

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 Mark	M.I. D	Last name Austin	Are you a U.S. citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. Your spouse's first name	M.I.	Last name	Is your spouse a U.S. citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Mailing address 657 Eagles Landing Way		Apt #	City Your City	State YS
4. Contact information Telephone number(s) 602-555-XXXX		Email address		
5. Your Date of Birth 02/14/1939	6. Your job title Machinist	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	9. Your spouse's job title	10. Last year, was your spouse:		a. Full time student <input type="checkbox"/> Yes <input type="checkbox"/> No
		b. Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		c. Legally blind <input type="checkbox"/> Yes <input 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)					

**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 4 – Austin 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Contributions to a retirement account? <input type="checkbox"/> IRA (A) <input type="checkbox"/> Roth IRA (B) <input 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 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 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 checked="" type="checkbox"/>	<input 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)

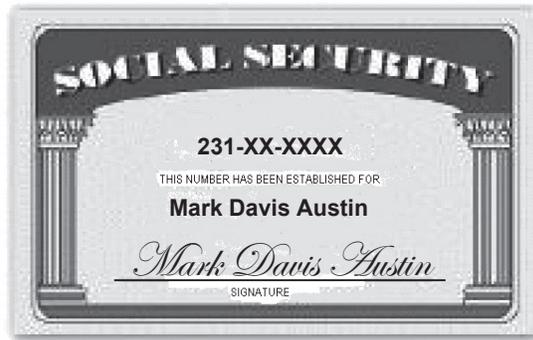
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund You Spouse

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 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



Mark D. Austin 657 Eagles Landing Way Your City, State, and ZIP Code	1234 15-000000000
PAY TO THE ORDER OF _____	\$ _____
	DOLLARS
Yellow Rose Credit Union Austin, TX 73301	
For _____	
:062005690 :00578965542	1234

Interview Notes – Austin

- Mark and Andrea Austin have been separated since 2006. They have not lived together since the separation, but their divorce is not finalized.
- They have three adult children.
- Andrea has already filed her tax return, and she itemized her deductions. Her SSN is 232-XX-XXXX.
- Mark itemized deductions last year and received a refund from the state department of revenue for \$171. His itemized deductions totaled \$13,750, and his taxable income was \$8,549. The amount from last year's Schedule A, line 5a (income taxes) was \$423. His general sales tax was \$350.
- Mark retired from the railroad on June 1, 2004, and now works part-time as a machinist. His annuity does not make provisions for a joint and survivor annuity.
- His church contributions were \$1,700 (per statement from church).
- Mark purchased a new home on April 18, 2008 for \$134,000. He received \$7,500 for his First Time Home Buyer's Credit. IRS sent him a CP03A reminding him about the repayment of the annual \$500 that needs to be included on his tax return. He repaid the minimum \$500.00 on all tax returns since 2010 and does not wish to repay a larger amount this year.
- He paid \$125 in personal property taxes (value based).
- Mark wants to contribute to the Presidential Election Campaign Fund.

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 231-XX-XXXX			
b Employer identification number (EIN) 22-5XXXXXX		1 Wages, tips, other compensation \$12,475.29	2 Federal income tax withheld \$1,247.52
c Employer's name, address, and ZIP code Kraft Knot Tool and Die Company 216 Knotty Pine Trail Austin, TX 73301		3 Social security wages \$12,475.29	4 Social security tax withheld \$523.96
		5 Medicare wages and tips \$12,475.29	6 Medicare tax withheld \$180.89
		7 Social security tips	8 Allocated tips
d Control number 9	10 Dependent care benefits		
e Employee's first name and initial Mark D. Austin		11 Nonqualified plans	
Last name 657 Eagles Landing Way	13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12a See instructions for box 12
ZIP code Your City, State and Zip Code	14 Other		12b
			12c
			12d
f Employee's address and ZIP code			
15 State YS	Employer's state ID number 21-5XXXXXX	16 State wages, tips, etc. \$12,475.29	17 State income tax \$895.63
		18 Local wages, tips, etc.	19 Local income tax
			20 Locality name

RECIPIENT'S/LENDER'S name, address, and telephone number Yellow Rose Credit Union 9021 Rosewood Way Austin, TX 73301		* 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.		Mortgage Interest Statement	
		Form 1098			
RECIPIENT'S federal identification no. 22-6XXXXXX	PAYER'S social security number 231-XX-XXXX	1 Mortgage interest received from payer(s)/borrower(s)* \$ 4,677.34		Copy B For Payer/Borrower The information in boxes 1, 2, and 3 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 the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this refund of interest on your return.	
PAYER'S/BORROWER'S name Mark D. Austin		2 Points paid on purchase of principal residence \$			
Street address (including apt. no.) 657 Eagles Landing Way		3 Refund of overpaid interest \$			
City, state, and ZIP code Your City, State and Zip Code		4 Real Estate Taxes: \$2,012.30			
Account number (see instructions)					

PAYER'S name, street address, city, state, ZIP code, and telephone no. UBank Brokerage Services 4003 Financial Blvd Austin, TX 73301		1a Total ordinary dividends \$ 148.53	Form 1099-DIV	Dividends and Distributions
		1b Qualified dividends \$ 148.53		
PAYER'S federal identification number 22-7XXXXXX		2a Total capital gain distr. \$ 74.96	2b Unrecap. Sec. 1250 gain \$	Copy B For Recipient
RECIPIENT'S identification number 231-XX-XXXX		2c Section 1202 gain \$	2d Collectibles (28%) gain \$	
RECIPIENT'S name Mark D. Austin		3 Nondividend distributions \$	4 Federal income tax withheld \$	
Street address (including apt. no.) 657 Eagles Landing Way		6 Foreign tax paid \$	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.
City, state, and ZIP code Your City, State and Zip Code		8 Cash liquidation distributions \$	9 Noncash liquidation distributions \$	
Account number (see instructions)		10 Exempt-interest dividends \$	11 Specified private activity bond interest dividends \$	
		12 State	13 State identification no.	
		14 State tax withheld \$		

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. 15-6XXXXXX		3 Gross Social Security Equivalent Benefit Portion of Tier 1 Paid in 20XX	\$ 7,368.00	COPY C - FOR RECIPIENT'S RECORDS THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE.	
1. Claim Number and Payee Code		4. Social Security Equivalent Benefit Portion of Tier 1 Repaid to RRB in 20XX			
2. Recipient's Identification Number 231-XX-XXXX		5. Net Social Security Equivalent Benefit Portion of Tier 1 Paid in 20XX	\$ 7,368.00		
Recipient's Name, Street Address, City, State, and Zip Code Mark D. Austin 657 Eagles Landing Way Your City, State and Zip Code		6. Workers' Compensation Offset in 20XX			
		7. Social Security Equivalent Benefit Portion of Tier 1 Paid for 20XX			
		8. Social Security Equivalent Benefit Portion of Tier 1 Paid for 20XX			
		9. Social Security Equivalent Benefit Portion of Tier 1 Paid for Years Prior to 20XX			
		10. Federal Income Tax Withheld \$ 750.00			
		11. Medicare Premium Total \$ 1,156.80			

