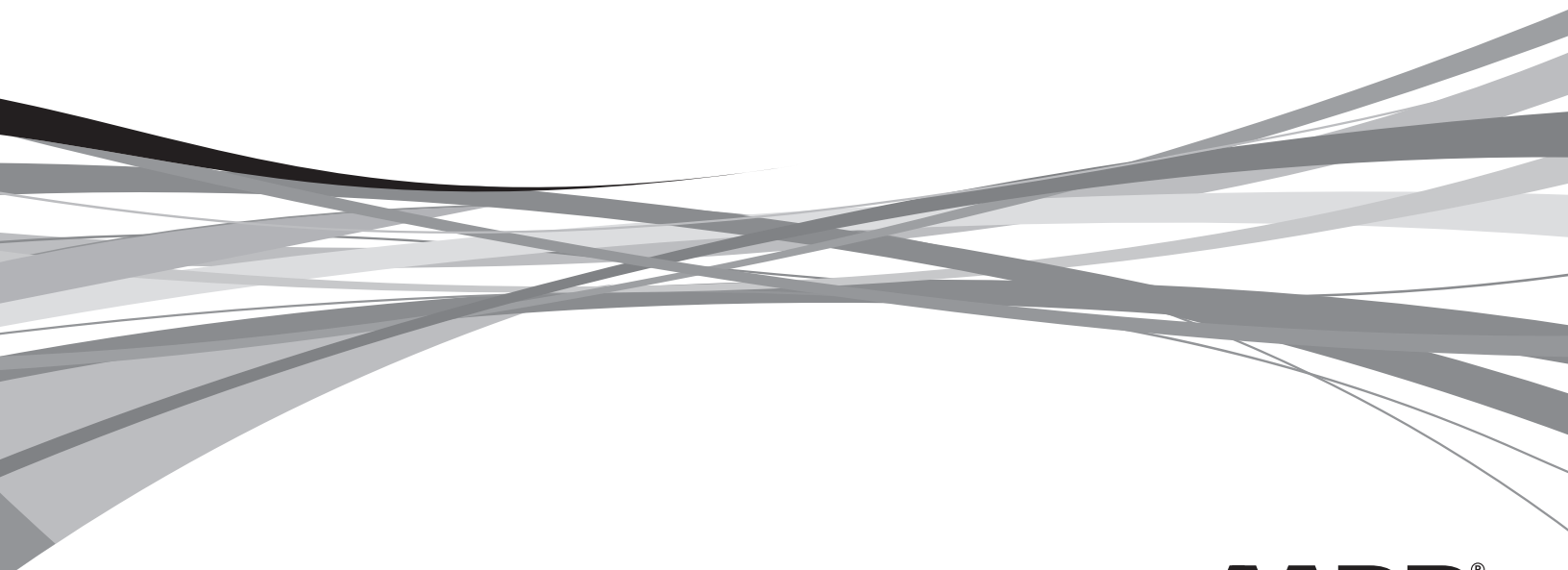




NTTC Workbook

Tax Year 2015



NTTC Workbook Tax Year 2015

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NTTC Workbook - Tax Year 2015
Table 1 - Matrix

Updated 2014 Practice Returns

New 2015 Practice Returns

1040 Line	Description	HUDSON	CUNNINGHAM	CLARK	SCOTT	MEADOWS	WILSON	MOORE	HOLMES	BATES	REED	ELLSWORTH	MCCOOK	WRIGHT	YALE	KERRY
1-5	Filing status	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
39a	TP or SP 65 or older or blind														x	x
6	Dependents - children		x	x	x	x	x	xS		x	x	x		x	x	x
6	Dependents - other				x		x		x		x			x	x	
7	W-2	x	x	x	x	x	x	x		x	x	x		x	x	x
8	Interest	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
9	Dividends			x	x	x	x		x		x		x		x	x
10	Taxable state income tax refund															x
11	Alimony received															
12	Small business (Sch C)				x				x	S					x	x
13	Capital gain			S					x			x				x
	Capital gain distribution			x		x			x							x
	Inherited property								x							x
15	IRA distribution					x	x		x						x	x
	Basis in IRA (8606)															x
16	Pension distribution										x		x		x	x
	Disability pension				x											
	RRB pension					x										
	Simplified method					x	x	x	x						x	x
	PSO health ins						x		x						x	
17	Rents / royalties									S				x		x
19	Unemployment compensation			x					x			x				x
20	Social security benefits								x			x	x		x	x
	Social security Lump Sum											x				
21	Other income		x		x				x	x		x	x		x	x
23	Educator expenses															E
25	HSA deduction															
27	Deductible part of SE tax				x				x						x	x
30	Penalty on early withdrawal				x	x						x		x		x
31	Alimony paid					x									x	x
32	IRA deduction	x													x	x
33	Student loan interest deduction	x				x		x							x	x
34	Tuition and fees															E
36	Jury duty paid to employer														x	
40	Itemized deductions						x		x				x		x	x
	Sales tax deduction						E		E							*
46/69	Excess / add'l prem tax credit	x				x								x		x
48	Foreign tax credit					x	x		x			x			x	x
49	Child & dependent care credit				x									x	x	x
50	Education credit				x		x	x		x	x	x			x	x
51	Retirement savings credit	S												x		
52	Child tax credit			x		x	x	x			x	x		x	x	x
53	Residential energy credit															E
57	Self-employment tax				x				x						x	x
58	Unreported SocSec/ Medicare tax															
59	Additional tax on IRA														x	
60b	FTHB repayment						x									
61	Shared responsibility payment			x							x					
	SRP exemption	x			x							x				x
	Full year MEC		x				x	x	x	x		x		x	x	x
64	FIT withheld	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
65	Estimated payments											x				x
66a	Earned income credit				x	x								x		x
67	Additional child tax credit				x	x	x							x	x	x
68	Refundable education credit				x		x	x		x	x				x	x
76	Direct deposit/savings bond	x		x	x	x		x	x	x	x		x	x	x	x
78	Amount owed/direct debit		x									x				

E - Extender

S - Supplemental exercise

Using the NTTC Workbook Tax Year 2015

Practice Returns, Exercises and Quizzes

This workbook is designed to assist you in gaining additional practice in completing tax returns similar to the ones that might be encountered at a tax assistance site. The practice returns are self-contained tax return scenarios.

The exercises and quizzes are included for a variety of topics including scope questions and for purposes of awareness of an out-of-scope issue.

Each return or exercise is set up to resemble, as closely as possible, the process as it actually will happen at the site. The taxpayer completes their portion of **Form 13614-C, Interview/Intake and Quality Review Sheet**. The preparer then completes their portion of the form and ensures that all pertinent information is included on the return. (In a real-life situation you will review the information with the taxpayer before completing the tax return.)

Notes for the Instructor

The practice returns in this workbook can be used to support and reinforce classroom or self-study learning. If using the comprehensive problem, after each section is taught, volunteers input the related parts of the comprehensive tax return into the tax software to give them immediate reinforcement of the tax law application and practice in using the tax return preparation software.

Instructors should set up students as users for TaxWise® Online training version. Students will login at <https://twonline.taxwise/training> (training/14 after 2015 software is released if prior year answers are desired). This will enable students to prepare returns using the practice scenarios in this publication.

For each of the practice returns, the issues, and the Form 1040 line number on which they are reported, are illustrated in Table 1. Extenders are noted.

The exercises and quizzes can be used in the classroom or as self-study to reinforce and confirm the student's knowledge of various topics and issues.

Notes for the Student

If you are participating in a volunteer training class, please follow your instructor's directions for the best use of this workbook.

Please read and refer to the Completing the Returns section on the following page.

Answers

The 2014 answers will be provided to instructors through their state training specialists. The 2015 answers will be provided in the same way shortly after the 2015 TaxWise software is released.

Completing the Return

- When Schedule B is required, respond in the negative (unless the problem indicates otherwise) to the questions regarding financial accounts in foreign countries and distributions from, grantors of, or transferors to a foreign trust.
- When completing Form 2106 or Schedule C, unless otherwise noted, assume that the following apply: the business vehicle was placed in service on January 1 of the tax year; the figure for “Other” mileage is 10,000 miles; written records are available; and there is another vehicle for personal use.
- To make the training experience as realistic as possible, complete the to-be-completed-by-Certified-Volunteer-Preparer section on page 1 of Form 13614-C for each practice return after the return is completed.
- For all first time homebuyers repayments, assume that the taxpayer has paid only the minimum amount for each year since 2010.
- Presidential Election Campaign Fund has been removed from all problems.
- When completing the problems use TaxWise training mode to ensure that the practice returns are not included in the return database for the software program. In this workbook, social security numbers (SSN) and employer identification numbers (EIN) begin with three unique digits, followed by X’s. In TaxWise, replace the middle two X’s with your unique digits assigned by your instructor. The last four digits are the electronic filing identification number (EFIN), which will be provided by your instructor. This numbering convention applies to the primary taxpayer.
- When a phone number is requested on the main information screen, use the area code and prefix provided on the intake sheet followed by any four digits.
- Replace “YS” with the two-letter state abbreviation for your state.
- If your state requires the filing of an income tax return, enter the state abbreviation. If your state does not require a tax return, on the main information screen check the box to indicate a state return is not being prepared. Follow your instructor’s directions.
- For all training scenarios, income from Puerto Rico has not been excluded.
- For all problems with itemized deductions, please **use Indiana** as the state for calculating the sales tax deduction with no local tax added.
- For problems requesting that a Practitioner PIN personal identification number (PIN) be used, do not enter the data until all return information has been entered. Return to the main information screen to complete the PIN section.
- Most problems use the same routing numbers and account numbers.

Comments

The Tax-Aide National Tax Training Committee would appreciate volunteers’ comments or suggestions. Please submit them through the Volunteer Portal OneSupport Help Center.

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Interview Notes – Hudson

Gail is the new manager of a restaurant and has started paying off her student loan. This year she paid \$75 in interest on that loan. She provides a receipt showing that amount. For the first two months of the year, Gail did not have any insurance, but in March she purchased insurance thru the Marketplace. She provides you with her 1095-A. She started a traditional IRA last year and wants to add to it. Having received a raise recently, she has already put \$2,000 into that account.



If Gail has a refund, she wants it deposited to her checking account. If she has a balance due, she will mail in her payment

GAIL HUDSON 2715 BISHOP STREET YOUR CITY, STATE ZIP		1234
PAY TO THE ORDER OF _____		\$ _____
Your Bank _____		DOLLARS
Bank City, State, ZIP Code _____		
For _____		
: 325070760 : 350299712		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 1-3 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 Gail	M.I.	Last name Hudson	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 2715 Bishop Street		Apt #	City Your City	State Your State
4. Telephone number(s) 221-555-xxxx		Email address (optional)		
5. Your Date of Birth 4/16/1989	6. Your job title Manager	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, Single (This includes registered domestic partnerships, civil unions, or other formal relationships under state law) were you:
 Married a. Did you live with your spouse during any part of the last six months of 2014? Yes No
 Divorced or Legally Separated b. Was your marriage recognized under the laws of the state(s) you are filing in? Yes No Unsure
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 3

										To be completed by a 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 12/31/14 (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 less than \$3950 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**

Yes No Unsure Check appropriate box for each question in each section

Part III – Income – Last Year, Did You (or Your Spouse) Receive

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

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

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

Hudson

-7-

a. Employee's social security number 021-XX-XXXX						
b. Employer Identification number (EIN) 10-0XXXXXX		1. Wages, tips, other compensation \$31,915.52	2. Federal income tax withheld \$3,685.45			
c. Employer's name, address, city, state, and ZIP Code JACK'S STEAKHOUSE 24 BAUER ST SAN DIEGO CA 92109		3. Social security wages \$31,915.52	4. Social security tax withheld 1,978.76			
		5. Medicare wages and tips \$31,915.52	6. Medicare tax withheld \$462.78			
		7. Social security tips	8. Allocated tips			
d. Control number		9.	10. Dependant care benefits			
e. Employee's name (first, initial, last), address, city, state and ZIP code GAIL HUDSON 2715 BISHOP ST YOUR CITY, STATE ZIP		11. Nonqualified plans	12a. See instructions for box 12			
		13. Statutory Employee <input type="checkbox"/> Retirement Plan <input checked="" type="checkbox"/> Third-party sickpay <input type="checkbox"/>	12b.			
		14. Other	12c.			
			12c.			
15. State YS	Employer's state ID number 100XXXXXX	16. State wages, tips, etc. \$31,915.52	17. State income tax \$450.00	18. Local wages, tips, etc.	19. Local income tax	20. Locality name

Form **W-2 2015**

a. Employee's social security number 021-XX-XXXX						
b. Employer Identification number (EIN) 10-2XXXXXX		1. Wages, tips, other compensation \$245.00	2. Federal income tax withheld \$10.50			
c. Employer's name, address, city, state, and ZIP Code SISTER'S CAFE 1409 N ALLEN ST CHARLOTTE NC 28216		3. Social security wages \$185.00	4. Social security tax withheld \$15.19			
		5. Medicare wages and tips \$245.00	6. Medicare tax withheld \$3.55			
		7. Social security tips \$60.00	8. Allocated tips			
d. Control number		9.	10. Dependant care benefits			
e. Employee's name (first, initial, last), address, city, state and ZIP code GAIL HUDSON 200 STATE ST, APT 200 YOUR CITY STATE ZIP		11. Nonqualified plans	12a. See instructions for box 12			
		13. Statutory Employee <input type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sickpay <input type="checkbox"/>	12b.			
		14. Other	12c.			
			12c.			
15. State YS	Employer's state ID number 102XXXXXX	16. State wages, tips, etc. \$245.00	17. State income tax \$2.00	18. Local wages, tips, etc.	19. Local income tax	20. Locality name

