
	7 Distribution Code(s) Y7 — IRA/SEP/SIMPLE X	8 Other %
	9a Your percentage of total distribution %	9b Total Employee Contributions
10 Amount allocable to IRR within 5 years / 11 1st year of desig. Roth contrib. / 12 FATCA filing requirment ☐	14 State tax withheld	15 State/Payer's state no. YS 352XXX / 16 State distribution $1,200.00
Account number (see instructions) / 13 Date of payment	17 Local tax withheld	18 Name of locality / 19 Local distribution

Copy B

Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.

This information is being furnished to the IRS

Form **1099-R** (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province country, ZIP or foreign postal code and phone no. PIONEER TRUST COMPANY PO BOX 1400 BOSTON MA 02119-1400	1 Gross distribution: $19,000.00 2a Taxable amount: $19,000.00 2b Taxable amount not determined: X Total Distribution: ☐	OMB No. 1545-0119 20XX Form 1099-R Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S TIN: 27-112XXXX RECIPIENT'S TIN: 588-00-XXXX	3 Capital gain (included in box 2a). 4 Federal income tax withheld: $1,900.00	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.
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code MAREK JANISCH 14 ASHFORD CT YC, YS YZIP	5 Employee contributions/ Designated Roth contributions or insurance premiums 6 Net unrealized appreciation in employer's securities 7 Distribution Code(s): 7 IRA/ SEP/ SIMPLE: X 8 Other: % 9a Your percentage of total distribution: % 9b Total Employee Contributions	This information is being furnished to the IRS
10 Amount allocable to IRR within 5 years 11 1st year of desig. Roth contrib. 12 FATCA filing requirment: ☐	14 State tax withheld: $750.00 15 State/Payer's state no.: YS 27112XXX	16 State distribution: $19,000.00
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

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. DOORDASH INC 303 2ND STREET, 8TH FLOOR SAN FRANCISCO, CA 94107	OMB No. 1545-0116 Form 1099-NEC (Rev. January, 2022) For calendar Year 20XX	**Nonemployee Compensation**
PAYER'S TIN: 46-2852392 RECIPIENT'S TIN: 588-00-XXXX	1 Nonemployee compensation: $1,773.00	**Copy B For Recipient**
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code MAREK JANISCH 14 ASHFORD CT YC, YS YZIP	2 Payer made direct sales totaling $5,000 or more of consumer products to recipient for resale ☐ 3 **4 Federal income tax withheld**	This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Account number (see instructions) 656285C	5 State tax withheld 6 State/Payer's state no.	7 State income

Form **1099-NEC** (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

Payment Card and Third Party Network Transactions

FILER'S name street address city or town, state or province, country, ZIP or foreign postal code and telephone no.	DOORDASH, INC 303 2ND STREET 8TH FLOOR SAN FRANCISCO, CA 94107
FILER'S TIN	46-2852392
PAYEE'S TIN	588-00-XXXX
OMB No. 1545-2205	Form **1099-K** (Rev. January, 2022)
For calendar Year	20**XX**
1a Gross amount of payment card/third party network transactions	$6,120.00
1b Card Not Present transactions	
2 Merchant category code	
Check to indicate if FILER is a (an) Payment Settlement entity (PSE)	☐
Electronic Payment Facilitator (EPF/Other third party	☐
Check to indicate transactions reported are: Payment Card	☐
Third party network	X
3 Number of payment Transactions	
3 **Federal income tax withheld**	
PAYEE'S name, Street address (including apt.no.), City or town, state or province, country, ZIP or foreign postal code	MAREK JANISCH 14 ASHFORD CT YC, YS YZIP
5a January	$265.00
5b February	$870.00
5c March	$425.00
5d April	$890.00
5e May	$680.00
5f June	$342.00
5g July	$692.00
5h August	$400.00
5i September	$134.00
5j October	$830.00
5k November	$125.00
5l December	$467.00
PSE'S name and telephone number	
Account Number (see instructions)	656285C
6 State	YS
7 State Identification no.	462852392
8 State income tax withheld	

Copy B For Payee

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.

Form **1099-K** (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099K Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

Tuition Statement

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code and telephone number	HARPER COLLEGE 1 COLLEGE WAY CITY STATE ZIP
1 Payments received for qualified tuition and related expenses	$180.00
2	
OMB No. 1545-1574	20**XX** Form **1098-T**
FILER'S employer identification no.	46-343XXXX
STUDENT'S TIN	588-00-XXXX
3	
STUDENT'S name, Street address (including apt. no.), City or town, state or province, country, ZIP or foreign postal code	MAREK JANISCH 14 ASHFORD CT YC, YS YZIP
4 Adjustments made for a prior year	
5 Scholarships or grants	
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 begining January-March 20XX+1.	☐
Service Provider/Acct No. (see instr.)	
8. Checked if at least half-time student	☐
9 Checked if a graduate student	☐
10 Ins. contract reimb./refund	

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.

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

Miller (A)

This exercise explores a working married couple, Greg and Sara, with:

- wages
- a military pension
- gambling winnings
- Greg's high-deductible family health plan and his HSA account were for all 12 months
- (A) HSA contributions through Greg's work[10]
- (A) Greg contributed $4,000 directly to his HSA in January 2026[10]
- (A) HSA distributions which were all for qualified medical expenses[10]
- (A) itemized deductions

They received a $357 state income tax refund last year. Total itemized deductions were $38,525 the prior year. Their Schedule A state and local taxes (SALT) in the prior year were limited to $10,000 as follows:

Taxes You Paid	**5** State and local taxes.				
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box . . . ☐	**5a**	2353		
	b State and local real estate taxes (see instructions) . . .	**5b**	7950		
	c State and local personal property taxes . . .	**5c**	710		
	d Add lines 5a through 5c . . .	**5d**	11013		
	e Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately) . . .	**5e**	10000		
	6 Other taxes. List type and amount:	**6**			
	7 Add lines 5e and 6 . . .			**7**	10000

Use zip code 60062 Northbrook, IL for the sales tax calculator.

This exercise uses the Itemized Deductions Worksheet https://ta-nttc.tiny.us/Itemized-Deductions-WS

Greg L. Miller SSN: 488-00-XXXX BDATE: 03/04/1969 Job Title: Welder
Sara M. Miller SSN: 491-00-XXXX BDATE: 12/15/1967 Job Title: Marketing Rep
ADDR: 525 Springfield Street, YC YS YZip Phone: 573-265-1267

[10] Review Health Savings Accounts (HSAs) in NTTC 4012 for general information and tax forms (e.g., Forms 5498-SA, 1099-SA, 8889 and W-2, Box 12, code W for payroll contributions through an employer plan).

a. Employee's social security number	488-00-XXXX
OMB No. 1545-0008	Save. accurate, FAST! Use IRS e-file. Visit the IRS website at www.irs.gov/efile
b. Employer identification number (EIN)	43-726XXXX
c. Employer's name, address, and ZIP code	ACE WELDING 1000 INDUSTRIAL BLVD YC, YS YZIP
d. Control number	
e. Employee's first name and initial, Last name, Suff. Employee's address and ZIP code	GREG L. MILLER 525 SPRINGFIELD ST YC, YS YZIP
1. Wages, tips, other compensation	$59,600.00
2. Federal income tax withheld	$5,525.00
3. Social security wages	$64,700.00
4. Social security tax withheld	$4,011.40
5. Medicare wages and tips	$64,700.00
6. Medicare tax withheld	$938.15
7. Social security tips	
8. Allocated tips	
9.	
10. Dependant care benefits	
11. Nonqualified plans	
12a. See instructions for box 12	D | $5,100.00
12b.	W | $1,200.00
12c.	DD | $6,380.00
12d.	
13. Statutory Employee / Retirement Plan / Third-party sick pay	Retirement Plan: X
14. Other	

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	435XXXXX	$59,600.00	1,200.00			

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	491-00-XXXX
OMB No. 1545-0008	Save. accurate, FAST! Use IRS e-file. Visit the IRS website at www.irs.gov/efile
b. Employer identification number (EIN)	52-187XXXX
c. Employer's name, address, and ZIP code	CREATIVE MARKETING LLC 1523 MAIN ST YC, YS YZIP
d. Control number	
e. Employee's first name and initial, Last name, Suff. Employee's address and ZIP code	SARA M. MILLER 525 SPRINGFIELD ST YC, YS YZIP
1. Wages, tips, other compensation	$48,472.00
2. Federal income tax withheld	$4,405.00
3. Social security wages	$53,319.00
4. Social security tax withheld	$3,305.78
5. Medicare wages and tips	$53,319.00
6. Medicare tax withheld	$773.13
7. Social security tips	
8. Allocated tips	
9.	
10. Dependant care benefits	
11. Nonqualified plans	
12a. See instructions for box 12	D | $4,847.00
12b.	
12c.	
12d.	
13. Statutory Employee / Retirement Plan / Third-party sick pay	Retirement Plan: X
14. Other	

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	797XXXX	$48,472.00	725.00			

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.

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province country, ZIP or foreign postal code and phone no.	DEFENSE FINANCE AND ACCOUNTING SERVICE US MILITARY RETIRED PAY 8899 E 56TH ST INDIANAPOLIS IN 46249-1200
1 Gross distribution	$11,785.00
2a Taxable amount	$11,785.00
OMB No. 1545-0119	20XX Form 1099-R
Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
2b Taxable amount not determined.	☐
Total Distribution	☐
PAYER'S TIN	34-0727612
RECIPIENT'S TIN	491-00-XXXX
3 Capital gain (included in box 2a).	
4 Federal income tax withheld	$1,179.00
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code	SARA M. MILLER 525 SPRINGFIELD ST YC, YS YZIP
5 Employee contributions/ Designated Roth contributions or insurance premiums	
6 Net unrealized appreciation in employer's securities	
7 Distribution Code(s)	7
IRA/ SEP/ SIMPLE	☐
8 Other	%
9a Your percentage of total distribution	%
9b Total Employee Contributions	
10 Amount allocable to IRR within 5 years	
11 1st year of desig. Roth contrib.	
12 FATCA filing requirment	☐
14 State tax withheld	
15 State/Payer's state no.	
16 State distribution	
Account number (see instructions)	
13 Date of payment	
17 Local tax withheld	
18 Name of locality	
19 Local distribution	

Copy B

Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.

This information is being furnished to the IRS

Form **1099-R** (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code	LADY LUCK CASINO 777 CASINO WAY YC, YS YZIP
1. Reportable winnings	$8,565.00
2. Date won	07/15/20XX
3. Type of wager	SLOT MACHINE
4. Federal income tax withheld	$2,055.60
5. Transaction	
6. Race	
7. Winnings from identical wagers	
8. Cashier	
PAYER'S TIN	68-129XXXX
PAYER'S Telephone number	800-777-1600
9. WINNER'S TIN	488-00-XXXX
10. Window	
WINNER'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code	GREG L. MILLER 525 SPRINGFIELD ST YC, YS YZIP
11. First identification no.	
12. Second identification no.	
13. State/Payer's state identification no.	YS 681XXXXX
14. State Winnings	$8,565.00
15. State income tax withheld	$428.25
16. Local Winnings	
17. Local income tax withheld	
18. Name of locality	

OMB No 1545-0238

Form W2-G Certain Gambling Winnings

(Rev. December 2023) For calendar year 20XX

This information is being furnished to the IRS.

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.

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

Signature: **Date:**

Form **W-2G**

☐ CORRECTED (if checked)

Form 1099-SA (Rev. January, 2022), OMB No. 1545-1517, For calendar Year 20**XX**

Distributions From an HSA, Archer MSA, or Medicare Advantage MSA

TRUSTEE'S/PAYER'S name, street address, city or town, state or province country, ZIP or foreign postal code and telephone no.
OPTUM BANK
PO BOX 30516
SALT LAKE CITY, UT 84130-0516

PAYER'S TIN	RECIEPIENT'S TIN	1 Gross Distribution	2 Earnings on excess cont.
47-0858534	488-00-XXXX	$3,997.98	

RECIPIENT'S name, Street address (including apt.no.), City or town, state or province, country, ZIP or foreign postal code
GREG L. MILLER
525 SPRINGFIELD ST
YC, YS YZIP

3 Distribution Code:
4 FMV on date of death:

5 HSA ☒ Archer MSA ☐ MA MSA ☐

Account number (see instructions): 30200281789

Copy B For Recipient

This information is being furnished to the IRS.

Form **1099-SA** (Rev. 1-2019) (keep for your records) www.irs.gov/Form1099SA Department of the Treasury - Internal Revenue Service

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Form 5498-SA, OMB No. 1545-1518, **20XX**

HSA, Archer MSA, or Medicare Advantage MSA Information

TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number
OPTUM BANK
PO BOX 30516
SALT LAKE CITY, UT 81430-0516

1 Employee's or self-employed person's Archer MSA contributions made in 2025 and 2026 for 2025: $

2 Total contributions made in 2025: $ 1200

TRUSTEE'S TIN	PARTICIPANT'S TIN	3 Total HSA or Archer MSA contributions made in 2026 for 2025
47-0858534	488-00-XXXX	$ 4000

PARTICIPANT'S name: GREG L. MILLER

4 Rollover contributions: $

5 Fair market value of HSA, Archer MSA, or MA MSA: $ 15,698.00

Street address (including apt. no.): 525 SPRINGFIELD ST

City or town, state or province, country, and ZIP or foreign postal code: YC, YS YZIP

6 HSA ☑ Archer MSA ☐ MA MSA ☐

Account number (see instructions): 30200281789

Copy A For Internal Revenue Service Center

For filing information, Privacy Act, and Paperwork Reduction Act Notice, see the **General Instructions for Certain Information Returns**.

www.irs.gov/Form1099

Form **5498-SA** Cat. No. 38467V www.irs.gov/Form5498SA Department of the Treasury - Internal Revenue Service

☐ 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. USA MORTGAGE COMPANY 1000 MAIN ST YC, YS YZIP 800-899-1568	* 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.	OMB No. 1545-1380 Form **1098** (Rev. January, 2022) For calendar Year 20 **XX**	**Mortgage Interest Statement**
	1. Mortgage interest received from payer(s)/borrower(s) * $6,300.00		**Copy B For Payer/ Borrower**
RECIPIENT'S/LENDER'S TIN 98-197XXXX	PAYER'S/BORROWER'S TIN 488-00-XXXX	2. Outstanding mortgage principal $135,000.00	3. Mortgage origination date 05/18/2001
PAYER'S/BORROWER'S name Street address (including apt. no.) City or town, state or province, country, ZIP or foreign postal code GREG AND SARA MILLER 525 SPRINGFIELD ST YC, YS YZIP	4. Refund of overpaid interest	5. Mortgage insurance premiums	The information is boxes 1 through 9 and 11 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.
	6. Points paid on purchase of principal residence		
	7. ☒ 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 1	10. Other REAL ESTATE TAXES $6,150	8. Address or description of property securing mortgage	11. Mortgage acquisition date
Account number (see instructions) 798521978			

Form **1098** (Rev. 1-2022) (keep for your records) www.irs.gov/Form1098 Department of the Treasury - Internal Revenue Service

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 exp...
Please ask if you are unsure or have any questions.

** Use zip code 60062 Northbrook IL for sales tax calculator

Your name: Greg and Sara Miller

MEDICAL EXPENSES you paid for yourself or your dependent that were not reimbursed	
Insurance* (specify)	$
Long-term care insurance - Greg	$ 2000
Long-term care insurance - Sara	$ 1700
	$
*Not paid pre-tax from paycheck for health, dental, vision, long-term care. Provide Form 1095-A from Marketplace if received.	
Doctors, dentist, etc.	$
Hospital, medically needed care facility, etc.	$
Prescriptions (even if filled with over the counter meds)	$
Medical aids (canes, glasses, etc.)	$
COVID protective items	$
Other (specify):	$
	$
Parking	$
Bus or car service	$
Medical miles	mi.
CHARITY (you need to keep evidence of each; if $250 or more, must be in writing from charity)	
Cash contributions (total)	$ 14775
Other than cash, specify name of charity (provide thrift store value) (no appreciated items)	
Salvation Army (clothes)	$ 350
SGF Food Pantry (canned goods)	$ 75
	$
Charitable miles	714 mi.

STATE/LOCAL TAXES **	
State/local income tax paid (other than through withholding)	$
Sales tax on car or home improvement purchases	$ 1,145
Real estate taxes (not service fees like garbage or sewer)	$ Form 1098
Personal property (e.g. tax portion of car registration)	$ 125
Other taxes paid (specify): Out of State Vacation home	$
real estate taxes	$ 875
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:
Other (specify): Credit card interest	$ 350
OTHER:	
Gambling losses/expenses	$ 14000
Investment expenses (for state)	$
Other (specify):	$

Social Security Lump Sum Exercise

Newell

As a result of the Social Security Fairness Act that passed in January, 2025, we expect that many of our taxpayers will receive a lump sum Social Security payment in 2025. When a taxpayer receives a lump sum payment for a prior year, they can choose to include that income *either* in the prior year *or* in the current year to calculate the tax. We do not amend the prior year tax return(s). This exercise explores the use of the Social Security lump sum election to determine whether that results in a lower tax.[11]

Mary did not receive Social Security benefits prior to 2025 since her job was exempt from Social Security and she did not qualify for spousal benefits. Mary's husband died in 2022. She became eligible for: monthly benefits based on her deceased husband's eligibility; and retroactive benefits starting from January 2024.

Mary Newell BDATE: DOB 5/9/1952 PH: 545-432-6749

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

2025
- PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
- SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name		Box 2. Beneficiary's Social Security Number
MARY NEWELL		342-00-XXXX
Box 3. Benefits Paid in 2025	Box 4. Benefits Repaid to SSA in 2025	Box 5. Net Benefits Paid for 2025 (Box 3 minus Box 4)
$28,883.00		$28,883.00

DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4
Paid by check or direct deposit	$28,883.00	
Medicare Part B premiums deducted from your benefits		
Medicare Prescription Drug premiums (Part D) deducted from your benefits		
Total Additions		Box 6. Voluntary Federal Income Tax Withheld
Benefits for 2025	$14,620.00	
		Box 7. Address MARY NEWELL 5467 ASHLEY TERRACE YC, YS YZIP
Benefits for 2024	$14,263.00	
Benefits for 2023		
Benefits for 2022		Box 8. Claim Number (use this number if you need to contact SSA) 342-00-XXXXA

Form **SSA-1099-SM**

Enter the SSA-1099 without entering the lump sum distribution worksheet.

AGI: 0

[11] See NTTC 4012 Form SSA-1099 Lump-Sum Distributions

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province country, ZIP or foreign postal code and phone no. MARION COUNTY SCHOOL SYSTEM 12 PINE PLACE YC, YS, YZIP	1 Gross distribution $21,000.00 2a Taxable amount $21,000.00	OMB No. 1545-0119 20XX Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
	2b Taxable amount not determined. ☐	Total Distribution ☐		Copy B
PAYER'S TIN 65-165XXXX / RECIPIENT'S TIN 342-00-XXXX	3 Capital gain (included in box 2a).	4 Federal income tax withheld $1,400.00		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.
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code MARY NEWELL 5467 ASHLEY TERRACE YC, YS, YZIP	5 Employee contributions/ Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities		
	7 Distribution Code(s) 7 / IRA/SEP/SIMPLE ☐	8 Other %		This information is being furnished to the IRS
	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 requirment ☐	14 State tax withheld $430.00	15 State/Payer's state no. YS 543872	16 State distribution $21,000.00	
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

AGI: $26,726

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 75 PEACHTREE STREET ATLANTA, GA 30303	1 Total Ordinary Dividends $623.00 1b Qualified Dividends $623.00	OMB No. 1545-0110 Form 1099-DIV (Rev. January, 2022) For calendar Year 20 25	Dividends and Distributions
	2a Total capital gain distr.	2b Unrecap. Sec. 1250 gain	Copy B For Recipient
PAYER'S TIN 58-345XXXX / RECIPIENT'S TIN 342-00-XXXX	2c Section 1202 gain	2d Collectables (28%) gain	
	2e Section 897 ordinary dividends	2f Section 897 capital 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.
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code MARY NEWELL 5467 ASHLEY TERRACE YC, YS, YZIP	3 Nondividend distributions	**4 Federal income tax withheld**	
	5 Section 199A dividends	6 Investment expenses	
	7 Foreign Tax Paid	8 Foreign Country or US possession	
	9 Cash liquidation distributions	10 Noncash liquidation distribution	
11 FATCA filing requirment ☐	12 Exempt-Interest dividends $1,732.00	13 Specified private activity bond interest dividends	
Account number (see instructions)	15 State YS / 14 State Identification no. 3412XXX	15 State tax withheld	

Form **1099-DIV** (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099DIV Department of the Treasury - Internal Revenue Service

AGI: $29,350

Mary's 2024 tax return, which is the year for which she received the retroactive Social Security payment:

Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.	**1a** Total amount from Form(s) W-2, box 1 (see instructions)			**1a**	
	b Household employee wages not reported on Form(s) W-2			**1b**	
	c Tip income not reported on line 1a (see instructions)			**1c**	
	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)			**1d**	
	e Taxable dependent care benefits from Form 2441, line 26			**1e**	
	f Employer-provided adoption benefits from Form 8839, line 29			**1f**	
	g Wages from Form 8919, line 6			**1g**	
	h Other earned income (see instructions)			**1h**	
	i Nontaxable combat pay election (see instructions)	**1i**			
	z Add lines 1a through 1h			**1z**	
Attach Schedule B if required.	**2a** Tax-exempt interest	**2a**	1638	**b** Taxable interest **2b**	
	3a Qualified dividends	**3a**	546	**b** Ordinary dividends **3b**	546
	4a IRA distributions	**4a**		**b** Taxable amount **4b**	
	5a Pensions and annuities	**5a**		**b** Taxable amount **5b**	22560
	6a Social security benefits	**6a**		**b** Taxable amount **6b**	
	c If you elect to use the lump-sum election method, check here (see instructions) ☐				

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040-SR** (2023)

SSA payments received in earlier year = $0

Taxable benefits reported in earlier year = $0

Form 1040-SR (2023) Page **2**

	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐	**7**	
	8 Additional income from Schedule 1, line 10	**8**	
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**	**9**	23106
	10 Adjustments to income from Schedule 1, line 26	**10**	
	11 Subtract line 10 from line 9. This is your **adjusted gross income**	**11**	23106
Standard Deduction *See Standard Deduction Chart on the last page of this form.*	**12** **Standard deduction or itemized deductions** (from Schedule A)	**12**	15700
	13 Qualified business income deduction from Form 8995 or Form 8995-A	**13**	
	14 Add lines 12 and 13	**14**	15700
	15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**	**15**	7406

Mary did not have any student loan interest or Forms 2555, 4563, 8839 and 8815 as part of her 2024 return. Amounts on those forms would impact the calculation.