FORM RRB-1099 DO NOT ATTACH TO YOUR INCOME TAX RETURN

Sample Document - Subject to change

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. 15-6XXXXXX		3. Employee Contributions	\$15,397.25	COPY B - 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. THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE.	
1. Claim Number and Payee Code		4. Contributory Amount Paid	\$9,397.25		
2. Recipient's Identification Number 231-XX-XXX		5. Vested Dual Benefit			
Recipient's Name, Street Address, City, State, and Zip Code Mark D. Austin 657 Eagles Landing Way Your City, State and Zip Code		6. Supplemental Annuity			
		7. Total Gross Paid	\$9,397.25		
		8. Repayments			
		9. Federal Income Tax Withheld	\$1,561.00		
		10. Rate of Tax			
		11. Country			
		12. Medicare Premium Total			

FORM RRB-1099-R Sample Document - Subject to change

PAYER'S name, street address, city, state, and ZIP code Murphy Bank & Trust Company P. O. Box 848 Raleigh, NC 27611		1 Gross distribution \$ 268.00		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Form 1099-R	
		2a Taxable amount \$ 268.00			
		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>	
PAYER'S federal identification number 22-8XXXXXX	RECIPIENT'S identification number 231-XX-XXXX	3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$	
RECIPIENT'S name Mark D. Austin		5 Employee contributions /Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$	
Street address (including apt. no.) 657 Eagles Landing Way		7 Distribution code(s) 7		IRA/SEP/SIMPLE <input checked="" type="checkbox"/>	8 Other \$ %
City, state, and ZIP code Your City, State and Zip Code		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 State tax withheld \$		13 State/Payer's state no.	
Account number (see instructions)		15 Local tax withheld \$		16 Name of locality	
		\$		17 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 Internal Revenue Service.

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 Hannah	M.I. E	Last name Fleming	Are you a U.S. citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. Your spouse's first name	M.I.	Last name	Is your spouse a U.S. citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Mailing address 469 Booths Way	Apt #	City Your City	State YS	ZIP code Your Zip
4. Contact information Telephone number(s) 313-555-XXXX	Email address			
5. Your Date of Birth 09/16/1965	6. Your job title Editor	7. Last year, were you:		a. Full time student <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		b. Totally and permanently disabled <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		c. Legally blind <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. Your spouse's Date of Birth	9. Your spouse's job title	10. Last year, was your spouse:		a. Full time student <input type="checkbox"/> Yes <input type="checkbox"/> No
		b. Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		c. Legally blind <input type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 02/18/2008 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

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)	To be completed by Certified Volunteer Preparer				
									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)					
Jerry Fleming	12/25/05	Son	12	Yes	Yes	S	No	No					
Tara Fleming	10/16/04	Daughter	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 5 – Fleming Intake and Interview Sheet, page 2 of 2

Page 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>2</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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. (B) Alimony income?
<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. (A) Distribution from Pensions, Annuities, and/or IRA? (Form 1099-R)
<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Contributions to a retirement account? _____ IRA (A) _____ Roth IRA (B) _____ 401K (B) _____ 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 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 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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

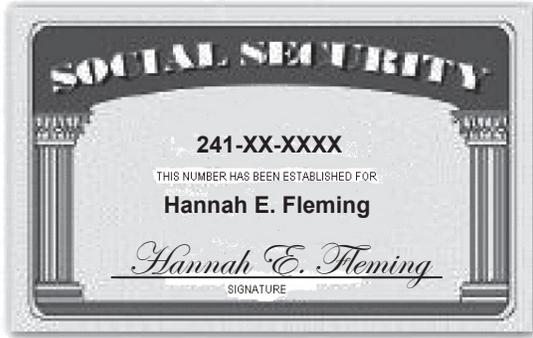
Direct deposit Yes No To purchase U.S. Savings Bonds Yes No To split your refund between different accounts Yes No

If you have a balance due, would you like to make a payment directly from your bank account Yes 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 – Fleming

- Hannah was employed as an editor. Starting on July 1, 2009, she did some editing work from her home, for Candid Publishing Co., who provided Form 1099-MISC. She kept a record of her expenses: \$1,625 for paper, \$1,047.50 for printer cartridges, \$1,250 for postage, \$350 for a business phone line and long distance calls, and total mileage of 234 for January and February for making deliveries. She had 10,000 other miles on her car. Hannah has one car which she bought in 2007 and began using for her work when she started working at home. She has a written record of her business mileage. She took a word processing course in the evening at the local college to improve her skills. The tuition was \$575. The Business Code for Schedule C-EZ or C is 541990. The address for the college was: One University Way, Your City, State and Zip Code.
- Hannah is divorced. The divorce decree states that her ex-husband is to claim their son, Jerry, as a dependent on his return even though Hannah provides all the support for their children, Tara and Jerry. It also states that he is to pay her \$300 per month alimony. Due to the loss of his job during the year, he only paid for 8 months.
- Get Funds Investment Service notified Hannah that she received \$418.13 in federal and state exempt interest income.
- In January of the tax year, Hannah took an IRA distribution of \$5,000 to pay off credit card debt.
- Hannah wants \$3 to go to the Presidential Election Campaign Fund. She did not itemize deductions last year. If there is a refund she prefers to receive it by direct deposit and has provided a copy of a blank check. If she owes any additional taxes she will mail in the payment.
- As you are going over Form 13614-C with Hannah, she tells you she made a mistake when she wrote her address on the form. Her correct address is 496 Booths Way.
- Hannah paid the Lucas Tiny Tots (EIN 24-2XXXXXX), located at 54 Unique Way, Your City, State and ZIP Code, for Tara and Jerry's care while she was at work. She paid the day-care center \$1,793.
- Hannah had a serious accident in June of the tax year, and stopped working. She collected unemployment compensation but was too young to retire. Hannah is now totally and permanently disabled.
- Hannah's education expenditures could be a business expense or a credit. Determine the most advantageous benefit for which she is qualified.
- Hannah let you know that a couple of years back she experienced an identity theft issue. She brought with her a copy of the CP01A letter. Her letter shows that she was issued a PIN of 459871 for use when completing her return.

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 241-XX-XXXX		1 Wages, tips, other compensation \$11,326.50		2 Federal income tax withheld \$1,498.76	
b Employer identification number (EIN) 23-5XXXXXX		3 Social security wages \$12,326.50		4 Social security tax withheld \$517.71	
c Employer's name, address, and ZIP code Bellewood World Herald 1334 Stephens Way Dayton, OH 45402		5 Medicare wages and tips \$12,326.60		6 Medicare tax withheld \$178.73	
		7 Social security tips		8 Allocated tips	
		9		10 Dependent care benefits	
d Control number		11 Nonqualified plans		12a See instructions for box 12 D 1,000	
e Employee's first name and initial Last name Suff. Hannah E. Fleming 496 Booths Way Your City, State and Zip Code		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b DD 986.00	
		14 Other		12c	
				12d	
f Employee's address and ZIP code					
15 State YS	Employer's state ID number 24-1XXXXXX	16 State wages, tips, etc. \$11,326.50	17 State income tax \$574.50	18 Local wages, tips, etc.	19 Local income tax
				20 Locality name	