Form **W-2 2015**

CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code PEOPLE'S FEDERAL BANK PO BOX 54321 SAN DIEGO CA 92109		Payer's RTN (optional)	20 15	Interest Income
		1 Interest income \$21.75	Form 1099-INT	
		2 Early withdrawal penalty		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.
PAYER'S Federal identification number 10-1XXXXXX	RECIPIENT'S identification number 021-XX-XXXX	3 Interest on US Savings Bonds and Treas. obligations \$125.00		
RECIPIENT'S name, address, city, state, and ZIP code GAIL HUDSON 2715 BISHOP STREET YOUR CITY STATE ZIP		4 Federal income tax withheld \$15.00	5 Investment expenses 	
		6 Foreign Tax Paid	7 Foreign Country or US possession	
		8 Tax exempt interest	9 Specified private activity bond interest	
		10 Market Discount	11 Bond Premium	
Account number (see instructions)		12 Tax-exempt bond CUSIP no	13 State	14 State Identification no.
				15 State tax withheld

Form **1099-INT**

Form 1095-A	Health Insurance Marketplace Statement	OMB No. 1545-2232		
Department of the Treasury Internal Revenue Service	> Information about Form 1095-A and its separate instructions is at www.irs.gov/form1095a .	20 15		
<input type="checkbox"/> CORRECTED				
Part I Recipient Information				
1 Marketplace Identifier 12-3456XXX	2 Marketplace-assigned policy number XXX	3 Policy issuer's name INSURER		
4 Recipient's name GAIL HUDSON	5 Recipient's SSN 021-XX-XXXX	6 Recipient's date of birth 04/16/1989		
7 Recipient's spouse's name	8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth		
10 Policy start date 03/01/2015	11 Policy Termination Date	12 Street Address (including apartment number) 2715 BISHOP CIRCLE		
13 City, State, Country and ZIP code YOUR CITY STATE ZIP				
Part II Coverage Household				
A Covered Individual Name	B Covered Individual SSN	C. Date of Birth	D. Start Date	E. Termination Date
16 GAIL HUDSON	021-XX-XXXX	04/16/1989	03/01/2015	12/31/2015
17				
Part III Household Information				
Month	A Monthly Premium Amount	B Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. Monthly Advance Payment of Premium Tax Credit	
21 January				
22 February				
23 March	\$300.00	\$344.00	\$142.00	
24 April	\$300.00	\$344.00	\$142.00	
25 May	\$300.00	\$344.00	\$142.00	
26 June	\$300.00	\$344.00	\$142.00	
27 July	\$300.00	\$344.00	\$142.00	
28 August	\$300.00	\$344.00	\$142.00	
29 September	\$300.00	\$344.00	\$142.00	
30 October	\$300.00	\$344.00	\$142.00	
31 November	\$300.00	\$344.00	\$142.00	
32 December	\$300.00	\$344.00	\$142.00	
33 Annual Totals	\$3,000.00	\$3,440.00	\$1,420.00	

SUPPLEMENTAL EXERCISE

After the return has been completed, discuss with Gail the consequences of adding \$250 or more to her deductible IRA.

Interview Notes - Cunningham

Charlotte has not lived with her husband since October 2015, and he will not agree to file jointly with her. His name is Robert Cunningham (SSN 043-xx-xxxx).

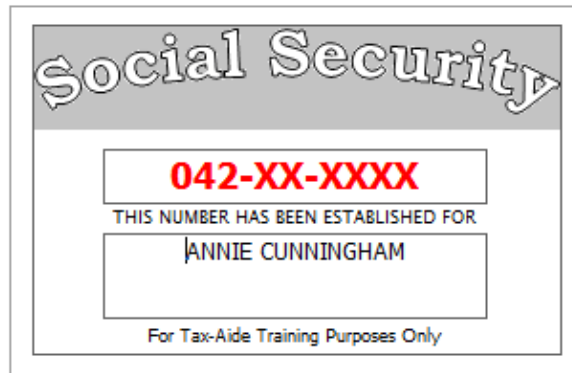
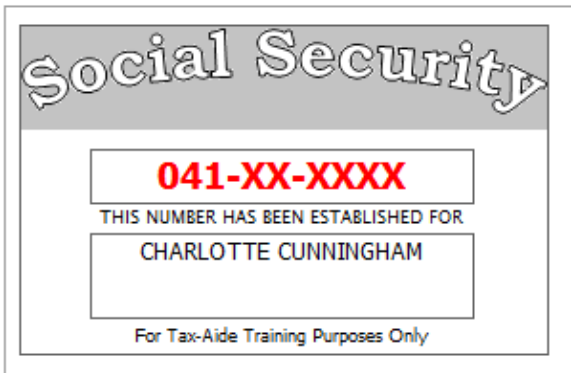
She has one daughter, Annie, for whom she provides almost all support. Robert has agreed to pay Charlotte \$1,000 a month for child support until Annie graduates from high school. Last year he paid for three months. Charlotte isn't sure if she has to claim those payments on her return.

Charlotte says that the health insurance shown on her Bond Dental W-2, Block 12b, met MEC for herself and her daughter.

Robert has already filed his tax return as Married Filing Separately, and did not itemize. Neither Robert nor Charlotte itemized last year.

Charlotte participated in a medical study and received \$1,500.

She wants any refund to be directly deposited in her checking account and, if there is a balance due, wants that amount electronically withdrawn from that account.



CHARLOTTE CUNNINGHAM 2621 TUDOR WAY YOUR CITY STATE ZIP	1234
PAY TO THE ORDER OF _____	\$ _____ DOLLARS
Your Bank Bank City, State, ZIP Code	
For _____	
: 325070760 : 450820134 1234	

Intake/Interview & Quality Review Sheet

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 1-3 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 Charlotte	M.I.	Last name Cunningham	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 2621 Tudor Way		Apt #	City Your City
		State Your State	ZIP code Your Zip
4. Telephone number(s)		Email address (optional)	
5. Your Date of Birth 1/21/1964	6. Your job title Dental Assistant	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:

<input type="checkbox"/> Single (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)	a. Did you live with your spouse during any part of the last six months of 2014?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Married	b. Was your marriage recognized under the laws of the state(s) you are filing in?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
<input type="checkbox"/> Divorced or Legally Separated	Date of final decree or separate maintenance agreement	_____
<input type="checkbox"/> 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 3

To be completed by a Certified Volunteer Preparer

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 12/31/14 (<i>S/M</i>)	Full-time Student last year (<i>yes/no</i>)	Totally and Permanently Disabled (<i>yes/no</i>)	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 less than \$3950 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)					
Annie Cunningham	9/16/1997	Daughter	12	Y	Y	S	Y	N					

**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**

-12-

Cunningham

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

Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. (B) Alimony? If yes, do you have the recipient's SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Contributions to a retirement account? _____ IRA (A) <input checked="" type="checkbox"/> 401K (B) _____ Roth IRA (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?

a. Employee's social security number 041-XX-XXXX						
b. Employer Identification number (EIN) 12-0XXXXXX		1. Wages, tips, other compensation \$42,272.26	2. Federal income tax withheld \$3,275.00			
c. Employer's name, address, city, state, and ZIP Code BOND DENTAL 416 CHRISTIAN COURT PHILADELPHIA PA 19119		3. Social security wages \$43,772.26	4. Social security tax withheld 2,713.88			
		5. Medicare wages and tips \$43,772.26	6. Medicare tax withheld \$634.70			
		7. Social security tips	8. Allocated tips			
d. Control number		9.	10. Dependant care benefits			
e. Employee's name (first, initial, last), address, city, state and ZIP code CHARLOTTE CUNNINGHAM 2621 TUDOR WAY YOUR CITY STATE ZIP		11. Nonqualified plans		12a. See instructions for box 12 D \$1,500.00		
		13. Statutory Employee <input type="checkbox"/> Retirement Plan <input checked="" type="checkbox"/> Third-party sickpay <input type="checkbox"/>	12b. DD \$2,450.00			
		14. Other		12c.		
				12c.		
15. State YS	Employer's state ID number 120XXXXXX	16. State wages, tips, etc. \$42,272.26	17. State income tax \$794.00	18. Local wages, tips, etc.	19. Local income tax	
				20. Locality name		

Form **W-2 2015**

CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code PAYTON FINANCIAL BANK 1200 TENTH ST HARTFORD CT 06101		Payer's RTN (optional)	20 15		Interest Income	
PAYER'S Federal identification number 12-1XXXXXX		1 Interest income \$151.48	Form 1099-INT			
RECIPIENT'S name, address, city, state, and ZIP code CHARLOTTE CUNNINGHAM 2621 TUDOR WAY YOUR CITY STATE ZIP		2 Early withdrawal penalty		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 is has not been reported.		
RECIPIENT'S identification number 041-XX-XXXX		3 Interest on US Savings Bonds and Treas. obligations				
		4 Federal income tax withheld \$15.00	5 Investment expenses			
		6 Foreign Tax Paid	7 Foreign Country or US possession			
		8 Tax exempt interest	9 Specified private activity bond interest			
		10 Market Discount	11 Bond Premium			
Account number (see instructions)		12 Tax-exempt bond CUSIP no	13 State	14 State Identification no.	15 State tax withheld	

Form **1099-INT**

CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code OLIVET MEDICAL CENTER 1200 CAROLINA DR GASTONIA, NC 28054		1 Rents 2 Royalties 3 Other Income \$1,500.00	2015 Form 1099-MISC		Miscellaneous Income Copy B For Recipient
PAYER'S Federal identification number 12-2XXXXXX	RECIPIENT'S identification number 041-XX-XXXX	4 Federal income tax withheld 5 Fishing boat proceeds	6 Medical and health care payments		
RECIPIENT'S name, address, city, state, ZIP code CHARLOTTE CUNNINGHAM 2621 TUDOR WAY YOUR CITY, STATE, ZIP		7 Nonemployee Compensation 9 Payer made direct sales \$5,000 or more of consumer products to a buyer (recipient) for resale > <input type="checkbox"/>	8 Substitute payments in lieu of dividends or interest 10 Crop Insurance proceeds		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)		11 13 Excess golden parachute payments	12 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	
Form 1099-MISC					

Interview Notes - Clark

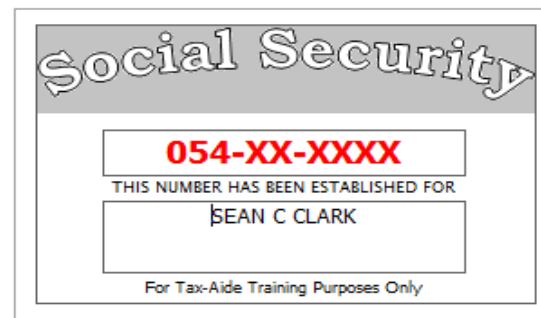
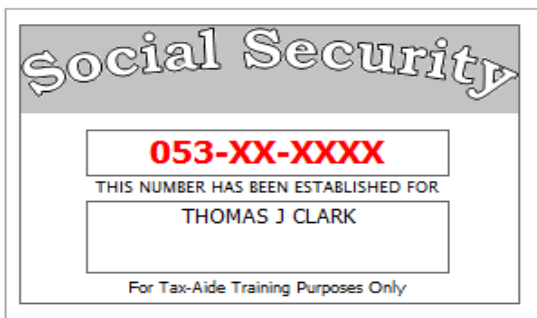
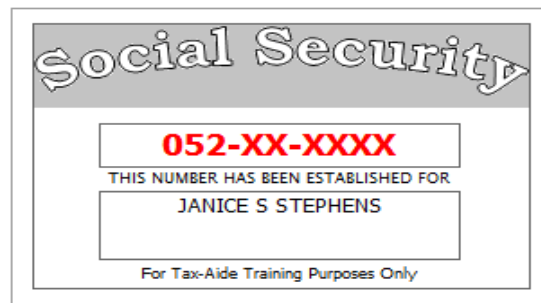
Jeremy and Janice were married two years ago. Janice tells you that her Social Security card has her old name because she hasn't notified SSA of her name change.

Jeremy says he had health insurance that meets MEC through his work for himself and his two sons. Janice did not have health insurance through her job and did not qualify for any exemptions.

(You should suggest that Janice contact SSA to correct her name to prevent delays in processing returns and to safeguard any future benefits.)

They did not itemize last year, and will not itemize this year. They provided all the documents necessary to complete their return.

If there is a refund, they want a direct deposit to their checking account. If they owe, they will mail a check.