Enter the lump sum payments worksheet for 2024.

AGI: $27,894

Classroom Exercises

Andrews – Single Senior Taxpayer

Thomas is a single taxpayer with no dependents. His four sources of income are the most common ones seen at our sites. As you can see in his Intake/Interview booklet on the next two pages, the Taxpayer checked:

- Wages
- Social Security
- Retirement Income
- Interest

There are no entries marked on page 3 (expenses and tax related events) of the Intake/Interview booklet, so for brevity, it is not included below. Review the two included pages.

Note that the Taxpayer did not mark the Intake/Interview booklet section asking, "Can anyone else claim the taxpayer or spouse on their tax return?" The Counselor asked this verbally, and received the response that the Taxpayer is not supporting anyone and lives alone. Cross out and mark the gray areas in that section with "NA".

Thomas Andrews SSN: 154-00-XXXX

Form **13614-C** (March 2025) | Department of the Treasury - Internal Revenue Service | OMB Number 1545-1964

Intake/Interview and Quality Review Sheet

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

- Complete pages 1-5 of this form.
- You are responsible for the information on your return. Provide complete and accurate information.
- If you have questions, ask the IRS-certified volunteer preparer.

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

Your first name	M.I.	Last name	Your date of birth	Your job title
THOMAS		ANDREWS	08/01/1954	CUSTOMER SERVICE
Spouse's first name	M.I.	Last name	Spouse's date of birth	Spouse's job title

Mailing address	Apt #	City	State	ZIP code
1907 VINE ST		YC	YS	YZIP

Your telephone number	Spouse's telephone number	Email address (optional)	Did you live or work in two or more states in 2024
555-876-4392		TOMAND@EMAIL.XXX	☐ Yes ☒ No

Check if you or your spouse were in 2024:

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

If due a refund, how would you like your refund
☐ Direct deposit ☒ Check by mail
☐ Split refund between accounts ☐ Other ____________

If you have a balance due, how would you like to make your payment
☐ Bank account ☐ IRS.gov Direct Pay
☐ Set up installment agreement ☒ Mail payment to IRS

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

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

As of December 31, 2024, what was your marital status
☐ **Never Married**
☐ **Married** If married, were you married for all of 2024 ☐ Yes ☐ No
Did you live with your spouse during any part of the last six months of 2024 ☐ Yes ☐ No
☐ **Divorced** Date of final decree ____________
☐ **Legally Separated but not Divorced** Date of separate maintenance decree ____________
☒ **Widowed** Year of spouse's death 2019

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

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

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

Catalog Number 52121E www.irs.gov Form **13614-C** (Rev. 3-2025)

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

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

Catalog Number 52121E www.irs.gov Form **13614-C** (Rev. 3-2025)

a. Employee's social security number 154-00-XXXX	OMB No. 1545-0008	Save. accurate, FAST! Use IRS e-file. Visit the IRS website at www.irs.gov/efile

b. Employer identification number (EIN) 58-698XXXX	1. Wages, tips, other compensation $4,081.00	2. Federal income tax withheld $408.00
c. Employer's name, address,and ZIP code FRIENDLY GARDEN CENTER 101 GARDEN WAY YC, YS YZIP	3. Social security wages $4,081.00	4. Social security tax withheld $253.02
	5. Medicare wages and tips $4,081.00	6. Medicare tax withheld $59.17
	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 THOMAS ANDREWS 1907 VINE STREET YC, YS YZIP	11. Nonqualified plans	12a. See instructions for box 12
	13. Statutory Employee ☐ Retirement Plan ☐ Third-party sick pay ☐	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	58698XX	$4,081.00	160.00			

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.

AGI: $4,081

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

2025
- PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
- SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name THOMAS ANDREWS		Box 2. Beneficiary's Social Security Number 154-00-XXXX
Box 3. Benefits Paid in 2025 $18,765.00	Box 4. Benefits Repaid to SSA in 2025	Box 5. Net Benefits Paid for 2025 (Box 3 minus Box 4) $18,765.00

DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4
Paid by check or direct deposit	$16,187.00	
Medicare Part B premiums deducted from your benefits	$2,220.00	
Medicare Prescription Drug premiums (Part D) deducted from your benefits	$358.00	
Total Additions	$2,578.00	Box 6. Voluntary Federal Income Tax Withheld
Benefits for 2025	$18,765.00	
		Box 7. Address THOMAS ANDREWS 1907 VINE STREET YC, YS YZIP
Benefits for 2024		
Benefits for 2023		
Benefits for 2022		Box 8. Claim Number (use this number if you need to contact SSA) 154-00-XXXXA

Form SSA-1099-SM

AGI: $4,081

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province country, ZIP or foreign postal code and phone no. MASS MUTUAL 1238 REVERE WAY STONEHAM, MA 02180	1 Gross distribution $15,321.00 2a Taxable amount $15,321.00	OMB No. 1545-0119 20XX Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
	2b Taxable amount not determined. [X]	Total Distribution [ ]	Copy B
PAYER'S TIN 04-123XXXX RECIPIENT'S TIN 154-00-XXXX	3 Capital gain (included in box 2a).	4 Federal income tax withheld $750.00	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.
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code THOMAS ANDREWS 1907 VINE STREET YC, YS YZIP	5 Employee contributions/ Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	
	7 Distribution Code(s) 7 IRA/ SEP/ SIMPLE [X]	8 Other %	This information is being furnished to the IRS
	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 requirment [ ]	14 State tax withheld $325.00	15 State/Payer's state no. YS 04725XXX	16 State distribution $15,321.00
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

AGI: $21,295

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. CHASE BANK 135 SUNNY ST YC, YS, YZIP	Payer's RTN (optional) 1 Interest income $135.00	OMB No. 1545-0112 Form 1099-INT (Rev. January, 2022) For calendar Year 20XX	Interest Income
	2 Early withdrawal penalty		Copy B For Recipient
PAYER'S TIN 13-9XXXXXX RECIPIENT'S TIN 154-00-XXXX	3 Interest on US Savings Bonds and Treas. obligations		
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code THOMAS ANDREWS 1907 VINE STREET YC, YS, YZIP	**4 Federal income tax withheld**	5 Investment expenses	This is important tax information and is being furnished to the IRS. If you are required to file a return, a 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
	6 Foreign Tax Paid	7 Foreign Country or US possession	
	8 Tax exempt interest	9 Specified private activity bond interest	
FATCA filing requirment [ ]	10 Market Discount	11 Bond Premium	
	12 Bond premium on Treasury obligations	13 Bond Premium on tax-exempt bond	
Account number (see instructions)	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

AGI: $21,497

Baker - Single Working Parent

Tiana is a single taxpayer who is a working parent. She has full custody of her daughter, Mary Thomas, who lived with her all year. Review the Intake/Interview booklet on the following three pages.

- Tiana provides all of Mary's support. Tiana pays the full cost of maintaining her home.
- Her W-2, Box 12a shows contributions to her 401(k). She did not make other contributions to a retirement account.
- Tiana received $600 in unemployment pay. She did not receive a 1099-G by mail, but was able to pull it up on her phone.
- Tiana received $1,000/month in alimony payments
- Tiana paid for childcare for Mary while she was at work.
- Tiana paid $1,067 in dental insurance, $128.17 in prescription co-pays, paid $200 in deductibles. She also gave $750, by check, to various charities.

Tiana Baker SSN: 012-00-XXXX

Mary Thomas SSN: 212-00-XXXX

Form **13614-C** (March 2025)

Department of the Treasury - Internal Revenue Service

Intake/Interview and Quality Review Sheet

OMB Number 1545-1964

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

- Complete pages 1-5 of this form.
- You are responsible for the information on your return. Provide complete and accurate information.
- If you have questions, ask the IRS-certified volunteer preparer.

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

Your first name	M.I.	Last name	Your date of birth	Your job title
TIANA		BAKER	06/15/1988	NURSING ASSISTANT
Spouse's first name	M.I.	Last name	Spouse's date of birth	Spouse's job title

Mailing address	Apt #	City	State	ZIP code
17 BEACH BLVD	18	YOUR CITY	YS	YZIP

Your telephone number	Spouse's telephone number	Email address (optional)	Did you live or work in two or more states in 2024
201-555-5555			[ ] Yes [x] No

Check if you or your spouse were in 2024:

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

If due a refund, how would you like your refund
- [ ] Direct deposit
- [x] Check by mail
- [ ] Split refund between accounts
- [ ] Other ______

If you have a balance due, how would you like to make your payment
- [ ] Bank account
- [ ] IRS.gov Direct Pay
- [ ] Set up installment agreement
- [x] Mail payment to IRS

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

What language ______

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

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

- [ ] **Never Married**
- [ ] **Married** — If married, were you married for all of 2024 [ ] Yes [ ] No
  - Did you live with your spouse during any part of the last six months of 2024 [ ] Yes [ ] No
- [x] **Divorced** — Date of final decree 12/16/2018
- [ ] **Legally Separated but not Divorced** — Date of separate maintenance decree ______
- [ ] **Widowed** — Year of spouse's death ______

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

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

Name (first, last)	Date of birth (mm/dd/yy)	Relationship to you (child, parent, none, etc.)	Number of months lived in your home in 2024	Single or Married as of 12/31/2024 (S/M)	U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled	Issued IPPIN	Qualifying child or relative of any other person	This person provided more than 50% of their own support	This person had less than $5,050 of income	Taxpayer(s) provided more than 50% of support for this person	Taxpayer(s) paid more than half the cost of maintaining a home for this person
					Answer Yes or No (Y/N)					To be completed by certified volunteer (Yes, No, or N/A)				
MARY THOMAS	09/14/2018	DAUGHTER	12	S	Y	Y	Y	N	N					

Catalog Number 52121E www.irs.gov Form **13614-C** (Rev. 3-2025)

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

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

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

Paid any of the following expenses to itemize in 2024?	(To be completed by certified volunteer) Standard or Itemized Deductions	Notes/Comments
☐ (A) Mortgage Interest	☐ (A) 1098 # ______	
☐ (A) Taxes: state, local, real estate, sales, etc.		
☒ (A) Medical, dental, prescription expenses	☐ (B) Standard deduction ☐ (A) Itemized deduction	
☒ (A) Charitable contributions		

Paid any of these expenses in 2024?	(To be completed by certified volunteer) Expenses to report	Notes/Comments
☒ (B) Student loan interest	☐ (B) 1098-E	
☒ (B) Child and dependent care	☐ (B) Child and dependent care credit	
☒ (B/A) Contributions to a retirement account	☐ (B/A) IRA (Basic if a Roth IRA or 401K)	
☐ (B) School supplies by a teacher, teacher's aide or other educator	☐ (B) Educator expenses deduction $	
☐ (B) Alimony payments (do not include child support)	☐ (B) Alimony payments with spouse's SSN $ ______ Adjustment to income ☐ Yes ☐ No	

Did any of the following happen during 2024?	(To be completed by certified volunteer) Information to report	Notes/Comments
☐ (B) You or someone in your family took educational classes (technical school, college, job related, etc.)	☐ (B) Taxable scholarship income ☐ (B) 1098-T (itemized statement from school, invoice, etc.) ☐ (B) Education credit or tuition and fees deduction	
☐ (A) Sell a home	☐ (A) Sale of home (1099-S)	
☐ (A) Have a health savings account (HSA)	☐ (A) HSA contributions ☐ (A) HSA distributions	
☒ (A) Purchase health insurance through the Marketplace (Exchange)	☐ (A) 1095-A	
☐ (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)	☐ (A) Energy efficient home improvement credit (Form 5695, Part II only)	
☐ (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender	☐ (A) 1099-C	
☐ (A) Have a loss related to a declared Federal disaster area	☐ (A) 1099-A ☐ Disaster relief impacts return	
☐ (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)	☐ (B) EITC, CTC, AOTC or HOH disallowed in a previous year Year disallowed Reason	
☐ Receive any letter or bill from the IRS	☐ Eligible for Low Income Taxpayer Clinic referral	
☐ (B) Make estimated tax payments or apply last year's refund to 2024 taxes	☐ (B) Estimated tax payments ______ ☐ (B) Last year's refund applied to this year ______ ☐ Last year's return available	

Catalog Number 52121E www.irs.gov Form **13614-C** (Rev. 3-2025)

1. Enter the W-2

a. Employee's social security number: 012-00-XXXX	OMB No. 1545-0008	Save. accurate, FAST! Use IRS e-file. Visit the IRS website at www.irs.gov/efile
b. Employer identification number (EIN): 89-67XXXXX	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. Dependant care benefits
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 Employee ☐ Retirement Plan ☒ Third-party sick pay ☐	12b.
	14. Other: BONUS 1,000.00	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	911XXXX	$32,189.45	989.00			

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.

AGI: $32,189

2. Enter the W2-G

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code: STATE LOTTERY COMMISSION, PO BOX 1968, YC YS YZIP	1. Reportable winnings: $1,000.00	2. Date won: 08/15/20XX	OMB No 1545-0238 **Form W2-G Certain Gambling Winnings** (Rev. December 2023) For calendar year **20XX**
	3. Type of wager: SLOTS	**4. Federal income tax withheld**: $100.00	
	5. Transaction	6. Race	
	7. Winnings from identical wagers	8. Cashier	
PAYER'S TIN: 88-1XXXXXX; PAYER'S Telephone number: 804-564-1356	9. WINNER'S TIN: 012-00-XXXX	10. Window	This information is being furnished to the IRS.
WINNER'S name, Street address (including apt. no.), City or town, state or province, country, and ZIP or foreign postal code: TIANA BAKER, 17 BEACH BLVD, APT 18, YC, YS, YZIP	11. First identification no.	12. Second identification no.	
	13. State/Payer's state identification no.: YS 14-1XXXXXX	14. State Winnings: $1,000.00	**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.**
	15. State income tax withheld: $60.00	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 indentification number that I furnished correctly identify me as the recipient of this payment and any payment from identical wagers, and no other person is entitled to any part of these payments.

Signature: **Date:**

Form **W-2G**

AGI: $33,189

3. Here is the information on Tiana's phone. Enter this Unemployment information.

☐ 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 5 LASALLE ST YC, YS, YZIP	1 Unemployment compensation $600.00	OMB No. 1545-0120 Form **1099-G** (Rev. January, 2022) For calendar Year 20 **XX**	**Certain Government Payments**
	2 State or local income tax refunds, credits or offsets		
PAYER'S TIN: 22-2481818 / RECIPIENT'S TIN: 012-00-XXXX	3. Box 2 amount is for tax year	**4 Federal income tax withheld**	**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 TIANA BAKER 17 BEACH BLVD, APT 18 YC, YS, YZIP	5 RTAA payments	6 Taxable grants	
	7 Agriculture payments	8 If checked, box 2 is trade or business income ☐	
	9 Market gain		
Account number (see instructions)	10a State	10b State identification no.	11 State income tax withheld

Form **1099-G** (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099G Department of the Treasury - Internal Revenue Service

AGI: $33,789

4. Enter the alimony she received.

AGI: $45,789

5. Enter the Student Loan Interest

☐ 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 PEOPLES FEDERAL BANK PO BOX 54321 SAN DIEGO, CA 92109		OMB No. 1545-1576 **20XX** Form **1098-E**	**Student Loan Interest Statement**
RECIPIENT'S TIN: 13-6XXXXXX / BORROWER'S TIN: 012-00-XXXX	1 Student loan interest received by lender $550.00		**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.
BORROWER'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)	2 If checked box 1 does not include loan origination fees and/or capitalized interest for loans made before September, 1 2004 . . . . ☐		

Form **1098-E** (keep for your records) www.irs.gov/Form109E Department of the Treasury - Internal Revenue Service

AGI: $45,239

6. Enter the child care expenses

RECEIPT

Clark County After School Program
14 Learning Way
YC, YS, YZIP
616-456-1289

EIN: 56-2XXXXXX

Date: December 12, 2018

Received from Tiana Baker $ 1,800.00

Eighteen Hundred and NO/100 Dollars

For After school daycare for Mary Baker

Amount of account		☐	Cash
This payment		☐	Check
Balance due		☐	Money Order

Linda Johnson

AGI: $45,239

7. Enter the 1095-A.

Form **1095-A** Department of the Treasury Internal Revenue Service

Health Insurance Marketplace Statement

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

☐ VOID ☐ CORRECTED

OMB No. 1545-2232 **20XX**

Part I Recipient Information

1 Marketplace Identifier	2 Marketplace-assigned policy number	3 Policy issuer's name	
12-0002XXX	53869	METLIFE	
4 Recipient's name		5 Recipient's SSN	6 Recipient's date of birth
TIANA BAKER		012-00-XXXX	06/15/1988
7 Recipient's spouses's name		8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth
10 Policy start date	11 Policy termination date	12 Street address (including apartment number)	
01/01/20XX	12/31/20XX	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	09/14/2018	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

Form: **1095-A**

AGI: $45,239

Caldwell – Married Working Taxpayer

Ray is an employed married teacher, living with his wife, son, and mother-in-law, although his son is away at college when in session. Review the first page of the Intake/Interview booklet. For brevity, pages 2 and 3 are not reproduced; instead, we summarize the checked items as follows:

On page 2 of the Intake Booklet, checked are:

- Wages
- Retirement account, pension or annuity proceeds
- Refund of state or local income tax
- Payments for contract or self-employment work
- Any other money received during the year

On page 3 of the Intake Booklet, checked are:

- Paid any of the following expenses (medical, dental, prescription expenses & charitable contributions)
- Contributions to a retirement account
- School supplies by a teacher, teacher's aide, or other educator
- You or someone in your family took educational classes
- Have a health savings account (HSA)
- Made estimated payments

Ray M Caldwell SSN: 013-00-XXXX

Mallory S Hughes SSN: 113-00-XXXX

Jason Caldwell SSN: 213-00-XXXX

Nancy Hughes SSN: 313-00-XXXX

The Counselor's interview reveals:

1. Mallory's mother Nancy moved in with them in February. Nancy withdrew $2,500 from her IRA last year as her only income. Ray and Mallory provide more than 50% of her support.
2. Their son Jason is a full-time student. He lives in a dorm on campus during the school year and lives at home the rest of the year. He earned $2,150 last summer.
3. The Caldwells received a state income tax refund of $358, but they did not itemize deductions on their last year's return.

4. Mallory supplements the family income as a costumed storyteller. She visits a local daycare center twice a month and performs at children's parties. See the Schedule C worksheet.
    - Mallory received $4,500 in additional check payments.
    - Mallory paid a federal estimated tax payment of $700.00 on June 13, 20XX.
5. The Caldwells checked "Any other money received during the year".
    - Ray received a $200 award for his support of youth sports.
6. The Caldwells had property tax of $1,700. They wrote checks for $3,115 to various charities.
7. Ray is a full-time 10th grade biology teacher. He spent $700 for supplies for his classroom.
8. Jason is in his sophomore year in college pursuing a degree in management, and he has never been convicted of a crime. The scholarship is restricted to tuition. They reported the following expenses:
    - Room and board – $7,300
    - Athletic fee (voluntary fee for priority seating in stadium) – $100
    - Textbooks purchased online – $275
9. Ray checked "Have a health savings account (HSA)". He has a family high deductible health plan. He accesses his Form 1099-SA on his phone. He had a distribution of $2,250.61, all of which was for qualified medical expenses.
10. They provide you with a check for direct deposit/ direct debit.

Form **13614-C** (March 2025)

Department of the Treasury - Internal Revenue Service

Intake/Interview and Quality Review Sheet

OMB Number 1545-1964

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

- Complete pages 1-5 of this form.
- You are responsible for the information on your return. Provide complete and accurate information.
- If you have questions, ask the IRS-certified volunteer preparer.

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

Your first name	M.I.	Last name	Your date of birth	Your job title
RAY	M	CALDWELL	03/15/1978	TEACHER
Spouse's first name	**M.I.**	**Last name**	**Spouse's date of birth**	**Spouse's job title**
MALLORY	S	HUGHES	06/24/1980	HOMEMAKER

Mailing address	Apt #	City	State	ZIP code
6744 NORTH ELM		YC	YS	YZIP

Your telephone number	Spouse's telephone number	Email address (optional)	Did you live or work in two or more states in 2024
627-555-3807		RAYCALDWELL@EMAIL.COM	[ ] Yes [x] No

Check if you or your spouse were in 2024:

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

If due a refund, how would you like your refund
[x] Direct deposit [ ] Check by mail
[ ] Split refund between accounts [ ] Other ______

If you have a balance due, how would you like to make your payment
[x] Bank account [ ] IRS.gov Direct Pay
[ ] Set up installment agreement [ ] Mail payment to IRS

Would you like to receive written communications from the IRS in a language other than English [ ] You [ ] Spouse [x] No
What language ______

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

As of December 31, 2024, what was your marital status
[ ] **Never Married**
[x] **Married** If married, were you married for all of 2024 [x] Yes [ ] No
Did you live with your spouse during any part of the last six months of 2024 [x] Yes [ ] No
[ ] **Divorced** Date of final decree ______
[ ] **Legally Separated but not Divorced** Date of separate maintenance decree ______
[ ] **Widowed** Year of spouse's death ______

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

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

					Answer Yes or No (Y/N)					**To be completed by certified volunteer (Yes, No, or N/A)**				
Name (first, last)	Date of birth (mm/dd/yy)	Relationship to you (child, parent, none, etc.)	Number of months lived in your home in 2024	Single or Married as of 12/31/2024 (S/M)	U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled	Issued IPPIN	Qualifying child or relative of any other person	This person provided more than 50% of their own support	This person had less than $5,050 of income	Taxpayer(s) provided more than 50% of support for this person	Taxpayer(s) paid more than half the cost of maintaining a home for this person
JASON CALDWELL	05/16/2005	SON	4	S	Y	Y	Y	N	N					
NANCY HUGHES	02/27/1950	MOTHER	11	S	Y	Y	N	N	N					

1. Enter the W-2.

a. Employee's social security number 013-00-XXXX	OMB No. 1545-0008	Save. accurate, FAST! Use IRS e-file. Visit the IRS website at www.irs.gov/efile
b. Employer identification number (EIN) 45-923XXXX	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 5. Medicare wages and tips $35,800.00 7. Social security tips	4. Social security tax withheld 2,219.60 6. Medicare tax withheld 519.10 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 Employee ☐ Retirement Plan ☒ Third-party sick pay ☐	12b. DD | $8,956.00
	14. Other	12c. C | $98.00
		12d. W | $1,500.00

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	45347XXXX	$34,800.00	900.00			

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.