PAYER'S name, street address, city, state, ZIP code, and telephone no. Ohio Unemployment Commission 747 Capitol Blvd. Columbus, OH 43270		1 Unemployment compensation \$ 1345.00		Certain Government Payments	
		2 State or local income tax refunds, credits, or offsets \$			
PAYER'S federal identification number 24-1XXXXXX	RECIPIENT'S identification number 241-XX-XXXX	3 Box 2 amount is for tax year	Form 1099-G		
RECIPIENT'S name Hannah E. Fleming Street address (including apt. no.) 496 Booths Way City, state, and ZIP code Your City, State and Zip Code		4 Federal income tax withheld \$ 135.00	Copy B For Recipient 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.		
		5 ATAA/RTAA payments \$	6 Taxable grants \$		
		7 Agriculture payments \$	8 If checked, box 2 is trade or business income <input type="checkbox"/>		
		9 Market gain \$			
Account number (see Instructions)		10a State	10b State identification no.	11 State income tax withheld \$	

		a Employee's social security number 241-XX-XXXX			
b Employer identification number (EIN) 23-6XXXXXX		1 Wages, tips, other compensation \$2,532.00		2 Federal income tax withheld \$328.00	
c Employer's name, address, and ZIP code Wesson, Inc. 1891 Southside Drive Dayton, OH 45404		3 Social security wages \$2,532.00		4 Social security tax withheld \$106.34	
		5 Medicare wages and tips \$2,532.00		6 Medicare tax withheld \$36.71	
		7 Social security tips		8 Allocated tips	
d Control number		9		10 Dependent care benefits	
e Employee's first name and initial Last name Hannah E. Fleming 496 Booths Way Your City, State and Zip Code		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <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
YS	23-6XXXXXX	\$2,532.00	\$201.00		

PAYER'S name, street address, city, state, ZIP code, and telephone no. Northern Bank and Trust 201 Investment Avenue Dayton, OH 45402		Payer's RTN (optional)		Interest Income			
		1 Interest Income \$ 416.87					
		2 Early withdrawal penalty \$					
PAYER'S federal identification number 23-7XXXXXX		RECIPIENT'S identification number 241-XX-XXXX		Form 1099-INT			
RECIPIENT'S name Hannah E. Fleming		3 Interest on U.S. Savings Bonds and Treas. obligations \$				Copy B For Recipient 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.	
Street address (including apt. no.) 496 Booths Way		4 Federal income tax withheld \$ 38.56		5 Investment expenses \$			
City, state, and ZIP code Your City, State and Zip Code		6 Foreign tax paid \$		7 Foreign country or U.S. possession			
Account number (see instructions)		8 Tax-exempt interest \$		9 Specified private activity bond interest \$			
		10 Tax-exempt bond CUSIP no.		11 State			
				12 State identification no.			
				13 State tax withheld \$			

PAYER'S name, street address, city, state, and ZIP code Arctic Banking P.O. Box 3457 Fairbanks, AK 99701		1 Gross distribution \$ 5,000.00	Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$ 5,000.00		
		2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>	Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the Internal Revenue Service.
PAYER'S federal identification number 23-8XXXXXX	RECIPIENT'S identification number 241-XX-XXXX	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 750.00	
RECIPIENT'S name Hannah E. Fleming		5 Employee contributions /Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	
Street address (including apt. no.) 496 Booths Way		7 Distribution code(s) 1	IRA/SEP/SIMPLE <input checked="" type="checkbox"/>	
City, state, and ZIP code Your City, State and Zip Code		8 Other \$ %	9b Total employee contributions \$	
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	9a Your percentage of total distribution %	12 State tax withheld \$	
Account number (see instructions)		13 State/Payer's state no.	14 State distribution \$	
		15 Local tax withheld \$	16 Name of locality	
		\$	17 Local distribution \$	

PAYER'S name, street address, city, state, and ZIP code One World Publishers P.O. Box 474 Cincinnati, OH 45202		1 Gross distribution \$ 5,400.00	Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$ 5,400.00		
		2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>	Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the Internal Revenue Service.
PAYER'S federal identification number 23-9XXXXXX	RECIPIENT'S identification number 241-XX-XXXX	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 586.00	
RECIPIENT'S name Hannah E. Fleming		5 Employee contributions /Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	
Street address (including apt. no.) 496 Booths Way		7 Distribution code(s) 3	IRA/SEP/SIMPLE <input type="checkbox"/>	
City, state, and ZIP code Your City, State and Zip Code		8 Other \$ %	9b Total employee contributions \$	
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	9a Your percentage of total distribution %	12 State tax withheld \$	
Account number (see instructions)		13 State/Payer's state no.	14 State distribution \$	
		15 Local tax withheld \$	16 Name of locality	
		\$	17 Local distribution \$	

PAYER'S name, street address, city, state, ZIP code, and telephone no. Candid Publishing P. O. Box 6717 Dayton, OH 45404		1 Rents \$	Miscellaneous Income	
		2 Royalties \$		
		3 Other income \$	4 Federal income tax withheld \$	Copy B For Recipient
PAYER'S federal identification number 24-0XXXXXX	RECIPIENT'S identification number 241-XX-XXXX	5 Fishing boat proceeds \$	6 Medical and health care payments \$	
RECIPIENT'S name Hannah E. Fleming		7 Nonemployee compensation \$ 12,875.88	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.
Street address (including apt. no.) 496 Booths Way		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
City, state, and ZIP code Your City, State and Zip Code		11	12	
Account number (see instructions)		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no.	18 State income \$

Hannah Fleming		1234
496 Booths Way		15-000000000
Your City, State, and ZIP Code _____		
PAY TO THE ORDER OF _____		\$ _____
_____		_____ DOLLARS
Northern Bank & Trust 201 Investment Ave Dayton, OH 45402		
For _____		
:062005690 :00578965542		1234

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 Timothy	M.I. S	Last name Sterling	Are you a U.S. citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. Your spouse's first name Nicole	M.I. S	Last name Sterling	Is your spouse a U.S. citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. Mailing address 4822 Broken Arrow Way		Apt #	City Your City	State YS ZIP code Your Zip
4. Contact information Telephone number(s) 404-555-XXXX		Email address		
5. Your Date of Birth 09/21/1941	6. Your job title Retired	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 02/11/1951	9. Your spouse's job title Housewife	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 checked="" type="checkbox"/> Yes <input 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

Name (<i>first, last</i>) Do not enter your name or spouse's name below	Date of Birth (<i>mm/dd/yy</i>)	Relationship to you (<i>for example: son, daughter, parent, none, etc</i>)	Number of months lived in your home last year	US Citizen (<i>yes/no</i>)	Resident of US, Canada, or Mexico last year (<i>yes/no</i>)	Single or Married as of 12/31/13 (<i>S/M</i>)	Full-time Student last year (<i>yes/no</i>)	Totally and Permanently Disabled (<i>yes/no</i>)	To be completed by Certified Volunteer Preparer				
									Can this person be claimed by someone else as a dependent on their return? (<i>yes/no</i>)	Did this person provide more than 50% of their own support? (<i>yes/no</i>)	Did this person have more than \$3900 of income? (<i>yes/no</i>)	Did the taxpayer(s) provide more than 50% of support for this person? (<i>yes/no</i>)	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? (<i>yes/no</i>)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)					
Christina Summers	01/13/1949	Sister	12	Yes	Yes	S	No	Yes					

**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 6 – Sterling 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? _____
<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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Contributions to a retirement account? _____ IRA (A) _____ Roth IRA (B) _____ 401K (B) _____ 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)

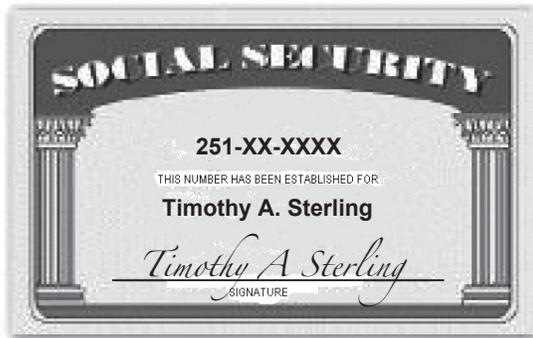
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund You Spouse