JEREMY A CLARK		1234
JANICE S CLARK		_____
1129 CHARLES ST		
YOUR CITY STATE ZIP		
PAY TO THE	_____	\$ _____
ORDER OF	_____	DOLLARS
Your Bank	_____	
Bank City, State, ZIP Code	_____	
For	_____	
: 325070760	: 620150606	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 1-3 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 Jeremy		M.I. A	Last name Clark		Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. Your spouse's first name Janice		M.I. S	Last name Clark		Is your spouse a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. Mailing address 1129 Charles Street			Apt #	City Your City	State Your State	ZIP code Your Zip
4. Telephone number(s) 451-555-xxxx			Email address (optional)			
5. Your Date of Birth 3/17/1972	6. Your job title Technician		7. Last year, were you:		a. Full time student	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			b. Totally and permanently disabled	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	c. Legally blind	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. Your spouse's Date of Birth 12/14/1974	9. Your spouse's job title Assistant Manager		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 (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

Married a. Did you live with your spouse during any part of the last six months of 2014? Yes No

b. Was your marriage recognized under the laws of the state(s) you are filing in? Yes No Unsure

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 3

To be completed by a Certified Volunteer Preparer

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 12/31/14 (<i>S/M</i>)	Full-time Student last year (<i>yes/no</i>)	Totally and Permanently Disabled (<i>yes/no</i>)	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 less than \$3950 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)					
Sean Clark	9/8/2011	Son	12	Y	Y	S	N	N					
Thomas Clark	6/8/2000	Son	12	Y	Y	S	Y	N					

**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**

Yes No Unsure Check appropriate box for each question in each section

Part III – Income – Last Year, Did You (or Your Spouse) Receive

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

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

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

Clark

-17-

a. Employee's social security number 051-XX-XXXX						
b. Employer Identification number (EIN) 13-0XXXXXX		1. Wages, tips, other compensation \$20,187.37	2. Federal income tax withheld \$2,562.97			
c. Employer's name, address, city, state, and ZIP Code MARC TECKTRONICS PO BOX 717 CHARLOTTE NC 28202		3. Social security wages \$21,087.37	4. Social security tax withheld \$1,307.42			
		5. Medicare wages and tips \$21,087.37	6. Medicare tax withheld \$305.77			
		7. Social security tips	8. Allocated tips			
d. Control number		9.	10. Dependant care benefits			
e. Employee's name (first, initial, last), address, city, state and ZIP code JEREMY CLARK 1129 CHARLES ST YOUR CITY STATE ZIP		11. Nonqualified plans		12a. See instructions for box 12 D \$900.00		
		13. Statutory Employee <input type="checkbox"/> Retirement Plan <input checked="" type="checkbox"/> Third-party sickpay <input type="checkbox"/>	12b. DD \$2,158.00			
		14. Other		12c.		
				12c.		
15. State YS	Employer's state ID number 130XXXXXX	16. State wages, tips, etc. \$20,187.37	17. State income tax \$423.00	18. Local wages, tips, etc.	19. Local income tax	
				20. Locality name		

Form **W-2 2015**

a. Employee's social security number 052-XX-XXXX						
b. Employer Identification number (EIN) 13-1XXXXXX		1. Wages, tips, other compensation \$34,858.42	2. Federal income tax withheld \$1,575.50			
c. Employer's name, address, city, state, and ZIP Code G.K. ASSOCIATES, INC 313 TAYLOR STATESVILLE NC 28677		3. Social security wages \$34,858.42	4. Social security tax withheld \$2,161.22			
		5. Medicare wages and tips \$34,858.42	6. Medicare tax withheld \$505.45			
		7. Social security tips	8. Allocated tips			
d. Control number		9.	10. Dependant care benefits			
e. Employee's name (first, initial, last), address, city, state and ZIP code JANICE CLARK 1129 CHARLES ST YOUR CITY STATE ZIP		11. Nonqualified plans		12a. See instructions for box 12		
		13. Statutory Employee <input type="checkbox"/> Retirement Plan <input checked="" type="checkbox"/> Third-party sickpay <input type="checkbox"/>	12b.			
		14. Other		12c.		
				12c.		
15. State YS	Employer's state ID number 131XXXXXX	16. State wages, tips, etc. \$34,858.42	17. State income tax \$779.00	18. Local wages, tips, etc.	19. Local income tax	
				20. Locality name		

Form **W-2 2015**

CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code EMPLOYMENT SECURITY COMMISSION 701 W MONROE ST CHARLOTTE NC 28211		1 Unemployment compensation \$7,550.00		2015 Form 1099-G	Certain Government Payments
		2 State or local income tax refunds, credits or offsets 			
PAYER'S Federal identification number 13-4XXXXXX	RECIPIENT'S identification number 051-XX-XXXX	3 Box 2 amount is for tax year		4 Federal income tax withheld	
RECIPIENT'S name, address, city, state, ZIP code JEREMY CLARK 1129 CHARLES ST YOUR CITY STATE ZIP		5 RTAA payments		6 Taxable grants	
		7 Agriculture payments		8 If checked, box 2 is trade or business income > <input type="checkbox"/>	
		9 Market gain			
Account number (see instructions)		10 State	10b State identification no	11 State income tax withheld	
		-----		-----	

Form **1099-G**

CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code ACE FINANCIAL CORPORATION 726 MAIN ST CHERRYVILLE NC 28201		Payer's RTN (optional)		2015 Form 1099-INT	Interest Income
		1 Interest income \$220.75			
PAYER'S Federal identification number 13-3XXXXXX	RECIPIENT'S identification number 051-XX-XXXX	3 Interest on US Savings Bonds and Treas. obligations			
RECIPIENT'S name, address, city, state, and ZIP code JEREMY A CLARK 1129 CHARLES ST YOUR CITY STATE ZIP		4 Federal income tax withheld 		5 Investment expenses	
		6 Foreign Tax Paid		7 Foreign Country or US possession	
		8 Tax exempt interest		9 Specified private activity bond interest	
		10 Market Discount		11 Bond Premium	
Account number (see instructions)		12 Tax-exempt bond CUSIP no	13 State	14 State Identification no.	15 State tax withheld
		-----		-----	

Form **1099-INT**

CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code FIRST UNITED BANK 1125 S 12TH ST PHILADELPHIA PA 19102		1 Total Ordinary Dividends \$197.00		2015 Form 1099-DIV	Dividends and Distributions
		1b Qualified Dividends			
PAYER'S Federal identification number 13-2XXXXXX	RECIPIENT'S identification number 052-XX-XXXX	2b Unrecap. Sec. 1250 gain		2d Collectables (28%) gain	
RECIPIENT'S name, address, city, state, ZIP code JANICE CLARK 1129 CHARLES ST YOUR CITY STATE ZIP		2c Section 1202 gain		4 Federal income tax withheld	
		3 Nondividend distributions		5 Investment expenses	
		6 Foreign Tax Paid		7 Foreign Country or US possession	
		8 Cash liquidation distributions		9 Noncash liquidation distribution	
Account number (see instructions)		10 Exempt-Interest dividends		11 Specified private activity bond interest dividends	
		13 State	14 State Identification no.	15 State tax withheld	
-----		-----		-----	

Form **1099-DIV**

First Investment

The **last** word in wealth management!

First Investment LLC
PO Box 1861
Milford, DE 19372-1861

2015 CONSOLIDATED FORM 1099

Page 1

RECIPIENT'S Name, Address, City, State, and Zip Code
**Jeremy and Janice Clark Gordon
(JTWROS)
1129 Charles St.
Charlotte, NC 28202**

Payer's Federal ID No. 33-0042117	Account No. 555-38814
Recipient's ID No. 051 xx xxxx	Account Executive CL2

Copy B for Recipient

2008 FORM 1099 – INT: INTEREST INCOME (OMB NO. 1545-0112)

(BOX)		(AMOUNT)
1.	Interest Income not Included in Box 3	253.28
2.	Early Withdrawal Penalty	0.00
3.	Interest on US Savings Bonds and Treas Obligations	0.00
4.	Federal Income Tax Withheld	0.00
5.	Investment Expenses	0.00
6.	Foreign Tax Paid	0.00
8.	Tax Exempt Interest	0.00
9.	Specified Private Activity Bond Interest	0.00

2008 FORM 1099- DIV: DIVIDEND INCOME (OMB NO. 1545-0110)

(BOX)		(AMOUNT)
1a.	Total Ordinary Dividends	620.05
1b.	Qualified Dividends	511.46
2a.	Total Capital Gain Distributions	394.12
2b.	Unrecaptured Section 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	0.00
8.	Cash Liquidation Distributions	0.00
9.	Noncash Liquidation Distributions	0.00

First Investment
The last word in wealth management!

First Investment LLC
 PO Box 1861
 Milford, DE 19372-1861

Payer's Federal ID No.	Account No.
33-0042117	555-38814
Recipient's ID No.	Account Executive
051-XX-XXXX	CL2

2015 CONSOLIDATED FORM 1099

Page 2

RECIPIENT'S Name, Address, City, State, and Zip Code
Jeremy and Janice Clark Gordon
(JTWROS)
1129 Charles St.
Charlotte, NC 28202

Copy B for Recipient

SUPPLEMENTAL EXERCISE

2015 FORM 1099B: PROCEEDS FROM BROKER AND BARTER EXCH TRANSACTIONS (OMB NO. 1545-0715)

	Proceeds	Cost Basis	Market Discount Accretion	Wash Sale Loss Disallowed (1f, Code W)	Gain/ Loss	Federal with- holding	State With- holding
1099-B Totals							
Total ST Noncovered Totals	0	0	0	0	0	0	0
Total ST Covered Totals	0	0	0	0	0	0	0
Total ST Totals	0	0	0	0	0	0	0
Total LT Noncovered Totals	1,824.00				558.26		
Total LT Covered Totals	0	0	0	0	0	0	0
Total LT Totals	1,824.00				558.26		
Net Totals	1,824.00	0	0	0	558.26	0	0

Clark

First Investment
The last word in wealth management!

First Investment LLC
 PO Box 1861
 Milford, DE 19372-1861

Payer's Federal ID No. 33-0042117	Account No. 555-38814
Recipient's ID No. 051-XX-XXXX	Account Executive CL2

2015 CONSOLIDATED FORM 1099

Page 3
 RECIPIENT'S Name, Address, City, State, and Zip Code
Jeremy and Janice Clark Gordon
(JTWROS)
1129 Charles St.
Charlotte, NC 28202

Copy B for Recipient

2015 FORM 1099B: PROCEEDS FROM BROKER AND BARTER EXCH TRANSACTIONS (OMB NO. 1545-0715)

Long-Term Transactions for Which Basis is not Reported to the IRS: Report on Form 8949, Part II with Box E checked

Activity Type	Quantity Sold	Date Acquired	Date Sold	Proceeds	Cost or other Basis	Code, if Any	Adjustments	Gain/ Loss	Federal with-holding	State With-holding
American Balanced Fund CL A / 02407 / ABALX										
Sale	16.125	various	1/14/2015	392.00	230.81		-	161.19	0	0
Sale	31.876	various	3/16/2015	780.00	456.26		-	323.74	0	0
Sale	6.105	various	10/5/2015	155.00	87.39		-	67.61	0	0
Subtotal	54.106			1,327.00	774.46		-	552.54	0	0
Bond Dun of America CL A / 09873103 / ABNDX										
Sale	11.689	various	1/14/2015	146.00	131.59		-	14.41	0	0
Sale	23.548	various	3/17/2015	296.00	265.09		-	30.91	0	0
Sale	4.317	various	10/6/2015	55.00	48.60		-	6.40	0	0
Subtotal	39.554			497.00	445.28		-	51.72	0	0
Totals	93.550			1,824.00	1,219.74			558.26		

Interview Notes - Scott

The Scott's e-filed return for last year was rejected because someone had already filed a return using Annette's SSN. She brought a letter showing her Identity Theft PIN number (92465) from IRS.

Beverly is in her third year at a local college, and attends full time. Beverly and her son Morris, live with, and are supported by James and Annette.

James paid a neighbor to watch Morris while they were at work and Beverly was at school. The neighbor, Janice Dobbins (707 Forest Ave) provided her Social Security number of 145-xx-xxxx, and a receipt in the amount of \$1,650.

Karen Vasquez is Annette's sister, who came to live with them in March after their parents died in February. Karen is disabled and draws a small Social Security check, but has no other income.

In addition to their W-2G Annette shows you a statement from Resorts International indicating a lottery win of \$1,500.00. The company insists that a W-2G is not required as the odds of the wager were less than 300 to 1. Their total losses were \$4,500.

James was a Mason County deputy sheriff, who suffered a line of duty injury and he was declared disabled by the department and placed on a disability pension. Early pension age for Mason County is said to be 60.

James and Annette had health insurance that meets MEC through his declared disability. Annette's sister has lived with them since March and is on Medicare. In addition, James' daughter and her son have no health insurance but she has an exemption for them because she is a member of a recognized religious sect. Her exemption number is 578043.

Since his retirement, James has been doing some light handyman work for a local company, and has a few customers of his own. In addition to receiving a 1099-MISC, James also received \$3,752 from various clients from customer referrals and advertising. He drove his vehicle 1,456 miles for his business, 7,450 other miles, and the vehicle was placed in service on January 2, 2013. They have a second vehicle, and he has printed logs documenting his mileage.