AGI: $34,800

2. Enter the 1099-DIV

☐ 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 1b Qualified Dividends $267.50	OMB No. 1545--0110 **20XX** Form 1099-DIV	**Dividends and Distributions**
	2a Total capital gain distr. $187.90	2b Unrecap. Sec. 1250 gain	**Copy B For Recipient**
PAYER'S TIN 72-6XXXXXX / RECIPIENT'S TIN 013-00-XXXX	2c Section 1202 gain	2d Collectables (28%) gain	
	2e Section 897 ordinary dividends	2f Section 897 capital 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.
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 requirment ☐	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**

AGI: $35,402

3. Enter the 1099-R and complete Form 5329

☐ CORRECTED (if checked)

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 $3,000.00 2a Taxable amount $3,000.00	20XX Form 1099-R Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
	2b Taxable amount not determined. [X]	Total Distribution ☐
	3 Capital gain (included in box 2a).	4 Federal income tax withheld $300.00
PAYER'S TIN 63-2XXXXXX / RECIPIENT'S TIN 013-00-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 RAY M CALDWELL 6744 NORTH ELM YC, YS, YZIP	7 Distribution Code(s) 1 / IRA/ SEP/ SIMPLE [X]	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 requirment ☐	14 State tax withheld	15 State/Payer's state no. / 16 State distribution
Account number (see instructions) / 13 Date of payment	17 Local tax withheld	18 Name of locality / 19 Local distribution

Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.

This information is being furnished to the IRS

Form 1099-R

AGI: $38,402

4. Enter Form 1099-SA and complete Form 8889

☐ 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. HSA BANK 35 OAK LANE BOSTON MA 02134	OMB No. 1545-1517 Form 1099-SA (Rev. January, 2022) For calendar Year 20XX	Distributions From an HSA, Archer MSA, or Medicare Advantage MSA
PAYER'S TIN 32-5XXXXXX / RECIEPIENT'S TIN 013-00-XXXX	1 Gross Distribution $2,250.61	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 RAY CALDWELL 6744 NORTH ELM YC, YS YZIP	3 Distribution Code 1	4 FMV on date of death
	5 HSA [X] Archer MSA ☐ MA MSA ☐	
Account number (see instructions) 42697854		

Copy B For Recipient

This information is being furnished to the IRS.

Form 1099-SA (Rev. 1-2019) (keep for your records) www.irs.gov/Form1099SA Department of the Treasury - Internal Revenue Service

AGI: $38,402

5. Enter the 1099-NEC, complete Schedule C, and the estimated tax payment

CORRECTED (if checked) ☐			
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. ABC DAY CARE INC PO BOX 1009 SAN DIEGO, CA 91909		OMB No. 1545-0116 Form **1099-NEC** (Rev. January, 2022) For calendar Year 20**XX**	**Nonemployee Compensation**
PAYER'S TIN 74-9XXXXXX	RECIPIENT'S TIN 113-00-XXXX	1 Nonemployee compensation $11,655.00	**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 MALLORY HUGHES 6744 NORTH ELM YC, YS YZIP		2 Payer made direct sales totaling $5,000 or more of consumer products to recipient for resale ☐ 3 **4 Federal income tax withheld**	
Account number (see instructions)		5 State tax withheld / 6 State/Payer's state no.	7 State income
Form **1099-NEC** (Rev. 1-2022) (keep for your records)		www.irs.gov/Form1099NEC	Department of the Treasury - Internal Revenue Service

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 had more than $50,000 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 the above, please continue by completing the worksheet below for **each** business.*

Income	
Forms 1099 (-NEC, -MISC, -K)	$ 11,655
Cash, checks, etc. (incl. tips)	$ 4,500
Business expenses	
Advertising	$ 250
Commissions and fees	$
Business insurance	$ 315
Interest on business loans	$
Office expense/supplies	$
Repairs	$
Supplies	$
Licenses or fees	$ 175
Business part of phone	$
Training for this business	$
Tools, etc. under $2,500 each	$
Travel away from home	$
Business meals	$
Rent (not home office)	$
Other (specify)	$
COSTUMES	$ 1,489.97
CANDY/PRIZES	$ 245.89
BOOKS	$ 161.17
	$
	$
	$

Business use of car or truck		
Total mileage for the year	12,269	mi.
Business miles	340	mi.
Commuting miles	1,367	mi.
Other miles	10,562	mi.
Do you have another car (Y/N)	Y	
Vehicle description: CAR		
Date placed in service: 3/23/2016		
Car or truck expenses		
Car loan interest	$	
Parking, tolls	$	
Other (specify)	$	
	$	
	$	
	$	

To be completed by the volunteer preparer: **SEHI? Y / N ____** *(see NTTC 4012 page D-29.1)*	
Eligible for subsidized health coverage? Y / N ____	
Health insurance premiums	$
Eligible for subsidized LTC coverage? Y / N ____	
LTC premiums (limited by age)	$
Include after-tax health or long-term care insurance premiums for the business owner, spouse (if filing jointly), dependents, and child under age 27 (even if not a dependent) paid by owner (or spouse if filing jointly), include Medicare or Medigap.	

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: $50,743

6. Enter the $200 prize and the $700 educator expenses.

AGI: $50,643

7. Enter the 1098-T and complete the education credit

CORRECTED (if checked)

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 $10,200.00 2	OMB No. 1545-1574 20XX Form 1098-T	**Tuition Statement**
FILER'S employer identification no. 10-8XXXXXX	STUDENT'S TIN 213-00-XXXX	3	**Copy B For Student**
STUDENT'S name, Street address (including apt. no.), City or town, state or province, country, ZIP or Foreign Postal Code JASON CALDWELL 6744 NORTH ELM YC YS YZIP	4 Adjustments made for a prior year 6 Adjustments to scholarships or grants for a prior year	5 Scholarships or grants $6,700.00 7 Checked if the amount in box 1 or 2 includes amounts for an academic period begining January-March 20XX+1. ☐	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.
Service Provider/Acct No. (see instr.) 8. Checked if at least half-time student ☒	9 Checked if a graduate student ☐	10 Ins. contract reimb./refund	

Form 1098-T

AGI: $50,643

8. Lastly, enter the check information and finish the return to Ready to Review status.

Davenport – Married Retired Civil Servant

Michael Davenport is married and retired from a job as town treasurer. Key points from the Intake/Interview booklet and interview are summarized below.

1. On page 2 of the Intake Booklet, checked are:
   - Retirement account, pension or annuity proceeds
   - Social Security or Railroad Retirement Benefits
   - Interest or dividends
   - Sale of stocks, bonds or real estate
2. On page 3 of the Intake Booklet, all the boxes under itemized expenses are checked:
   - Mortgage Interest
   - Taxes, state, local, real estate, sales, etc.
   - Medical, dental, prescription expenses
   - Charitable contributions
3. Sophia has an IP PIN 697329.
4. Michael received his first pension payment on May 1, 2013, and elected a joint and survivor pension.
5. Michael inherited the IBM shares from his uncle who died on Sept 22, 2014. The stock price per share was $184.62 on Sept 22, 2014.
6. There is a short-term loss carryover of $1,309.
7. They paid property tax of $450 on land where they plan to build a home.

Michael E Davenport SSN: 014-00-XXXX Birthdate: 12/25/1950

Sophia Davenport SSN: 214-00-XXXX Birthdate: 03/17/1954 Sophia is legally blind

167 HOLLAND AVE; YC YS YZIPPH: 640-499-8710

1. Enter the two Social Security forms.

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

20XX

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

Box 1. Name	Box 2. Beneficiary's Social Security Number
MICHAEL E DAVENPORT	014-00-XXXX

Box 3. Benefits Paid in 20XX	Box 4. Benefits Repaid to SSA in 20XX	Box 5. Net Benefits Paid for 20XX (Box 3 minus Box 4)
$15,762.80		$15,762.80

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit	$12,142.80
Medicare Part B premiums deducted from your benefits	$2,220.00
Medicare Prescription Drug premiums (Part D) deducted from your benefits	
Total Additions	$3,620.00
Benefits for 20XX	$15,762.80
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
$1,400.00

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

20XX

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

Box 1. Name	Box 2. Beneficiary's Social Security Number
SOPHIA DAVENPORT	214-00-XXXX

Box 3. Benefits Paid in 20XX	Box 4. Benefits Repaid to SSA in 20XX	Box 5. Net Benefits Paid for 20XX (Box 3 minus Box 4)
$10,714.80		$10,714.80

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit	$8,494.80
Medicare Part B premiums deducted from your benefits	$2,220.00
Medicare Prescription Drug premiums (Part D) deducted from your benefits	
Total Additions	$2,220.00
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

AGI: $0

2. Enter the IRA and pension.

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province country, ZIP or foreign postal code and phone no. UNITED FINANCIAL SERVICES PO BOX 3478 INDIANAPOLIS IN 46204	1 Gross distribution $26,000.00 2a Taxable amount $26,000.00	OMB No. 1545-0119 20XX Form 1099-R	**Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**
	2b Taxable amount not determined. X	Total Distribution ☐	**Copy B**
PAYER'S TIN 97-6XXXXXX / RECIPIENT'S TIN 014-00-XXXX	3 Capital gain (included in box 2a).	4 Federal income tax withheld $2,600.00	**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.**
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	5 Employee contributions/ Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	
	7 Distribution Code(s) 7 IRA/ SEP/ SIMPLE X	8 Other %	This information is being furnished to the IRS
	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 requirment ☐	14 State tax withheld $675.00	15 State/Payer's state no. YS 976XXX	16 State distribution $26,000.00
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

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province country, ZIP or foreign postal code and phone no. MAYBERRY TOWNSHIP 7 MAIN ST YC, YS YZIP	1 Gross distribution $30,567.00 2a Taxable amount	OMB No. 1545-0119 20XX Form 1099-R	**Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**
	2b Taxable amount not determined. X	Total Distribution ☐	**Copy B**
PAYER'S TIN 21-8123465 / RECIPIENT'S TIN 014-00-XXXX	3 Capital gain (included in box 2a).	4 Federal income tax withheld $3,200.00	**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.**
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	5 Employee contributions/ Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	
	7 Distribution Code(s) 7 IRA/ SEP/ SIMPLE ☐	8 Other %	This information is being furnished to the IRS
	9a Your percentage of total distribution %	9b Total Employee Contributions $127,450.00	
10 Amount allocable to IRR within 5 years / 11 1st year of desig. Roth contrib. / 12 FATCA filing requirment ☐	14 State tax withheld $1,500.00	15 State/Payer's state no. YS 218123465	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

AGI: $74,139

3. Review the broker statement and complete the following charts:[12]

1099-DIV	
Box 1a Total Ordinary Dividends	
Box 1b Qualified Dividends	
Box 2a Total capital gain distributions	
Box 12 Exempt Interest Dividends	

1099-INT	
Box 1 Interest income	
Box 3 Interest on US savings bonds and Treas. obligations	

4. Enter the interest and dividends.

AGI: $78,014

[12] View complete brokerage statement at: http://ta-nttc.tiny.us/Sonic-Brokerage

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.**

Pages 1 of 7

SONIC BROKERAGE SERVICES LLC

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
3 Other income 0.00
4 Federal income tax withheld 0.00
8 Substitute payments in lieu of dividends or interest 0.00

16 State tax withheld 0.00
17 State/Payer's state no. .... N/A
18 State income 0.00

Summary of 20XX Original Issue Discount

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

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

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

Summary of 20XX Proceeds From Broker and Barter Exchange Transactions

1099-B Section	Total Proceeds	Total Cost Basis	Total Market Discount	Total Wash Sales	Realized Gain/Loss	Federal Income Tax Withheld
Short-term transactions for which basis is reported to the IRS	41,200.06	52,482.02	0.00	0.00	-11,281.96	0.00
Short-term transactions for which basis is not reported to the IRS	0.00	0.00	0.00	0.00	0.00	0.00
Long-term transactions for which basis is reported to the IRS	26,327.32	23,771.86	0.00	0.00	2,555.46	0.00
Long-term transactions for which basis is not reported to the IRS	0.00	0.00	0.00	0.00	0.00	0.00
Transactions for which basis is not reported to the IRS and Term is Unknown	0.00	0.00	0.00	0.00	0.00	0.00
	67,527.38	76,253.88	0.00	0.00	-8,726.50	0.00

* This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxae and the IRS determines that it has not been reported.

Pages 2 of 7

Enter stock sales from the brokerage statement and Lincoln Investment and the loss carryover. You can complete this table to assist you

Summary of 20XX Proceeds from Broker and Barter Exchange Transactions

1099-B Section	Form 8949 Box ABCDEF? Multiple?	Total Proceeds and date	Total Cost Basis and date	Total Wash Sale	Realized Gain/Loss	Federal Income Tax WH
ST transactions basis is reported to the IRS						
ST transactions basis is NOT reported to the IRS						
LT transactions basis is reported to the IRS						
LT transactions basis is NOT reported to the IRS						
Transactions basis is not reported to the IRS and Term is Unknown						
Totals						

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code and telephone no. LINCOLN INVESTMENT SERVICES 197 ESSEX AVE JACKSONVILLE FL 32209	Applicable Check Box on Form 8949 E	OMB No. 1545-0715 20XX 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 05/16/20XX	**Copy B For Recipient**
PAYER'S TIN 89-6XXXXXX RECIPIENT'S TIN 014-00-XXXX	1d Proceeds $6,625.00	1e Cost or other basis	
	1f Accrued Market Discount	1g Wash sale loss disallowed	
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code MICHAEL E DAVENPORT 167 HOLLAND AVE YC, YS YZIP	2 Short term gain or loss ☐ Long term gain or loss ☒ Ordinary ☐	3 If checked, proceeds from: Collectables ☐ QOF ☐	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.
	4 Federal income tax withheld	5 If checked, noncovered security ☒	
Account number (see instructions) 495687	6 Reported to IRS Gross proceeds ☐ Net proceeds ☒	7 If checked, loss is not allowed due to amount in 1d ☐	
CUSIP number FATCA filing requirement ☐	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 Aggragate profit or (loss) on contracts	
	12 If checked, basis reported to IRS ☐	13 Bartering	

Form **1099-B** (keep for your records) www.irs.gov/Form1099B Department of the Treasury - Internal Revenue Service

AGI: $70,775

5. Complete the itemized deductions worksheet based on the information given and complete Schedule A. Note this is TY24 Worksheet. There may be tax law changes for TY25. For purposes of this exercise, use Zip Code 60062 (Northbrook, Illinois) for the sales tax calculator.

2024 Itemized Deductions (Sch A) Worksheet (fillable)

___I donated a vehicle worth more than $500
___I paid interest on borrowings for investments
___I made more than $5,000 of noncash donations
___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 and Sophia Davenport

MEDICAL EXPENSES you paid for yourself or your dependent that were not reimbursed	
Insurance* (specify)	$
SUPPLEMENTAL INSURANCE	$ 1500
DENTAL INSURANCE	$ 1118
	$
*Not paid pre-tax from paycheck for health, dental, vision, long-term care. Provide Form 1095-A from Marketplace if received.	
Doctors, dentist, etc.	$ 2345
Hospital, medically needed care facility, etc.	$
Prescriptions (even if filled with over the counter meds)	$ 17,967
Medical aids (canes, glasses, etc.)	$ 2985
COVID protective items	$
Other (specify):	$
DENTAL CROWNS	$ 399
Parking	$
Bus or car service	$
Medical miles	1750 mi.
CHARITY (you need to keep evidence of each; if $250 or more, must be in writing from charity)	
Cash contributions (total)	$
Other than cash, specify name of charity (provide thrift store value) (no appreciated items)	$
	$
	$
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)	$ FORM 1098
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	$ FORM 1098
- on second loan or home	$
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	$
Mortgage insurance required by lender	$
Year loan originated	Yr:
Other (specify):	$
OTHER:	
Gambling losses/expenses	$
Investment expenses (for state)	$
Other (specify):	$

☐ CORRECTED (if checked)

Mortgage Interest Statement

20XX Form 1098

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code amd telephone no.

US BANK NATIONAL ASSOCIATION
4801 FREDERICA ST
OWENSBORO KY 42301

* Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.

1. Mortgage interest received from payer(s)/borrower(s) * $9,539.25

RECIPIENT'S/LENDER'S TIN 31-084XXXX

PAYER'S/BORROWER'S TIN 014-00-XXXX

2. Outstanding mortgage principal as of 1/1/20XX $289,678.35

3. Mortgage origination date 03/12/2011

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 amd telephone no.

MICHAEL & SOPHIA DAVENPORT
167 HOLLAND AVE
YC YS YZIP

6. Points paid on purchase of principal residence

7. ☒ 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 1

10. Other PROPERTY TAX $ 7,135

8. Address or description of property securing mortgage (see Instructions)

Account number (see instructions) 687209752

Copy B For Payer/Borrower

The information is 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.

11. Mortgage acquisition date

Form **1098**

Charitable Contributions		Allowable	Noncash contributions		Allowable
St Peter's Church	$2,900		Goodwill (clothing/etc.)	$478	
Chamber of Commerce	$75		**Miscellaneous Deductions**		
Mayo Clinic	$1,000		Safe deposit box	$300	
Republican National Party	$50		Investment fees	$1,978	
American Red Cross	$500		Tax return preparation	$675	
AARP Foundation	$500				

AGI: $70,775

Additional Forms

These are additional tax forms. Instructors may use them to:

- Demo in class
- Add to existing Workbook exercises

K-1

Schedule K-1 (Form 1065) **20XX**

Department of the Treasury
Internal Revenue Service

For Calendar year 20XX, or tax year

beginning ______ ending ______

Partner's Share of Income, Deductions, Credits, etc.

Part I Information About the Partnership

A Partnership's employer identification number
23-9898001

B Partnership's name, address, city state and ZIP code
ENTERPRISE LIMITED

C IRS Center where corporation filed return

D ☐ Check if this is a publically traded partnership (PTP)

Part II Information About the Partnership

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See Instructions)

F Name, address, city, state and ZIP code for partner entered in E. See Instructions
TAXPAYER

☒ Final K-1 ☐ Amended K-1 OMB No. 1545-0123

Part III Partner's Share of Current Year Income, Deductions, Credits and Other Items

1	Ordinary business income (loss)	14	Self-employment earnings (loss)
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	15	Credts
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital	16	Schedule K3 is attached if Checked > . . . . ☐
4c	Total guaranteed payments	17	Alternative minimum tax (AMT) items
5	Interest income $325.00		
6a	Ordinary dividends $15.00		
6b	Qualified dividends	18	Tax exempt income and non-deductable expenses
6c	Dividend equalivents		
7	Royalties		
8	Net short-term capital gain (loss) $415.00	19	Distributions
9a	Net long-term capital gain (loss)		
9b	Collectables (28%) gain (loss)		

RRB-1099 and RRB-1099-R

The retired railroad worker receives two pensions from the Railroad Retirement Board. Blue Form RRB-1099 is Tier 1, the Social Security equivalent. Green Form RRB-1099-R is Tier 2, the Railroad Retirement pension. A retired worker has Box 3 after tax Employee Contributions. The taxable amount is never on Form RRB-1099-R.

Leshaun Hanson received his first payment 11/1/2022. BDATE: 10/6/1962

PAYER'S NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE **UNITED STATES RAILROAD RETIREMENT BOARD** 844 N. RUSH ST. CHICAGO, IL 60611-2092	**20XX**		PAYMENTS BY THE RAILROAD RETIREMENT BOARD
PAYER'S FEDERAL IDENTIFYING NO. 36-3314600	3. Gross Social Security Equivalent Benefit Portion of Tier 1 paid in 20XX	$22,500.00	
1.Claim Number and Payee Code 235581	4. Social Security Equivalent Benefit Portion of Tier 1 Repaid to RRB in 20XX		COPY C -
2. Recipient's Identification Number 822-00-XXXX	5. Net Social Security Equivalent Benefit Portion of Tier 1 paid in 20XX	$22,500.00	FOR RECIPENTIS RECORDS.
Recipient's Name, Address, City, State and ZIP Code LESHAUN HANSON 4725 MALLARD DR YC, YS YZIP	6. Workers Compensation Offset in 20XX		
	7. Social Security Equivalent Benefit Portion of Tier 1 Paid for 20XX-1		
	8. Social Security Equivalent Benefit Portion of Tier 1 Paid for 20XX-2		THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE.
	9. Social Security Equivalent Benefit Portion of Tier 1 Paid for Years Prior to 20XX-2		
	10. Federal Income Tax Withheld	11. Medicare Premium	

Form **RRB-1099**

PAYER'S NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE **UNITED STATES RAILROAD RETIREMENT BOARD** 844 N. RUSH ST. CHICAGO, IL 60611-2092	**20XX**		**ANNUITIES OR PENSIONS BY THE RAILROAD RETIREMENT BOARD**
PAYER'S FEDERAL IDENTIFYING NO. 36-3314600	3. Employee Contributions	$32,850.00	**COPY B -**
1.Claim Number and Payee Code 235581	4. Contributory Amount Paid	$42,757.00	**REPORT THIS INCOME ON YOUR FEDERAL TAX RETURN. IF THIS FORM SHOWS FEDERAL INCOME TAX WITHHELD IN BOX 9 ATTACH THIS COPY TO YOUR RETURN.**
	5. Vested Dual Benefit		
	6. Supplemental Annuity		
2. Recipient's Identification Number 822-00-XXXX	7. Total Gross Paid	$42,757.00	
Recipient's Name, Address, City, State and ZIP Code LESHAUN HANSON 4725 MALLARD DR YC, YS YZIP	8. Repayments		THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE.
	9. Federal Income Tax Withheld	$4,277.00	
			11 Country | 12. Medicare Premium Total

Form **RRB-1099-R**

If there is a spouse, there will be two additional forms for the spouse. Blue form is Tier 1, the Social Security equivalent. Green form is Tier 2, the Railroad Retirement pension. Only the retired worker has Box 3 after tax employee contributions.