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 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 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 NONE Prefer not to answer

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



Interview Notes – Sterling

- Timothy and Nicole have been married for over 40 years, and each year they return to your site to have their tax return completed. Timothy retired from the International Brotherhood of Electrical Workers on January 1, 2008. Nicole, who is a housewife, is covered by the plan.
- Timothy's sister, Christina Summers, lived with them all year. She is totally and permanently disabled and relies upon her brother for her support. She receives \$250 per month in social security benefits.
- Nicole has less than 20/200 vision in both eyes. She provided a doctor's statement.
- Timothy's brokerage statement shows that he purchased 100 shares of Domestic stock on March 12, 1983 for \$12,000. This is a non covered security and the basis was not reported to the IRS. He sold the stock on March 23, of the current tax year. He received \$23,789 net of commissions on the sale.
- Neither Timothy nor Nicole wants \$3 to go to the Presidential Election Campaign Fund. They itemized deductions last year but did not receive any state refund. They would like to have any refund put into their savings account and provide you the routing number of: 062005690 and account number of: 00578965542 for their deposits. If they owe they will be sending in the payment.
- Nicole was hit by a car in February of 2009 and was severely injured. Shortly after her release from the hospital she applied for Social Security Disability. Nicole received a lump sum payment from the Social Security Administration during the tax year.
- The Sterlings' brought in the prior year returns to find out if they need to do amended returns due to the lump sum that Nicole received.
- Timothy and Nicole have always filed joint returns and have never had any tax exempt interest. Timothy's Social Security benefits have been \$15,972 for each of the prior three years. Their combined AGI for PY3 was \$36,390, for PY2 was \$36,510 and for PY1 was \$36,605. Their taxable Social Security benefits for PY3 were \$4,126; PY2 were \$4,166 and PY1 were \$4,197.
- Timothy and Nicole have never had any tax-free interest income.

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

PAYER'S name, street address, city, state, ZIP code, and telephone no. Keener Federal Savings and Loan 1947 Newcomb Highway Dayton, OH 45402		Payer's RTN (optional)		Form 1099-INT	Interest Income
		1 Interest income \$ 124.73			
		2 Early withdrawal penalty \$			
PAYER'S federal identification number 24-5XXXXXX	RECIPIENT'S identification number 251-XX-XXXX	3 Interest on U.S. Savings Bonds and Treas. obligations \$			Copy B For Recipient 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 Timothy A. Sterling		4 Federal income tax withheld \$		5 Investment expenses \$	
Street address (including apt. no.) 4822 Broken Arrow Way City, state, and ZIP code Your City, State and Zip Code		6 Foreign tax paid \$		7 Foreign country or U.S. possession	
Account number (see instructions)		8 Tax-exempt interest \$		9 Specified private activity bond interest \$	
		10 Tax-exempt bond CUSIP no.		11 State	12 State identification no.
				13 State tax withheld \$	

PAYER'S name, street address, city, state, ZIP code, and telephone no. Collins Financial 4101 Bramer Crossings Ft. Thomas, KY 41075		Payer's RTN (optional)		Form 1099-INT	Interest Income
		1 Interest income \$			
		2 Early withdrawal penalty \$			
PAYER'S federal identification number 24-5XXXXXX	RECIPIENT'S identification number 251-XX-XXXX	3 Interest on U.S. Savings Bonds and Treas. obligations \$ 364.78			Copy B For Recipient 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 Timothy A. Sterling		4 Federal income tax withheld \$		5 Investment expenses \$	
Street address (including apt. no.) 4822 Broken Arrow Way City, state, and ZIP code Your City, State and Zip Code		6 Foreign tax paid \$		7 Foreign country or U.S. possession	
Account number (see instructions)		8 Tax-exempt interest \$		9 Specified private activity bond interest \$	
		10 Tax-exempt bond CUSIP no.		11 State	12 State identification no.
				13 State tax withheld \$	

PAYER'S name, street address, city, state, ZIP code, and telephone no. Alliance Funding P. O. Box 5250 Hebron, KY 41048		1a Total ordinary dividends \$ 162.99	Form 1099-DIV	Dividends and Distributions
		1b Qualified dividends \$ 106.00		
		2a Total capital gain distr. \$ 68.75	2b Unrecap. Sec. 1250 gain \$	Copy B For Recipient
PAYER'S federal identification number 24-7XXXXXX	RECIPIENT'S identification number 251-XX-XXXX	2c Section 1202 gain \$	2d Collectibles (28%) gain \$	
RECIPIENT'S name Timothy A. Sterling		3 Nondividend distributions \$	4 Federal income tax withheld \$	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.
Street address (including apt. no.) 4822 Broken Arrow Way		6 Foreign tax paid \$ 12.85	5 Investment expenses \$	
City, state, and ZIP code Your City, State and Zip Code		8 Cash liquidation distributions \$	7 Foreign country or U.S. possession	
Account number (see instructions)		9 Noncash liquidation distributions \$	10 Exempt-interest dividends \$	
		11 Specified private activity bond interest dividends \$	12 State	
		13 State identification no.	14 State tax withheld \$	

PAYER'S name, street address, city, state, and ZIP code Emerson Pension Fund 7514 Production Parkway Louisville, KY 40202		1 Gross distribution \$ 13,633.00	Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$		
		2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>	Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.
PAYER'S federal identification number 24-9XXXXXX	RECIPIENT'S identification number 251-XX-XXXX	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 1363.00	
RECIPIENT'S name Timothy A. Sterling		5 Employee contributions /Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	This information is being furnished to the Internal Revenue Service.
Street address (including apt. no.) 4822 Broken Arrow Way		7 Distribution code(s) 7	8 Other \$ %	
City, state, and ZIP code Your City, State and Zip Code		9a Your percentage of total distribution %	9b Total employee contributions \$ 5,864.00	
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	12 State tax withheld \$	13 State/Payer's state no.	14 State distribution \$
Account number (see instructions)		15 Local tax withheld \$	16 Name of locality	17 Local distribution \$

PAYER'S name, street address, city, state, and ZIP code Funders Banking 101 Main Street Cincinnati, OH 45202		1 Gross distribution \$ 6,436.00 2a Taxable amount \$ 6,436.00	Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S federal identification number 24-9XXXXXX	RECIPIENT'S identification number 251-XX-XXXX	2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>	Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the Internal Revenue Service.
RECIPIENT'S name Timothy A. Sterling Street address (including apt. no.) 4822 Broken Arrow Way City, state, and ZIP code Your City, State and Zip Code		3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 643.00	
		5 Employee contributions / Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	
		7 Distribution code(s) 7	8 Other \$ %	
		9a Your percentage of total distribution %	9b Total employee contributions \$	
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	12 State tax withheld \$	13 State/Payer's state no. YS/24-9XXXXXX	14 State distribution \$
Account number (see instructions)		15 Local tax withheld \$	16 Name of locality	17 Local distribution \$

