

You will need:

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

• Please complete pages 1-2 of this form.

- You are responsible for the information on your return. Please provide complete and accurate information.
- If you have questions, please ask the IRS certified volunteer preparer.

Part I – Your Personal Information

1. Your first name William	M.I. C	Last name Woods	Are you a U.S. citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. Your spouse's first name Lana	M.I. A	Last name Woods	Is your spouse a U.S. citizen <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. Mailing address 7491 May Lyn Way		Apt #	City Your City	State YS
4. Contact information Telephone number(s) 717-555-XXXX		Email address		
5. Your Date of Birth 05/07/1981	6. Your job title Military	7. Last year, were you: a. Full time student <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		b. Totally and permanently disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No c. Legally blind <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. Your spouse's Date of Birth 12/15/1981	9. Your spouse's job title Homemaker	10. Last year, was your spouse: a. Full time student <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		b. Totally and permanently disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No c. Legally blind <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
11. Can anyone claim you or your spouse on their tax return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure				
12. Have you or your spouse a. Been a victim of identity theft <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b. Adopted a child <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Part II – Marital Status and Household Information

1. As of December 31 of last year, were you: Single Married Did you live with your spouse during any part of the last six months of 2013? Yes No

Divorced or Legally Separated Date of final decree or separate maintenance agreement _____

Widowed Year of spouse's death _____

2. List the names below of:

- **everyone** who lived with you last year (other than you or your spouse)
- **anyone** you supported but did not live with you last year

If additional space is needed check here and list on page 4

To be completed by Certified Volunteer Preparer

Name (first, last) Do not enter your name or spouse's name below	Date of Birth (mm/dd/yy)	Relationship to you (for example: son, daughter, parent, none, etc)	Number of months lived in your home last year	US Citizen (yes/no)	Resident of US, Canada, or Mexico last year (yes/no)	Single or Married as of 12/31/13 (S/M)	Full-time Student last year (yes/no)	Totally and Permanently Disabled (yes/no)	Can this person be claimed by someone else as a dependent on their return? (yes/no)	Did this person provide more than 50% of their own support? (yes/no)	Did this person have more than \$3900 of income? (yes/no)	Did the taxpayer(s) provide more than 50% of support for this person? (yes/no)	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? (yes/no)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)					
Edward Woods	03/15/07	Son	12	Yes	Yes	S	No	No					

**Volunteers are trained to provide high quality service and uphold the highest ethical standards.
To report unethical behavior to the IRS, email us at wi.voltax@irs.gov or call toll free 1-877-330-1205**

Exercise 7 – Woods Intake and Interview Sheet, page 2 of 2

Yes	No	Unsure	Check appropriate box for each question in each section
Part III – Income – Last Year, Did You (or Your Spouse) Receive			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? <u>1</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (A) Tip Income?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (B) Scholarships? (Forms W-2, 1098-T)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (B) Refund of state/local income taxes? (Form 1099-G)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (B) Alimony income?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (A) Self-Employment income? (Form 1099-MISC, cash)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (A) Cash/check payments for any work performed not reported on Forms W-2 or 1099?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. (A) Income (or loss) from the sale of Stocks, Bonds or Real Estate? (including your home) (Forms 1099-S, 1099-B)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. (A) Distribution from Pensions, Annuities, and/or IRA? (Form 1099-R)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. (B) Unemployment compensation? (Form 1099-G)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. (M) Income (or loss) from Rental Property?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, Sch K-1, etc.) (Forms W-2G) Specify _____

Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. (B) Alimony? If yes, do you have the recipient's SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Contributions to a retirement account? <input type="checkbox"/> IRA (A) <input type="checkbox"/> Roth IRA (B) <input checked="" type="checkbox"/> 401K (B) <input type="checkbox"/> Other
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (B) Post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. (B) Unreimbursed employee business expenses? (such as uniforms or mileage)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (B) Medical expenses? (including health insurance premiums)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (B) Home mortgage interest? (Form 1098)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (B) Real estate taxes for your home or personal property taxes for your vehicle? (Form 1098)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (B) Charitable contributions?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. (B) Child or dependent care expenses such as daycare?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. (A) Expenses related to self-employment income or any other income you received?