Spouse birthdate: 2/8/1958

PAYER'S NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE **UNITED STATES RAILROAD RETIREMENT BOARD** 844 N. RUSH ST. CHICAGO, IL 60611-2092	20XX		PAYMENTS BY THE RAILROAD RETIREMENT BOARD
PAYER'S FEDERAL IDENTIFYING NO. 36-3314600	3. Gross Social Security Equivalent Benefit Portion of Tier 1 paid in 20XX	$11,250.00	
1.Claim Number and Payee Code 235581	4. Social Security Equivalent Benefit Portion of Tier 1 Repaid to RRB in 20XX		COPY C -
	5. Net Social Security Equivalent Benefit Portion of Tier 1 paid in 20XX	$11,250.00	FOR RECIPENTIS RECORDS.
2. Recipient's Identification Number 262-00-XXXX	6. Workers Compensation Offset in 20XX		
Recipient's Name, Address, City, State and ZIP Code SPOUSE	7. Social Security Equivalent Benefit Portion of Tier 1 Paid for 20XX-1		
	8. Social Security Equivalent Benefit Portion of Tier 1 Paid for 20XX-2		THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE.
	9. Social Security Equivalent Benefit Portion of Tier 1 Paid for Years Prior to 20XX-2		
	10. Federal Income Tax Withheld	11. Medicare Premium $2,220.00	

Form **RRB-1099**

PAYER'S NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE **UNITED STATES RAILROAD RETIREMENT BOARD** 844 N. RUSH ST. CHICAGO, IL 60611-2092	20XX		ANNUITIES OR PENSIONS BY THE RAILROAD RETIREMENT BOARD
	3. Employee Contributions		COPY B -
PAYER'S FEDERAL IDENTIFYING NO. 36-3314600	4. Contributory Amount Paid	$14,873.00	REPORT THIS INCOME ON YOUR FEDERAL TAX RETURN. IF THIS FORM SHOWS FEDERAL INCOME TAX WITHHELD IN BOX 9 ATTACH THIS COPY TO YOUR RETURN.
1.Claim Number and Payee Code 235581	5. Vested Dual Benefit		
	6. Supplemental Annuity		
2. Recipient's Identification Number 262-00-XXXX	7. Total Gross Paid	$14,873.00	
Recipient's Name, Address, City, State and ZIP Code SPOUSE	8. Repayments		THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE.
	9. Federal Income Tax Withheld	$446.00	
			11 Country	12. Medicare Premium Total

Form **RRB-1099-R**

Medicaid Waiver Payment W-2

a. Employee's social security number

OMB No. 1545-0008

Save. accurate, FAST! Use IRS e-file

Visit the IRS website at www.irs.gov/efile

b. Employer identification number (EIN)

1. Wages, tips, other compensation

2. Federal income tax withheld

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

HOME CARE AGENCY

3. Social security wages $8,560.00

4. Social security tax withheld $530.72

5. Medicare wages and tips $8,560.00

6. Medicare tax withheld $124.12

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

TAXPAYER

11. Nonqualified plans

12a. See instructions for box 12: II $8,560.00

13. Statutory Employee / Retirement Plan / Third-party sick pay

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

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.

Annuity

☐ CORRECTED (if checked)

PAYER'S name
Street address
City or town, state or province, country, ZIP or foreign postal code
Telephone no.

AMERICAN FINANCIAL SERVICES
PO BOX 3401
SAN FRANCISCO CA 94102

1 Gross distribution $18,658.00

2a Taxable amount $3,506.00

20XX
Form 1099-R

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

2b Taxable amount not determined. ☐ Total Distribution ☐

3 Capital gain (included in box 2a).

4 Federal income tax withheld $351.00

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.

PAYER'S TIN 84-765XXXX

RECIPIENT'S TIN 889-00-XXXX

5 Employee contributions/ Designated Roth contributions or $15,152.00

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

TAXPAYER
ADDRESS
YC YS YZIP

7 Distribution Code(s) 7D

IRA/ SEP/ SIMPLE ☐

8 Other %

This information is being furnished to the IRS

9a Your percentage of total distribution %

9b Total Employee Contributions

10 Amount allocable to IRR within 5 years

11 1st year of desig. Roth

12 FATCA filing requirment ☐

14 State tax withheld $120.00

15 State/Payer's state no. 84765XXX

16 State distribution $3,506.00

Account number (see instructions)

13 Date of payment

17 Local tax withheld

18 Name of locality

19 Local distribution

Form 1099-R

Online Workbook Exercises

Click here for latest version: https://ta-nttc.tiny.us/NTTC-Workbook

The target audience for these additional exercises is primarily experienced counselors and quality reviewers. These exercises are more challenging than your regular tax exercises. They can be used:

- By Instructors, either in-person or in a virtual classroom
- Assigned by Instructors
- By counselors as part of their self-study training

Comprehensive Exercise – Evans Bryant (A)

User Notes

This exercise is designed for returning volunteers to refresh their tax law knowledge and TaxSlayer entry skills. It covers many (but not all) of the core subjects required to pass the IRS Advanced Exam. It also addresses common issues encountered at sites. While volunteers can complete this exercise independently, it is well suited for Instructors to use in the classroom for those returning volunteers who would like refresher training. AGI and Refund Monitor spaces are not included after each tax topic because of the recent tax law changes. There is no state tax information included in this exercise. Instructors can add state tax information if desired, however, this exercise is not recommended for training on state tax returns.

Interview Notes

Janice and Carl have returned to your site again this year to file a joint tax return. You need to review the Intake Booklet as you go through the exercise: 1) ensure it is marked correctly, and 2) add additional notes in the grey sections. The taxpayers listed three people in Part II Section 2 of the Intake/Interview & Quality Review Sheet (I&I Sheet)

- Yvonne is Carl and Janice's daughter. Carl and Janice provide all of her support.
- Terrence is Yvonne's son. Yvonne and Terrence moved in with Carl and Janice two years ago. Carl and Janice provide all of his support.
- Penelope is Janice's sister. She had a medical issue requiring major surgery last year. Penelope moved in with Carl and Janice to recover after her surgery. Penelope's only income is a small amount of Social Security. They provide more than 50% of Penelope's support.

Janice is a victim of identity theft and provides the IRS CP01A letter with an IP PIN of 796453.

Neither Janice nor Carl is eligible for employer sponsored health insurance. Penelope has Medicare. Yvonne and Terrence are covered through the state low-income insurance program.

Income

- Carl served in the military for three years and received disability payments of $250 per month from the VA as a result of injuries received during that service.
- Carl continues to work part time for Petroleum Oil & Gas.
- Janice had a small IRA that she closed out and she said that she used the funds to help start her business.
- Carl states he started receiving his Alpine pension on 1 May 2017. He did not select joint and survivor benefits.
- Carl paid into an employee retirement account during his employment and rolled it over to an individual IRA in 2025.
- Carl made a Qualified Charity Distribution to St Paul's Church directly from his IRA.
- Janice was solvent at the time of this debt cancellation from Chase Card.
- Carl and Janice rent space on an empty parcel of land they own to Jerry's Local Honey.

Janice's business. After Janice retired from teaching, she started a small business on January 2, 2025, out of her home typing medical transcripts. She worked for and received a Form 1099-NEC from Heartfelt Medical Center. She also received a 1099-K from a collaborative and payments by check from various local doctors. Janice maintained a business ledger and provided a summary of income and expenses. She placed the car in service on January 2nd and has a written record of her mileage. They have two vehicles.

Heartfelt Medical Center	$4,602.00
Checks from doctors	$14,375.00
Paper	$251.34
Printer cartridges	$189.49
Liability insurance	$300.00
Advertising	$92.16

Mileage: Commuting – 0, Business – 654, Other – 6,346

Janice states she made estimated tax payments of $400 on April 15th, July 15th and September 15th 2025.

Janice contributed $3,500 to her traditional IRA.

Investment Income. Janice inherited stock from her uncle when he died in 2020. The value of the stock on his date of death was $105 per share. They also have a brokerage statement.

- Last year's Form 1040 showed -$3000 on line 7, capital loss carryover. A review of their 2024 return showed a long-term loss carryover.

JANICE EVANS & CARL BRYANT 015-00-1212

Worksheet 4-1. **Capital Loss Carryover Worksheet** *Keep for Your Records*

Use this worksheet to figure your capital loss carryovers from 2024 to 2025 if Schedule D (Form 1040), line 21, is a loss and (a) that loss is a smaller loss than the loss on Schedule D (Form 1040), line 16, or (b) if the amount on your 2024 Form 1040, line 15, would be less than zero if you could enter a negative amount on that line. Otherwise, you do not have any carryovers.

1. Enter the amount from Form 1040, line 15. If the amount would have been a loss and if you could enter a negative number on that line, enclose the amount in parentheses		1.	50897
2. Enter the loss from Schedule D (Form 1040), line 21, as a positive amount		2.	3000
3. Combine lines 1 and 2. If zero or less, enter -0-		3.	53897
4. Enter the smaller of line 2 or line 3		4.	3000
If line 7 of Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9.			
5. Enter the loss from Schedule D (Form 1040), line 7, as a positive amount		5.	
6. Enter any gain from Schedule D (Form 1040), line 15. If a loss, enter -0-	6.		
7. Add lines 4 and 6		7.	
8. **Short-term capital loss carryover to 2025.** Subtract line 7 from line 5. If zero or less, enter -0-		8.	
If line 15 of Schedule D is a loss, go to line 9; otherwise, skip lines 9 through 13.			
9. Enter the loss from Schedule D (Form 1040), line 15, as a positive amount		9.	7289
10. Enter any gain from Schedule D (Form 1040), line 7. If a loss, enter -0-	10. 2600		
11. Subtract line 5 from line 4. If zero or less, enter -0-	11. 3000		
12. Add lines 10 and 11		12.	5600
13. **Long-term capital loss carryover to 2025.** Subtract line 12 from line 9. If zero or less, enter -0-		13.	1689

Additional Information

Janice took an on-line course on medical terminology to improve her skills for her small business. The course was purchased from Corexcel, 201 Webster Bldg, 3411 Silverside Road, Wilmington, DE 19810. She paid $495.00 for the course. Corexcel is not a direct participant in student aid programs run by the US Department of Education.

Janice paid $675 in student loan interest. She accessed her account on her phone.

Yvonne is a full-time student pursuing a nursing degree. She is in her junior year. She has not received four years of the AOC. Yvonne has never been convicted of a crime. Yvonne purchased text books online for $500. The scholarship is restricted to tuition and fees.

Carl and Janice have daycare for their grandson when they are both working.

Possible Itemized Deductions
Carl and Janice provide a summary of expenses that include medical expenses they paid for Janice's sister. Medicare did not reimburse her sister's expenses.

Medical and dental expenses:	
Medicare (Carl)	$2,220.00
Medicare (Penelope)	$2,220.00
Medicare Supplement Insurance (Carl)	$954.00
Private health insurance for 2025 (Janice)	$4,820.00
Doctor bills (Penelope)	$2,289.00
Ambulance	$1,950.30
Hospital (Penelope)	$3,538.45
Wheelchair (Penelope)	$1,789.56
Dental insurance	$1,135.00
Dental bills	$2,300.00
Prescription co-pays	$1,795.27
Hearing aids (Carl)	$2,900.30
Long-term care insurance premiums (Janice)	$2,450.00
Counseling program to stop smoking	$800.00
Medical miles	1795

Taxes paid

Property tax (parcel of land)	$2,798.00
Personal property tax (value based)	$389.00
Sales tax (used car for Yvonne)	$1,390.00

Include information on Form 1098 Mortgage Interest Statement.
Use your state and local tax rate for sales tax.

Gifts to Charity

St Paul's Church	$2,500.00
Millsap County Elementary School	$100.00
National Cancer Society	$200.00
Salvation Army (clothing)	$475.00

Gambling Losses	$212.00

Driver's License (Tax Training Only)

License No. 20250708190210
Name and Address
JANICE BALE EVANS
8705 SOMERSBY WAY
YC, YS YZIP

Birth Date 01/15/1967
Issue Date 01/03/2025 Expiration Date 01/15/2030

Driver's License (Tax Training Only)

License No. 20250629191016
Name and Address
CARL LEONARD BRYANT
8705 SOMERSBY WAY
YC, YS YZIP

Birth Date 02/08/1954
Issue Date 01/22/2025 Expiration Date 02/08/2030

Social Security

015-00-XXXX
THIS NUMBER HAS BEEN ESTABLISHED FOR
JANICE BALE EVANS
For Tax Training Purposes Only

Social Security

115-00-XXXX
THIS NUMBER HAS BEEN ESTABLISHED FOR
CARL LEONARD BRYANT
For Tax Training Purposes Only

Social Security

215-00-XXXX
THIS NUMBER HAS BEEN ESTABLISHED FOR
TERRENCE JAMES THOMAS
For Tax Training Purposes Only

Social Security

315-00-XXXX
THIS NUMBER HAS BEEN ESTABLISHED FOR
YVONNE ANNE BRYANT
For Tax Training Purposes Only

Social Security

415-00-XXXX
THIS NUMBER HAS BEEN ESTABLISHED FOR
PENELOPE ANNE EVANS
For Tax Training Purposes Only

Form **13614-C** (March 2025) | Department of the Treasury - Internal Revenue Service | OMB Number 1545-1964

Intake/Interview and Quality Review Sheet

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

- Complete pages 1-5 of this form.
- You are responsible for the information on your return. Provide complete and accurate information.
- If you have questions, ask the IRS-certified volunteer preparer.

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

Your first name	M.I.	Last name	Your date of birth	Your job title
JANICE	B	EVANS	1/15/1967	RETIRED TEACHER
Spouse's first name	M.I.	Last name	Spouse's date of birth	Spouse's job title
CARL	L	BRYANT	2/8/1954	RETIRED INSPECTOR

Mailing address	Apt #	City	State	ZIP code
8705 SOMERSBY WAY		YOUR CITY	YOUR STATE	YOUR ZIP

Your telephone number	Spouse's telephone number	Email address (optional)	Did you live or work in two or more states in 2024
295-555-1234	295-565-3467		☐ Yes ☒ No

Check if you or your spouse were in 2024:

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

If due a refund, how would you like your refund
☒ Direct deposit ☐ Check by mail
☐ Split refund between accounts ☐ Other ____________

If you have a balance due, how would you like to make your payment
☒ Bank account ☐ IRS.gov Direct Pay
☐ Set up installment agreement ☐ Mail payment to IRS

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

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

As of December 31, 2024, what was your marital status
☐ **Never Married** ☒ **Married** If married, were you married for all of 2024 ☒ Yes ☐ No
Did you live with your spouse during any part of the last six months of 2024 ☒ Yes ☐ No
☐ **Divorced** Date of final decree ____________ ☐ **Legally Separated but not Divorced** Date of separate maintenance decree ____________ ☐ **Widowed** Year of spouse's death ____________

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

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

Answer Yes or No (Y/N) — **To be completed by certified volunteer (Yes, No, or N/A)**

Name (first, last)	Date of birth (mm/dd/yy)	Relationship to you (child, parent, none, etc.)	Number of months lived in your home in 2024	Single or Married as of 12/31/2024 (S/M)	U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled	Issued IPPIN	Qualifying child or relative of any other person	This person provided more than 50% of their own support	This person had less than $5,050 of income	Taxpayer(s) provided more than 50% of support for this person	Taxpayer(s) paid more than half the cost of maintaining a home for this person
TERRI THOMAS	5/8/2019	GRANDCHILD	12	S	Y	Y	N	N	N					
YVONNE BRYANT	3/13/2002	DAUGHTER	12	S	Y	Y	Y	N	N					
PENNY EVANS	3/17/1953	SISTER	10	S	Y	Y	N	N	N					

Catalog Number 52121E www.irs.gov Form **13614-C** (Rev. 3-2025)

Page 2

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

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

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

Paid any of the following expenses to itemize in 2024?	(To be completed by certified volunteer) Standard or Itemized Deductions	Notes/Comments
☒ (A) Mortgage Interest	☐ (A) 1098 # ____	
☒ (A) Taxes: state, local, real estate, sales, etc.		
☒ (A) Medical, dental, prescription expenses	☐ (B) Standard deduction ☐ (A) Itemized deduction	
☒ (A) Charitable contributions		

Paid any of these expenses in 2024?	(To be completed by certified volunteer) Expenses to report	Notes/Comments
☒ (B) Student loan interest	☐ (B) 1098-E	
☒ (B) Child and dependent care	☐ (B) Child and dependent care credit	
☐ (B/A) Contributions to a retirement account	☐ (B/A) IRA (Basic if a Roth IRA or 401K)	
☐ (B) School supplies by a teacher, teacher's aide or other educator	☐ (B) Educator expenses deduction $	
☐ (B) Alimony payments (do not include child support)	☐ (B) Alimony payments with spouse's SSN $ ____ Adjustment to income ☐ Yes ☐ No	

Did any of the following happen during 2024?	(To be completed by certified volunteer) Information to report	Notes/Comments
☒ (B) You or someone in your family took educational classes (technical school, college, job related, etc.)	☐ (B) Taxable scholarship income ☐ (B) 1098-T (itemized statement from school, invoice, etc.) ☐ (B) Education credit or tuition and fees deduction	
☐ (A) Sell a home	☐ (A) Sale of home (1099-S)	
☐ (A) Have a health savings account (HSA)	☐ (A) HSA contributions ☐ (A) HSA distributions	
☐ (A) Purchase health insurance through the Marketplace (Exchange)	☐ (A) 1095-A	
☐ (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)	☐ (A) Energy efficient home improvement credit (Form 5695, Part II only)	
☒ (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender	☐ (A) 1099-C	
☐ (A) Have a loss related to a declared Federal disaster area	☐ (A) 1099-A ☐ Disaster relief impacts return	
☐ (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)	☐ (B) EITC, CTC, AOTC or HOH disallowed in a previous year Year disallowed Reason	
☐ Receive any letter or bill from the IRS	☐ Eligible for Low Income Taxpayer Clinic referral	
☒ (B) Make estimated tax payments or apply last year's refund to 2024 taxes	☐ (B) Estimated tax payments ____ ☐ (B) Last year's refund applied to this year ____ ☐ Last year's return available	

Optional Information

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

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

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

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

6. What is your spouse's race and/or ethnicity? Select all that apply

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

Privacy Act and Paperwork Reduction Act Notice

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

The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:TS:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

1. Enter Carl's W2.

a. Employee's social security number	115-00-XXXX
OMB No. 1545-0008	Save. accurate, FAST! Use IRS e-file. Visit the IRS website at www.irs.gov/efile
b. Employer identification number (EIN)	25-6XXXXXX
c. Employer's name, address, and ZIP code	PETROLEUM OIL & GAS 624 KASPAR DRIVE INDIANAPOLIS IN 46204
d. Control number	
e. Employee's first name and initial / Last name / Suff. / Employee's address and ZIP code	CARL LEONARD BRYANT 8705 SOMERSBY WAY YC, YS YZIP
1. Wages, tips, other compensation	$11,461.00
2. Federal income tax withheld	$1,146.00
3. Social security wages	$11,461.00
4. Social security tax withheld	$710.58
5. Medicare wages and tips	$11,461.00
6. Medicare tax withheld	$166.18
7. Social security tips	
8. Allocated tips	
9.	
10. Dependant care benefits	
11. Nonqualified plans	
12a. See instructions for box 12	
12b.	
12c.	
12d.	
13. Statutory Employee / Retirement Plan / Third-party sick pay	☐ ☐ ☐
14. Other	

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	312XXXXXX	$11,461.00	515.00			

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.

2. Enter Carl's Social Security.

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

20XX

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

Box 1. Name CARL LEONARD BRYANT		Box 2. Beneficiary's Social Security Number 115-00-XXXX
Box 3. Benefits Paid in 20XX $30,224.65	Box 4. Benefits Repaid to SSA in 20XX	Box 5. Net Benefits Paid for 20XX (Box 3 minus Box 4) $30,224.65

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit	$24,650.65
Medicare Part B premiums deducted from your benefits	$2,220.00
Medicare Prescription Drug premiums (Part D) deducted from your benefits	$954.00
Total Additions	$5,574.00
Benefits for 20XX	$30,224.65
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
$2,400.00

Box 7. Address
CARL LEONARD BRYANT
8705 SOMERSBY WAY
YC, YS YZIP

Box 8. Claim Number (use this number if you need to contact SSA)
115-00-XXXXA

Form **SSA-1099-SM**

3. Enter Janice's 1099-R distribution. If she qualifies for an exception on her early distribution, enter that information.

☐ CORRECTED (if checked)

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 WEST PIKE RD
YC YS YZIP

1 Gross distribution
$4,256.36

2a Taxable amount
$4,256.36

OMB No. 1545-0119

20XX

Form 1099-R

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

2b Taxable amount not determined. ☐

Total Distribution ☒

Copy B

PAYER'S TIN
35-2XXXXXX

RECIPIENT'S TIN
015-00-XXXX

3 Capital gain (included in box 2a).

4 Federal income tax withheld
$425.00

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.

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

JANICE BALE EVANS
8705 SOMERSBY WAY
YC, YS YZIP

5 Employee contributions/ Designated Roth contributions or insurance premiums

6 Net unrealized appreciation in employer's securities

7 Distribution Code(s)
1

IRA/ SEP/ SIMPLE ☒

8 Other
%

This information is being furnished to the IRS

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 requirment ☐

14 State tax withheld

15 State/Payer's state no.

16 State distribution

Account number (see instructions)

13 Date of payment

17 Local tax withheld

18 Name of locality

19 Local distribution

Form **1099-R** (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

4. Enter Carl's Alpine pension.

CORRECTED (if checked) ☐

Form 1099-R — Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

OMB No. 1545-0119 — 20XX — Form 1099-R

PAYER'S name, street address, city or town, state or province country, ZIP or foreign postal code and phone no.	ALPINE PENSION FUND 7588 PEACHTREE ST ATLANTA GA 30301
1 Gross distribution	$13,456.00
2a Taxable amount	
2b Taxable amount not determined.	X
Total Distribution	☐
PAYER'S TIN	94-1XXXXXX
RECIPIENT'S TIN	115-00-XXXX
3 Capital gain (included in box 2a).	
4 Federal income tax withheld	$1,374.00
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code	CARL LEONARD BRYANT 8705 SOMERSBY WAY YC, YS YZIP
5 Employee contributions/ Designated Roth contributions or insurance premiums	
6 Net unrealized appreciation in employer's securities	
7 Distribution Code(s)	7
IRA/ SEP/ SIMPLE	☐
8 Other	%
9a Your percentage of total distribution	%
9b Total Employee Contributions	$10,013.45
10 Amount allocable to IRR within 5 years	
11 1st year of desig. Roth contrib.	
12 FATCA filing requirment	☐
14 State tax withheld	
15 State/Payer's state no.	
16 State distribution	
Account number (see instructions)	
13 Date of payment	
17 Local tax withheld	
18 Name of locality	
19 Local distribution	

Copy B

Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.