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 Nicole S. Sterling		Box 2. Beneficiary's Social Security Number 252-XX-XXXX	
Box 3. Benefits Paid in 20XX \$34,545.00	Box 4. Benefits Repaid to SSA in 20XX \$0.00	Box 5. Net Benefits for 20XX (Box 3 minus Box 4) \$34,545.00	
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or direct deposit: \$29,934.85 Medicare Part B premiums deducted from your benefits: \$1,384.80 Medicare Prescription Drug premiums (Part D) deducted from your benefits: \$810.00 Total Additions: \$34,545.00 Benefits for CY: \$8,820.00 Benefits for PY1: \$8,820.00 Benefits for PY2: \$8,820.00 Benefits for PY3: \$8,085.00		DESCRIPTION OF AMOUNT IN BOX 4 Box 6. Voluntary Federal Income Tax Withholding \$2,415.35 Box 7. Address Nicole S. Sterling 4822 Broken Arrow Way Your City, State and Zip Code Box 8. Claim Number (Use this number if you need to contact SSA.)	
Sample document - Subject to Change			
Form SSA-1099-SM (1-2012)		DO NOT RETURN THIS FORM TO SSA OR IRS	

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 Timothy A. Sterling		Box 2. Beneficiary's Social Security Number 251-XX-XXXX
Box 3. Benefits Paid in 20XX \$15,972.00	Box 4. Benefits Repaid to SSA in 20XX \$0.00	Box 5. Net Benefits for 20XX (Box 3 minus Box 4) \$15,972.00
<p align="center">DESCRIPTION OF AMOUNT IN BOX 3</p> <p>Paid by check or direct deposit: \$12,659.16</p> <p>Medicare Part B premiums deducted from your benefits: \$1,384.80</p> <p>Medicare Prescription Drug premiums (Part D) deducted from your benefits: \$810.00</p> <p>Total Additions: \$15,972.00</p> <p>Benefits for CY: \$15,972.00</p>		<p align="center">DESCRIPTION OF AMOUNT IN BOX 4</p>
		Box 6. Voluntary Federal Income Tax Withholding \$1,118.04
		Box 7. Address Timothy A. Sterling 4822 Broken Arrow Way Your City, State and Zip Code
		Box 8. Claim Number (Use this number if you need to contact SSA.)

Sample Document - Subject to Change

Form SSA-1099-SM (1-2012)

DO NOT RETURN THIS FORM TO SSA OR IRS

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 Kevin	M.I. R	Last name Kent	Are you a U.S. citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Your spouse's first name Mary	M.I. B	Last name Bryant	Is your spouse a U.S. citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Mailing address 8705 Somersby Way		Apt #	City Your City
4. Contact information Telephone number(s) 259-555-XXXX		Email address	
5. Your Date of Birth 07/28/1941	6. Your job title Clerk	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 01/15/1951	9. Your spouse's job title Deceased 12/12/2012	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)					
Terri Thomas	05/08/09	Grandchild	12	Yes	Yes	S	No	No					
Yvonne Kent	03/13/91	Daughter	12	Yes	Yes	S	Yes	No					
Penny Bryant	03/17/1949	Sister	12	Yes	Yes	S	No	Yes					

**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**

Problem B – Kent 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>3</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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (A) Self-Employment income? (Form 1099-MISC, cash)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (A) Cash/check payments for any work performed not reported on Forms W-2 or 1099?
<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. (A) Distribution from Pensions, Annuities, and/or IRA? (Form 1099-R)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. (B) Unemployment compensation? (Form 1099-G)
<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Alimony? If yes, do you have the recipient's SSN? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Contributions to a retirement account? <input checked="" type="checkbox"/> IRA (A) <input type="checkbox"/> Roth IRA (B) <input type="checkbox"/> 401K (B) <input type="checkbox"/> 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. (B) Unreimbursed employee business expenses? (such as uniforms or mileage)
<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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

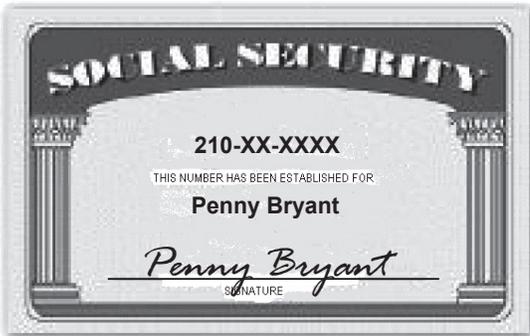
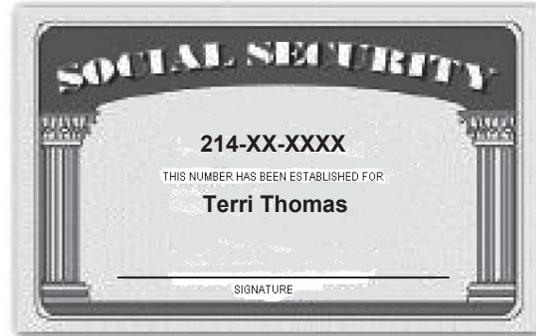
Direct deposit Yes No To purchase U.S. Savings Bonds Yes No To split your refund between different accounts Yes No

If you have a balance due, would you like to make a payment directly from your bank account Yes 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 – Kent

- Kevin and Mary are full time residents of your state and they want to file a state return.
- Kevin indicates he would like \$3 to go to the Presidential Election Campaign Fund.
- Their daughter, Yvonne, is a full-time student classified as a freshman at a local community college. Yvonne has never been convicted of a felony.
- Kevin and Mary paid for day care for Kevin's granddaughter Terri (who lived with them full time) while they both worked. Kevin is a clerk and Mary was a schoolteacher.
- Penny Bryant is Mary's older sister who is totally and permanently disabled. Penny lived with the Kents all year and was fully supported by them.
- If there is a refund, Kevin wants half of the refund applied to next year's taxes and the other half deposited directly into their checking account. Kevin provides you a personal check with the account information on it.
- Kevin and Mary provided 100% of the support for both Yvonne and Terri.
- Mary received \$1,500 cash from the estate of her great-aunt.

Line 7—Wages

		a Employee's social security number 212-XX-XXXX				
b Employer identification number (EIN) 25-5XXXXXX		1 Wages, tips, other compensation \$9456.34		2 Federal income tax withheld 945.63		
c Employer's name, address, and ZIP code Jefferson County School District 12210 Robin Road Indianapolis, IN 46204		3 Social security wages \$9456.34		4 Social security tax withheld 397.17		
		5 Medicare wages and tips \$9456.34		6 Medicare tax withheld \$137.12		
		7 Social security tips		8 Allocated tips		
d Control number		9		10 Dependent care benefits		
e Employee's first name and initial Mary B. Bryant		Last name Suff.		11 Nonqualified plans		
f Employee's address and ZIP code 8705 Somersby Way Your City, State and Zip Code		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12a See instructions for box 12 DD 564.58		
		14 Other		12b		
				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	21-6XXXXXX	\$9456.34	\$574.50			

		a Employee's social security number 212-XX-XXXX				
b Employer identification number (EIN) 25-6XXXXXX		1 Wages, tips, other compensation \$12,283.00		2 Federal income tax withheld 1228.00		
c Employer's name, address, and ZIP code Petroleum Oil & Gas 624 Kasper Drive Indianapolis, IN 46204		3 Social security wages \$15,003.00		4 Social security tax withheld 630.13		
		5 Medicare wages and tips \$15,003.00		6 Medicare tax withheld \$217.54		
		7 Social security tips		8 Allocated tips		
d Control number		9		10 Dependent care benefits		
e Employee's first name and initial Kevin R. Kent		Last name Suff.		11 Nonqualified plans		
f Employee's address and ZIP code 8705 Somersby Way Your City, State and Zip Code		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12a See instructions for box 12 D 2720.00		
		14 Other		12b		
				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	21-5XXXXXX	\$12,283.00	\$935.76			