Other expenses were:

Advertising - \$520. Office supplies - \$20. Small tools - \$156. Supplies - \$458

Social Security

011-XX-XXXX

THIS NUMBER HAS BEEN ESTABLISHED FOR

JAMES CHARLES SCOTT

For Tax-Aide Training Purposes Only

Social Security

012-XX-XXXX

THIS NUMBER HAS BEEN ESTABLISHED FOR

ANNETTE VASQUEZ SCOTT

For Tax-Aide Training Purposes Only

Social Security

013-XX-XXXX

THIS NUMBER HAS BEEN ESTABLISHED FOR

MORRIS JAMES PETERSON

For Tax-Aide Training Purposes Only

Social Security

014-XX-XXXX

THIS NUMBER HAS BEEN ESTABLISHED FOR

BEVERLY A SCOTT

For Tax-Aide Training Purposes Only

Social Security

015-XX-XXXX

THIS NUMBER HAS BEEN ESTABLISHED FOR

KAREN MARIE VASQUEZ

For Tax-Aide Training Purposes Only

JAMES C SCOTT
 ANNETTE V SCOTT
 1024 FOREST AVE
 YOUR CITY STATE ZIP 1234

PAY TO THE _____ \$ _____
 ORDER OF _____ DOLLARS

Your Bank _____
 Bank City, State, ZIP Code _____

For _____

|: 325070760 |: 987123444 **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 1-3 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 James	M.I. C	Last name Scott	Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. Your spouse's first name Annette	M.I. V	Last name Scott	Is your spouse a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. Mailing address 1024 Forest Avenue		Apt #	City Your City	State Your State
4. Telephone number(s) 218-555-xxxx		Email address (optional)		
5. Your Date of Birth 8/15/1957	6. Your job title Handyman		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 1/11/1958	9. Your spouse's job title School Counselor		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 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 (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

Married a. Did you live with your spouse during any part of the last six months of 2014? Yes No

b. Was your marriage recognized under the laws of the state(s) you are filing in? Yes No Unsure

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 3

To be completed by a Certified Volunteer Preparer

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 12/31/14 (<i>S/M</i>)	Full-time Student last year (<i>yes/no</i>)	Totally and Permanently Disabled (<i>yes/no</i>)	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 less than \$3950 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)					
Morris Peterson	4/16/2011	Grandchild	12	Y	Y	S	Y	N					
Beverly Scott	3/28/1992	Daughter	12	Y	Y	S	Y	N					
Karen Vasquez	11/6/1960	Sister	10	Y	Y	S	N	Y					

**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**

-26-

Scott

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? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (A) Tip Income?
<input checked="" type="checkbox"/>	<input 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 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 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 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 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 <u>Gambling</u>

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) _____ 401K (B) _____ Roth IRA (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 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 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?

a. Employee's social security number 012-XX-XXXX						
b. Employer Identification number (EIN) 14-1XXXXXX		1. Wages, tips, other compensation \$18,575.50	2. Federal income tax withheld \$728.00			
c. Employer's name, address, city, state, and ZIP Code DAVIS YOUNG SCHOOL DISTRICT 4816 RIDGE AVE WILMINGTON DE 19808		3. Social security wages \$18,575.50	4. Social security tax withheld \$1,151.74			
		5. Medicare wages and tips \$18,575.50	6. Medicare tax withheld \$269.36			
		7. Social security tips	8. Allocated tips			
d. Control number		9.	10. Dependant care benefits			
e. Employee's name (first, initial, last), address, city, state and ZIP code ANNETTE V SCOTT 1024 FOREST AVE YOUR CITY STATE ZIP		11. Nonqualified plans		12a. See instructions for box 12		
		13. Statutory Employee <input type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sickpay <input type="checkbox"/>	12b.			
		14. Other		12c.		
				12c.		
15. State YS	Employer's state ID number 141XXXXXX	16. State wages, tips, etc. \$18,576.50	17. State income tax \$834.00	18. Local wages, tips, etc.	19. Local income tax	
				20. Locality name		

Form **W-2 2015**

CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code TOMPKINS FINANCIAL 125 E MAIN ST WILMINGTON DE 19810		Payer's RTN (optional)	20 15 Form 1099-INT		Interest Income
PAYER'S Federal identification number 13-3XXXXXX		RECIPIENT'S identification number 011-XX-XXXX	1 Interest income \$325.90	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 is has not been reported.	
RECIPIENT'S name, address, city, state, and ZIP code JAMES & ANNETTE SCOTT 1024 FOREST AVE YOUR CITY STATE ZIP		3 Interest on US Savings Bonds and Treas. obligations	2 Early withdrawal penalty \$32.59		
Account number (see instructions)		4 Federal income tax withheld	5 Investment expenses		
		6 Foreign Tax Paid	7 Foreign Country or US possession		
		8 Tax exempt interest \$450.00	9 Specified private activity bond interest		
		10 Market Discount	11 Bond Premium		
		12 Tax-exempt bond CUSIP no	13 State	14 State Identification no.	15 State tax withheld

Form **1099-INT**

CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code TOMPKINS FINANCIAL 125 E MAIN ST WILMINGTON DE 19810		1 Total Ordinary Dividends \$850.00	2015 Form 1099-DIV	Dividends and Distributions
PAYER'S Federal identification number 13-3XXXXXX		1b Qualified Dividends \$29.00		
RECIPIENT'S identification number 011-XX-XXXX		2c Section 1202 gain	2b Unrecap. Sec. 1250 gain	
RECIPIENT'S name, address, city, state, ZIP code JAMES & ANNETTE SCOTT 1024 FOREST AVE YOUR CITY STATE ZIP		3 Nondividend distributions	4 Federal income tax withheld	
Account number (see instructions)		6 Foreign Tax Paid	5 Investment expenses	
		8 Cash liquidation distributions	7 Foreign Country or US possession	
		10 Exempt-Interest dividends	9 Noncash liquidation distribution	
		13 State	11 Specified private activity bond interest dividends	
		14 State Identification no.	15 State tax withheld	

Form **1099-DIV**

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.

CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code RICK'S HOME CARE 14 LINDEN WAY WILMINGTON DE 19850		1 Rents	2015 Form 1099-MISC	Miscellaneous Income
PAYER'S Federal identification number 16-0XXXXXX		2 Royalties		
RECIPIENT'S identification number 011-XX-XXXX		5 Fishing boat proceeds	4 Federal income tax withheld	
RECIPIENT'S name, address, city, state, ZIP code JAMES SCOTT 1024 FOREST AVE YOUR CITY STATE ZIP		7 Nonemployee Compensation \$8,500.00	8 Substitute payments in lieu of dividends or interest	
Account number (see instructions)		9 Payer made direct sales \$5,000 or more of consumer products to a buyer (recipient) for resale > <input type="checkbox"/>	6 Medical and health care payments	
		11	10 Crop Insurance proceeds	
		13 Excess golden parachute payments	12	
		14 Gross proceeds paid to an attorney	15a Section 409A deferrals	
		16 State tax withheld	15b Section 409A income	
		17 State/Payer's state no.	16 State tax withheld	
		18 State income	17 State/Payer's state no.	
			18 State income	

Form **1099-MISC**

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.

<input type="checkbox"/> CORRECTED (if checked)		2015 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S name, address, city, state, ZIP code MASON COUNTY PENSION FUND 240 OLD COUNTRY RD WILMINGTON DE 19808				
PAYER'S Federal identification number 12-3XXXXXX		RECIPIENT'S identification number 011-XX-XXXX		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, address, city, state, ZIP code JAMES C SCOTT 1024 FOREST AVE YOUR CITY STATE ZIP		3 Capital gain (included in box 2a),	4 Federal income tax withheld \$.00	
		5 Employee contributions / Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities
		7. Distribution Code(s) 3	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other %
		9a Your percentage of total distribution %	9b Total Employee Contributions	
10. Amount allocable to IRR within 5 years	11. 1st year of desig. Roth contri.	12. State tax withheld \$.00	13. State/Payer's state no. 12359	14. State Distribution \$.00
Account number (see instructions)		15. Local tax withheld	16. Name of Locality	17. Local Distribution

Form **1099-R**

<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED (if checked)		2015 Form W2-G		Certain Gambling Winnings
PAYER'S name, address, city, state, and ZIP code SEASIDE CASINO 1000 MAIN ST ATLANTIC CITY NJ 08401				
PAYER'S Federal identification number 14-4XXXXXX		Payer's Telephone number 336-555-1212		This information is being furnished to the Internal Revenue Service
WINNER'S name, address, city, state, and ZIP JAMES C SCOTT 1024 FOREST AVE YOUR CITY STATE ZIP		3. Type of wager SLOTS	4. Federal income tax withheld \$600.00	
		5. Transaction	6. Race	
		7. Winnings from identical wagers	8. Cashier	
		9. Winner's taxpayer identification no. 011-XX-XXXX	10. Window	
		11. First I.D. DRIVERS LIC	12. Second I.D. CREDIT CARD	
		13. State Payer's identification no. NJ - 144XXXXXX	14. State Winnings	
		15. State income tax withheld \$300.00	16. Local Winnings	
		17. Local income tax withheld	18. Name of locality	Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.
Under penalty of perjury, I declare that, to the best of my knowledge and belief, the name, address, taxpayer identification number that I furnished correctly identify me as the recipient of this payment and any payment from identical wagers, and no other person is entitled to any part of these payments.				
Signature >		Date >		

Form **W-2G**

CORRECTED (if checked)

FILER'S name, address, city, state, and ZIP code MASON COUNTY COMMUNITY COLLEGE 125 COLLEGE DRIVE WILMINGTON DE 19810		1 Payments received for qualified tuition and related expenses \$12,500.00	20 15 Form 1098-T	Tuition Statement
FILER'S Federal identification number 16-1XXXXXX		2 Amounts billed for qualified tuition and related expenses		
STUDENT'S name, address, city, state, and ZIP code BEVERLY SCOTT 1024 FOREST AVE YOUR CITY STATE ZIP		3 If this box is checked, your educational institution has changed its reporting method for 2015. <input type="checkbox"/>	Copy B For Student This is important tax information and is being furnished to the Internal Revenue Service.	
STUDENT'S social security number 014-XX-XXXX		4 Adjustments made for a prior year		
Service Provider/Act No. (see instr.)		5 Scholarships or grants \$4,000.00		
8. Checked if at least half-time student <input checked="" type="checkbox"/>		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 2014. > <input type="checkbox"/>	
		9 Checked if a graduate student <input type="checkbox"/>	10 Ins. contract reimb/refund	

Form **1098-T**

Interview Notes - Meadows

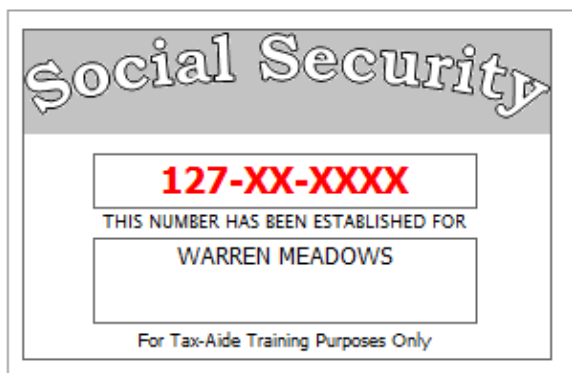
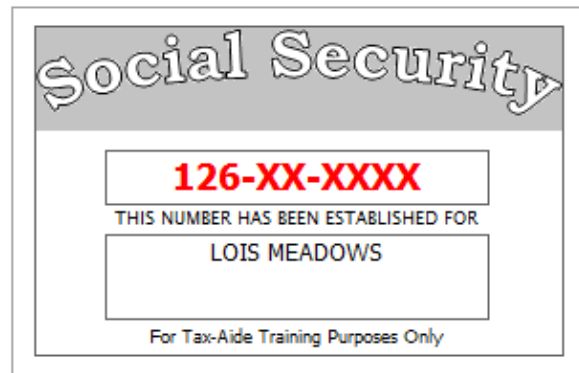
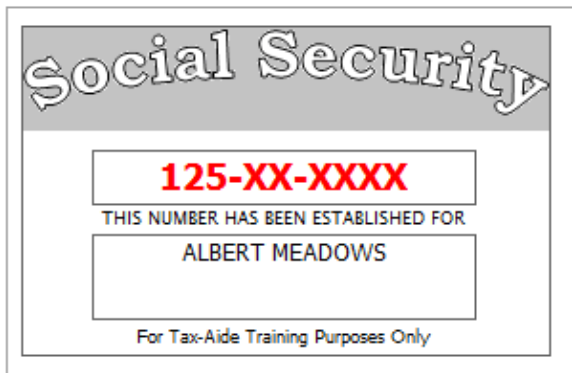
Albert was married previously to Eleanor Meadows 128-xx-xxxx and he pays her \$100.00 per month alimony.

He says he made a mistake on his interview form – his address should be 24 North St.

Albert retired from AMTRAK on December 1, 2014 after 30 years of service. As he is under 65 and not disabled, he does not receive a SSA equivalent amount on his RRB-1099. His RRB pension is reported on Form RRB-1099-R. The pension was set up as joint/survivor.

Albert is not eligible for retiree health insurance coverage at this time, and his wife Lois just started work and doesn't have health insurance through her employer. Their son Warren did not have health insurance either. Albert purchased health insurance through the Marketplace for himself, his wife and his son in December 2014. When Albert purchased health insurance for the family he estimated their household income at \$2,000 per month.

Lois attended Woodbury Community College several years ago where she took teaching certification classes that were necessary for her job. She shows you a 1098E with student loan interest.