Part V – Life Events – Last Year, Did You (or Your Spouse)			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. (HSA) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (COD) Have debt from a mortgage or credit card cancelled/forgiven by a commercial lender? (Forms 1099-C, 1099-A)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (A) Buy, sell or have a foreclosure (COD) of your home? (Form 1099-A)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. (B) Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (B) Live in an area that was affected by a natural disaster? If yes, where? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (A) Receive the First Time Homebuyers Credit in 2008?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (B) Pay any student loan interest? (Form 1098-E)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?

Part VI – Additional Information and Questions Related to the Preparation of Your Return

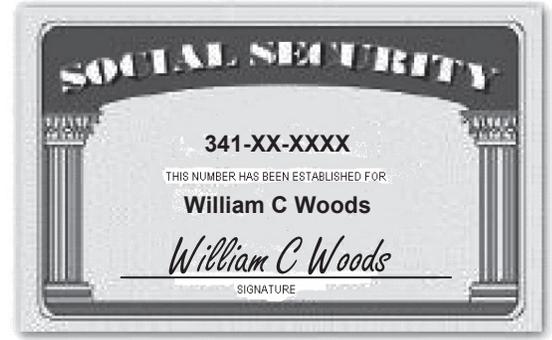
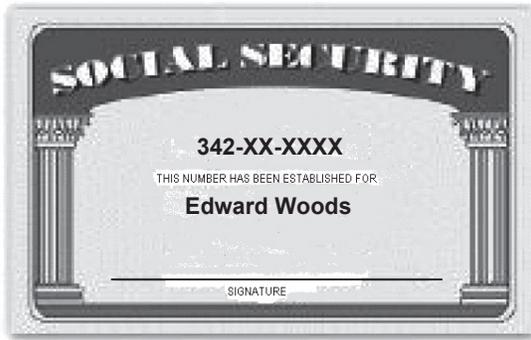
Presidential Election Campaign Fund (If you check a box, your tax or refund will not change)
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund You Spouse

If you are due a refund, would you like		
Direct deposit	To purchase U.S. Savings Bonds	To split your refund between different accounts
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If you have a balance due, would you like to make a payment directly from your bank account <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Many free tax preparation sites operate by receiving grant money. The data from the following questions may be used by this site to apply for these grants. Your answers will be used only for statistical purposes.

Other than English, what language is spoken in your home _____ Prefer not to answer

Are you or a member of your household considered disabled Yes No Prefer not to answer



Interview Notes – Woods

While using Form 13614-C to complete the interview with the Woods, the following information was used to complete the return.

- William returned to his home base in the United States this past year. He brought his wife Lana, who is a Swiss citizen, and their son Edward, who was born abroad. He met and married Lana in 2006 while he was stationed in Europe.
- William asked if he could file a joint return with Lana. They provided a copy of her letter from the IRS which indicated her individual tax identification number was 9XX-70-XXXX. They have always chosen to treat Lana as a Resident Alien, and the choice was never suspended or ended.
- They do not have any deductions.
- They do not need a state return prepared for them. He did not itemize deductions last year. If there is a refund, it is to be mailed to their home.
- William and Lana are not students and have never taken a distribution from a qualified retirement plan.