During the year Mary also worked on the Board of Elections at the voting center close to her house. This was the first year she worked there.

a Employee's social security number 212-XX-XXXX					
b Employer identification number (EIN) 26-5XXXXXX		1 Wages, tips, other compensation \$1,500.00	2 Federal income tax withheld .00		
c Employer's name, address, and ZIP code Board of Elections 135 Victory Lane Indianapolis, IN 46204		3 Social security wages \$1,500.00	4 Social security tax withheld 63.00		
		5 Medicare wages and tips \$1,500.00	6 Medicare tax withheld 21.75		
		7 Social security tips	8 Allocated tips		
d Control number		9	10 Dependent care benefits		
e Employee's first name and initial Mary B. Bryant 8705 Somersby Way Your City, State and Zip Code		11 Nonqualified plans		12a See instructions for box 12	
f Employee's address and ZIP code		13 <input type="checkbox"/> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> 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

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

Line 8—Interest

Kevin is collecting payments on a seller-financed mortgage. The purchaser is Elizabeth Dunlap (SSN 219-XX-XXXX), 4216 Chatham Way, Your City, State, ZIP Code. Last year Kevin received \$1,672.38 interest on that loan.

PAYER'S name, street address, city, state, ZIP code, and telephone no. Derby Federal Credit Union 431 Investment Row Louisville, KY 40202		Payer's RTN (optional)		Interest Income		
		1 Interest income \$ 238.00				
		2 Early withdrawal penalty \$ 23.80	Form 1099-INT			
PAYER'S federal identification number 25-7XXXXXX	RECIPIENT'S identification number 211-XX-XXXX	3 Interest on U.S. Savings Bonds and Treas. obligations \$		Copy B For Recipient 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 Kevin R. Kent		4 Federal income tax withheld \$	5 Investment expenses \$			
Street address (including apt. no.) 8705 Somersby Way City, state, and ZIP code Your City, State and Zip Code		6 Foreign tax paid \$	7 Foreign country or U.S. possession			
Account number (see instructions)		8 Tax-exempt interest \$ 78.32	9 Specified private activity bond interest \$			
		10 Tax-exempt bond CUSIP no.	11 State			12 State identification no.

Kevin received a broker's statement from Portfolio Investments. Enter any interest income shown on the following broker's statement. Tax-exempt interest was paid on a municipal bond from another state.

Money from U.S. Savings Bonds was used by the Kents for house repairs.

Line 9—Dividends

Portfolio INVESTMENTS	20XX Form 1099
897 S Reed Lane Cincinnati, OH 45202 513-555-XXXX	Date Prepared: January 31, 20XX
Federal ID Number: 25-8XXXXXX	Recipient's Name and Address
Taxpayer ID Number: 211-XX-XXXX	Kevin R. Kent 8705 Somersby Way Your City, State and ZIP Code
Account Number: 111-5555	Copy B for Recipient

Dividends and Distributions - 20XX			Form 1099 - DIV	
<i>Box</i>	<i>Description</i>	<i>Amount</i>	<i>Total</i>	
1a	Total ordinary dividends (Includes amount shown in box 1b)	\$ 108.32	\$	108.32
1b	Qualified dividends	108.32		108.32
2a	Total Capital Gain Distributions (Includes amount shown in boxes 2b, 2c and 2d)	6.87		6.87
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	4.29		4.29
8	Cash Liquidation Distributions			0.00
9	Noncash Liquidation Distributions			0.00

Interest Income - 20XX			Form 1099 - INT	
<i>Box</i>	<i>Description</i>	<i>Amount</i>	<i>Total</i>	
1	Interest Income	\$79.00	\$	79.00
3	Interest on U. S. Savings Bonds and Treasury Obligations	\$693.00	\$	693.00
4	Federal Income Tax Withheld	\$118.00	\$	118.00
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	\$1,700.00	\$0.00	
Rio Motors Inc	xxxxxxx	Y	150	\$9,543.00	7/15/08	6/28/CY	\$7,648.00	\$0.00	
Rider Corporation	xxxxxxx	N	65	*	*	12/25/CY	\$2,549.00	\$0.00	
Doors & Floors Org	xxxxxxx	Y	55	\$5,550.00	10/1/09	11/25/CY	\$5,600.00	\$0.00	
Yours-Mine-Ours Corp	xxxxxxx	Y	75	\$3,750.00	9/1/07	10/20/CY	\$3,000.00	\$0.00	
Bagels R Us Corp	xxxxxxx	Y	63	\$1,575.00	8/1/02	1/3/CY	\$1,400.00	\$0.00	
Total Gross Proceeds from Broker Transactions (less commissions)							\$21,897.00		
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

Neither Kevin nor Mary had an interest in a financial account in a foreign country and have never received distributions from or transferred funds to a foreign trust.

Enter now any foreign tax paid by Kevin as reported on a 1099-DIV (or broker's statement).

Line 10—Taxable Refunds

Kevin and Mary itemized deductions last year and received a \$208 tax refund from the state. Their taxable income for last year was \$49,859. Their total itemized deductions were \$13,250. The amount of state income taxes was \$2,998. The amount of state sales tax that was paid was \$689.00.

PAYER'S name, street address, city, state, ZIP code, and telephone no. IN Department of Revenue 6101 Main Street Indianapolis, IN 46204		1 Unemployment compensation \$			Certain Government Payments
		2 State or local income tax refunds, credits, or offsets \$ 208.00	Form 1099-G		
PAYER'S federal identification number 25-9XXXXXX	RECIPIENT'S identification number 211-XX-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 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 Kevin R. Kent/Mary B. Bryant		5 ATAA/RTAA payments \$	6 Taxable grants \$		
Street address (including apt. no.) 8705 Somersby Way City, state, and ZIP code Your City, State and Zip Code		7 Agriculture payments \$	8 If checked, box 2 is trade or business income <input type="checkbox"/>		
Account number (see instructions)		9 Market gain \$			
		10a State	10b State identification no.	11 State income tax withheld \$	

Line 12—Business Income

Mary ran a small business, which she operated out of her home, typing medical transcripts. The business code was 561410. In addition to the amount reported on Form 1099-MISC, she also received \$982.00 during the year from other doctors for this service. She had expenses that included \$49.00 for paper and \$67.50 for a printer cartridge. Mary used her second car for picking up and delivering the typing jobs. She maintained a written record of mileage, reporting 158 business miles per month for 11 months and 5,225 other miles. She bought the car and started using it for business on January 2, 2006. Mary had another car available for personal use.