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 1-3 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 Albert	M.I.	Last name Meadows	Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. Your spouse's first name Lois	M.I.	Last name Meadows	Is your spouse a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. Mailing address 34 North Street		Apt #	City Your City	State Your State
4. Telephone number(s) 352-222-xxxx		Email address (optional)		
5. Your Date of Birth 1/17/1954	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 3/15/1975	9. Your spouse's job title Teacher	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 (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

Married a. Did you live with your spouse during any part of the last six months of 2014? Yes No

b. Was your marriage recognized under the laws of the state(s) you are filing in? Yes No Unsure

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 3

To be completed by a 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 12/31/14 (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 less than \$3950 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)					
Warren Meadows	6/21/2000	Son	12	Y	Y	S	Y	N					

**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**

Yes No Unsure Check appropriate box for each question in each section

Part III – Income – Last Year, Did You (or Your Spouse) Receive

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

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

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

Meadows

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ALBERT MEADOWS
 LOIS MEADOWS
 24 NORTH STREET
 YOUR CITY STATE ZIP

1234

PAY TO THE ORDER OF _____ \$ _____
 DOLLARS

Your Bank _____
 Bank City, State, ZIP Code _____

For _____
 |: 325070760 |: 5175374190 1234

a. Employee's social security number 126-XX-XXXX						
b. Employer Identification number (EIN) 11-4XXXXXX		1. Wages, tips, other compensation \$8,999.56	2. Federal income tax withheld \$925.98			
c. Employer's name, address, city, state, and ZIP Code ELMONT ELEMENTARY SCHOOL 640 MAIN ST WILMINGTON DE 19803		3. Social security wages \$9,449.56	4. Social security tax withheld \$585.87			
		5. Medicare wages and tips \$9,449.56	6. Medicare tax withheld \$137.02			
		7. Social security tips	8. Allocated tips			
d. Control number		9.	10. Dependant care benefits			
e. Employee's name (first, initial, last), address, city, state and ZIP code LOIS MEADOWS 24 NORTH STREET YOUR CITY STATE ZIP		11. Nonqualified plans		12a. See instructions for box 12 D \$450.00		
		13. Statutory Employee <input type="checkbox"/> Retirement Plan <input checked="" type="checkbox"/> Third-party sickpay <input type="checkbox"/>	12b.			
		14. Other		12c.		
				12c.		
15. State YS	Employer's state ID number 114XXXXXX	16. State wages, tips, etc. \$8,999.56	17. State income tax \$125.00	18. Local wages, tips, etc.	19. Local income tax	
				20. Locality name		

Form **W-2 2015**

<input type="checkbox"/> CORRECTED (if checked)					
PAYER'S name, address, city, state, ZIP code MARSHLAND NATIONAL BANK 200 MAIN STREET WILMINGTON DE 19803		Payer's RTN (optional)	20 15 Form 1099-INT		Interest Income
PAYER'S Federal identification number 11-2XXXXXX		RECIPIENT'S identification number 125-XX-XXXX	1 Interest income \$236.54	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 is has not been reported.	
RECIPIENT'S name, address, city, state, and ZIP code ALBERT MEADOWS 24 NORTH STREET YOUR CITY STATE ZIP		3 Interest on US Savings Bonds and Treas. obligations \$532.00	2 Early withdrawal penalty \$23.06		
		4 Federal income tax withheld	5 Investment expenses		
		6 Foreign Tax Paid	7 Foreign Country or US possession		
		8 Tax exempt interest	9 Specified private activity bond interest		
		10 Market Discount	11 Bond Premium		
Account number (see instructions)		12 Tax-exempt bond CUSIP no	13 State	14 State Identification no.	15 State tax withheld
Form 1099-INT					

<input type="checkbox"/> CORRECTED (if checked)					
PAYER'S name, address, city, state, ZIP code TRANS CANADA ELECTRIC 105 JUDGE ST TORONTO, ON CANADA MSG, 117		1 Total Ordinary Dividends \$232.00	2015 Form 1099-DIV		Dividends and Distributions
PAYER'S Federal identification number 11-1XXXXXX		RECIPIENT'S identification number 125-XX-XXXX	1b Qualified Dividends \$232.00	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 is has not been reported.	
RECIPIENT'S name, address, city, state, ZIP code ALBERT MEADOWS 24 NORTH ST YOUR CITY STATE ZIP		2a Total capital gain distr. \$45.00	2b Unrecap. Sec. 1250 gain		
		2c Section 1202 gain	2d Collectables (28%) gain		
		3 Nondividend distributions	4 Federal income tax withheld		
			5 Investment expenses		
		6 Foreign Tax Paid \$34.80	7 Foreign Country or US possession		
		8 Cash liquidation distributions	9 Noncash liquidation distribution		
		10 Exempt-Interest dividends	11 Specified private activity bond interest dividends		
Account number (see instructions)		13 State	14 State Identification no.	15 State tax withheld	
Form 1099-DIV					

CORRECTED (if checked)

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

PAYER'S name, address, city, state, ZIP code SECOND FEDERAL CREDIT UNION 242 MOTT ST WILMINGTON DE 19802		1 Gross distribution \$1,975.00	2015 Form 1099-R
		2a Taxable amount \$1,975.00	
		2b Taxable amount not determined. <input checked="" type="checkbox"/>	Total Distribution <input type="checkbox"/>
PAYER'S Federal identification number 11-3XXXXXX	RECIPIENT'S identification number 125-XX-XXXX	3 Capital gain (included in box 2a).	4 Federal income tax withheld \$200.00
RECIPIENT'S name, address, city, state, ZIP code ALBERT MEADOWS 24 NORTH STREET YOUR CITY STATE ZIP		5 Employee contributions / Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities
		7 Distribution Code(s) 7	IRA/SEP/SIMPLE <input checked="" type="checkbox"/>
		8 Other	%
		9a Your percentage of total distribution %	9b Total Employee Contributions
10. Amount allocable to IRR within 5 years	11. 1st year of desig. Roth contrib.	12. State tax withheld	13. State/Payer's state no. 113XXXXXX
		14. State Distribution \$1,975.00	
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

Form **1099-R**

PAYER'S NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE UNITED STATES RAILROAD RETIREMENT BOARD 844 N. RUSH ST. CHICAGO, IL 60611-2092		2015		ANNUITIES OR PENSIONS BY THE RAILROAD RETIREMENT BOARD	
PAYER'S FEDERAL IDENTIFYING NO. 15-6XXXXXX	3. Employee Contributions	\$38,442.56		COPY B - THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE.	
1. Claim Number and Payee Code A125XXXXXX	4. Contributory Amount Paid	\$21,569.56			
2. Recipient's Identification Number 125-XX-XXXX	5. Vested Dual Benefit				
Recipient's Name, Address, City, State and ZIP Code ALBERT MEADOWS 24 NORTH STREET YOUR CITY STATE ZIP	6. Supplemental Annuity				
	7. Total Gross Paid	\$21,569.56			
	8. Repayments				
	9. Federal Income Tax Withheld	\$1,420.00			
	10. Rate of Tax			11. Country	12. Medicare Premium

Form **RRB-1099-R**

<input type="checkbox"/> CORRECTED (if checked)			
RECIPIENT'S/LENDER'S name, address, city, state, and ZIP code WOODBURY COMMUNITY COLLEGE 23 WORTH ST WILMINGTON, DE 19802		20 15 Form 1098-E	Student Loan Interest Statement
RECIPIENT'S Federal identification number 10-4XXXXXX	BORROWER'S social security number 126-XX-XXXX	1 Student loan interest received by lender \$175.00	Copy B For Borrower <small>This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.</small>
BORROWER'S name, address, city, state and ZIP code LOIS MEADOWS 24 NORTH STREET YOUR CITY STATE ZIP			
Service Provider/Acct No. (see instr.)		2 If checked box 1 does not include loan origination fees and/or capitalized interest for loans made before September, 1 2004 <input type="checkbox"/>	
Form 1098-E			

Form 1095-A	Health Insurance Marketplace Statement	OMB No. 1545-2232		
Department of the Treasury Internal Revenue Service	> Information about Form 1095-A and its separate instructions is at www.irs.gov/from1095a .	<input type="checkbox"/> CORRECTED 20 15		
Part I Recipient Information				
1 Marketplace Identifier 12-333XXXX	2 Marketplace-assigned policy number XXXXXX	3 Policy issuer's name INSURER		
4 Recipient's name ALBERT MEADOWS	5 Recipient's SSN 125-XX-XXXX	6 Recipient's date of birth 01/17/1954		
7 Recipient's spouse's name LOIS MEADOWS	8 Recipient's spouse's SSN 126-XX-XXXX	9 Recipient's spouse's date of birth 03/15/1975		
10 Policy start date 01/01/2015	11 Policy Termination Date 12/31/2015	12 Street Address (including apartment number) 24 NORTH STREET		
13 City, State, Country and ZIP code YOUR CITY STATE ZIP				
Part II Coverage Household				
A Covered Individual Name	B Covered Individual SSN	C. Date of Birth	D. Start Date	E. Termination Date
16 ALBERT MEADOWS	125-XX-XXXX	07/17/1954	01/01/2015	12/31/2015
17 LOIS MEADOWS	126-XX-XXXX	03/15/1975	01/01/2015	12/31/2015
18 WARREN MEADOWS	127-XX-XXXX	06/21/2000	01/01/2015	12/31/2015
19				
20				
Part III Household Information				
Month	A Monthly Premium Amount	B Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. Monthly Advance Payment of Premium Tax Credit	
21 January	\$147.67	\$125.00	\$0.00	
22 February	\$147.67	\$125.00	\$0.00	
23 March	\$147.67	\$125.00	\$0.00	
24 April	\$147.67	\$125.00	\$0.00	
25 May	\$147.67	\$125.00	\$0.00	
26 June	\$147.67	\$125.00	\$0.00	
27 July	\$147.67	\$125.00	\$0.00	
28 August	\$147.67	\$125.00	\$0.00	
29 September	\$147.67	\$125.00	\$0.00	
30 October	\$147.67	\$125.00	\$0.00	
31 November	\$147.67	\$125.00	\$0.00	
32 December	\$147.67	\$125.00	\$0.00	
33 Annual Totals	\$1,772.04	\$1,500.00	\$0.00	

Interview Notes - Wilson

James' wife left him in 2007 and has not lived with him since. She files her own return and informs him that she is not planning to itemize. He has not itemized previously.

James has a son, Jarrod. Jarrod took time off after high school before starting college, so is older than most students, but lives with his father and is supported by him. Jarrod had \$1,500 income and will be filing his tax return but not claiming his own exemption.

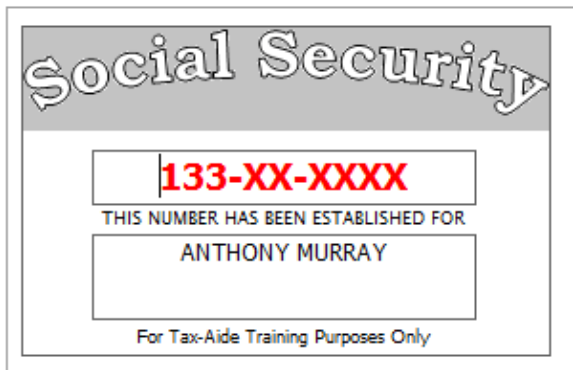
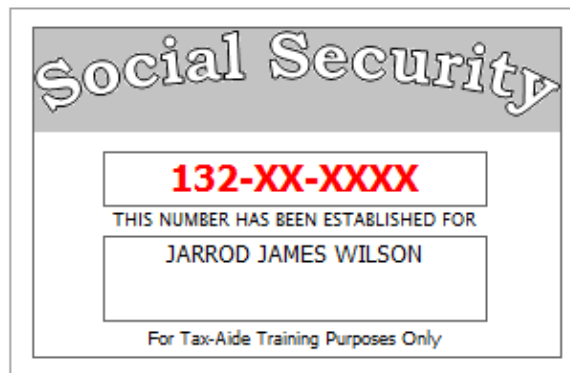
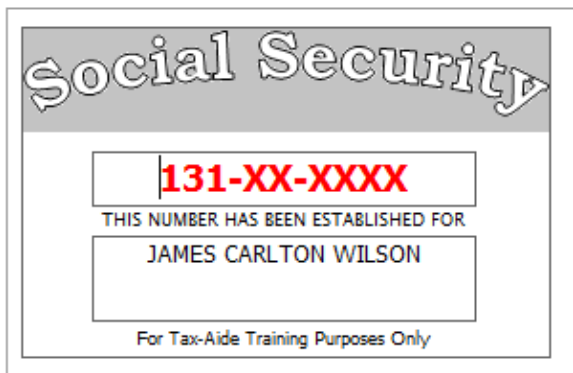
James, as a retired FBI agent, had health insurance that meets MEC for himself and his son, Jarrod. James also fully supports his grandson, Anthony because Anthony's mother is working out of the country. She will not claim him on her return, but she does provide health insurance for him.

Jarrod is a full-time student in his fourth year at Harris College. He has never been convicted of a felony. James has been able to claim American Opportunity Credit for three previous years.

James recently started a job as an office manager at a large wholesale nursery company.

On 7/1/12 James started drawing his pension, which was not set up as joint/survivor. He has the last pension payment stub of the current tax year, showing health insurance premiums withheld from his monthly deposits totaling \$3,300.

James purchased his home in 2008 and received the \$7,500 credit. He has been paying \$500.00 each year but wants to pay \$1,000 this year because of the large refund he will receive.