Note: To ensure accuracy of the taxpayer's return the certified volunteer should review and complete applicable sections of the Form 13614-C.

		a Employee's social security number 341-XX-XXXX				
b Employer identification number (EIN) 27-5XXXXXX			1 Wages, tips, other compensation \$29,134.50	2 Federal income tax withheld \$2851.07		
c Employer's name, address, and ZIP code DFAS P O BOX 8889 INDIANAPOLIS, IN 46249-2410			3 Social security wages \$30,334.50	4 Social security tax withheld \$1,274.05		
			5 Medicare wages and tips \$30,334.50	6 Medicare tax withheld \$439.85		
			7 Social security tips	8 Allocated tips		
d Control number			9	10 Dependent care benefits		
e Employee's first name and initial		Last name	Suff.	11 Nonqualified plans		
William Woods				12a See instructions for box 12 D \$1,200.00		
749 Oak Drive		Your City, Your State and ZIP Code		13 Statutory <input type="checkbox"/> Retirement <input checked="" type="checkbox"/> Third-party sick <input type="checkbox"/>		
Your City, Your State and ZIP Code				14 Other		12b
						12c
				12d		
f Employee's address and ZIP code						
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
YS	54-6798321	\$29,134.50	\$1,345.00			

Portfolio INVESTMENTS

20XX Form 1099

897 S Reed Lane
Cincinnati, OH 45202
513-555-XXXX

Date Prepared: January 31, 20XX

Recipient's Name and Address

Federal ID Number: 25-8XXXXXX

William C. Woods

Taxpayer ID Number: 341-XX-XXXX

7491 May Lyn Way
Your City, State and ZIP Code

Account Number: 111-5555

Copy B for Recipient

Dividends and Distributions - 20XX Form 1099 - DIV

Box	Description	Amount	Total
1a	Total ordinary dividends (Includes amount shown in box 1b)	\$ 76.51	\$ 76.51
1b	Qualified dividends	76.51	76.51
2a	Total Capital Gain Distributions (Includes amount shown in boxes 2b, 2c and 2d)	15.51	15.51
2b	Unrecap Sec 1250 Gain	0.00	
2c	Section 1202 Gain	0.00	
2d	Collectibles (28%) Gain	0.00	
3	Nondividend Distributions		0.00
4	Federal Income Tax Withheld		0.00
5	Investment expenses		0.00
6	Foreign Tax Paid	12.00	12.00
8	Cash Liquidation Distributions		0.00
9	Noncash Liquidation Distributions		0.00

Interest Income - 20XX Form 1099 - INT

Box	Description	Amount	Total
1	Interest Income	\$127.00	\$ 127.00
3	Interest on U. S. Savings Bonds and Treasury Obligations	\$245.00	\$ 245.00
4	Federal Income Tax Withheld	\$35.00	\$ 35.00
5	Investment expenses		
6	Foreign Tax Paid		
8	Tax-Exempt Interest		\$ 191.23
9	Specific Private Activity Bond Interest		0.00

Proceeds from Broker and Barter Transactions - 20XX Form 1099-B

7 - Description	1b- Cusip Number	Non Covered Security Y/N	5- No of Shares	Cost / Basis	Buy date	1a- Sale Date	2- Gross Proceeds (Less Commissions)	4- Federal Income Tax Withheld
Rust Corporation	xxxxxxx	Y	100	\$3,200.00	11/1/98	5/25/CY	\$3,700.00	\$0.00
Rio Motors Inc	xxxxxxx	Y	150	\$9,543.00	7/15/08	6/28/CY	\$9,648.00	\$0.00
Yours-Mine-Ours Corp	xxxxxxx	Y	75	\$3,750.00	9/1/07	10/20/CY	\$3,900.00	\$0.00
Bagels R Us Corp	xxxxxxx	Y	63	\$1,575.00	8/1/02	1/3/CY	\$1,400.00	\$0.00
Holy Donuts Corp	xxxxxxx	Y	95	\$2,800.00	10/15/03	2/5/CY	\$2,500.00	\$0.00
More 4 U Corp	xxxxxxx	Y	80	\$1,600.00	11/12/04	3/7/CY	\$1,400.00	\$0.00
Couch & More Corp	xxxxxxx	Y	70	\$1,050.00	6/15/10	3/9/CY	\$1,000.00	\$0.00
Grow More Plants Corp	xxxxxxx	N	2000	\$2,500.00	4/15/CY	9/15/CY	\$1,500.00	\$0.00

Total Gross Proceeds from Broker Transactions (less commissions)

\$25,048.00

Total Federal Income Tax Withheld

\$0.00

* = Information not available

Gross Proceeds from each of your security transactions are reported individually to the IRS

Gross Proceeds in aggregate are not reported to the IRS and should not be reported on your tax return.