This information is being furnished to the IRS

Form **1099-R** (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

5. Enter Carl's retirement account rollover.

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province country, ZIP or foreign postal code and phone no. YALE BANK AND TRUST PO BOX 1674 CHICAGO IL 60601	1 Gross distribution $246,398.00 2a Taxable amount	OMB No. 1545-0119 20XX Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
	2b Taxable amount not determined. ☐	Total Distribution ☒	Copy B
PAYER'S TIN 27-2XXXXXX / RECIPIENT'S TIN 115-00-XXXX	3 Capital gain (included in box 2a).	4 Federal income tax withheld	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.
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code CARL LEONARD BRYANT 8705 SOMERSBY WAY YC, YS YZIP	5 Employee contributions/ Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	
	7 Distribution Code(s) G / IRA/ SEP/ SIMPLE ☒	8 Other %	This information is being furnished to the IRS
	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 requirment ☐	14 State tax withheld	15 State/Payer's state no.	16 State distribution
Account number (see instructions) / 13 Date of payment	17 Local tax withheld	18 Name of locality	19 Local distribution

Form **1099-R** (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

6. Enter Carl's Qualified Charitable Distribution.

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province country, ZIP or foreign postal code and phone no. YALE BANK AND TRUST PO BOX 1674 CHICAGO IL 60601	1 Gross distribution $2,500.00 2a Taxable amount	OMB No. 1545-0119 20XX Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
	2b Taxable amount not determined. X	Total Distribution ☐	Copy B
PAYER'S TIN 27-2XXXXXX / RECIPIENT'S TIN 115-00-XXXX	3 Capital gain (included in box 2a).	4 Federal income tax withheld	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.
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code CARL LEONARD BRYANT 8705 SOMERSBY WAY YC, YS YZIP	5 Employee contributions/ Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	
	7 Distribution Code(s) 7Y / IRA/ SEP/ SIMPLE X	8 Other %	This information is being furnished to the IRS
	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 requirment ☐	14 State tax withheld	15 State/Payer's state no.	16 State distribution
Account number (see instructions) / 13 Date of payment	17 Local tax withheld	18 Name of locality	19 Local distribution

Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

7. Enter the Interest.

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. FIRST COAST CREDIT UNION PO BOX 167 YC, YS YZIP	Payer's RTN (optional) 1 Interest income $238.00	OMB No. 1545-0112 Form 1099-INT (Rev. January, 2022) For calendar Year 20XX	**Interest Income**
PAYER'S TIN 25-7XXXXXX / RECIPIENT'S TIN 115-00-XXXX	2 Early withdrawal penalty $23.00 3 Interest on US Savings Bonds and Treas. obligations		Copy B For Recipient
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code CARL LEONARD BRYANT 8705 SOMERSBY WAY YC, YS YZIP	**4 Federal income tax withheld** 6 Foreign Tax Paid 8 Tax exempt interest $45.00	5 Investment expenses 7 Foreign Country or US possession 9 Specified private activity bond interest	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
FATCA filing requirement ☐	10 Market Discount 12 Bond premium on Treasury obligations	11 Bond Premium 13 Bond Premium on tax-exempt bond	
Account number (see instructions) 237890	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

8. Enter 1099-C.

☐ CORRECTED (if checked)

CREDITOR'S name, street address, city or town, state or province, country, ZIP or foreign postal code and telephone no. CHASE CARD SERVICES PO BOX 17799 WILMINGTON DE 19850-7799	1 Date of Identifiable Event 12/01/20XX 2 Amount of debt discharged $1,834.89 3 Interest if included in Box 2 $237.00	OMB No. 1545-1424 Form **1099-C** (Rev. January, 2022) For calendar Year 20 **XX**	**Cancellation of Debt**
CREDITOR'S TIN 76-5XXXXXX	DEBTOR'S TIN 015-00-XXXX	4 Debt description CREDIT CARD	**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.
DEBTOR'S name Street address (including apt.no) City or town, state or province, country, ZIP or foreign postal code JANICE BALE EVANS 8705 SOMERSBY WAY YC, YS YZIP		5 If checked, the debtor was personally liable for repayment of this debt . . . . ☒	
Account number (see instructions) XXXX-XXXX-XXXX-2398	6 Identifiable Event Code	7 Fair market value of property	

Form **1099-C** (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099C Department of the Treasury - Internal Revenue Service

9. Enter rental income.

CORRECTED (if checked)

PAYER'S name, street address city or town, state or province, country, ZIP or foreign postal code and telephone no. JERRY'S LOCAL HONEY 142 COUNTY RD 13 YC, YS YZIP	1 Rents $800.00	OMB No. 1545-0115 Form 1099-MISC (Rev. January, 2022) For calendar Year 20 XX	Miscellaneous Income
	2 Royalties		
	3 Other Income	4 Federal income tax withheld	Copy B For Recipient
PAYER'S TIN 44-5XXXXXX / RECIPIENT'S TIN 015-00-XXXX	5 Fishing boat proceeds	6 Medical and health care payments	
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code JANICE BALE EVANS 8705 SOMERSBY WAY YC, YS YZIP	7 Payer made direct sales totaling $5,000 or more of consumer products to recipient for resale ☐	8 Substitute payments in lieu of dividends or interest	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.
	9 Crop Insurance proceeds	10 Gross proceeds paid to an attorney	
	11 Fish purchased for resale	12 Section 409A deferrals	
13 FATCA filing requirment ☐	14 Excess golden parachute payments	15 Nonqualified deferred compensation	
Account number (see instructions)	16 State tax withheld	17 State/Payer's state no.	18 State income

Form 1099-MISC (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099MISC Department of the Treasury - Internal Revenue Service

10. Enter gambling winnings.

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code STATE GAMBLING COMMISSION 578 DOLLAR TREE AVE YC, YS YZIP	1. Reportable winnings $2,000.00	2. Date won 06/28/20XX	OMB No 1545-0238 Form W2-G Certain Gambling Winnings (Rev. December 2023) For calendar year 20 XX
	3. Type of wager SLOTS	4. Federal income tax withheld $200.00	
	5. Transaction	6. Race	
	7. Winnings from identical wagers	8. Cashier	
PAYER'S TIN 86-0XXXXXX / PAYER'S Telephone number 800-555-1212	9. WINNER'S TIN 015-00-XXXX	10. Window	This information is being furnished to the IRS.
WINNER'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code JANICE BALE EVANS 8705 SOMERSBY WAY YC, YS YZIP	11. First identification no.	12. Second identification no.	
	13. State/Payer's state identification no.	14. State Winnings	Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.
	15. State income tax withheld	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 indentification number that I furnished correctly identify me as the recipient of this payment and any payment from identical wagers, and no other person is entitled to any part of these payments.

Signature: **Date:**

Form W-2G

11. Enter Janice's Schedule C business income and expenses, estimated tax payments, and IRA contribution.

CORRECTED (if checked) ☐

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. HEARTFELT MEDICAL CENTER 674 WELLNESS RD YC, YS YZIP	OMB No. 1545-0116 Form **1099-NEC** (Rev. January, 2022) For calendar Year 20 **XX**	**Nonemployee Compensation**
PAYER'S TIN: 25-734XXXX RECIPIENT'S TIN: 015-00-XXXX	1 Nonemployee compensation $4,602.00	**Copy B For Recipient**
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code JANICE BALE EVANS 8705 SOMERSBY WAY YC, YS YZIP	2 Payer made direct sales totaling $5,000 or more of consumer products to recipient for resale ☐ 3 **4 Federal income tax withheld**	This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Account number (see instructions)	5 State tax withheld / 6 State/Payer's state no.	7 State income

Form **1099-NEC** (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

CORRECTED (if checked) ☐

FILER'S name street address city or town, state or province, country, ZIP or foreign postal code and telephone no. DOCTORS COLLABORATIVE PAYMENT SERVICES THIRD PARTY ST YC, YS YZIP	FILER'S TIN: 95-5XXXXXX PAYEE'S TIN: 015-00-XXXX 1a Gross amount of payment card/third party network transactions: $3,750.00	OMB No. 1545-2205 Form **1099-K** (Rev. January, 2022) For calendar Year 20 **XX**	**Payment Card and Third Party Network Transactions**
Check to indicate if FILER is a (an): Payment Settlement entity (PSE) ☐; Electronic Payment Facilitator (EPF/Other third party ☐ Check to indicate transactions reported are: Payment Card ☐; Third party network ☒	1b Card Not Present transactions 3 Number of payment Transactions	2 Merchant category code **3 Federal income tax withheld**	**Copy B For Payee**
PAYEE'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code JANICE BALE EVANS 8705 SOMERSBY WAY YC, YS YZIP	5a January 5c March 5e May 5g July 5i September 5k November	5b February 5d April 5f June 5h August 5j October 5l December	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.
PSE'S name and telephone number			
Account Number (see instructions)	6 State	7 State Identification no.	8 State income tax withheld

Form **1099-K** (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099K Department of the Treasury - Internal Revenue Service

12. Enter Janice's sale of inherited stock and their joint brokerage statement.

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code and telephone no.
LINCOLN INVESRMENT SERVICES
197 ESSEX AVE
JACKSONVILLE FL 32209

Applicable Check Box on Form 8949

OMB No. 1545-0715
20XX
Form 1099-B

Proceeds From Broker and Barter Exchange Transactions

1a Description of Property (Example 100 sh. XYZ Co.)
25 SHARES ABC STOCK

1b Date acquired

1c Date sold or disposed
08/19/20XX

Copy B For Recipient

PAYER'S TIN
89-6XXXXXX

RECIPIENT'S TIN
015-00-XXXX

1d Proceeds
$3,172.00

1e Cost or other basis

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
JANICE BALE EVANS
8705 SOMERSBY WAY
YC, YS YZIP

2 Short term gain or loss ☐
Long term gain or loss ☐
Ordinary ☐

3 If checked, proceeds from:
Collectables ☐
QOF ☐

4 Federal income tax withheld

5 If checked, noncovered security ☒

6 Reported to IRS
Gross proceeds ☐
Net proceeds ☒

7 If checked, loss is not allowed due to amount in 1d ☐

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)
5629851

8 Profit or (loss) realized in 20XX on closed contracts

9 Unrealized profit or (loss) on open contracts - 12/31/20XX

CUSIP number

FATCA filing requirement ☐

10 Unrealized profit or (loss) on open contracts - 12/31/20XX

11 Aggregate profit or (loss) on contracts

14 State Name	15 State identification no.	16 State tax withheld

12 If checked, basis reported to IRS ☐

13 Bartering

Form **1099-B** (keep for your records) www.irs.gov/Form1099B Department of the Treasury - Internal Revenue Service

Harbor Financial Services
PO Box 237
Jacksonville FL 32209
Account No. 111-227
Payer's TIN: 25-701XXXX

20XX
TAX INFORMATION SUMMARY

TAX REPORTING STATEMENT
Carl Bryant and Janice Evans
8705 Somersby Way, YC, YS, YZIP
115-00-XXXX

Form 1099-DIV Dividends and Distributions
Copy B for Recipient (OMB NO. 1545-0110)

Box		Amount
1a	Total Ordinary Dividends ……………………………………	545.89
1b	Qualified Dividends …………………………………………	256.50
2a	Total Capital Gain Distributions (Includes 2b – 2d) ……….	49.78
2b	Unrecaptured 1250 Gain ……………………………………	0.00
2c	Section 1202 Gain …………………………………………..	0.00
2d	Collectibles (28%) Gain …………………………………….	0.00
2e	Section 897 ordinary dividends…………………………….	0.00
2f	Section 897 capital gain…………………………………….	0.00
3	Nondividend Distributions ………………………………….	16.23
4	Federal Income Tax Withheld …………………………….	0.00
5	Section 199A Dividends	126.78
6	Investment Expenses ………………………………………	0.00
7	Foreign Tax Paid …………………………………………..	5.13
8	Foreign Country/U.S. Possession:	Various
9	Cash Liquidation Distributions ……………………………	0.00
10	Non-Cash Liquidation Distributions ………………………	0.00
11	FATCA filing requirement …………………………………	
12	Exempt-Interest Dividends ………………………………..	0.00
13	Specified Private Activity Bond Interest Dividends ……….	0.00
14	State ………………………………………………………….	YS
15	State Identification No …………………………………….	XXXX
16	State Tax Withheld …………………………………………	0.00

Form 1099-INT Interest Income
Copy B for Recipient (OMB NO. 1545-0112)

Box		Amount
1	Interest Income …………………………………………….	0.00
2	Early Withdrawal Penalty …………………………………	0.00
3	Interest on U.S. Savings Bonds and Treas. Obligatior	0.00
4	Federal Income Tax Withheld ………………………..	0.00
5	Investment Expenses …………………………………….	0.00
6	Foreign Tax Paid …………………………………………..	0.00
7	Foreign Country or U.S. Possession …………………	
8	Tax-Exempt Interest ………………………………………	0.00
9	Specified Private Activity Bond Interest …………….	0.00
10	Market Discount ……………………………………………	0.00
	Market Discount on Noncovered Securities …………	0.00
11	Bond Premium …………………………………………….	0.00
12	Bond Premium on Tax-Exempt Bond ………………..	0.00
13	Bond Premium on tax Exempt Bonds ………………..	
15	State …………………………………………………………	YS
16	State Identification No. ………………………………….	XXXX
17	State Tax Withheld ………………………………………	0.00
	FATCA filing requirement ……………………………..	

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 reported to IRS)	41,200.06	52,482.02		(11,281.96)
Short	B (basis not reported to IRS)				
Short	C (Form 1099-B not received)				
	Total Short-Term	41,200.06	52,482.02		(11,281.96)
Long	D (basis reported to IRS)	26,327.00	23,771.86		2,555.46
Long	E (basis not reported to IRS)				
Long	F (Form 1099-B not received)				
	Total Long-Term	26,327.00	23,771.86		2,555.46
	Grand Total	67,527.38	76,253.88		(8,726.50)

RECEIPT

TINY TOTS DAY CARE
1532 ESSEX STREET
YC, YS YZIP
727-365-3278
EIN: 56-9XXXXXX

12/15/XXXX

1221

BILL TO

CARL BRYANT
8705 SOMERSBY WAY
YC, YS YZIP

DESCRIPTION	QTY	UNIT PRICE	TOTAL
DAYCARE FOR TERRI THOMAS			4200.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00

SUBTOTAL	4200.00
DISCOUNT	0.00
SUBTOTAL LESS DISCOUNT	4200.00
TAX RATE	0.00%
TOTAL TAX	0.00
SHIPPING/HANDLING	0.00
Paid	**$ 4,200.00**

Remarks, notes....

13. Enter day care expenses.

14. Enter Janice's student loan interest.

15. Enter Yvonne's tuition form and education expenses.

☐ CORRECTED (if checked)

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code and telephone number NORTHERN KENTUCKY UNIVERSITY 1800 NUNN DRIVE FOUNDERS HILL CITY STATE ZIP	1 Payments received for qualified tuition and related expenses $10,600.00 2	OMB No. 1545-1574 **20XX** Form **1098-T**	**Tuition Statement**
FILER'S employer identification no. 46-9XXXXXX STUDENT'S TIN 315-00-XXXX	3		**Copy B For Student**
STUDENT'S name Street address (including apt. no.) City or town, state or province, country, ZIP or foreign postal code YVONNE BRYANT 8705 SOMERSBY WAY YC, YS YZIP	4 Adjustments made for a prior year 6 Adustments to scholarships or grants for a prior year	5 Scholarships or grants $5,000.00 7 Checked if the amount in box 1 or 2 includes amounts for an academic period begining January-March 20XX+1. ☐	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.
Service Provider/Acct No. (see instr.) 8. Checked if at least half-time student ☒	9 Checked if a graduate student ☐	10 Ins. contract reimb./refund	

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

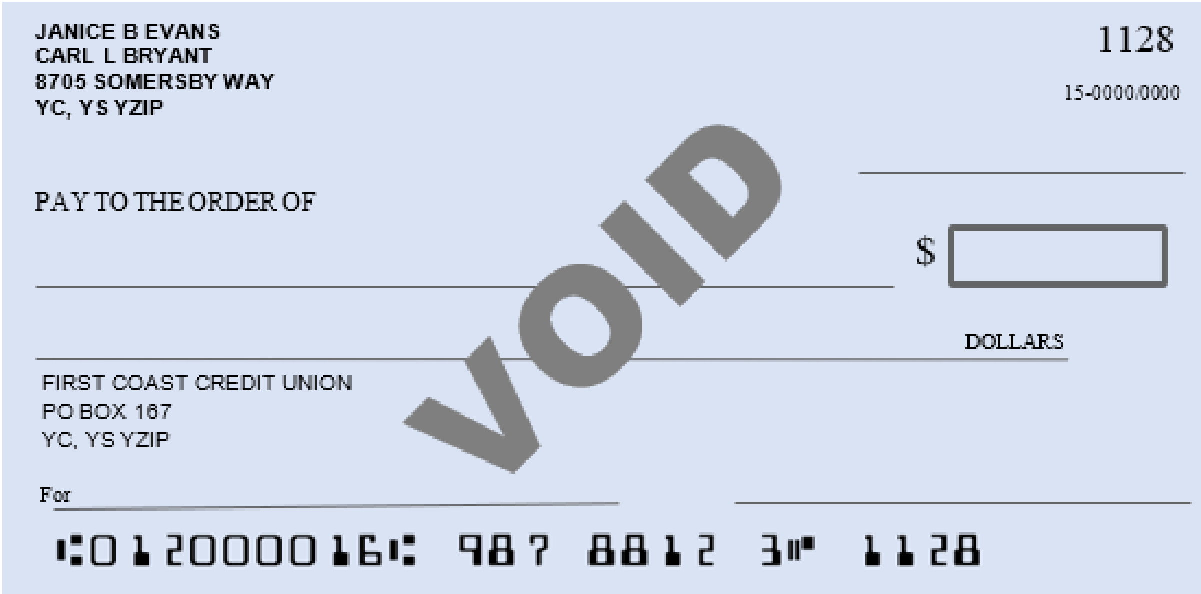
16. Enter Sch A itemized deductions including information on Form 1098.

☐ 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.	OMB No. 1545-1380 Form **1098** (Rev. January, 2022) For calendar Year 20XX	**Mortgage Interest Statement**
	1. Mortgage interest received from payer(s)/borrower(s) * $5,367.49		**Copy B For Payer/ Borrower**
RECIPIENT'S/LENDER'S TIN 31-084XXXX PAYER'S/BORROWER'S TIN 015-00-XXXX	2. Outstanding mortgage principal $120,678.34	3. Mortgage origination date 05/23/2007	The information is boxes 1 through 9 and 11 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.
PAYER'S/BORROWER'S name Street address (including apt. no.) City or town, state or province, country, ZIP or foreign postal code JANICE BALE EVANS & CARL LEONARD BRYANT 8705 SOMERSBY WAY YC, YS YZIP	4. Refund of overpaid interest	5. Mortgage insurance premiums	
	6. Points paid on purchase of principal residence		
	7. ☒ 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 $4,900.76	8. Address or description of property securing mortgage		11. Mortgage acquisition date
Account number (see instructions)			

Form **1098** (Rev. 1-2022) (keep for your records) www.irs.gov/Form1098 Department of the Treasury - Internal Revenue Service

After return is complete, enter the check information.



JANICE B EVANS
CARL L BRYANT
8705 SOMERSBY WAY
YC, YS YZIP

1128

15-0000/0000

PAY TO THE ORDER OF

$

DOLLARS

FIRST COAST CREDIT UNION
PO BOX 167
YC, YS YZIP

For

VOID

⑆012000016⑆ 987 8812 3⑈ 1128

Education Credits – Varisian

Robert Varisian is a single parent. His daughter Samara is his dependent, and she is a sophomore in college pursuing an engineering degree. She has no income. Samara qualifies for American Opportunity Credit. Her additional expenses are:

- $58 safety goggles and lab coat for construction class
- $750 for used laptop to replace her old one that broke
- $160 FOR BOOKS

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.

Robert SSN: 385-00-XXXX BDATE: 02/10/1978 ADDR 465 FULLERTON AVE

PH: 304-626-5959

Samara SSN: 384-00-XXXX BDATE: 06/14/2005

Scenario 1 Taxable Scholarship

Enter the exercise in TaxSlayer.

Use the Colorado 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?

a. Employee's social security number 385-00-XXXX	OMB No. 1545-0008	Save, accurate, FAST! Use IRS e-file. Visit the IRS website at www.irs.gov/efile
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 SALSBURY, 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 ☐	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

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.

☐ 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 $15,000.00	OMB No. 1545-1574 **20XX** **Form 1098-T**	**Tuition Statement**
	2		
FILER'S employer identification no. 46-343XXXX — STUDENT'S TIN 384-00-XXXX	3		**Copy B For Student**
STUDENT'S name Street address (including apt. no.) City or town, state or province, country, ZIP or Foreign Postal Code SAMARA VARISIAN 465 FULLERTON AVE YC, YS YZ	4 Adjustments made for a prior year	5 Scholarships or grants $18,000.00	This is important tax information and is being furnished to the IRS. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.
	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 begining January-March 20XX+1. ☐	
Service Provider/Acct No. (see instr.) — 8. Checked if at least half-time student ☒	9 Checked if a graduate student ☐	10 Ins. contract reimb./refund	

Form 1098-T

Scenario 2 Taxable Scholarship with Wage income

Samara worked and she saved most of her salary. She is still a dependent.

1. Is Samara required to file? _____ Is there a kiddie tax issue? _____
2. What if Samara's wages are $15,600:
   - Is she required to file? _____ Is there a kiddie tax issue? _____

a. Employee's social security number 384-00-XXXX	OMB No. 1545-0008	Save. accurate, FAST! Use IRS e-file	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, Last name, Suff. 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 Employee ☐ Retirement Plan ☐ Third-party sick pay ☐	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

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.

☐ 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 $15,000.00	OMB No. 1545-1574 20XX Form 1098-T	**Tuition Statement**
	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 begining January-March 20XX+1. ☐	
Service Provider/Acct No. (see instr.) / 8 Checked if at least half-time student ☒	9 Checked if a graduate student ☐	10 Ins. contract reimb./refund	

Form 1098-T

Scenario 3 Coordinating 1099-Q College 529 Distribution

Again assume expenses for room and board are $8,500. Samara received no scholarships.

Robert owns a College 529 plan where Samara is the beneficiary.

Question 1. With no scholarship, Robert withdrew money from Samara's College 529 Plan to partially 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? _____________________________

Question 2. 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 none, why not? ________________

Question 3. What if Robert withdrew $30,000 (Box 1) from his College 529 plan?