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 1-3 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 James		M.I. C	Last name Wilson		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 10250 Wilder Road			Apt #	City Your City	State Your State	ZIP code Your Zip
4. Telephone number(s) 956-555-xxxx			Email address (optional)			
5. Your Date of Birth 8/25/1951	6. Your job title Office Manager		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 (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

Married a. Did you live with your spouse during any part of the last six months of 2014? Yes No

b. Was your marriage recognized under the laws of the state(s) you are filing in? Yes No Unsure

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

Widowed Year of spouse's death _____

2. List the names below of: If additional space is needed check here and list on page 3

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

To be completed by a 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 12/31/14 (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 less than \$3950 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)					
Jarrold Wilson	9/8/1989	Son	12	Y	Y	S	Y	N					
Anthony Murray	3/9/2000	Grandson	12	Y	Y	S	Y	N					

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To report unethical behavior to the IRS, email us at wi.voltax@irs.gov or call toll free 1-877-330-1205

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Wilson

Yes **No** **Unsure** Check appropriate box for each question in each section

Part III – Income – Last Year, Did You (or Your Spouse) Receive

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

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

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

a. Employee's social security number 131-XX-XXXX						
b. Employer Identification number (EIN) 16-6XXXXXX		1. Wages, tips, other compensation \$12,873.12	2. Federal income tax withheld \$662.00			
c. Employer's name, address, city, state, and ZIP Code EVERGREEN NURSERY COMPANY 2300 W GREEN ST CHARLOTTE NC 28205		3. Social security wages \$14,873.12	4. Social security tax withheld \$922.13			
		5. Medicare wages and tips \$14,873.12	6. Medicare tax withheld \$215.66			
		7. Social security tips	8. Allocated tips			
d. Control number		9.	10. Dependant care benefits			
e. Employee's name (first, initial, last), address, city, state and ZIP code JAMES C WILSON 10250 WILDER ROAD YOUR CITY STATE ZIP		11. Nonqualified plans		12a. See instructions for box 12 D \$2,000.00		
		13. Statutory Employee <input type="checkbox"/> Retirement Plan <input checked="" type="checkbox"/> Third-party sickpay <input type="checkbox"/>	12b.			
		14. Other		12c.		
				12c.		
15. State YS	Employer's state ID number 166XXXXXX	16. State wages, tips, etc. \$12,873.12	17. State income tax \$358.80	18. Local wages, tips, etc.	19. Local income tax	
				20. Locality name		

Form **W-2 2015**

CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code DAVIS INVESTMENT SERVICES 175 N TUCKER BLVD RALEIGH NC 27603		Payer's RTN (optional)	20 15		Interest Income	
PAYER'S Federal identification number 16-7XXXXXX		1 Interest income \$756.00	Form 1099-INT			
RECIPIENT'S name, address, city, state, and ZIP code JAMES C WILSON 10250 WILDER ROAD YOUR CITY STATE ZIP		2 Early withdrawal penalty		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 identification number 131-XX-XXXX		3 Interest on US Savings Bonds and Treas. obligations				
		4 Federal income tax withheld	5 Investment expenses			
		6 Foreign Tax Paid	7 Foreign Country or US possession			
		8 Tax exempt interest	9 Specified private activity bond interest			
		10 Market Discount	11 Bond Premium			
Account number (see instructions)		12 Tax-exempt bond CUSIP no.	13 State	14 State Identification no.	15 State tax withheld	

Form **1099-INT**

CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code FIELDS INVESTMENT COMPANY 2121 SPRUCE ST PITTSBURGH PA 15219		1 Total Ordinary Dividends \$857.00	2015 Form 1099-DIV	Dividends and Distributions
PAYER'S Federal identification number 16-8XXXXXX		1b Qualified Dividends \$857.00		
RECIPIENT'S name, address, city, state, ZIP code JAMES C WILSON 10250 WILDER ROAD YOUR CITY STATE ZIP		2a Total capital gain distr.	2b Unrecap. Sec. 1250 gain	
RECIPIENT'S identification number 131-XX-XXXX	2c Section 1202 gain	2d Collectables (28%) gain		
RECIPIENT'S name, address, city, state, ZIP code		3 Nondividend distributions \$15.45	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 is has not been reported.
Account number (see instructions)		6 Foreign Tax Paid \$12.75	5 Investment expenses	
		8 Cash liquidation distributions	7 Foreign Country or US possession	
		9 Noncash liquidation distribution	11 Specified private activity bond interest dividends	
		10 Exempt-Interest dividends	15 State tax withheld	
		13 State	14 State Identification no.	

Form **1099-DIV**

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		2015	OMB No. 1545-0119 Form: 1099R Distribution From Pensions, Annuities Retirement or Profit-Sharing Plans, IRA's, Insurance Contracts, etc.	
	PAYER's Federal Identification 16-5XXXXXX	Recipient's ID No. (Annuitant) 131-XX-XXXX		Account number (Retirement Claim No.) CSA 4567850	1. Gross distribution \$26,864.00
	5. Employee Contributions/ Designed ROTH Contributions or Insurance Premiums	PAID TO → JAMES C WILSON 10250 WILDER ROAD YOUR CITY STATE ZIP		2a. Taxable amount	
	7. Distribution Code(s) 7-NONDISABILITY			4. Federal Income Tax Withheld \$1,380.00	
9b. Total Employer Contributions \$49,872.00			State 1	10. State Income Tax Withheld	
			State 2	11. State Income Tax Withheld	

<input type="checkbox"/> CORRECTED (if checked)					
PAYER'S name, address, city, state, ZIP code CUMMINGS & ASSOCIATES INVESTMENTS PO BOX 444 RALEIGH NC 27602-0444		1 Gross distribution \$5,000.00	2015 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"/>		
PAYER'S Federal identification number 16-2XXXXXX	RECIPIENT'S identification number 131-XX-XXXX	3 Capital gain (included in box 2a).	4 Federal income tax withheld		
RECIPIENT'S name, address, city, state, ZIP code JAMES C WILSON 10250 WILDER ROAD YOUR CITY STATE ZIP		5 Employee contributions /Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities		
		7. Distribution Code(s) 7	IRA/SEP/SIMPLE <input checked="" type="checkbox"/>	8 Other %	
		9a Your percentage of total distribution %	9b Total Employee Contributions		
10. Amount allocable to IRR within 5 years	11. 1st year of desig. Roth contrib.	12. State tax withheld \$0.00	13. State/Payer's state no. YS/162XXXXXX	14. State Distribution \$5,000.00	
Account number (see instructions)		15. Local tax withheld	16. Name of Locality	17. Local Distribution	

Form **1099-R**

<input type="checkbox"/> CORRECTED (if checked)					
FILER'S name, address, city, state, and ZIP code HARRIS COLLEGE 15 COLLEGE DRIVE CHARLOTTE NC 28210		1 Payments received for qualified tuition and related expenses \$6,100.00	2015 Form 1098-T		Tuition Statement
		2 Amounts billed for qualified tuition and related expenses			
FILER'S Federal identification number 16-9XXXXXX	STUDENT'S social security number 132-XX-XXXX	3 If this box is checked, your educational institution has changed its reporting method for 2015. <input type="checkbox"/>			
STUDENT'S name, address, city, state, and ZIP code JARROD JAMES WILSON 10250 WILDER RD YOUR CITY STATE ZIP		4 Adjustments made for a prior year	5 Scholarships or grants \$1,500.00		
		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 2014. <input type="checkbox"/>		
Service Provider/Acct No. (see instr.)	8. Checked if at least half-time student <input checked="" type="checkbox"/>	9 Checked if a graduate student <input type="checkbox"/>	10 Ins. contract reimb/refund		

Form **1098-T**

James may have enough to itemize, and would like us to check that for him.

Medical – Doctors (Unreimbursed) - \$230

Long Term Care insurance - \$3,450

Church donations – statement from church - \$2,100.

Mortgage interest and Real Estate tax from 1098

<input type="checkbox"/> CORRECTED (if checked)				
RECIPIENT'S/LENDER'S name, address, city, state, and ZIP code BANKERS MORTGAGE COMPANY 1023 ARMORY DRIVE RALEIGH NC 27605		* 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.	20 15 Form 1098	Mortgage Interest Statement
RECIPIENT'S Federal identification number 16-4XXXXXX	PAYER'S Social security number 131-XX-XXXX	1. Mortgage interest received from payer(s)/borrower(s) * \$5,560.00		Copy B For Payer/Borrower The information in boxes 1, 2, 3, and 4 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, address, city, state, and ZIP code JAMES C WILSON 10250 WILDER ROAD YOUR CITY STATE ZIP		2. Points paid on purchase of principal residence		
		3. Refund of overpaid interest		
		4. Mortgage insurance premiums		
Account number (see instructions)		5. Real estate taxes \$2,750.00		
Form 1098				

Interview Notes - Moore

Joanne was widowed in April 2013. Her husband was a federal employee at the time of his death, and Joanne was able to start drawing his joint/survivor annuity in January 2014.

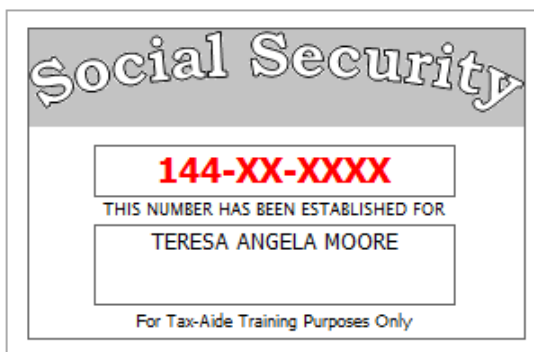
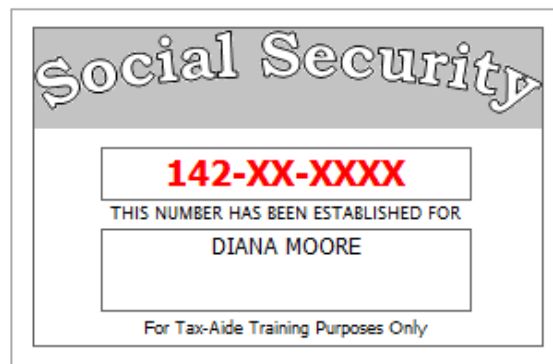
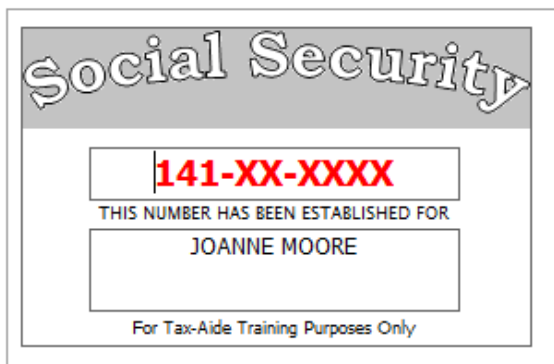
Joanne is repaying a student loan and received a statement from the lending institution showing that she paid \$459.75 in interest last year.

Joanne received a 1099-INT showing some tax-exempt interest, which was also exempt from state tax.

Corey is a full-time student at Oakland University. He started his third year last fall. His grandmother made the payments for his tuition directly to the university on his behalf. He has never been convicted of a felony.

Joanne and her husband were never able to itemize and she doubts if she can this year either, as they have no mortgage on their home and they have very good health insurance that covers the whole family.

She tells you that the DD amount on her W-2 indicates insurance that met MEC for herself and all three children.



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 1-3 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 Joanne	M.I. M	Last name Moore	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 200 Amber Place	Apt #	City Your City	State Your State	ZIP code Your Zip
4. Telephone number(s) 616-555-xxxx		Email address (optional)		
5. Your Date of Birth 12/29/1963	6. Your job title Nurse	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 (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

Married a. Did you live with your spouse during any part of the last six months of 2014? Yes No

b. Was your marriage recognized under the laws of the state(s) you are filing in? Yes No Unsure

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

Widowed Year of spouse's death 2013

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 3

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 12/31/14 (<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 a 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 less than \$3950 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)					
Teresa Moore	5/21/1999	Daughter	12	Y	Y	S	Y	N					
Diana Moore	9/28/1996	Daughter	12	Y	Y	S	Y	Y					
Corey Moore	5/15/1992	Son	12	Y	Y	S	Y	Y					

**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**

Yes No Unsure Check appropriate box for each question in each section

Part III – Income – Last Year, Did You (or Your Spouse) Receive

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

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

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

Moore

-47-

a. Employee's social security number 141-XX-XXXX						
b. Employer Identification number (EIN) 10-5XXXXXX		1. Wages, tips, other compensation \$41,600.04	2. Federal income tax withheld \$1,981.65			
c. Employer's name, address, city, state, and ZIP Code JEFFERSON MEMORIAL HOSPITAL 101 N MARKET ST PHILADELPHIA PA 19102		3. Social security wages \$42,985.04	4. Social security tax withheld \$2,665.07			
		5. Medicare wages and tips \$42,985.04	6. Medicare tax withheld \$623.28			
		7. Social security tips	8. Allocated tips			
d. Control number		9.	10. Dependant care benefits			
e. Employee's name (first, initial, last), address, city, state and ZIP code JOANNE M MOORE 200 AMBER PLACE YOUR CITY, STATE, ZIP		11. Nonqualified plans	12a. See instructions for box 12 D \$1,385.00			
		13. Statutory Employee <input type="checkbox"/> Retirement Plan <input checked="" type="checkbox"/> Third-party sickpay <input type="checkbox"/>	12b. DD \$2,895.57			
		14. Other	12c.			
			12c.			
15. State YS	Employer's state ID number 105XXXXXX	16. State wages, tips, etc. \$41,600.04	17. State income tax \$1,209.72	18. Local wages, tips, etc.	19. Local income tax	20. Locality name

Form **W-2 2015**

CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code BEACON BANK & TRUST CO 123 CHERRYVILLE AVE HARTFORD CT 06101		Payer's RTN (optional)	20 15 Form 1099-INT	Interest Income				
PAYER'S Federal identification number 10-6XXXXXX		1 Interest income \$189.35		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 identification number 141-XX-XXXX		2 Early withdrawal penalty					3 Interest on US Savings Bonds and Treas. obligations	
RECIPIENT'S name, address, city, state, and ZIP code JOANNE M MOORE 200 AMBER PLACE YOUR CITY STATE ZIP		4 Federal income tax withheld	5 Investment expenses				10 Market Discount	
		6 Foreign Tax Paid	7 Foreign Country or US possession					
		8 Tax exempt interest \$275.00	9 Specified private activity bond interest					
Account number (see instructions)		11 Bond Premium	12 Tax-exempt bond CUSIP no	13 State	14 State Identification no.	15 State tax withheld		

Form **1099-INT**

PAID BY

OFFICE OF PERSONNEL MANAGEMENT
RETIREMENT SERVICES PROGRAM
P. O. BOX 45
BOYERS, PA 16017-0045

STATEMENT OF SURVIVOR ANNUITY PAID

Copy B - File with Federal tax return

2015

OMB No. 1545-0119
Form: 1099R
Distribution From
Pensions, Annuities
Retirement or Profit-
Sharing Plans, IRA's,
Insurance Contracts, etc.