20XX Form 1099

Due to recent changes in tax law, reporting of Capital Gains requires either a detailed listing of stocks OR an acceptable list of transactions. You cannot use a combination; one or the other can be used but not both.

Form 13614-C (October 2013)	Department of the Treasury - Internal Revenue Service Intake/Interview & Quality Review Sheet	OMB Number 1545-1964
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You will need:

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

• Please complete pages 1-2 of this form.
 • You are responsible for the information on your return. Please provide complete and accurate information.
 • If you have questions, please ask the IRS certified volunteer preparer.

Part I – Your Personal Information

1. Your first name Keith	M.I. L	Last name Brooks	Are you a U.S. citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Your spouse's first name Kathy	M.I. M	Last name Brooks	Is your spouse a U.S. citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Mailing address 954 Sproul Way		Apt # Your City	State YS ZIP code Your Zip
4. Contact information Telephone number(s) 816-555-XXXX		Email address	
5. Your Date of Birth 02/04/1971	6. Your job title Military	7. Last year, were you: a. Full time student <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b. Totally and permanently disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No c. Legally blind <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. Your spouse's Date of Birth 02/11/1971	9. Your spouse's job title Electrical Engineer	10. Last year, was your spouse: a. Full time student <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b. Totally and permanently disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No c. Legally blind <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11. Can anyone claim you or your spouse on their tax return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure			
12. Have you or your spouse a. Been a victim of identity theft <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b. Adopted a child <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Part II – Marital Status and Household Information

1. As of December 31 of last year, were you: Single
 Married Did you live with your spouse during any part of the last six months of 2013? Yes No
 Divorced or Legally Separated Date of final decree or separate maintenance agreement _____
 Widowed Year of spouse's death _____

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

If additional space is needed check here and list on page 4

									To be completed by Certified Volunteer Preparer				
Name (first, last) Do not enter your name or spouse's name below	Date of Birth (mm/dd/yy)	Relationship to you (for example: son, daughter, parent, none, etc)	Number of months lived in your home last year	US Citizen (yes/no)	Resident of US, Canada, or Mexico last year (yes/no)	Single or Married as of 12/31/13 (S/M)	Full-time Student last year (yes/no)	Totally and Permanently Disabled (yes/no)	Can this person be claimed by someone else as a dependent on their return? (yes/no)	Did this person provide more than 50% of their own support? (yes/no)	Did this person have more than \$3900 of income? (yes/no)	Did the taxpayer(s) provide more than 50% of support for this person? (yes/no)	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? (yes/no)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)					
Nancy E Brooks	01/05/05	Daughter	12	Yes	Yes	S	No	No					
Brian T Brooks	09/12/03	Son	12	Yes	Yes	S	No	No					
Denise C Brooks	12/12/99	Daughter	12	Yes	Yes	S	No	No					

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Problem C – Brooks Intake and Interview Sheet, page 2 of 2

Yes	No	Unsure	Check appropriate box for each question in each section
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Part III – Income – Last Year, Did You (or Your Spouse) Receive

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? <u>5</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (A) Tip Income?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (B) Scholarships? (Forms W-2, 1098-T)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (B) Refund of state/local income taxes? (Form 1099-G)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (B) Alimony income?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (A) Self-Employment income? (Form 1099-MISC, cash)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (A) Cash/check payments for any work performed not reported on Forms W-2 or 1099?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. (A) Income (or loss) from the sale of Stocks, Bonds or Real Estate? (including your home) (Forms 1099-S, 1099-B)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. (A) Distribution from Pensions, Annuities, and/or IRA? (Form 1099-R)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. (B) Unemployment compensation? (Form 1099-G)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. (M) Income (or loss) from Rental Property?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, Sch K-1, etc.) (Forms W-2G) Specify _____

Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. (B) Alimony? If yes, do you have the recipient's SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Contributions to a retirement account? <u> </u> IRA (A) <u> </u> Roth IRA (B) <u>X</u> 401K (B) <u> </u> Other
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (B) Post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. (B) Unreimbursed employee business expenses? (such as uniforms or mileage)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (B) Medical expenses? (including health insurance premiums)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. (B) Home mortgage interest? (Form 1098)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (B) Real estate taxes for your home or personal property taxes for your vehicle? (Form 1098)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (B) Charitable contributions?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. (B) Child or dependent care expenses such as daycare?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. (A) Expenses related to self-employment income or any other income you received?

Part V – Life Events – Last Year, Did You (or Your Spouse)

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. (HSA) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (COD) Have debt from a mortgage or credit card cancelled/forgiven by a commercial lender? (Forms 1099-C, 1099-A)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (A) Buy, sell or have a foreclosure (COD) of your home? (Form 1099-A)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. (B) Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year? <u> </u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (B) Live in an area that was affected by a natural disaster? If yes, where? <u> </u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (A) Receive the First Time Homebuyers Credit in 2008?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (B) Pay any student loan interest? (Form 1098-E)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? <u> </u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?

Part VI – Additional Information and Questions Related to the Preparation of Your Return

Presidential Election Campaign Fund (If you check a box, your tax or refund will not change)

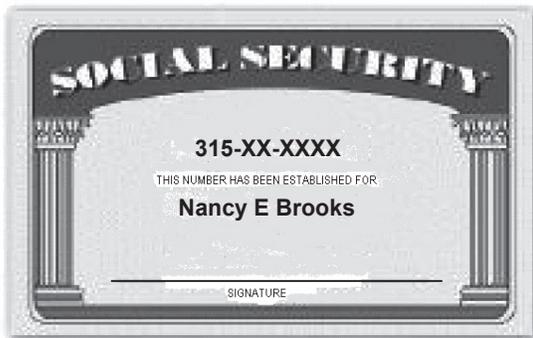
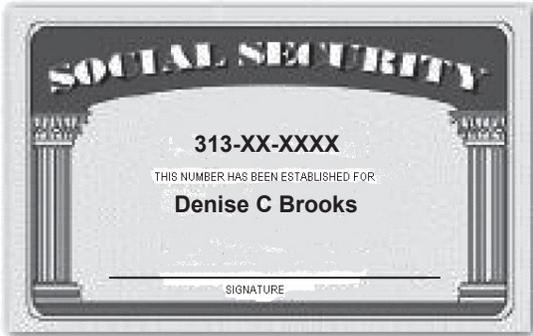
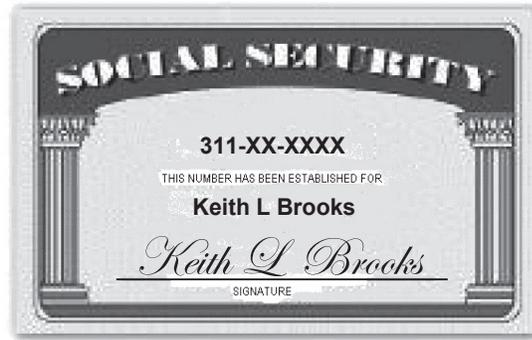
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund You Spouse

If you are due a refund, would you like		
Direct deposit	To purchase U.S. Savings Bonds	To split your refund between different accounts
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If you have a balance due, would you like to make a payment directly from your bank account <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Many free tax preparation sites operate by receiving grant money. The data from the following questions may be used by this site to apply for these grants. Your answers will be used only for statistical purposes.