☐ CORRECTED (if checked)

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code and telephone number HARPER COLLEGE 1 COLLEGE WAY CITY, STATE ZIP	1 Payments received for qualified tuition and related expenses $13,000.00 2	OMB No. 1545-1574 20XX Form 1098-T	Tuition Statement
FILER'S employer identification no. 46-343XXXX	STUDENT'S TIN 384-00-XXXX	3	Copy B For Student
STUDENT'S name Street address (including apt. no.) City or town, state or province, country, ZIP or foreign postal code SAMARA VARISIAN 465 FULLERTON AVE YC, YS YZIP	4 Adjustments made for a prior year 6 Adustments to scholarships or grants for a prior year	5 Scholarships or grants 7 Checked if the amount in box 1 or 2 includes amounts for an academic period begining January-March 20XX+1. ☐	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.
Service Provider/Acct No. (see instr.) 8. Checked if at least half-time student ☐	9 Checked if a graduate student ☐	10 Ins. contract reimb./refund	

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

☐ CORRECTED (if checked)

PAYER'S/TRUSTEE's name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. COLLEGE FUND INVESTORS	1 Gross Distribution $5,000.00 2 Earnings $3,235.00	OMB No. 1545-1760 Form **1099-Q** (Rev. Novmber,2019) For calendar Year 20 **XX**	**Payments From Qualified Education Programs (Under Sections 529 and 530)**
PAYER'S/TRUSTEE'S TIN 87-2354XXX RECIEPIENT'S TIN 385-00-XXXX	3 Basis $1,765.00	4 Trustee-to-trustee transfer ☐	**Copy B For Recipient**
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 YC, YS YZIP	5 Check one: * Qualified Tuition Program – Private ☐ or State ☒ * Coverdell ESA ☐	6 If this box is checked, the recipient is not the designated beneficiary ☒	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) 879987-398	If the fair market value (FMV) is shown below, see Pub. 970, Tax Benefits for Education, for how to figure earnings.		

Form **1099-Q** (Rev. 11-2019) (keep for your records) www.irs.gov/Form1099Q Department of the Treasury - Internal Revenue Service

Medicaid Waiver Payment – Lufton (A)

This exercise explores the effect of including or excluding Medicaid Waiver Payments (MWP) in gross income and earned income.

Frank and Mary Lufton live with their daughter, Anna, and Mary's uncle, Louis Samuel, in their apartment. Mary receives MWP for caring for her uncle[13]. Louis' only income is his Social Security payments and Frank and Mary provide over half of his support.

	SSN	Birthdate	Job Title
Franklin Lufton	458-00-XXXX	04/15/1990	Chef
Mary Lufton	341-00-XXXX	10/15/1990	Homemaker
Anna Lufton	652-00-XXXX	07/22/2015	Student
Louis Samuel	257-00-XXXX	11/18/1958	Retired

Address: 667 Cypress Ave, Apt 7D, YC, YS, YZIP   Phone: 246-405-8695

When entering the health insurance data, note that the taxpayer, spouse, and all dependents claimed on the return are members of the tax family (also called Household Members in TaxSlayer) even if they are not covered individuals listed on Form 1095-A.

[13] See NTTC 4012 "Entering Medicaid Waiver Payments"

Fill in this table to complete the exercise:

	Adjusted Gross Income Line 11	Taxable Income Line 15	Tax Line 16	Child Tax Credit and Other Dependents Line 19	Earned Income Credit Line 27	Additional Child Tax Credit Line 28	Premium Tax Credit Line 31	Refund Line 35a
MWP not included in AGI or earned income								
MWP not included in AGI, included in earned income								
MWP included in AGI and earned income								

	a. Employee's social security number 458-00-XXXX	OMB No. 1545-0008	Save. accurate, FAST! Use IRS e-file. Visit the IRS website at www.irs.gov/efile
b. Employer identification number (EIN) 53-42XXXXX		1. Wages, tips, other compensation $36,750.00	2. Federal income tax withheld $3,675.00
c. Employer's name, address,and ZIP code BROAD STREET RESTAURANT 111 BROAD STREET YC, YS, YZIP		3. Social security wages $36,750.00	4. Social security tax withheld $2,278.50
		5. Medicare wages and tips $36,750.00	6. Medicare tax withheld $532.88
		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 FRANKLIN LUFTON 667 CYPRESS AVE, APT 7D YC, YS, YZIP		11. Nonqualified plans	12a. See instructions for box 12
		13. Statutory Employee ☐ Retirement Plan ☐ Third-party sick pay ☐	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	YS 5342XXXXX	$36,750.00	$1,838.00			

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 341-00-XXXX	OMB No. 1545-0008	Save. accurate, FAST! Use IRS e-file. Visit the IRS website at www.irs.gov/efile
b. Employer identification number (EIN) 68-15XXXXX	1. Wages, tips, other compensation	2. Federal income tax withheld
c. Employer's name, address, and ZIP code COUNTY DEPT OF SOCIAL SERVICES 3A THATCHER PLAZA YC, YS, YZIP	3. Social security wages $13,600.00	4. Social security tax withheld $843.20
	5. Medicare wages and tips $13,600.00	6. Medicare tax withheld $197.20
	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 LUFTON 667 CYPRESS AVE, APT 7D YC, YS, YZIP	11. Nonqualified plans	12a. See instructions for box 12: II $13,600.00
	13. Statutory Employee / Retirement Plan / Third-party sick pay	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

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.

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

20XX

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

Box 1. Name LOUIS SAMUEL		Box 2. Beneficiary's Social Security Number 257-00-XXXX
Box 3. Benefits Paid in 20XX $12,525.00	Box 4. Benefits Repaid to SSA in 20XX	Box 5. Net Benefits Paid for 20XX (Box 3 minus Box 4) $12,525.00

DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4
Paid by check or direct deposit	$10,305.00	
Medicare Part B premiums deducted from your benefits	$2,220.00	
Medicare Prescription Drug premiums (Part D) deducted from your benefits		
Total Additions	$2,220.00	Box 6. Voluntary Federal Income Tax Withheld
Benefits for 20XX	$12,525.00	Box 7. Address
Benefits for 20XX-1		
Benefits for 20XX-2		
Benefits for 20XX-3		Box 8. Claim Number (use this number if you need to contact SSA) 257-00-XXXXA

Form SSA-1099-SM

Form **1095-A**
Department of the Treasury
Internal Revenue Service

Health Insurance Marketplace Statement

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

☐ VOID
☐ CORRECTED

OMB No. 1545-2232

20XX

Part I Recipient Information

1 Marketplace Identifier 11-103XXXX	2 Marketplace-assigned policy number MP561890	3 Policy issuer's name UNION HEALTHCARE	
4 Recipient's name FRANKLIN LUFTON		5 Recipient's SSN 458-00-XXXX	6 Recipient's date of birth 04/15/1990
7 Recipient's spouses's name MARY LUFTON		8 Recipient's spouse's SSN 341-00-XXXX	9 Recipient's spouse's date of birth 10/15/1990
10 Policy start date 01/01/20XX	11 Policy termination date 12/31/20XX	12 Street address (including apartment number) 667 CYPRESS AVE, APT 7D	
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	FRANKLIN LUFTON	458-00-XXXX	04/15/1990	01/01/20XX	12/31/20XX
17	MARY LUFTON	341-00-XXXX	10/15/1990	01/01/20XX	12/31/20XX
18	ANNA LUFTON	652-00-XXXX	07/22/2015	01/01/20XX	12/31/20XX
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	$433.78	$454.18	$335.00
22 February	$433.78	$454.18	$335.00
23 March	$433.78	$454.18	$335.00
24 April	$433.78	$454.18	$335.00
25 May	$433.78	$454.18	$335.00
26 June	$433.78	$454.18	$335.00
27 July	$433.78	$454.18	$335.00
28 August	$433.78	$454.18	$335.00
29 September	$433.78	$454.18	$335.00
30 October	$433.78	$454.18	$335.00
31 November	$433.78	$454.18	$335.00
32 December	$433.78	$454.18	$335.00
33 Annual Totals	$5,205.36	$5,450.16	$4,020.00

Form: **1095-A**

Uber Driver – Jackson (A)

This exercise explores a retired single senior who (1) made a qualified charitable distribution; (2) started driving for Uber May 1, 2023; and (3) may qualify for an adjustment for Self-Employed Health Insurance (SEHI).

NTTC 4491 Training Guide can help you determine what expenses qualify for a business, in Business Income—Business Expenses: https://ta-nttc.tiny.us/NTTC-4491.

Ashok Jackson: SSN: 572-00-XXXX Birthdate is 12/03/1950 ADDR: 8705 Maple Drive
PH: 815-645-8787

- Taxpayer directed the Teachers Federal IRA trustee to send $1,200 to his charity.
  - Box 7 = new Code Y.
  - He received written acknowledgement from the charity and did not receive anything in return for his donation
- **Uber**: The Uber Summary and Expense forms are **exactly** how they look. Be careful when using Uber's "Table 1 Expenses, Fees, Tax and Reimbursements" (see the link below).

  - Forms 1099-K and 1099-NEC
  - Uber Summary Statement; no additional mileage other than what is listed
  - Received $350 in cash tips
  - He uses his car, a 2017 Ford, and does not have another vehicle
  - Bought additional insurance rider for his car for $240
  - Bought an accounting book on eBay for $25 and a ledger for $15
- Paid $420 for Medicare supplemental insurance
- Made estimated payments on June 1: $500 federal and $100 state

Additional resources on Uber fees

Understanding Table 1 in Uber's Tax Summary

IRS Pub 463, Chapter 6 How to report reimbursements.

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

2025

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

Box 1. Name ASHOK JACKSON	Box 2. Beneficiary's Social Security Number 572-00-XXXX
Box 3. Benefits Paid in 2025 $40,120.00	Box 4. Benefits Repaid to SSA in 2025
Box 5. Net Benefits Paid for 2025 (Box 3 minus Box 4) $40,120.00	

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit	$34,812.00
Medicare Part B premiums deducted from your benefits	$2,220.00
Medicare Prescription Drug premiums (Part D) deducted from your benefits	$280.00
Total Additions	$5,308.00
Benefits for 2025	$40,120.00
Benefits for 2024	
Benefits for 2023	
Benefits for 2022	

DESCRIPTION OF AMOUNT IN BOX 4

Box 6. Voluntary Federal Income Tax Withheld
$2,808.00

Box 7. Address
ASHOK JACKSON
8705 MAPLE DRIVE
YC, YS YZIP

Box 8. Claim Number (use this number if you need to contact SSA)
572-00-XXXXA

Form SSA-1099-SM

☐ CORRECTED (if checked)

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 TZIP	
1 Gross distribution	$1,200.00
2a Taxable amount	
2b Taxable amount not determined.	X
Total Distribution	☐
OMB No. 1545-0119	
20XX	
Form 1099-R	
PAYER'S TIN	35-2XXXXXX
RECIPIENT'S TIN	572-00-XXXX
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code	ASHOK JACKSON 8705 MAPLE DRIVE YC, YS YZIP
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	
7 Distribution Code(s)	Y7
IRA/ SEP/ SIMPLE	X
8 Other	%
9a Your percentage of total distribution	%
9b Total Employee Contributions	
10 Amount allocable to IRR within 5 years	
11 1st year of desig. Roth contrib.	
12 FATCA filing requirment	☐
13 Date of payment	
14 State tax withheld	
15 State/Payer's state no.	YS 3522222
16 State distribution	
17 Local tax withheld	
18 Name of locality	
19 Local distribution	
Account number (see instructions)	

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

Copy B

Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.

This information is being furnished to the IRS

Form **1099-R** (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

CORRECTED (if checked) ☐

Form 1099-R — OMB No. 1545-0119 — 20**XX**

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.
PIONEER TRUST COMPANY
PO BOX 1400
BOSTON MA 02119-1400

1 Gross distribution: $19,000.00
2a Taxable amount: $19,000.00
2b Taxable amount not determined: X
Total Distribution: ☐

PAYER'S TIN: 27-112XXXX
RECIPIENT'S TIN: 572-00-XXXX

3 Capital gain (included in box 2a):
4 Federal income tax withheld: $1,900.00

RECIPIENT'S name
Street address (including apt.no.)
City or town, state or province, country, ZIP or foreign postal code
ASHOK JACKSON
8705 MAPLE DRIVE
YC, YS YZIP

5 Employee contributions/ Designated Roth contributions or insurance premiums:
6 Net unrealized appreciation in employer's securities:
7 Distribution Code(s): 7
IRA/ SEP/ SIMPLE: X
8 Other: %
9a Your percentage of total distribution: %
9b Total Employee Contributions:
10 Amount allocable to IRR within 5 years:
11 1st year of desig. Roth contrib.:
12 FATCA filing requirment: ☐
14 State tax withheld: $570.00
15 State/Payer's state no.: YS 27112
16 State distribution: $19,000.00
Account number (see instructions):
13 Date of payment:
17 Local tax withheld:
18 Name of locality:
19 Local distribution:

Copy B
Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.

This information is being furnished to the IRS

Form **1099-R** (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

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CORRECTED (if checked) ☐

Form 1099-NEC — OMB No. 1545-0116 — (Rev. January, 2022) — For calendar Year 20**XX**

Nonemployee Compensation

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
UBER TECHNOLOGIES INC
1725 3RD STREET
SAN FRANCISCO, CA 94158

PAYER'S TIN: 45-2647441
RECIPIENT'S TIN: 572-00-XXXX

1 Nonemployee compensation: $1,773.00

RECIPIENT'S name
Street address (including apt.no.)
City or town, state or province, country, ZIP or foreign postal code
ASHOK JACKSON
8705 MAPLE DRIVE
YC, YS YZIP

2 Payer made direct sales totaling $5,000 or more of consumer products to recipient for resale ☐
3
4 Federal income tax withheld
Account number (see instructions): 656285CAB50DA136A5F6
5 State tax withheld:
6 State/Payer's state no.:
7 State 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.

Form **1099-NEC** (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

FILER'S name street address city or town, state or province, country, ZIP or foreign postal code and telephone no. UBER TECHNOLOGIES INC 1725 3RD STREET SAN FRANCISCO, CA 94158	FILER'S TIN 45-2647441 PAYEE'S TIN 572-00-XXXX 1a Gross amount of payment card/third party network transactions $17,164.00	OMB No. 1545-2205 Form **1099-K** (Rev. January, 2022) For calendar Year 20 **25**	**Payment Card and Third Party Network Transactions**
Check to indicate if FILER is a (an) Payment Settlement entity (PSE) ☐ Electronic Payment Facilitator (EPF/Other third party ☐ Check to indicate transactions reported are: Payment Card ☐ Third party network ☒	1b Card Not Present transactions 3 Number of payment Transactions	2 Merchant category code **3 Federal income tax withheld**	**Copy B** **For Payee**
PAYEE'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code ASHOK JACKSON 8705 MAPLE DRIVE YC YS, YZIP	5a January $1,460.00 5c March $1,285.00 5e May $1,345.00 5g July $1,374.00	5b February $1,604.00 5d April $1,448.00 5f June $1,260.00 5h August $1,863.00	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.
PSE'S name and telephone number	5i September $1,280.00 5k November $1,490.00	5j October $1,202.00 5l December $1,553.00	
Account Number (see instructions)	6 State	7 State Identification no.	8 State income tax withheld

Form **1099-K** (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099K Department of the Treasury - Internal Revenue Service

Refer to NTTC 4012 under Income > Schedule C > Form 1099-K.

Uber

Tax Summary for 2025

Driving Totals	472	14,231
	COMPLETED TRIPS	ONLINE MILES

Your Gross Payment		Expenses, Fees and Tax		Your Net Payout	
Reportable Payments		Expenses, Fees and Tax	+$5,759	Net Earnings	+$12,971
Gross Trip Earnings/1099-K	$17,164			Reimbursements: Tolls, Airport Fees and Surcharges:	+$207
				Total Additional Earnings/	
1099-NEC	+$1,773				
	$18,937		$5,759		$13,178

Uber

Tax Summary for 2025

*May be tax-deductible

Table 1 Expenses, Fees, Tax and Reimbursements

Expenses, Fees and Tax	
Uber service fee/other adjustments*	$5,527
Booking fee*	$20
Airport and city fees collected*	$212
Reimbursements	
Tolls, airport fees and surcharges*	$207
TOTAL EXPENSES, FEES, TAX AND REIMBURSEMENTS	$5,966

Table-2 Additional Payments from Uber or Subsidiaries

Incentives	$1,773
TOTAL ADDITIONAL EARNINGS	$1,773

AGI: $28,426 Refund: $3,525 [2024]

Quiz Custodial vs Noncustodial Parent

Tax Benefit in Year Noncustodial Parent claims children	Custodial Parent	Noncustodial Parent with Form 8332
1. Dependency		
2. Child Tax Credit		
3. Earned Income Credit		
4. Child and Dependent Care Credit		
5. Education Credits		
6. Medical Expenses they paid (Sch A)		
7. Head of Household		

Avoiding a Future Balance Due

Learning Objective

Taxpayers are expected to pay income tax in installments over the tax year, known as “pay-as-you-go”. There are two ways to accomplish this: the taxpayer has income withheld regularly by the income source, or the taxpayer makes regular estimated payments during the year. When we have a client who has done neither sufficiently, they face making a large catch-up payment and risk being charged a penalty. This exercise is an opportunity to practice counseling the client to avoid repeating the underpayment in future tax years by helping them plan one or both of the pay-as-you-go methods.

Example One

Social Security Numbers: Celine Renata 013-00-XXXX Birthday June 1, 1980
ADDR: 15 Harvard Drive PHONE: 465-729-8743

Celine Renata, single, worked as a self-employed meals delivery driver with 1099-NEC income of $37,000. (Chili’s restaurant EIN 75-1914583). She used the restaurant’s delivery vehicle so she had no business expenses of her own. fter entering her data in TY24 TaxSlayer:

AGI:$34,386 Tax owed: $6,895

In discussing the penalty risk with her, she asks how she can avoid this in the following tax year, 2026. She expects to work more hours next year and earn an additional $5,000.

What pay-as-you-go method do you suggest for the following tax year?

a. Voluntary Tax Withholding
b. Making estimated payments

Practice these steps:

1. Calculate an estimated quarterly tax payment using the “1040 Estimated Payment Calculator” in Tax Slayer.
    a. In TaxSlayer: Federal Section > Payments & Estimates > Vouchers for 20XX Estimated Tax Payments >1040 Estimated Payments Calculator. The calculator yields this information, and a print-out

    > **Balance due:**
    > Your suggested amount of Estimated Tax is $8580.00. If you would like to pay over 4 Quarters then Quarterly Amount should be $2145.

    Celine agrees to that quarterly amount.
2. Transfer that quarterly amount in TaxSlayer to the “Vouchers for TY 20XX+1 Estimated Tax Payments” screen.
3. Point out to Celine that the 2025 payment due of $6,895 and the first quarterly installment for TY 2026 are BOTH due by April 15, 2026.

Example Two

Social Security Numbers: Oliver Venza 014-00-XXXX Birthday January 1, 1963
ADDR: 1462 Peachtree Lane YC, YS YZIP PHONE: 312-425-8646

Oliver Venza retired from a job where he was used to an employer withholding taxes from each paycheck. His retirement income comes from Social Security and a traditional IRA. He is single. For year 2025, his first year of retirement, his Social Security is as follows:

Box 3 $17,500
Box 4: $0

He also received an IRA distribution.

CORRECTED (if checked) ☐

PAYER'S name, street address, city or town, state or province country, ZIP or foreign postal code and phone no. INVESTOR SERVICES 14 MAIN ST CITY, STATE ZIP	1 Gross distribution $32,000.00 2a Taxable amount $32,000.00	OMB No. 1545-0119 20XX Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
	2b Taxable amount not determined. ☒	Total Distribution ☐	Copy B
PAYER'S TIN 94-3025021 / RECIPIENT'S TIN 014-00-XXXX	3 Capital gain (included in box 2a).	4 Federal income tax withheld $1,600.00	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.
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code OLIVER VENZA 1462 PEACHTREE LANE YC, YS YZIP	5 Employee contributions/ Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	
	7 Distribution Code(s) 7 / IRA/ SEP/ SIMPLE ☒	8 Other %	This information is being furnished to the IRS
	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 requirment ☐	14 State tax withheld	15 State/Payer's state no.	16 State distribution
Account number (see instructions) / 13 Date of payment	17 Local tax withheld	18 Name of locality	19 Local distribution

Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

After entering his data in TY24 TaxSlayer:

AGI: $42,238 Tax Owed: $1,483

Oliver owes $1,483 in taxes. He doesn't expect his income to vary much and wishes retirement income taxes were handled the same way they were when he worked.

What pay-as-you-go method do you suggest for the following tax year?

a. Voluntary Tax Withholding
b. Making estimated payments

Practice these steps:

1. Calculate an estimated dollar amount that should be withheld for TY 2026.
2. Who can Oliver contact to set up the withholding(s)?

Response:
The taxpayer can have either Social Security or his IRA custodian withhold taxes for him, or a combination. It can be challenging to get the amount right, as taxpayers often withdraw different amounts from their IRA, or have capital gains which they cannot control. This year's withholding may not be accurate for next year's circumstances.

- **His total tax liability for TY25 is:**
  - $1,600 [tax paid on 1099-R] + $1,483 [what he still owes] = **$3,083**
- If he has a Social Security account, he can adjust his withholding online. The options available are: 7%, 10%, 12%, or 22%. If he were to use Social Security for withholding, what percentage would you suggest (remember that the withholdings would be for a partial year). Assume withholding would start in June, i.e., at the half-year mark.
- Calculation: Six months of $17,500= $8,750. Assuming similar taxes due next year:
- $1,483 divided by $8,750, = 12.7%. He could request a withholding amount of 12% to begin in June.
- In TY25, with the additional withholding starting in June:
  - $8750 x 12% = $1,050 + $1600 [IRA withholding] = $2,650 total withholding
  - He will still owe $433
- In TY26, he will get a refund:
  - $17,500 x $12% = $2,100 [SocSec withholding] + $1600 [IRA withholding]
  - = $3,700, which is $617 more than his tax liability

- If the taxpayer doesn't have an online Social Security account, it may be easier to contact his IRA custodian and speak with his financial advisor, or the custodian, to alter his withholding. He could ask the custodian to withhold a specific amount, or a percentage. Depending on his distribution schedule, this could be a single withholding on a distribution. If his distributions are monthly, then it would be $3,083 / 12 = approximately $260 per month.

References:

NTTC 4491 Correcting the Amount of Tax Withheld
NTTC 4012 How Can a Taxpayer Avoid a Balance Due in the Future?

Form 1099-R Examples

Form 1099-R is a primary document for our senior population. The examples below present different scenarios. The purpose is to give all counselors the opportunity to use the resources to understand the situation. The target audience is all volunteers. These samples will help improve counselors' problem solving skills.

These are fun examples for Instructors to use in class. For in person classes, students can be split into small groups, 2-3 people, to discuss each exercise, and then discuss together in class.

For online classes, the exercises can be sent out ahead of time for counselors to review and then discussed together in class.

Sample questions are included with individual exercises.