Form CSF-1099-R (annuity benefits paid to a survivor annuitant)
This information is being furnished to the
Department of Treasury - Internal Revenue Service

PAYER's Federal Identification 16-5XXXXXX	Recipient's ID No. (Annuitant) 141-XX-XXXX	Account number (Retirement Claim No.) CSA 2916173
5. Employee Contributions/ Designed ROTH Contributions or Insurance Premiums	PAID TO → JOANNE M MOORE 200 AMBER PLACE YOUR CITY STATE ZIP	
7. Distribution Code(s) 4-DEATH BENEFIT		
9b. Total Employer Contributions \$34,250.00		

1. Gross distribution \$17,585.25
2a. Taxable amount
4. Federal Income Tax Withheld \$.00
State 1 10. State Income Tax Withheld
State 2 11. State Income Tax Withheld

VOID CORRECTED (if checked)

PAYER'S name, address, city, state, and ZIP code HIGH ROLLER CASINO 233 CATAWBA HIGHWAY RENO NV 89510	1. Gross winnings \$1,750.00	2. Date won 06/25/2015
	3. Type of wager BINGO	4. Federal income tax withheld \$175.00
	5. Transaction	6. Race
PAYER'S Federal identification number 10-7XXXXXX	Payer's Telephone number 775-555-XXXX	7. Winnings from identical wagers
WINNER'S name, address, city, state, and ZIP JOANNE MOORE 200 AMBER PLACE YOUR CITY STATE ZIP	9. Winner's taxpayer identification no. 141-XX-XXXX	8. Cashier
	10. Window	11. First I.D.
	12. Second I.D.	13. State Payer's identification no.
	14. State Winnings	15. State income tax withheld
	16. Local Winnings	17. Local income tax withheld
	18. Name of locality	

2015
Form W-2-G
Certain
Gambling
Winnings

This information is being furnished to the Internal Revenue Service
Copy B
Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.

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

Signature >

Date >

Form **W-2G**

CORRECTED (if checked)

FILER'S name, address, city, state, and ZIP code OAKLAND UNIVERSITY 677 OAKLAND BLVD COLUMBUS OH 43216		1 Payments received for qualified tuition and related expenses <p style="text-align: center; font-size: 1.2em;">\$16,900.00</p>	<p style="font-size: 2em; font-weight: bold;">20 15</p> Form 1098-T	<p style="font-size: 1.2em;">Tuition Statement</p>
FILER'S Federal identification number 10-8XXXXXX	STUDENT'S social security number 143-XX-XXXX	3 If this box is checked, your educational institution has changed its reporting method for 2015. <input type="checkbox"/>		<p style="font-weight: bold;">Copy B For Student</p> <p style="font-size: 0.8em;">This is important tax information and is being furnished to the Internal Revenue Service.</p>
STUDENT'S name, address, city, state, and ZIP code COREY MOORE 200 AMBER PLACE YOUR CITY STATE ZIP		4 Adjustments made for a prior year	5 Scholarships or grants <p style="text-align: center; font-size: 1.2em;">\$10,000.00</p>	
Service Provider/Acct No. (see instr.)		6 Adjustments to scholarships or grants for a prior year	7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January-March 2014. <input type="checkbox"/>	
8. Checked if at least half-time student <input checked="" type="checkbox"/>		9 Checked if a graduate student <input type="checkbox"/>	10 Ins. contract reimb/refund	

Form **1098-T**

SUPPLEMENTAL EXERCISE

Joanne wasn't sure whether Corey was enrolled fulltime or not. After you complete the return, she reached him and he confirmed that he took ten credit hours in the spring and nine in the fall. Oakland University considers 12 hours to be fulltime enrollment.

He made \$5,000 at his summer job. Amend the return to show this change.

Interview Notes - Holmes

Ben is a retired deputy sheriff and Pat was a homemaker prior to her death. He tells you that he pays \$150 a month for health insurance and it is deducted from his pension. He started drawing his pension January 1, 2004, and he chose the joint/survivor option. They are both on Medicare for health insurance.

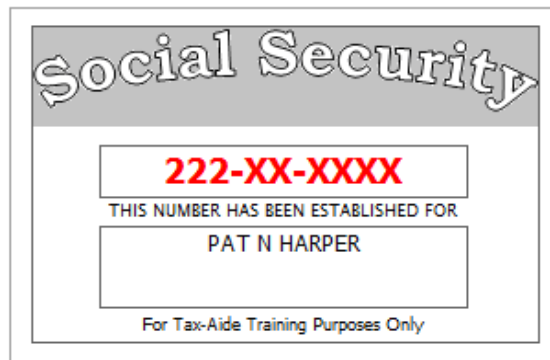
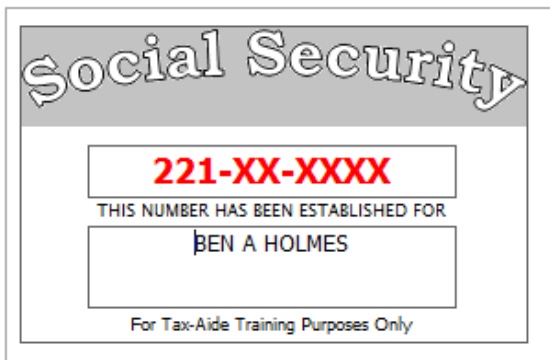
Ben's granddaughter, Madison Chambers, moved in with them last April. He provides all of her support. Madison is covered under her mother's health insurance policy.

Ben had high unreimbursed medical expenses which may allow him to itemize. He brought a list of his schedule A expenditures. They have never itemized previously. All expenses listed were unreimbursed.

Pat had gambling losses of \$2,550.

Ben sold 200 shares of Warner, Inc. that he had inherited from his father on October 1, 1999 when the stock was worth \$10 per share. His father paid \$8 per share when he purchased it in 1996.

Pat had a small business creating greeting cards for a few local drug stores. Her income (not on a 1099-MISC) was \$1,500, with expenses for supplies of \$945.



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 1-3 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 Ben	M.I. A	Last name Holmes	Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. Your spouse's first name Pat	M.I. N	Last name Harper	Is your spouse a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. Mailing address 30911 Lost Meadow		Apt #	City Your City	State Your State
4. Telephone number(s) 422-555-xxxx		Email address (optional)		
5. Your Date of Birth 3/28/1938	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 10/30/1940	9. Your spouse's job title Deceased	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 (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

Married a. Did you live with your spouse during any part of the last six months of 2014? Yes No

b. Was your marriage recognized under the laws of the state(s) you are filing in? Yes No Unsure

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

Widowed Year of spouse's death 2015

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 3

										To be completed by a Certified Volunteer Preparer				
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 12/31/14 (<i>S/M</i>)	Full-time Student last year (<i>yes/no</i>)	Totally and Permanently Disabled (<i>yes/no</i>)	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 less than \$3950 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)						
Madison Chambers	4/5/1997	Grandchild	9	Y	Y	S	Y	N						

**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**

Yes No Unsure Check appropriate box for each question in each section

Part III – Income – Last Year, Did You (or Your Spouse) Receive

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

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

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

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

Holmes

53

CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code FIRST NATIONAL BANK 100 MAIN STREET INDIANAPOLIS IN 46204		Payer's RTN (optional)	20 15	Interest Income		
		1 Interest income \$26.55	Form 1099-INT		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 is has not been reported.	
		2 Early withdrawal penalty				
PAYER'S Federal identification number 21-9XXXXXX	RECIPIENT'S identification number 222-XX-XXXX	3 Interest on US Savings Bonds and Treas. obligations				
RECIPIENT'S name, address, city, state, and ZIP code PAT N HARPER 30911 LOST MEADOW YOUR CITY STATE ZIP		4 Federal income tax withheld	5 Investment expenses			
		6 Foreign Tax Paid	7 Foreign Country or US possession			
		8 Tax exempt interest	9 Specified private activity bond interest			
		10 Market Discount	11 Bond Premium			
Account number (see instructions)		12 Tax-exempt bond CUSIP no	13 State	14 State Identification no.	15 State tax withheld	

Form **1099-INT**

CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code HARRIS TRUST PO BOX 1379 INDIANAPOLIS IN 46204		1 Gross distribution \$13,223.00	2015	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
		2a Taxable amount \$13,223.00	Form 1099-R		Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the Internal Revenue Service
		2b Taxable amount not determined. <input type="checkbox"/>	Total Distribution <input type="checkbox"/>		
PAYER'S Federal identification number 21-7XXXXXX	RECIPIENT'S identification number 221-XX-XXXX	3 Capital gain (included in box 2a).	4 Federal income tax withheld \$610.00		
RECIPIENT'S name, address, city, state, ZIP code BEN A HOLMES 30911 LOST MEADOW YOUR CITY STATE ZIP		5 Employee contributions /Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities		
		7 Distribution Code(s) 7	IRA/SEP/SIMPLE <input checked="" type="checkbox"/>	8 Other %	
		9a Your percentage of total distribution %	9b Total Employee Contributions		
10, Amount allocable to IRR within 5 years	11, 1st year of desig. Roth contrib.	12, State tax withheld	13, State/Payer's state no. YS 217	14, State Distribution \$13,223.00	
Account number (see instructions)		15, Local tax withheld	16, Name of Locality	17, Local Distribution	

Form **1099-R**

CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code AUBURN SHERIFF'S DEPARTMENT 1 HOTEL RD LEWISTON ME 04240		1 Gross distribution \$23,919.00	<div style="font-size: 2em; font-weight: bold;">2015</div> <div style="font-weight: bold;">Form 1099-R</div>		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 21-6XXXXXX	RECIPIENT'S identification number 221-XX-XXXX	3 Capital gain (included in box 2a).	4 Federal income tax withheld \$1,196.00		Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the Internal Revenue Service
RECIPIENT'S name, address, city, state, ZIP code BEN A HOLMES 30911 LOST MEADOW YOUR CITY STATE ZIP		5 Employee contributions / Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities		
		7 Distribution Code(s) 7	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other %	
		9a Your percentage of total distribution %	9b Total Employee Contributions \$107,429.00		
10. Amount allocable to IRR within 5 years	11. 1st year of desig. Roth contri.	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	

Form **1099-R**

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

2015

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

Box 1. Name BEN A HOLMES		Box 2. Beneficiary's Social Security 221-XX-XXXX																			
Box 3. Benefits Paid in 2015 \$12,108.00	Box 4. Benefits Repaid to SSA in	Box 5. Net Benefits Paid for 2015 (Box 3 minus Box 4) \$12,108.00																			
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">DESCRIPTION OF AMOUNT IN BOX 3</th> <th style="text-align: right;">AMOUNT</th> </tr> </thead> <tbody> <tr> <td>Paid by check or direct deposit</td> <td style="text-align: right;">\$10,423.20</td> </tr> <tr> <td>Medicare Part B premiums deducted from your benefits</td> <td style="text-align: right;">\$1,258.80</td> </tr> <tr> <td>Medicare Prescription Drug premiums (Part D) deducted from your benefits</td> <td style="text-align: right;">\$426.00</td> </tr> <tr> <td>Total Additions</td> <td style="text-align: right;">\$12,108.00</td> </tr> <tr> <td>Benefits for 2015</td> <td style="text-align: right;">\$12,108.00</td> </tr> <tr> <td>Benefits for 2014</td> <td></td> </tr> <tr> <td>Benefits for 2013</td> <td></td> </tr> <tr> <td>Benefits for 2012</td> <td></td> </tr> </tbody> </table>		DESCRIPTION OF AMOUNT IN BOX 3	AMOUNT	Paid by check or direct deposit	\$10,423.20	Medicare Part B premiums deducted from your benefits	\$1,258.80	Medicare Prescription Drug premiums (Part D) deducted from your benefits	\$426.00	Total Additions	\$12,108.00	Benefits for 2015	\$12,108.00	Benefits for 2014		Benefits for 2013		Benefits for 2012		DESCRIPTION OF AMOUNT IN BOX 4 Box 6. Voluntary Federal Income Tax Withheld Box 7. Address BEN A HOLMES 30911 LOST MEADOW YOUR CITY STATE ZIP Box 8. Claim Number (use this number if you need to contact SSA) 221-XX-XXXXA	
DESCRIPTION OF AMOUNT IN BOX 3	AMOUNT																				
Paid by check or direct deposit	\$10,423.20																				
Medicare Part B premiums deducted from your benefits	\$1,258.80																				
Medicare Prescription Drug premiums (Part D) deducted from your benefits	\$426.00																				
Total Additions	\$12,108.00																				
Benefits for 2015	\$12,108.00																				
Benefits for 2014																					
Benefits for 2013																					
Benefits for 2012																					