Other than English, what language is spoken in your home NONE Prefer not to answer

Are you or a member of your household considered disabled Yes No Prefer not to answer



Interview Notes — Brooks

While using Form 13614-C to complete the interview with Kathy, the following information was used to complete the return.

- The Brooks have been married for fifteen years. Keith Brooks is a teacher presently serving in Iraq. Kathy completed some continuing professional education (CPE) requirements for her job during the year.
- The Brooks do not need a state return prepared for them. They did not itemize deductions last year. If there is a refund, they would like direct deposit into their checking account. If there is a balance due they would like direct debit from their checking account. Keith and Kathy would both like to contribute to the Presidential Election Fund.

Keith L. and Kathy M Brooks		1234
954 Sproul Way		15-000000000
Your City, State, and ZIP Code _____		
PAY TO THE ORDER OF _____	\$	
_____		DOLLARS
Military Credit Union		
Anytown, USA		
For _____		
:062005690 :00578965542 1234		

Line 7—Brooks

Mrs. Brooks brought all of their W-2's.

a Employee's social security number 311-XX-XXXX						
b Employer identification number (EIN) 30-5XXXXXX		1 Wages, tips, other compensation \$17,783.95		2 Federal income tax withheld \$2,120		
c Employer's name, address, and ZIP code Mount Ashbury School of Technology 628 Park Avenue Fairview, KY 42221		3 Social security wages \$17,783.95		4 Social security tax withheld \$746.93		
		5 Medicare wages and tips \$17,783.95		6 Medicare tax withheld \$257.87		
		7 Social security tips		8 Allocated tips		
		d Control number		9		10 Dependent care benefits
e Employee's first name and initial Last name Suff. Keith Brooks 954 Sproul Way Your City, Your State and Zip Code		11 Nonqualified plans		12a See instructions for box 12		
		13 <input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay		12b		
		14 Other		12c		
				12d		
f Employee's address and ZIP code						
15 State YS	Employer's state ID number 21-3456789	16 State wages, tips, etc. \$17,783.95	17 State income tax \$904	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

		a Employee's social security number 311-XX-XXXX				
b Employer identification number (EIN) 27-5XXXXXX		1 Wages, tips, other compensation \$0.00		2 Federal income tax withheld \$0.0		
c Employer's name, address, and ZIP code DFAS P O BOX 8889 INDIANAPOLIS, IN 46249-2410		3 Social security wages \$10,334.50		4 Social security tax withheld \$434.05		
		5 Medicare wages and tips \$10,334.50		6 Medicare tax withheld \$149.85		
		7 Social security tips		8 Allocated tips		
d Control number		9		10 Dependent care benefits		
e Employee's first name and initial Last name Suff. Keith Brooks 954 Sproul Way Your City, Your State and ZIP Code		11 Nonqualified plans		12a See instructions for box 12 Q \$10,334.50		
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b		
		14 Other		12c		
				12d		
f Employee's address and ZIP code						
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

		a Employee's social security number 311-XX-XXXX				
b Employer identification number (EIN) 27-5XXXXXX		1 Wages, tips, other compensation \$2,783.95		2 Federal income tax withheld \$120.09		
c Employer's name, address, and ZIP code DFAS P O BOX 8889 INDIANAPOLIS, IN 46249-2410		3 Social security wages \$2,783.95		4 Social security tax withheld \$116.93		
		5 Medicare wages and tips \$2,783.95		6 Medicare tax withheld \$40.37		
		7 Social security tips		8 Allocated tips		
d Control number		9		10 Dependent care benefits		
e Employee's first name and initial Last name Suff. Keith Brooks 954 Sproul Way Your City, Your State and ZIP Code		11 Nonqualified plans		12a See instructions for box 12		
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b		
		14 Other		12c		
				12d		
f Employee's address and ZIP code						
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
YS	13-4567982	\$2,783.95	\$34.00			