EXAMPLE 1

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province country, ZIP or foreign postal code and phone no. TEXAS EQUIPMENT 6543 RATTLESNAKE AVE DALLAS, TX 75265	1 Gross distribution $13,875.37 2a Taxable amount $9,546.13	OMB No. 1545-0119 **20XX** Form **1099-R**	**Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**
	2b Taxable amount not determined. ☐	Total Distribution ☐	**Copy B**
PAYER'S TIN 55-1489722 / RECIPIENT'S TIN 555-00-XXXX	3 Capital gain (included in box 2a).	4 Federal income tax withheld $955.00	**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.**
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code GEORGE DALLAS 123 GOPHER LANE DALLAS, TX 75001	5 Employee contributions/ Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	
	7 Distribution Code(s) 7 / IRA/ SEP/ SIMPLE ☐	8 Other %	This information is being furnished to the IRS
	9a Your percentage of total distribution %	9b Total Employee Contributions $93,800.00	
10 Amount allocable to IRR within 5 years / 11 1st year of desig. Roth contrib. / 12 FATCA filing requirment ☐	14 State tax withheld	15 State/Payer's state no.	16 State distribution
Account number (see instructions) / 13 Date of payment	17 Local tax withheld	18 Name of locality	19 Local distribution

Form **1099-R** (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

What is this tax form?

How do you determine the correct taxable amount?

EXAMPLE 2

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province country, ZIP or foreign postal code and phone no. LONG-LIFE INSURANCE CO 3762 GLOBE AVE RICHARDSON, TX 75080	1 Gross distribution $16,832.00 2a Taxable amount	OMB No. 1545-0119 20XX Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
	2b Taxable amount not determined. X	Total Distribution ☐	Copy B
PAYER'S TIN 55-7629822 / RECIPIENT'S TIN 555-00-XXXX	3 Capital gain (included in box 2a).	4 Federal income tax withheld $1,683.20	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.
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code GEORGE DALLAS 123 GOPHER LANE DALLAS, TX 75001	5 Employee contributions/ Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	
	7 Distribution Code(s) 3 / IRA/ SEP/ SIMPLE ☐	8 Other %	This information is being furnished to the IRS
	9a Your percentage of total distribution %	9b Total Employee Contributions $78,284.54	
10 Amount allocable to IRR within 5 years / 11 1st year of desig. Roth contrib. / 12 FATCA filing requirment ☐	14 State tax withheld	15 State/Payer's state no.	16 State distribution
Account number (see instructions) / 13 Date of payment	17 Local tax withheld	18 Name of locality	19 Local distribution

Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

What is this form? What does Code 3 mean?

What information do you need from the taxpayer?

How do you determine the taxable amount?

EXAMPLE 3

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province country, ZIP or foreign postal code and phone no.
INVESTORS PREMIUM BANK
2395 LONGHORN BLVD
FT WORTH, TX 76053

1 Gross distribution: $5,000.00

2a Taxable amount: $5,000.00

OMB No. 1545-0119

20XX

Form **1099-R**

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

2b Taxable amount not determined. ☒ X

Total Distribution ☐

PAYER'S TIN: 55-7698912

RECIPIENT'S TIN: 555-00-XXXX

3 Capital gain (included in box 2a).

4 Federal income tax withheld: $1,000.00

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.

RECIPIENT'S name
Street address (including apt.no.)
City or town, state or province, country, ZIP or foreign postal code
GEORGE DALLAS
123 GOPHER LANE
DALLAS, TX 75001

5 Employee contributions/ Designated Roth contributions or insurance premiums

6 Net unrealized appreciation in employer's securities

7 Distribution Code(s): 1

IRA/ SEP/ SIMPLE: ☒ X

8 Other %

This information is being furnished to the IRS

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 requirment ☐

14 State tax withheld

15 State/Payer's state no.

16 State distribution

Account number (see instructions)

13 Date of payment

17 Local tax withheld

18 Name of locality

19 Local distribution

Form **1099-R** (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

What is this form? What does Code 1 mean?

What should you ask the taxpayer?

EXAMPLE 4

CORRECTED (if checked) ☐

PAYER'S name, street address, city or town, state or province country, ZIP or foreign postal code and phone no. WEALTH ASSOCIATES 1313 MOCKINGBIRD LANE HARTFORD, CT 06106	1 Gross distribution $18,364.82 2a Taxable amount	OMB No. 1545-0119 **20XX** Form **1099-R**	**Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**
	2b Taxable amount not determined. X	Total Distribution ☐	**Copy B**
PAYER'S TIN 55-5678901 / RECIPIENT'S TIN 555-00-XXXX	3 Capital gain (included in box 2a).	4 Federal income tax withheld $3,000.00	**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.**
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code GEORGE DALLAS 123 GOPHER LANE DALLAS, TX 75001	5 Employee contributions/ Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	
	7 Distribution Code(s) 7 / IRA/ SEP/ SIMPLE ☐	8 Other %	This information is being furnished to the IRS
	9a Your percentage of total distribution %	9b Total Employee Contributions $103,154.87	
10 Amount allocable to IRR within 5 years / 11 1st year of desig. Roth contrib. / 12 FATCA filing requirment ☐	14 State tax withheld	15 State/Payer's state no.	16 State distribution
Account number (see instructions) / 13 Date of payment	17 Local tax withheld	18 Name of locality	19 Local distribution

Form **1099-R** (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

What is this form?

How do you determine the taxable amount?

What do you need to know?

EXAMPLE 5

☐ CORRECTED (if checked)			
PAYER'S name, street address, city or town, state or province country, ZIP or foreign postal code and phone no. CHOICE INVESTORS 1864 SANDSTONE DRIVE DALLAS, TX 75265	1 Gross distribution $4,895.00 2a Taxable amount $.00	OMB No. 1545-0119 20XX Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
	2b Taxable amount not determined. ☐	Total Distribution X	Copy B
PAYER'S TIN 55-8761239 / RECIPIENT'S TIN 555-00-XXXX	3 Capital gain (included in box 2a).	4 Federal income tax withheld	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.
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code GEORGE DALLAS 123 GOPHER LANE DALLAS, TX 75001	5 Employee contributions/ Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	
	7 Distribution Code(s) G / IRA/ SEP/ SIMPLE ☐	8 Other %	This information is being furnished to the IRS
	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 requirment ☐	14 State tax withheld	15 State/Payer's state no.	16 State distribution
Account number (see instructions) / 13 Date of payment	17 Local tax withheld	18 Name of locality	19 Local distribution
Form 1099-R (keep for your records)	www.irs.gov/Form1099R	Department of the Treasury - Internal Revenue Service	

What is this form? What does Code G mean?

What is the taxable amount?

What should you ask the taxpayer?

EXAMPLE 6

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province country, ZIP or foreign postal code and phone no. GENERATION INVESTORS 1800 MAIN ST FT WORTH, TX 76053	1 Gross distribution $5,000.00 2a Taxable amount $5,000.00	OMB No. 1545-0119 20XX Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
	2b Taxable amount not determined. X	Total Distribution ☐	Copy B
PAYER'S TIN 55-7698912 / RECIPIENT'S TIN 555-00-XXXX	3 Capital gain (included in box 2a).	4 Federal income tax withheld	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.
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code GEORGE DALLAS 123 GOPHER LANE DALLAS, TX 75001	5 Employee contributions/ Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	
	7 Distribution Code(s) 7Y / IRA/ SEP/ SIMPLE X	8 Other %	This information is being furnished to the IRS
	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 requirment ☐	14 State tax withheld	15 State/Payer's state no.	16 State distribution
Account number (see instructions) / 13 Date of payment	17 Local tax withheld	18 Name of locality	19 Local distribution

Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

What is this form? What does Code 7Y mean?

What is the taxable amount?

What should you ask the taxpayer?

EXAMPLE 7

CORRECTED (if checked)

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

TEXAS EQUIPMENT
6543 RATTLESNAKE AVE
DALLAS, TX 75265

1 Gross distribution $3,600.00

2a Taxable amount $3,600.00

OMB No. 1545-0119

20XX

Form 1099-R

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

2b Taxable amount not determined. ☐

Total Distribution ☐

Copy B

PAYER'S TIN 55-1237654

RECIPIENT'S TIN 555-00-XXXX

3 Capital gain (included in box 2a).

4 Federal income tax withheld

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.

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

GEORGE DALLAS
123 GOPHER LANE
DALLAS, TX 75001

5 Employee contributions/ Designated Roth contributions or insurance premiums

6 Net unrealized appreciation in employer's securities

7 Distribution Code(s) G

IRA/ SEP/ SIMPLE ☐

8 Other %

This information is being furnished to the IRS

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 requirment ☐

14 State tax withheld

15 State/Payer's state no.

16 State distribution

Account number (see instructions)

13 Date of payment

17 Local tax withheld

18 Name of locality

19 Local distribution

Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

What is this form? What does Code G mean?

What is the taxable amount?

Real Life Tax Challenges

"Real life is a lot different from Training."

---- Comment from a new volunteer

The target audience for these tax challenges is experienced volunteers. The purpose is to give experienced counselors and quality reviewers an opportunity to review and handle different types of tax situations. **All of these are real life situations**. Examining real life scenarios helps to instill confidence in our counselors by improving problem solving skills.

These are fun examples for Instructors to use in class. Mixing up the situations with different tax forms, and a couple of quizzes adds good variety to the lesson.

For in person classes, students can be split into small groups, 2-3 people, to discuss each exercise, and then discuss together in class. For online classes, the exercises can be sent out ahead of time for counselors to review and then discussed together in class.

Sample questions are included:

- What interview questions do you need to ask?
- What is the form you are looking at?
    - What does it represent, what do the codes mean?
- What would you look up in NTTC 4012?
- Is it in scope? Where is it in the Scope manual?

EXAMPLE 1 Form 1099-R

CORRECTED (if checked) ☐

PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. PIONEER TRUST COMPANY PO BOX 1400 BOSTON MA 02119-1400	1 Gross distribution $220,000.00 2a Taxable amount $220,000.00	20XX Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
	2b Taxable amount not determined. X	Total Distribution ☐	**Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.**
	3 Capital gain (included in box 2a).	4 Federal income tax withheld	
PAYER'S TIN 27-112XXXX / RECIPIENT'S TIN 460-0X-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 CINDY T ADAMS 1712 N CLANCY DR WHEELING, IL 60090	7 Distribution Code(s) 7 / IRA/ SEP/ SIMPLE X	8 Other %	This information is being furnished to the IRS
	9a Your percentage of total distribution %	9b Total Employee Contributions	
10 Amount allocable to IRR within 5 years / 11 1st year of desig. Roth / 12 FATCA filing requirment ☐	14 State tax 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**

Cindy Adams brought in this tax form.

- What do you notice on this 1099-R?
- What should you ask the taxpayer?

EXAMPLE 2 Form 1099-Div

CORRECTED (if checked)

PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. FIDELITY		1 Total Ordinary Dividends $426.00	OMB No. 1545--0110 20XX Form 1099-DIV	Dividends and Distributions
		1b Qualified Dividends $410.00		
		2a Total capital gain distr.	2b Unrecap. Sec. 1250 gain	Copy B For Recipient
PAYER'S TIN 34-8787333	RECIPIENT'S TIN 422-00-8789	2c Section 1202 gain	2d Collectables (28%) gain	
		2e Section 897 ordinary dividends	2f Section 897 capital 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.
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code JANE MERIWEATHER TTEE UTMA OLIVER COOK 54 MIDDLESEX WAY ARLINGTON HEIGHTS, IL		3 Nondividend distributions	4 Federal income tax withheld	
		5 Section 199A dividends	6 Investment expenses	
		7 Foreign Tax Paid	8 Foreign Country or US possession	
		9 Cash liquidation distributions	10 Noncash liquidation distribution	
	11 FATCA filing requirment ☐	12 Exempt-Interest dividends	13 Specified private activity bond interest dividends	
Account number (see instructions)		15 State | 14 State Identification no.	15 State tax withheld	

Form 1099-DIV

Jane Meriweather brought in this tax form.

- What kind of account is this?
- Is it in scope?
- What should you ask the taxpayer?
- What do you do with this form?

EXAMPLE 3 Form 1040

You are the quality reviewer. The counselor noticed that:[14]

- Taxable income is about the same as last year
- Taxpayer had *extra* $100 withholding this year due to higher W-2 wages
- BUT, the refund is about $250 lower

There were no errors in the return and the counselor asks you,
Why is the taxpayer's refund lower with the same amount of income?

Current year 1040

Income	1a	Total amount from Form(s) W-2, box 1 (see instructions)		1a	91000
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	b	Household employee wages not reported on Form(s) W-2		1b	
	c	Tip income not reported on line 1a (see instructions)		1c	
	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)		1d	
	e	Taxable dependent care benefits from Form 2441, line 26		1e	
	f	Employer-provided adoption benefits from Form 8839, line 29		1f	
If you did not get a Form W-2, see instructions.	g	Wages from Form 8919, line 6		1g	
	h	Other earned income (see instructions)		1h	
	i	Nontaxable combat pay election (see instructions)	1i		
	z	Add lines 1a through 1h		1z	91000
Attach Sch. B if required.	2a	Tax-exempt interest	2a	b Taxable interest 2b	
	3a	Qualified dividends	3a 840	b Ordinary dividends 3b	860
	4a	IRA distributions	4a	b Taxable amount 4b	
Standard Deduction for—	5a	Pensions and annuities	5a	b Taxable amount 5b	7000
• Single or Married filing separately, $12,950	6a	Social security benefits	6a	b Taxable amount 6b	
• Married filing jointly or Qualifying surviving spouse, $25,900	c	If you elect to use the lump-sum election method, check here (see instructions) ☐			
• Head of household, $19,400	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☒		7	150
	8	Other income from Schedule 1, line 10		8	
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**		9	99010
	10	Adjustments to income from Schedule 1, line 26		10	
	11	Subtract line 10 from line 9. This is your **adjusted gross income**		11	99010
	12	**Standard deduction or itemized deductions** (from Schedule A)		12	19400

[14] Ignore the year and layout of the Forms 1040; since it changes every year. The information you need is on the Forms.

EXAMPLE 3 Form 1040 continued

Previous year 1040

Attach Sch. B if required.

Standard Deduction for—
- Single or Married filing separately, $12,550
- Married filing jointly or Qualifying widow(er), $25,100
- Head of household, $18,800
- If you checked any box under *Standard Deduction,* see instructions.

1	Wages, salaries, tips, etc. Attach Form(s) W-2				1	85000
2a	Tax-exempt interest	2a		b Taxable interest	2b	
3a	Qualified dividends	3a	3350	b Ordinary dividends	3b	3400
4a	IRA distributions	4a		b Taxable amount	4b	4500
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☒				7	5600
8	Other income from Schedule 1, line 10				8	
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** ▶				9	98500
10	Adjustments to income from Schedule 1, line 26				10	
11	Subtract line 10 from line 9. This is your **adjusted gross income** ▶				11	98500
12a	**Standard deduction or itemized deductions** (from Schedule A)	12a	18800			
b	Charitable contributions if you take the standard deduction (see instructions)	12b				
c	Add lines 12a and 12b				12c	18800
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	
14	Add lines 12c and 13				14	18800
15	**Taxable income.** Subtract line 14 from line 11. If zero or less, enter -0-				15	79700

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2021)

EXAMPLE 4 Form 1099-MISC

☐ CORRECTED (if checked)		OMB No. 1545-0115	
PAYER'S name, street address city or town, state or province, country, ZIP or foreign postal code and telephone no. IMAR ENTERPRISES 4319 CANADIAN RIVER DR SUGAR LAND TX 77478	1 Rents 2 Royalties	OMB No. 1545-0115 Form **1099-MISC** (Rev. January, 2022) For calendar Year 20 **XX**	**Miscellaneous Income**
	3 Other Income $14,390.00	**4 Federal income tax withheld**	**Copy B For Recipient**
PAYER'S TIN 26-3645557 / RECIPIENT'S TIN 555-00-XXXX	5 Fishing boat proceeds	6 Medical and health care payments	
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code GEORGE DALLAS 123 GOPHER LANE DALLAS, TX 75001	7 Payer made direct sales totaling $5,000 or more of consumer products to recipient for resale ☐	8 Substitute payments in lieu of dividends or interest	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.
	9 Crop Insurance proceeds	10 Gross proceeds paid to an attorney	
	11 Fish purchased for resale	12 Section 409A deferrals	
13 FATCA filing requirment ☐	14 Excess golden parachute payments	15 Nonqualified deferred compensation	
Account number (see instructions)	16 State tax withheld	17 State/Payer's state no.	18 State income

Form **1099-MISC** (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099MISC Department of the Treasury - Internal Revenue Service

IMAR Enterprises is a state Medicaid contractor. The payment was to the parent of a disabled child for care provided in the home.

- What else should you ask the taxpayer?
- How is it entered in TaxSlayer?
- What would you do if the taxpayer didn't know what this was for?

EXAMPLE 5 Inherited Assets

This example encouraged a class discussion on various inherited assets. The taxpayer and their sibling both had their taxes done at separate AARP Tax-Aide sites, and the results were two significantly different answers.

Facts:

- Taxpayer and sibling inherited a home from their parent
- Parent had lived alone in home for past 10 years
- Home was sold 5 weeks after parent's death
- Each sibling received $30,000 proceeds from sale

Quiz: Which is true for the $30,000 for taxpayer? [only one answer is correct]

A. Not taxable because (deceased) owner qualified for $250,000 exclusion

B. The $30,000 is taxable income because it is Income in Respect of a Decedent

C. This transaction makes the return out of scope because the taxpayer did not use the home as a personal residence

D. Inherited assets are not taxable

EXAMPLE 6 Form 1099-R

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province country, ZIP or foreign postal code and phone no. AXIOM INVESTMENTS	1 Gross distribution $3,560.00 2a Taxable amount	OMB No. 1545-0119 20XX Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
	2b Taxable amount not determined. X	Total Distribution X	Copy B
PAYER'S TIN 42-655XXXX / RECIPIENT'S TIN 528-00-XXXX	3 Capital gain (included in box 2a).	4 Federal income tax withheld	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.
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code JAVIER ROOSEVELT 1585 CROWN POINT YC, YS YZIP	5 Employee contributions/ Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	
	7 Distribution Code(s) J — IRA/ SEP/ SIMPLE X	8 Other %	This information is being furnished to the IRS
	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 requirment ☐	14 State tax withheld	15 State/Payer's state no.	16 State distribution
Account number (see instructions) / 13 Date of payment	17 Local tax withheld	18 Name of locality	19 Local distribution

Form **1099-R** (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

Taxpayer brought in this form and said they closed out this small account.

- What kind of account is this?
- Is Code J in scope? Where do you find it in Scope Manual?
- Where do you find it in NTTC 4012?
- What should you ask the taxpayer?

EXAMPLE 7

A local coordinator received a call from a taxpayer who had 2 pages of another taxpayer's return included in his envelope.

"I had to meet with him this week to retrieve the other client's documents. That is not a conversation I want to have to do again."

EXAMPLE 8 1099-R

☐ CORRECTED (if checked)

PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. EDWARD JONES	1 Gross distribution $1,905.00 2a Taxable amount	20XX Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
	2b Taxable amount not determined. ☐	Total Distribution ☐	**Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.**
	3 Capital gain (included in box 2a).	4 Federal income tax withheld	
PAYER'S TIN 12-34568XX / RECIPIENT'S TIN 433-00-1414	5 Employee contributions/ Designated Roth contributions or $1,905.00	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 AMY GRANT ADDRESS IL	7 Distribution Code(s) 7D / IRA/ SEP/ SIMPLE ☐	8 Other %	This information is being furnished to the IRS
	9a Your percentage of total distribution %	9b Total Employee Contributions $15,000.00	
10 Amount allocable to IRR within 5 years / 11 1st year of desig. Roth / 12 FATCA filing requirment ☐	14 State tax withheld	15 State/Payer's state no.	16 State distribution
Account number (see instructions) / 13 Date of payment	17 Local tax withheld	18 Name of locality	19 Local distribution

Form **1099-R**

Taxpayer brought in this 1099-R.

- What do you note on the form?
- What type of distribution is this?

Quiz: Do you, or can you use the Colorado toolbox annuity calculator to calculate Box 2a?

- Yes
- No
- It depends

EXAMPLE 9 Form 1099-R

☐ CORRECTED (if checked)

PAYER'S name
Street address
City or town, state or province, country, ZIP or foreign postal code
Telephone no.
HANOVER COMPANY
30 MAIN ST
BOSTON, MA

1 Gross distribution $1,850.00

2a Taxable amount $.00

20XX Form 1099-R

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

2b Taxable amount not determined. ☐ Total Distribution ☐

3 Capital gain (included in box 2a).

4 Federal income tax withheld

Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.

PAYER'S TIN	RECIPIENT'S TIN
34-4790239	432-60-9912

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
JANELLE MOROVY
15 OAK ST
WHEELING, IL 60090

7 Distribution Code(s) W

IRA/ SEP/ SIMPLE ☐

8 Other 1,850.00 %

This information is being furnished to the IRS

9a Your percentage of total distribution %

9b Total Employee Contributions

10 Amount allocable to IRR within 5 years

11 1st year of desig. Roth

12 FATCA filing requirment ☐

14 State tax 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**

Taxpayer brought in this tax form.

- What is this? Is it in scope?
- What is the taxable amount?
- What page do you find this in the Scope manual?
  - What page in NTTC 4012?

EXAMPLE 10 Form 1099-MISC

☐ CORRECTED (if checked) OMB No. 1545-0115

PAYER'S name, street address city or town, state or province, country, ZIP or foreign postal code and telephone no. XXVI HOLDING INC 1600 AMPHITHEATRE PARKWAY MOUNTAIN VIEW CA 94043		1 Rents 2 Royalties $5,383.00 3 Other Income	OMB No. 1545-0115 Form **1099-MISC** (Rev. January, 2022) For calendar Year 20 **XX** **4 Federal income tax withheld**	**Miscellaneous Income** **Copy B For Recipient**
PAYER'S TIN 82-2182297	RECIPIENT'S TIN 555-00-XXXX	5 Fishing boat proceeds	6 Medical and health care payments	
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code GEORGE DALLAS 123 GOPHER LANE DALLAS, TX 75001		7 Payer made direct sales totaling $5,000 or more of consumer products to recipient for resale ☐ 9 Crop Insurance proceeds 11 Fish purchased for resale	8 Substitute payments in lieu of dividends or interest 10 Gross proceeds paid to an attorney 12 Section 409A deferrals	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.
	13 FATCA filing requirment ☐	14 Excess golden parachute payments	15 Nonqualified deferred compensation	
Account number (see instructions)		16 State tax withheld	17 State/Payer's state no.	18 State income

Form **1099-MISC** (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099MISC Department of the Treasury - Internal Revenue Service

XXVI Holding is a Google (or Alphabet) company. The payments were to a content creator for YouTube videos he had "monetized".