PAYER'S name, street address, city, state, ZIP code, and telephone no. Heartfelt Medical Center 674 Wellness Road Indianapolis, IN 46204		1 Rents \$	Miscellaneous Income	
		2 Royalties \$	Form 1099-MISC	
		3 Other income \$	4 Federal income tax withheld \$	Copy B For Recipient
PAYER'S federal identification number 26-0XXXXXX	RECIPIENT'S identification number 212-XX-XXXX	5 Fishing boat proceeds \$	6 Medical and health care payments \$	
RECIPIENT'S name Mary B. Bryant		7 Nonemployee compensation \$ 674.00	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.
Street address (including apt. no.) 8705 Somersby Way		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
City, state, and ZIP code Your City, State and Zip Code		11	12	
Account number (see instructions)		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no.	18 State income \$

Line 13—Capital Gain or Loss

PAYER'S name, street address, city, state, ZIP code, and telephone no. Rich Financial Brokerage Firm 893 Epps Parkway Indianapolis, IN 46249		1a Date of sale or exchange 03/10/CY	Proceeds From Broker and Barter Exchange Transactions	
		1b Date of acquisition 07/01/2001	Form 1099-B	
		1c Type of gain or loss Short-term <input type="checkbox"/> Long-term <input checked="" type="checkbox"/>	1d Stock or other symbol	1e Quantity sold
PAYER'S federal identification number 26-1XXXXXX	RECIPIENT'S identification number 211-XX-XXXX	2a Stocks, bonds, etc. \$ 8,859.00	Reported to IRS <input type="checkbox"/> Sales price <input checked="" type="checkbox"/> Sales price less commissions and option premiums	2b If box checked, loss based on amount in 2a is not allowed <input type="checkbox"/>
RECIPIENT'S name Kevin R. Kent		3 Cost or other basis \$ 10,123.00	4 Federal income tax withheld \$	Copy B For Recipient
Street address (including apt. no.) 8705 Somersby Way		5 Wash sale loss disallowed \$	6 Checked if: a <input type="checkbox"/> Noncovered security b <input checked="" type="checkbox"/> Basis reported to IRS	
City, state, and ZIP code Your City, State and Zip Code		7 Bartering \$	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.	
Account number (see instructions)		8 Description 100 Shares of Purdue Stock	9 Profit or (loss) realized in 2012 on closed contracts \$	10 Unrealized profit or (loss) on open contracts—12/31/2011 \$
CUSIP number		2nd TIN not <input type="checkbox"/>	11 Unrealized profit or (loss) on open contracts—12/31/2012 \$	12 Aggregate profit or (loss) on contracts \$
			13 State	14 State identification no.
			15 State tax withheld \$	

Kevin paid \$10,123 for 100 shares of Purdue stock on July 1, 2001 and paid \$35 commission for the sale. Refer to the broker's statement for additional stock sales.

Portfolio Investments does not have a record for the purchase of Rider stock. Kevin inherited the 65 shares from his uncle. The stock was worth \$7,222 on 11/29/2007, the day his uncle died.

Line 15—IRA Distributions

PAYER'S name, street address, city, state, and ZIP code Peoples Trust Company P. O. Box 254 Indianapolis, IN 46204		1 Gross distribution \$ 628.00		Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
		2a Taxable amount \$ 628.00				
		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>		
PAYER'S federal identification number 26-2XXXXXX	RECIPIENT'S identification number 211-XX-XXXX	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. This information is being furnished to the Internal Revenue Service.	
RECIPIENT'S name Kevin R. Kent		5 Employee contributions /Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$		
Street address (including apt. no.) 8705 Somersby Way		7 Distribution code(s) 1	IRA/SEP/SIMPLE <input checked="" type="checkbox"/>	8 Other \$ %		
City, state, and ZIP code Your City, State and Zip Code		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 State tax withheld \$		13 State/Payer's state no. YS/21-3XXXXXX		
Account number (see instructions)		15 Local tax withheld \$		16 Name of locality		
				14 State distribution \$		
				17 Local distribution \$		

Kevin has worked for the last couple of years to get Peoples Trust to update the form 1099-R with the correct code as it is not an early distribution, they refuse.

Kevin did a direct transfer of his traditional IRA funds from Yale Security IRA to Merrill Lynch. He received Form 1099-R below.

PAYER'S name, street address, city, state, and ZIP code Yale Security IRA P.O. Box 2537 Indianapolis, IN 46204		1 Gross distribution \$ 8,649.00		Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
		2a Taxable amount \$				
		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>		
PAYER'S federal identification number 26-3XXXXXX	RECIPIENT'S identification number 211-XX-XXXX	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. This information is being furnished to the Internal Revenue Service.	
RECIPIENT'S name Kevin R. Kent		5 Employee contributions /Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$		
Street address (including apt. no.) 8705 Somersby Way		7 Distribution code(s) G	IRA/SEP/SIMPLE <input checked="" type="checkbox"/>	8 Other \$ %		
City, state, and ZIP code Your City, State and Zip Code		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 State tax withheld \$		13 State/Payer's state no. YS/21-4XXXXXX		
Account number (see instructions)		15 Local tax withheld \$		16 Name of locality		
				14 State distribution \$		
				17 Local distribution \$		

Line 16—Pensions and Annuities

PAID BY	OFFICE OF PERSONNEL MANAGEMENT RETIREMENT SERVICES PROGRAM P.O. BOX 45 BOYERS, PA 16017-0045	STATEMENT OF ANNUITY PAID Copy B - File with Federal tax return	OMB No. 1545-0119 Form: 1099-R Distributions From Pensions, Annuities, Retirement or Profit- Sharing Plans, IRAs, Insurance Contracts, etc.
Form CSA 1099R (Rev. 1/2009) This information is being furnished to the Department of Treasury - Internal Revenue Service	PAYER's Federal Identification	Recipient's ID No. (Annuitant)	Account number (Retirement Claim No.)
	16-5XXXXXX	211-XX-XXXX	CSA 541207692
	5. Employee Contributions/ Designated ROTH Contributions or Insurance Premiums	PAID TO → Kevin R. Kent 8705 Somersby Way Your City, State and Zip Code	
	7. Distribution Code(s)		
	7-NONDISABILITY		
	9b. Total Employee Contributions		
	\$1,567.00		
		1. Gross distribution	\$1,295.00
		2a. Taxable amount	\$1200.00
		4. Federal Income Tax Withheld	\$0.00
State 1		10. State Income Tax Withheld	NONE
State 2		10. State Income Tax Withheld	

Kevin retired two years ago and started drawing his retirement pay on January 1 of last year. He recovered \$335 of his cost during the first year. Kevin did not select a joint and survivor annuity.

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution	Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
Alpine Pension Fund 7568 Peachtree Street Indianapolis, IN 46204		\$ 12,743.00			
PAYER'S federal identification number		2a Taxable amount	Total distribution <input type="checkbox"/>		Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.
		\$	Total distribution <input checked="" type="checkbox"/>		
26-4XXXXXX	RECIPIENT'S identification number	3 Capital gain (included in box 2a)	4 Federal income tax withheld		
	211-XX-XXXX	\$	\$ 1,274.30		
RECIPIENT'S name		5 Employee contributions /Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities		This information is being furnished to the Internal Revenue Service.
Kevin R. Kent					
Street address (including apt. no.)		7 Distribution code(s)	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other	
8705 Somersby Way		7		\$ %	
City, state, and ZIP code		9a Your percentage of total distribution	9b Total employee contributions		
Your City, State and Zip Code		%	\$ 5,870		
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 State tax withheld	13 State/Payer's state no.	14 State distribution	
\$		\$		\$	
Account number (see instructions)		15 Local tax withheld	16 Name of locality	17 Local distribution	
		\$		\$	
		\$		\$	

Line 19—Unemployment Compensation

PAYER'S name, street address, city, state, ZIP code, and telephone no. Indiana Unemployment Commission 426 South Main Street Indianapolis, IN 46204		1 Unemployment compensation \$ 1,380.00	Form 1099-G	Certain Government Payments
		2 State or local income tax refunds, credits, or offsets \$		
PAYER'S federal identification number 26-6XXXXXX	RECIPIENT'S identification number 211-XX-XXXX	3 Box 2 amount is for tax year	4 Federal income tax withheld \$ 138.00	Copy B For Recipient 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 Kevin R. Kent		5 ATAA/RTAA payments \$	6 Taxable grants \$	
Street address (including apt. no.) 8705 Somersby Way City, state, and ZIP code Your City, State and Zip Code		7 Agriculture payments \$	8 If checked, box 2 is trade or business income <input type="checkbox"/>	
Account number (see instructions)		9 Market gain \$		
		10a State	10b State identification no.	
		11 State income tax withheld \$		