		a Employee's social security number 312-XX-XXXX			
b Employer identification number (EIN) 30-6XXXXXX		1 Wages, tips, other compensation \$23,781.89		2 Federal income tax withheld \$2,820.09	
c Employer's name, address, and ZIP code Chem-Tech Inc 1 Broadway Way Fairview, KY 42221		3 Social security wages \$27,781.89		4 Social security tax withheld \$1,166.84	
		5 Medicare wages and tips \$27,781.89		6 Medicare tax withheld \$402.84	
		7 Social security tips		8 Allocated tips	
d Control number		9		10 Dependent care benefits	
e Employee's first name and initial		Last name		Suff.	
Kathy Brooks		954 Sproul Way		Your City, Your State and ZIP Code	
f Employee's address and ZIP code		11 Nonqualified plans		12a See instructions for box 12 D \$4,000.00	
		13 Statutory employee <input type="checkbox"/>		12b	
		Retirement plan <input checked="" type="checkbox"/>		12c	
		Third-party sick pay <input type="checkbox"/>		12d	
		14 Other			
15 State		Employer's state ID number		16 State wages, tips, etc.	
YS		79-2356481		\$23,781.89	
				17 State income tax \$1,134.00	
				18 Local wages, tips, etc.	
				19 Local income tax	
				20 Locality name	

		a Employee's social security number 311-XX-XXXX			
b Employer identification number (EIN) 11-3XXXXXX		1 Wages, tips, other compensation \$550.00		2 Federal income tax withheld \$110.00	
c Employer's name, address, and ZIP code DFAS ROME ATTN: MIL PCS TRAVEL 325 BROOKS ROAD ROME, NY 13441-4527		3 Social security wages \$550.00		4 Social security tax withheld \$23.10	
		5 Medicare wages and tips \$550.00		6 Medicare tax withheld \$7.98	
		7 Social security tips		8 Allocated tips	
d Control number		9		10 Dependent care benefits	
e Employee's first name and initial		Last name		Suff.	
Keith Brooks		954 Sproul Way		Your City, Your State and ZIP Code	
f Employee's address and ZIP code		11 Nonqualified plans		12a See instructions for box 12 P \$546.83	
		13 Statutory employee <input type="checkbox"/>		12b	
		Retirement plan <input checked="" type="checkbox"/>		12c	
		Third-party sick pay <input type="checkbox"/>		12d	
		14 Other			
15 State		Employer's state ID number		16 State wages, tips, etc.	
YS		33-4567910		\$550.00	
				17 State income tax \$22.00	
				18 Local wages, tips, etc.	
				19 Local income tax	
				20 Locality name	

Note: Form 8880 will appear in the TaxWise® Forms Tree—do not complete.

Line 9—Dividends

PAYER'S name, street address, city, state, ZIP code, and telephone no. A & P FINANCIAL SERVICES 210 Simone Parkway Charlotte, NC 28216		1a Total ordinary dividends \$ 187.00	Form 1099-DIV	Dividends and Distributions
		1b Qualified dividends \$ 150.00		
PAYER'S federal identification number 27-6XXXXXX		2a Total capital gain distr. \$ 15.65	2b Unrecap. Sec. 1250 gain \$	Copy B For Recipient
RECIPIENT'S identification number		2c Section 1202 gain \$	2d Collectibles (28%) gain \$	
RECIPIENT'S name Keith Brooks		3 Nondividend distributions \$	4 Federal income tax withheld \$	
Street address (including apt. no.) 954 Sproul Way City, state, and ZIP code Your City, Your State and Zip Code		6 Foreign tax paid \$	5 Investment expenses \$	
Account number (see instructions)		8 Cash liquidation distributions \$	7 Foreign country or U.S. possession	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.
		10 Exempt-interest dividends \$	9 Noncash liquidation distributions \$	
		11 Specified private activity bond interest dividends \$		
		12 State	13 State identification no.	14 State tax withheld \$

Line 17—Rental Real Estate

When the Brooks moved to Keith's first duty station, they could not sell their home. They asked a realtor friend to find a renter for them. It was available for rent July 1, of the current tax year. They had records to show the income and expenses related to the rental property. They actively participated in their rental property.