- What else should you ask the taxpayer?
- How is it entered in TaxSlayer?
- What would you do if the taxpayer didn't know what this was for?

EXAMPLE 11 Form 1099-Q

The taxpayer took a distribution from his 529 plan to help pay college expenses for their dependent child.

CORRECTED (if checked)

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code and telephone number HARPER COLLEGE 150 COLLEGE WAY CITY, STATE ZIP	1 Payments received for qualified tuition and related expenses $18,000.00 2	OMB No. 1545-1574 20XX Form 1098-T	**Tuition Statement**
FILER'S employer identification no. 87-2349999 / STUDENT'S TIN 255-0X-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 ROSKA SAPOVSKAYA 15 BERNARD AVE YC, YS YZIP	4 Adjustments made for a prior year 6 Adjustments to scholarships or grants for a prior year	5 Scholarships or grants $16,000.00 7 Checked if the amount in box 1 or 2 includes amounts for an academic period begining January-March 20XX+1. ☐	
Service Provider/Acct No. (see instr.) / 8. Checked if at least half-time student X	9 Checked if a graduate student ☐	10 Ins. contract reimb./refund	

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

CORRECTED (if checked)

PAYER'S/TRUSTEE's name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. COLLEGE CHOICE 1800 PENNSYLVANIA WAY CITY STATE ZIP	1 Gross Distribution $35,000.00 2 Earnings $28,745.00	OMB No. 1545-1760 Form 1099-Q (Rev. Novmber,2019) For calendar Year 20 XX	**Payments From Qualified Education Programs (Under Sections 529 and 530)**
PAYER'S/TRUSTEE'S TIN 87-23432XX / RECIEPIENT'S TIN 389-00-XXXX	3 Basis $6,255.00	4 Trustee-to-trustee transfer ☐	**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 AMADEUS SAPOVSKAYA 15 BERNARD AVE YC, YS YZIP	5 Check one: * Qualified Tuition Program – Private X or State ☐ * Coverdell ESA ☐	6 If this box is checked, the recipient is not the designated beneficiary X	
Account number (see instructions) 879-2227H3	If the fair market value (FMV) is shown below, see Pub. 970, Tax Benefits for Education, for how to figure earnings.		

Form **1099-Q** (Rev. 11-2019) (keep for your records) www.irs.gov/Form1099Q Department of the Treasury - Internal Revenue Service

- What do you need to ask the taxpayer?
- Is it in scope?
- What page do you find this in the NTTC 4012?

EXAMPLE 12 Home Sale

Single widowed taxpayer sold an out of state vacation home. Original purchase price was $35,000. Sales price was $178,000.

- What do you need to ask the taxpayer?
- Is the return in scope?
- What other information do you need from the taxpayer?

EXAMPLE 13 Form 1099-MISC

☐ CORRECTED (if checked)

OMB No. 1545-0115

PAYER'S name, street address city or town, state or province, country, ZIP or foreign postal code and telephone no. SIEMANS ENERGY BENEFIT SERVICE CENTER BENEFIT DISBURSEMENT NON QUAL AGENT P O BOX 64116 THE WOODLANDS TX 77387		1 Rents 2 Royalties	OMB No. 1545-0115 Form **1099-MISC** (Rev. January, 2022) For calendar Year 20 **XX**	**Miscellaneous Income**
		3 Other Income $13,857.00	**4 Federal income tax withheld**	**Copy B For Recipient**
PAYER'S TIN 47-1558639	RECIPIENT'S TIN 555-00-XXXX	5 Fishing boat proceeds	6 Medical and health care payments	
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code GEORGE DALLAS 123 GOPHER LANE DALLAS, TX 75001		7 Payer made direct sales totaling $5,000 or more of consumer products to recipient for resale ☐	8 Substitute payments in lieu of dividends or interest	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.
		9 Crop Insurance proceeds	10 Gross proceeds paid to an attorney	
		11 Fish purchased for resale	12 Section 409A deferrals	
	13 FATCA filing requirment ☐	14 Excess golden parachute payments	15 Nonqualified deferred compensation	
Account number (see instructions)		16 State tax withheld	17 State/Payer's state no.	18 State income

Form **1099-MISC** (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099MISC Department of the Treasury - Internal Revenue Service

The payments were related to the employment of the taxpayer's late spouse.

- What else should you ask the taxpayer?
- How is it entered in TaxSlayer?
- What would you do if the taxpayer didn't know what this was for?

EXAMPLE 14 Child and Dependent Care Credit

Taxpayer works, spouse has no earned income for the tax year. Spouse is not disabled. They have a 10-year old child and daycare expenses. Taxpayer asked:

a. Can they take child and dependent care credit?

b. Spouse has no earned income during the tax year, but was looking for work. Can they take child and dependent care credit?

Where do you find this in NTTC 4012?

EXAMPLE 15 1099-R

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province country, ZIP or foreign postal code and phone no. SAFETY INVESTMENTS	1 Gross distribution $25,000.00 2a Taxable amount $25,000.00	OMB No. 1545-0119 20XX Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
	2b Taxable amount not determined. X	Total Distribution ☐	Copy B
PAYER'S TIN 87-7XXXXXX / RECIPIENT'S TIN 466-00-XXXX	3 Capital gain (included in box 2a).	4 Federal income tax withheld $2,500.00	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.
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code JOANIE SANDERS 1589 APPLE DRIVE APT 3B YC, YS YZIP	5 Employee contributions/ Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	
	7 Distribution Code(s) 7 / IRA/ SEP/ SIMPLE X	8 Other %	This information is being furnished to the IRS
	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 requirment ☐	14 State tax withheld	15 State/Payer's state no.	16 State distribution
Account number (see instructions) / 13 Date of payment	17 Local tax withheld	18 Name of locality	19 Local distribution

Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

Taxpayer says custodian made a mistake. Half the distribution should have been rolled over into another IRA account and half was a regular distribution. The custodian eventually made the correction.

- What did you need to ask the taxpayer?
- Is it in scope?
- How do you enter the 1099-R?
- How do you handle the withholding?

EXAMPLE 16 Form 1098-E

☐ CORRECTED (if checked)

RECIPIENT'S/LENDER'S name Street address City or town, state or province, country, ZIP or Foreign Postal Code Telephone number INVEST INC 60 MAIN NY NY		OMB. 1545-1576 20XX Form 1098-E	**Student Loan Interest Statement**
RECIPIENT'S federal identification no. 34-8928374	BORROWER'S social security nunber 402-00-2332	1 Student loan interest received by lender $83,000.00	**Copy B** **For Borrower**
BORROWER'S name Street address (including apt. no.) City or town, state or province, country, ZIP or Foreign Postal Code JOE COLEGIO 89 MUNSTER ST MT PROSPECT, IL			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) 8782309		2 If checked box 1 does not include loan origination fees and/or capitalized interest for loans made before September, 1 2004 . . . . ☐	

Form **1098-E**

The taxpayer brought in this tax form.

- What do you notice on this form?
- What questions do you ask the taxpayer?
- What do you do with this form?

Answers to Online Workbook Exercises

Answers will be provided after TaxSlayer Practice Lab 2025 is released.

Medicaid Waiver Payment

Results (2024 Practice Lab)

	Adjusted Gross Income (AGI) Line 11	Taxable Income Line 15	Tax Line 16	Child Tax Credit and Other Dependents Line 19	Earned Income Credit Line 27	Additional Child Tax Credit (refundable) Line 28	Premium Tax Credit Line 31	Refund Line 35a
MWP not included in AGI or earned income	36,750	7550	758	758	3073	1700	1185	9633
MWP not included in AGI, included in earned income	36,750	7550	758	758	900	1700	1185	7460
MWP included in AGI and earned income	50,350	21,150	2118	2118	900	382	1088	6045

Note that the results from this table are not generally applicable to all taxpayers. Each situation needs to be evaluated on its own merits, including impact on the state tax return. How the MWP is treated in this exercise to give the best result may not give the best result for all situations.

Why is Louis Samuel's Form SSA-1099 included in this exercise?

For calculating the Premium Tax Credit, the modified AGI of any dependent in the tax family who is required to file a return must be added to the modified AGI of the taxpayer.

Since he is a dependent, Louis is a member of the tax family. So, the key question is whether or not he is required to file a return. For the counselor to determine this, it is necessary to review his Form SSA-1099; that is why it is included. In this exercise, Louis' Social Security income is below the threshold for requiring him to file a return, so his income does not need to be added to the taxpayer's modified AGI.

Similarly, Anna is a dependent and a member of the tax family. If her income met the income tax return filing threshold and she were required to file, then her modified AGI would need to be added to the taxpayer's modified AGI for the PTC calculation.

Quiz Custodial vs Noncustodial parent

The answers are determined by several factors: some credits can only go to the taxpayer claiming the child, and some can only go to the custodial parent. For example, the taxpayers cannot choose who is head of household – only the custodial parent can be head of household.

Tax Benefit in Year Noncustodial Parent claims children	Custodial Parent	Noncustodial Parent with Form 8332
1. Dependency		Y
2. Child Tax Credit		Y
3. Earned Income Credit	Y	
4. Child and Dependent Care Credit	Y	
5. Education Credits		Y
6. Medical Expenses they paid (Sch A)	Y	Y
7. Head of Household	Y	

1099-R Examples

EXAMPLE 1. This form is a pension. The IRA box is not checked. There is an amount in Box 9b Total Employee Contributions, but the payor provided Taxable Amount in Box 2a. There is no need to use the Colorado Toolbox Annuity/Pension Calculator.

EXAMPLE 2. This form is a pension. Code 3 is a disability pension. Counselor needs to ask the taxpayer, what is the minimum retirement age allowed by the plan? If taxpayer is under retirement age, distribution is treated as wages and no tool needed. Requires special entry in TaxSlayer. If taxpayer is over retirement age, counselor needs to use the Colorado Toolbox Annuity/Pension Calculator to determine the taxable amount. The taxpayer does not begin to recover their basis until they have reached the retirement age for the plan.

EXAMPLE 3. Code 1 is early distribution, no known exception. It is the *counselor's* responsibility to see if the taxpayer qualifies for an exception to the 10% additional tax. **It is best not to ask:** What did you use the money for? Or, Why did you take this distribution? The taxpayer might say they used the money to help pay their usual bills. That is not a qualified exception. Instead, **ask** about additional or out of the ordinary expenses the taxpayer had, or if there were any changes in the taxpayer's circumstances during the year. If an exception applies to the taxpayer's situation, then it can be used to remove the additional tax. Some exceptions are time dependent, for example: IRA distribution made for purchase of a first time home, the payment must be made within 120 days of the distributions.

Note that an additional exception was added in TY24 for emergency expenses. This is self-certified by the taxpayer, and there are additional rules.

Counselor should also ask the taxpayer if they have a basis in their IRA. Ie, did they make non-deductible IRA contributions. If yes, they need to provide their latest Form 8606 which includes their basis information. In this case, a portion of $5,000 will not be taxable. There is a tool in the Colorado Resource toolbox to help determine the taxable amount.

EXAMPLE 4. This form is a pension. The counselor needs to determine the taxable amount of the pension, since Box 2a is blank. The print-out from the Colorado Toolbox Annuity/Pension Calculator may be in the taxpayer's prior year folder. If not, it will need to be calculated.

Ask the taxpayer:

- Is the pension Single or Joint?
- When did you receive your first pension payment? (if taxpayer doesn't remember, can ask, When did you retire?)

EXAMPLE 5. Code G is a rollover. The taxable amount is zero. Zero is a number. As expected, there is no withholding. Confirm with the taxpayer that they rolled over this retirement account.

EXAMPLE 6. This is an IRA distribution. Code Y is new for TY25, and it is Qualified Charitable Distribution (QCD). We are not certain exactly how the payer will print the 1099-R. Counselor should confirm with the taxpayer that the entire $5,000 was contributed to a qualified charity. Review the special rules for QCD. If it is a QCD, then the taxable amount is zero. Special data entry in TaxSlayer is needed for a QCD, and it will be noted on Form 1040.

EXAMPLE 7. Employer matching contributions to Roth 401(k) are now reported this way. Do not be confused by G in box 7. This is not a rollover. Taxable amount is provided. Allowed by SECURE 2.0.

Real Life Tax Challenges

Example 1. First thing to notice is $220,000 withdrawal with no withholding in Box 4. If this form is true, then the taxpayer needs to be told upfront that they should have had tax withholding on this distribution, and there will be a big tax bill. The taxpayer was surprised, and didn't think they owed any tax. Additional questions to ask:

- Was this a rollover?
- What did you do with the $220,000?

When the counselor asked the taxpayer, the taxpayer didn't know what it was. They could not reach their financial advisor. The taxpayer was sent home.

When the taxpayer returned, their financial advisor had told them, Yes, it was rolled over. And the taxpayer brought in an *additional 1099-R* from this account with their RMD.

Key points: Use common sense. Withdrawal this large with no withholding doesn't make sense. Keep asking questions until you have a complete, accurate answer. Don't enter $220,000 in income on a taxpayer's return without knowing: what is it?

Example 2. An UTMA stands for Uniform Trust to Minors Act. You may also see UGMA, Uniform Gifts to Minors Act. You need to check the Social Security number on the account, 422-00-8789, and you will see it belongs to Oliver Cook, a minor. This tax form is in scope; however, this income belongs on Oliver Cook's tax return, not Jane's. When you ask the taxpayer about the form, they are likely to tell you it is an account for their child or grandchild. The form should be given to Oliver's parent or guardian, who should determine if Oliver has a filing requirement.

Key points: Check social security numbers. Taxpayers often bring in tax documents that do not belong on their tax return—Social Security statement that does not belong to the taxpayer, or as in this case, a minor's tax form containing income.

Example 3. Qualified Dividends and Capital Gains are taxed at a lower tax rate than ordinary income. Last year's Capital Gains and Qualified Dividends were much higher, and were replaced this year by an increase in wages and a pension distribution. Hence, a higher tax rate and higher tax bill. TaxSlayer has a prior year comparison of the 1040, and counselor can review that as well. However, it will only be available if the taxpayer had their return prepared at your site the prior year.

Key points: Do not ignore changes in the tax bill. Counselor should understand *why* the taxpayer's tax liability went up or down. You don't need to run your own calculations, but you should be able to see on the tax return the reason for the difference.

Example 4. Different states have different methods of reporting payments to care providers in Medicaid Waiver Programs (e.g., W-2 with or without Box 12 Code II, 1099-MISC in various boxes, 1099-NEC, no form at all). States may have more than one program which pay in different ways, and not all payments qualify for an exclusion. It is not always obvious from the form that this is a Medicaid Waiver Payment. If the taxpayer does not know, the taxpayer or Counselor may need to contact the payer for more information. Check the NTTC 4012 to see if the payment meets the requirements for exclusion from gross income and how to enter.

Example 5. Quiz Answer: C. Out of scope.

A is not true because this is not the taxpayer's primary residence. Also, the proceeds are not the decedent's, they belong to the taxpayer.

B is not true. The $30,000 was sale proceeds, not income. If you bought your car for $52,000 and sold it for $30,000, the $30,000 is not income.

D. Inherited assets are not subject to federal income tax at the time of inheritance, though they may be subject to state inheritance taxes. Also, inherited assets generally receive a step-up in basis, but income or capital gains received thereafter, such as interest on a CD or a distribution from an inherited IRA, are usually taxable.

An AARP Tax-Aide site did the tax return and **incorrectly** included the $30,000 in income. It only came to light because the sibling went to a different AARP Tax-Aide site, and was told that was not correct.

Key points: a) Counselors don't know what they don't know; b) **Never** put income on a tax return unless you are absolutely sure it's correct; c) Find someone who is experienced in **this**, whatever **this** tax issue might be. And finally, d) If you don't have someone experienced in **this** tax issue, TURN AWAY THE TAXPAYER. Don't make an educated guess at the answer. This taxpayer probably paid an extra $7,000-$8,000 in taxes--but yay, they got a free tax return.

Example 6. When you look up in NTTC 4012, look for the chart: Form 1099-R Distribution Codes. Code J is an early distribution from a Roth IRA. It must be a **qualified** Roth distribution for it to be in scope. It sends you to a flowchart to determine if it is a qualified distribution or not; therefore may, or may not be in scope.

After asking this taxpayer, Tell me about this account, the taxpayer explained:

- This was an inherited IRA from his father.
- Father just passed away.
- Father was 85 years old, and hadn't work in 20 years.

That last bullet tells you that the account was opened over five years ago. In order for the distribution to be qualified, the account must be at least 5 years old. Therefore, Yes, it is a qualified distribution, and it is in scope.

Key point: Use the chart in NTTC 4012 so that you know what to ask the taxpayer, and arrive at the correct answer.

Example 7. Training is about more than just tax law, isn't it? Counselors need to be organized at their desk and need to have a standard process flow. This counselor should have gone over every page of the taxpayer's tax return with the taxpayer. If they had done so, then either the counselor or taxpayer would have noticed the extra documents. The local coordinator needs to write up an Incident Report. Not fun for anyone.

Example 8. Note that the taxable amount Box 2a is blank, and there is an amount in Box 9b Total Employee Contributions. First, ask the taxpayer, What is this? Box 7 distribution code D tells you it is a nonqualified annuity. Quiz Answer is NO. You cannot use the Colorado Toolbox Annuity Exclusion calculator because annuities don't use the Simplified method for calculation, they use the General method. The Toolbox uses the Simplified method. Ask the taxpayer to call the annuity company or their financial advisor to ask, What is the Taxable Amount?

Key points: If you have a blank taxable amount in Box 2a or an amount in Box 9b for Employee contributions, you should not automatically use the Exclusion calculator. If you don't understand Form 1099-R, and the taxpayer cannot explain to your satisfaction, then ask the taxpayer to call the issuer/ custodian/ financial advisor to get additional information.

Example 9. When you look this up in the NTTC 4012, Code W is Charges or Payments for purchasing qualified long-term care insurance contracts. It is excludable from gross income. The Scope Manual is what you should use to determine Scope, and it will give you the same information.

Key point: Note that Taxable amount in Box 2a is zero. Zero is a number.

Example 10. Royalties may need to be reported on Schedule C or Schedule E. Check the NTTC 4012 about the requirements for each and how to enter. The payer name on some forms may not be recognized by the taxpayer. If the taxpayer does not know, the taxpayer or Counselor may need to contact the payer for more information. In this case, the taxpayer was working as a content creator, and needed to file Schedule C. The 1099-MISC was entered as 1099-NEC, following the directions in NTTC 4012.

Example 11. For education credits, you always need to find out about additional Qualified Education Expenses. The taxpayer withdrew $35,000 from the College 529 account. If any of that was **not** used to pay for qualified education expenses, then it becomes taxable.

If you look in NTTC 4012 Tab J Highlights of Education Tax Benefits, under Qualified Tuition Program (529 Plan), you will see:

Any nontaxable distribution is limited to the amount that doesn't exceed qualified education expenses. ***OOS if taxable.***

$35,000 distribution plus $16,000 Scholarships to pay for $18,000 Tuition Box 1 expenses. For 529 plan, those expenses can also include Room & Board.

So the question is, Does the taxpayer have $33,000 of education expenses that were **not** covered by the student's scholarship? The answer is likely NO—Room & Board won't add up to $33,000 for the student. Taxpayer is allowed to take out the additional money, but it wasn't used to pay for education expenses → **Out of Scope**.

Key points: Education credits can be very complicated and are rare—less than 1% of our taxpayers have them on their tax return. Even more rare are taxpayers with College 529 plans since it is not our target audience. You should ask for help from someone at your site who is experienced with education credits, and College 529 plans in particular.

Example 12. Sale of vacation home has different rules than sale of primary home.

- Was the home ever used for a business or rental? That makes it Out of Scope
- All gain is taxable, there is no exclusion
- What is the basis on the vacation home after the taxpayer's death? A community property state has different rules. Did the taxpayer own this home jointly with their spouse? Does the spouse know the new basis?
- Where was the home sold? If it was in a state with income tax, does that other state tax capital gains on sale of vacation home? If yes, does that impact your state tax return? You may be able to do the Federal return, but not the state return
- What qualified improvements did the taxpayer make that should be added to the basis?
- Did the taxpayer bring their closing statement? It will show additional expenses that can be used to adjust the cost basis

Key points: Home sales can be very complicated. Simplest case is where the home is taxpayer's primary residence, and they qualify for the exclusion amount.

Example 13. The NON QUAL in the payer field gives a hint. Death benefits from nonqualified deferred compensation plans or section 457 plans paid to the estate or beneficiary of a deceased employee are reportable on Form 1099-MISC. For unusual payments like this, it is best to include an explanation as a Preparer Note under Miscellaneous Forms in TaxSlayer and warn the taxpayer that the IRS may request more information.

Example 14. a. and b. Both are No, they cannot take the credit. Both spouses must have earned income for the year. In NTTC 4012, this is under Child and Dependent Care Expenses.

Key point: There is a Screening Sheet in NTTC 4012 to determine eligibility for this credit.

Example 15. We are seeing custodian errors more frequently. As soon as the taxpayer says the custodian made an error, it is best to have the taxpayer call the custodian to verify what should be the correct numbers for the 1099-R. While it is preferable that the taxpayer request a corrected copy from the payer, it is unlikely they will receive a new form in a timely fashion to file the tax return. Information from the payer or custodian is acceptable.

In this case, the taxpayer called, and confirmed that Box 2a Taxable amount should be $12,500; the other $12,500 was rolled over.

When you enter in TaxSlayer, you need to scroll down the 1099-R input screen and check the Rollover box. Enter $12,500 as a rollover. This will be marked on printed Form 1040.

What about the withholding? The taxpayer told us to use half, $1,250, for the withholding amount. But that was not correct. Again, the taxpayer called back the custodian, and was told $2,500 was withheld. Remember, the withholding goes to the IRS, while the account distribution goes to the taxpayer's account. These are separate transactions. The taxpayer was grateful that they got credit for the correct withholding.

Example 16. The first thing you notice on the form is Box 1 Student loan interest amount is $83,000. That makes no sense. The student did not pay $83,000 in interest. When the taxpayer was asked, they said the student loan was bought by another company, and $83,000 is the total amount of the student loans.

Next question is: Did you pay *any* student loan interest this year? Answer was No—the taxpayer took advantage of loan forbearance that year and did not pay any student loan interest. So the form is ignored.

Key point: Use common sense. If the document doesn't look right, don't just type it into TaxSlayer. Ask questions.