Line 20—Social Security Benefits

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 Kevin R Kent		Box 2. Beneficiary's Social Security Number 211-XX-XXXX	
Box 3. Benefits Paid in 20XX \$13,682.00	Box 4. Benefits Repaid to SSA in 2012 \$0.00	Box 5. Net Benefits for 20XX (Box 3 minus Box 4) \$13,682.00	
DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4	
Paid by check or direct deposit: \$10,925.20			
Medicare Part B premiums deducted from your benefits: \$1,198.80		Box 6. Voluntary Federal Income Tax Withholding \$958.00	
Medicare Prescription Drug premiums (Part D) deducted from your benefits: \$600.00		Box 7. Address Kevin R Kent 8705 Somersby Way Your City, State and Zip Code	
Total Additions: \$13,682.00		Box 8. Claim Number (Use this number if you need to contact SSA.)	
SAMPLE DOCUMENT			
Form SSA-1099-SM (1-2012)		DO NOT RETURN THIS FORM TO SSA OR IRS	

Line 21—Other Income

PAYER'S name, address, ZIP code, federal identification number, and telephone number Get Rich Lottery Board 578 Dollar Blvd Indianapolis, IN 46204 26-7XXXXXX (888)341-XXXX	1 Gross winnings	2 Federal income tax withheld	Form W-2G Certain Gambling Winnings
	1,200.00	0.00	
	3 Type of wager	4 Date won	
	Lottery	6/28/20XX	
WINNER'S name, address (including apt. no.), and ZIP code Mary B. Bryant 8705 Somersby Way Your City, State and Zip Code	5 Transaction	6 Race	This information is being furnished to the Internal Revenue Service. Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 2, attach this copy to your return.
	7 Winnings from identical wagers	8 Cashier	
	9 Winner's taxpayer identification no.	10 Window	
	212-XX-XXXX		
	11 First I.D.	12 Second I.D.	
	13 State/Payer's state identification no.	14 State income tax withheld	
	YS 22-3XXXXXX	120.00	
Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.			
Signature ▶ <i>Mary B. Bryant</i>		Date ▶ 6/28/20XX	

Mary had \$2,250 in gambling losses. She has also won \$500.00 in the GA State Lottery.

Line 31—Alimony Paid Adjustment

Kevin paid \$3,600 in alimony to a previous wife. Her social security number is 215-XX-XXXX.

Line 32—IRA Contribution Adjustment

Mary made a \$6,000 contribution to her traditional IRA account.

Line 33—Student Loan Interest Adjustment

Mary paid \$268 interest on a student loan she incurred to obtain her teaching degree.

Line 40—Itemized Deductions

Because of high unreimbursed medical expenses this year, Kevin wants to itemize deductions and provides the following information:

Medical insurance		\$1,200
Doctor bills		\$653
Hospital bills		\$200
Life insurance		\$1,842
Funeral expenses		\$5,600
Medical mileage	103 miles per month (1,236 miles total)	
Prescription drugs		\$965
Prescription eyeglasses		\$210
Tithes to church		\$1,730
Cash contributions to: National Public Radio, American Cancer Society, Shriners Children’s Hospital with canceled checks and receipts		\$225
Contributions to Millsap Elementary School with canceled checks and receipts		\$250
Salvation Army (FMV of clothes and TV in good used condition; Kents have receipts for these contributions.)		\$350
Home mortgage interest (Form 1098)		\$2,997
County real estate tax (property tax statement based on property value)		\$1,240
City real estate tax (property tax statement based on property value)		\$258
Personal property tax (based on the value)		\$624
Gambling losses		\$2,250
Speeding tickets		\$375
State sales tax (new car)		\$1,565

Line 48—Credit for Child and Dependent Care Expenses

Kevin and Mary paid the Happy Blessings Day Care Center \$1,100 to watch Terri while they worked. The address is 128 Magical Way St, Your City, State, and ZIP Code. Their EIN is 26-8XXXXXX.

Line 49—Education Credits

Kevin and Mary paid \$2,750 for Yvonne's tuition. Yvonne spent \$500.00 on textbooks and \$850.00 for a new computer which was not a course requirement.

FILER'S name, street address, city, state, ZIP code, and telephone number Northern Kentucky University Nunn Drive Founders Hall Suite 500 Highland Heights, KY 41076		1 Payments received for qualified tuition and related expenses \$	Form 1098-T	Tuition Statement
FILER'S federal identification no. 26-9XXXXXX		2 Amounts billed for qualified tuition and related expenses \$ 7,750.00		
STUDENT'S name Yvonne Kent	STUDENT'S social security number 26-9XXXXXX	3 If this box is checked, your educational institution has changed its reporting method <input type="checkbox"/>	Copy B For Student This is important tax information and is being furnished to the Internal Revenue Service.	
4 Adjustments made for a prior year \$	5 Scholarships or grants \$ 5,000.00	6 Adjustments to scholarships or grants for a prior year \$	7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January - March <input type="checkbox"/>	
Street address (including apt. no.) 8705 Somersby Way City, state, and ZIP code Your City, State and Zip Code	8 Check if at least half-time student <input checked="" type="checkbox"/>	9 Checked if a graduate student <input type="checkbox"/>	10 Ins. contract reimb./refund \$	

Mary had to take several special training courses at the local college that were required by her employer. The class tuition and fees totaled \$317.85. She attended Fulton Community College at One University Way, Your City, State and Zip Code.

Line 52—Energy Credits, Form 5695

The Kent's insulated the crawl space of their home for \$175.00 and replaced all their windows with new windows meeting the IECC criteria (energy efficiency) at a cost of \$7,450.00 excluding on-site preparation, assembly, or original installation of components. The Kent's have not claimed any credits in previous years on the Form 5695.

Line 62—Estimated Tax Payments

During the year, Kevin and Mary made the following estimated tax payments.

DATE PAID	AMOUNT PAID
04/14	\$100.00
09/18	\$100.00

They also applied \$200 from last year's tax refund toward this year's taxes.

Line 64a—Earned Income Credit (EIC)

Kevin and Mary may qualify for EIC. If they do qualify for EIC, then answer the questions on the EIC schedule and the EIC worksheet.

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 66—Refundable American Opportunity Credit

Kevin wants to know if they will qualify for the refundable portion of the American Opportunity Credit. Verify the taxpayer data is entered correctly on Form 8863.

Line 73—Overpayment

74a—Amount You Want Refunded to You

Kevin wants any refund or debit deposited to or withdrawn from the checking account. He provided you with a copy of a check.

Kevin Kent 8705 Somersby Way Your City, State, and ZIP Code	1234 15-000000000
PAY TO THE ORDER OF	\$
_____ DOLLARS	
Federal Credit Union City, State, and Zip Code	
For	
:062005690 :00578965542	1234

Line 75—Applied to Next Year's Estimated Taxes

If there is a refund, Kevin wants half applied to next year's taxes.

If using TaxWise®, review the Forms Tree and address any red exclamation marks by completing the unanswered questions. Do the Diagnostics to ensure there are no e-filing problems.

Signature Line

Kevin wants to sign the return using the Practitioner's Pin.

- If energy credit is not used, delete Form 5695.

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