It was rented on August 1, for \$700 per month. They collected \$3,500 in rent during the tax year. They did not make any payments that would require them to file Form 1099. Their rental expenses included \$135 to their friend for finding a renter and \$235 for yard maintenance and some small repairs. They paid \$400 per year for property insurance. They received Form 1098, *Mortgage Interest Statement*, from Oak Grove National Bank. The bank reported that they had paid \$5,815 in mortgage interest and \$1,380 in property taxes on their home, which was located at 123 Maple Way, Your State.

Their friend computed this year's depreciation for them, which would be \$1,400. (This is calculated on an \$84,000 basis for depreciation, 27 and one-half-year recovery period, mid-month convention, and straight-line method. The basis for depreciation is the value of the property [\$90,000] less the value of the land [\$6,000] which is not depreciable.)

Adjustments

During the first five months of the tax year Keith, an Army Reserve soldier, attended monthly drills at a site located 150 miles from his home. Kathy stated that he drove his car to the drill location each month and kept

a written log of his mileage. He also spent two nights each drill period at the local motel. The motel receipts indicated he paid \$73 per night. His record of meal expenses showed that he spent a total of \$338 for the five-month period. His expenses were not reimbursed. (These amounts are equal to the federal per diem amounts.) Keith placed his vehicle in service on 01/01/2009. He had 9,300 other miles on his vehicle during the year. There was also another vehicle available for personal use.

Line 26—Moving Expenses Adjustment

Keith did a “Do It Yourself” move to his permanent duty station when he entered active duty on June 15, of the current tax year. The Army estimated the cost of his move to be \$5,000. He was advanced \$4,750. He filed a travel voucher for \$4,200.00 for his expenses. He received a W-2 from the Mil PCS Travel office reporting the \$550 in profit as income in box 1 of Form W-2. A “P” in box 12 of the W-2 indicated he received a move-in housing allowance of \$546.83.

His other travel and lodging expenses that were not reimbursed were: mileage of 1,000 miles, moving of household pets of \$250.00 and an additional room at the hotel of \$473 due to occupancy limits.

Itemized Deductions

Line 40—Itemized Deductions

Kathy belongs to her state’s professional organization for engineers. Her receipts indicate she paid \$250 for dues and journals during the tax year. The Brooks made charitable contributions to their church in the amount of \$6300. They have a written acknowledgment from their church.

Credits

Line 48—Credit for Child and Dependent Care Expenses, Form 2441

Keith and Kathy paid \$100 per week for 15 weeks to Fun For Tots, 798 Lucas Way, Your City, Your State, Your ZIP Code for after school care for Nancy. The EIN for Fun For Tots is 29-2XXXXXX.

Line 49—Education Credits

Kathy completed 30 hours of required continuing professional education by taking several workshops at the local university. Her checks to the university totalled \$3,000. Kathy attended Murray Technical College, 25 Murray Avenue, Murray, KY, 42071. The EIN for Murray Tech is 30-1XXXXXX.

Line 50—Retirement Savings Contributions Credit

The Brooks qualify for Retirement Savings Contribution Credit. Neither Keith nor Kathy are full time students. They have never received any distributions from any qualified retirement plans.

Line 64a—Earned Income Credit

Keith and Kathy want to know if they qualify for the Earned Income Credit (EIC). Complete the EIC worksheet, as needed.

Line 65—Additional Child Tax Credit, Schedule 8812

When the taxpayer does not qualify for the full amount of the Child Tax Credit, TaxWise® will calculate the Additional Child Tax Credit on Schedule 8812.

Line 74a—Amount You Want Refunded to You

Keith and Kathy would like direct deposit. (See the check for their bank routing and account numbers.)

Note: To ensure accuracy of the taxpayer's return the certified volunteer should review and complete applicable sections of the Form 13614-C.