Form **SSA-1099-SM**

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

20 15

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

Box 1. Name PAT N HARPER		Box 2. Beneficiary's Social Security 222-XX-XXXX	
Box 3. Benefits Paid in 2015 \$7,920.00	Box 4. Benefits Repaid to SSA in	Box 5. Net Benefits Paid for 2015 (Box 3 minus Box 4) \$7,920.00	
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or direct deposit \$6,660.90 Medicare Part B premiums deducted from your benefits \$944.10 Medicare Prescription Drug premiums (Part D) deducted from your benefits \$315.00 Total Additions \$7,920.00 Benefits for 2015 \$7,920.00 Benefits for 2014 Benefits for 2013 Benefits for 2012		DESCRIPTION OF AMOUNT IN BOX 4 Box 6. Voluntary Federal Income Tax Withheld Box 7. Address PAT N HARPER 30911 LOST MEADOW YOUR CITY STATE ZIP Box 8. Claim Number (use this number if you need to contact SSA) 222-XX-XXXXA	

Form **SSA-1099-SM**

VOID CORRECTED (if checked)

PAYER'S name, address, city, state, and ZIP code SLOT CITY 14011 GAMBLERS WAY CHARLESTOWN IN 47111	1. Gross winnings \$1,200.00	2. Date won 01/15/2015	<p align="center">20 15 Form W-2-G</p> <p align="center">Certain Gambling Winnings</p> <p>This information is being furnished to the Internal Revenue Service</p> <p align="center">Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.</p>
	3. Type of wager SLOTS	4. Federal income tax withheld \$200.00	
	5. Transaction	6. Race	
	7. Winnings from identical wagers	8. Cashier 2718	
PAYER'S Federal identification number 21-8XXXXXX Payer's Telephone number 877-555-XXXX	9. Winner's taxpayer identification no. 222-XX-XXXX	10. Window	
WINNER'S name, address, city, state, and ZIP PAT N HARPER 30911 LOST MEADOW YOUR CITY STATE ZIP	11. First I.D. DRIVERS LIC	12. Second I.D. CREDIT CARD	
	13. State Payer's identification no. 218XXXXXX	14. State Winnings \$1,200.00	
	15. State income tax withheld \$180.00	16. Local Winnings	
	17. Local income tax withheld	18. Name of locality	

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

Signature > _____ Date > _____

Form **W-2G**

ABC Brokerage2715 Alpine Lane
Boston, MA 02110**2015 TAX REPORTING STATEMENT****BEN HOLMES**
30911 Lost Meadow, Your City, YS ZIP
Account No. 111-227
221-XX-XXXX
Payer's Fed ID Number: XX-XXXXXXX**Form 1099-DIV 2015 Dividends and Distributions**

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

Box	Amount
1a Total Ordinary Dividends	1,565.00
1b Qualified Dividends	875.00
2a Total Capital Gain Distributions (Includes 2b- 2d)	737.00
2b Capital Gains that represent Unrecaptured 1250 Gain	0.00
2c Capital Gains that represent Section 1202 Gain	0.00
2d Capital Gains that represent Collectibles (28%) Gain	0.00
3 Nondividend Distributions	18.25
4 Federal Income Tax Withheld	0.00
5 Investment Expenses	0.00
6 Foreign Tax Paid	16.75
7 Foreign Country or U.S. Possession	0.00
8 Cash Liquidation Distributions	0.00
9 Non-Cash Liquidation Distributions	0.00
10 Exempt-Interest Dividends	0.00
11 Specified Private Activity Bond Interest Dividends	0.00
12 State	
13 State Identification No.	
14 State Tax Withheld	0.00
FATCA filing requirement	

Form 1099-INT 2015 Interest Income

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

Box	Amount
1 Interest Income	17.25
2 Early Withdrawal Penalty	0.00
3 Interest on U.S. Savings Bonds and Treas. Obligations	0.00
4 Federal Income Tax Withheld	0.00
5 Investment Expenses	0.00
6 Foreign Tax Paid	0.00
7 Foreign Country or U.S. Possession	0.00
8 Tax-Exempt Interest	232.00
9 Specified Private Activity Bond Interest	0.00
10 Market Discount	0.00
Market Discount on Noncovered Securities	0.00 **
11 Bond Premium	0.00
Bond Premium on Noncovered Securities	0.00 **
13 Bond Premium on Tax-Exempt Bond	0.00
14 Tax-Exempt and Tax Credit Bond CUSIP No.	
15 State	
16 State Identification No.	
17 State Tax Withheld	0.00
FATCA filing requirement	

**These amounts are not reported to the IRS.

ABC Brokerage

2715 Alpine Lane
Boston, MA 02110

2015 TAX REPORTING STATEMENT

BEN HOLMES
30911 Lost Meadow, Your City, YS ZIP
Account No. 111-227
221-XX-XXXX
Payer's Fed ID Number: XX-XXXXXXX

Summary of 2015 Proceeds From Broker and Barter Exchange Transactions

Box		Amount
1d	Proceeds	4,990.01 *
1e	Cost or Other Basis	UNKNOWN **
4	Federal Income Tax Withheld	0.00
6	Adjustments - Wash Sales	0.00
	Adjustments - Market Discount	0.00 **
16	State Tax Withheld	0.00
Regulated Futures Contracts:		
4	Federal Income Tax Withheld	0.00
8	Profit or (Loss) Realized in 2015 on Closed Contracts	0.00
9	Unrealized Profit of (Loss) on Open Contracts - 12/31/2014	0.00
10	Unrealized Profit of (Loss) on Open Contracts - 12/31/2015	0.00
11	Aggregate Profit of (Loss) on Contracts	0.00

* Gross Proceeds from each of your security transactions are reported individually to the IRS. Refer to the Form 1099-B section of this statement.

** Box 1e and Box 6 contain amounts for covered securities only.

ABC Brokerage

2715 Alpine Lane
Boston, MA 02110

2015 TAX REPORTING STATEMENT

BEN HOLMES
30911 Lost Meadow, Your City, YS ZIP
Account No. 111-227
221-XX-XXXX
Payer's Fed ID Number: XX-XXXXXXX

FORM 1099-B - 2015 Proceeds from Broker and Barter Exchange Transactions

Copy B for Recipient OMB NO. 1545-0715

Long-term transactions for which basis is not reported to the IRS

Report on Form 8949 with Box E checked and/or Schedule D, Part II

(This Label is a Substitute for Boxes 1a & 3)

1a Description, 2 Long-term, 3 Basis not reported to IRS, 6 Net Proceeds, and Stock or Other Symbol, CUSIP (IRS Form 1099-B box numbers are shown below in bold type)

Action	Quantity	1b Date Acquired	1c Date Sold or Disposed	1d Proceeds	1e Cost or Other Basis	1f Code, if any	1g Adjustments	Gain/Loss (-)	4 Federal Income Tax Withheld	14 State ID Number	16 State Tax Withheld
Sale	200SH WRNER	UNKNOWN	12/22/2015	4,990.01	UNKNOWN						
TOTALS				4,990.01	0.00			0.00			

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

Ben's list of Schedule A expenses

Doctor bills	\$725
Hospital bill	75
Medicare supplemental insurance	3,208
Medical mileage	1116 miles
Prescription drugs	2,756
Prescription eyeglasses	210
Church donation (statement from church)	2,076
Church raffle ticket (didn't win)	25
Public Broadcasting Service (Receipt provided)	200
Salvation Army (donation paid by check)	100
Salvation Army (Receipt for FMV in good condition)	350
Funeral expenses	6,875
Home mortgage interest (from form 1098)	2,164
County real estate taxes (from tax statement)	1,378
City real estate taxes (from tax statement)	120
Personal property taxes (based on vehicle value)	623
Gambling losses	2,550
Use Indiana for sales tax – with no local tax	

SUPPLEMENTAL EXERCISE

Ben also sold some stock that had been owned with Pat.

Discuss alternative ways that the stock could have been held in your state (community property, separately, jointly) and the differing results.

The brokers' statement showed the following detail:

Reported to the IRS Code A:

	Date Acq	Date Sold	Sales price	Cost	Gain
Sale 100 shs AAPL	1/15/2015	12/22/2015	\$14,600	\$10,600	\$4,000

On the date of Pat's death, AAPL closed at \$136/sh.

Enter the transaction in TaxWise at the direction of your instructor.

Interview Notes –Bates

Mercie has not lived with her husband Thomas for three years. He will not agree to file jointly with her. His SSN is 042-xx-xxxx.

Mercie has one daughter, Stephanie, who is a full-time freshman student at John Paul University. The university issued Form 1098-T for tuition and fees paid to the school.

Both Mercie and Stephanie have full insurance coverage thru Mercie’s employer.



MERCIE BATES	1234
3300 BOWIE DRIVE YOUR CITY, STATE, ZIP	
PAY TO THE ORDER OF _____	\$ _____
Your Bank _____	DOLLARS
Bank City, State, ZIP Code _____	
For _____	
: 325070760 : 124522695 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 1-3 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 Mercie		M.I. C	Last name Bates		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 3300 Bowie Drive			Apt #	City Your City	State Your State	ZIP code Your Zip
4. Telephone number(s) 447-555-xxxx			Email address (optional)			
5. Your Date of Birth 1/21/1970	6. Your job title Dental Assistant		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 (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

Married a. Did you live with your spouse during any part of the last six months of 2014? Yes No

b. Was your marriage recognized under the laws of the state(s) you are filing in? Yes No Unsure

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

Widowed Year of spouse's death _____

2. List the names below of: If additional space is needed check here and list on page 3

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

To be completed by a 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 12/31/14 (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 less than \$3950 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)					
Stephanie Bates	2/6/1996	Daughter	12	Y	Y	S	Y	N					

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

Yes No Unsure Check appropriate box for each question in each section

Part III – Income – Last Year, Did You (or Your Spouse) Receive

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

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

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

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Bates

a. Employee's social security number 047-XX-XXXX							
b. Employer Identification number (EIN) 04-1XXXXXX		1. Wages, tips, other compensation \$46,240.78		2. Federal income tax withheld \$3,933.87			
c. Employer's name, address, city, state, and ZIP Code MEGA DENTAL 3205 KYLE COURT TAMPA, FL 33602		3. Social security wages \$46,240.78		4. Social security tax withheld 2,866.93			
		5. Medicare wages and tips \$46,240.78		6. Medicare tax withheld \$670.49			
		7. Social security tips		8. Allocated tips			
d. Control number		9.		10. Dependant care benefits			
e. Employee's name (first, initial, last), address, city, state and ZIP code MERCIE BATES 3300 BOWIE DRIVE YOUR CITY, STATE, ZIP		11. Nonqualified plans		12a. See instructions for box 12 DD \$3,250.00			
		13. Statutory Employee <input type="checkbox"/> Retirement Plan <input checked="" type="checkbox"/> Third-party sickpay <input type="checkbox"/>		12b.			
		14. Other		12c.			
				12c.			
15. State YS	Employer's state ID number 76-887684	16. State wages, tips, etc. \$46,240.78	17. State income tax \$1,201.00	18. Local wages, tips, etc.	19. Local income tax	20. Locality name	

Form **W-2 2015**

CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code ARCHES-STARLING BANK P O BOX 27865 HARTFORD, CT 06101		Payer's RTN (optional)	20 15		Interest Income	
PAYER'S Federal identification number 04-3XXXXXX		RECIPIENT'S identification number 047-XX-XXXX	1 Interest income \$457.98	Form 1099-INT		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, address, city, state, and ZIP code MERCIE BATES 3300 BOWIE DRIVE YOUR CITY, STATE, ZIP		3 Interest on US Savings Bonds and Treas. obligations		2 Early withdrawal penalty		
Account number (see instructions)		4 Federal income tax withheld	5 Investment expenses	6 Foreign Tax Paid		
		6 Foreign Tax Paid	7 Foreign Country or US possession	8 Tax exempt interest		
		8 Tax exempt interest	9 Specified private activity bond interest	10 Market Discount		
		10 Market Discount	11 Bond Premium	12 Tax-exempt bond CUSIP no		
		12 Tax-exempt bond CUSIP no	13 State	14 State Identification no.	15 State tax withheld	

Form **1099-INT**

CORRECTED (if checked)

FILER'S name, address, city, state, and ZIP code JOHN PAUL UNIVERSITY 1567 MINCING LANE JACKSON, MS 39205		1 Payments received for qualified tuition and related expenses \$4,500.00	2015 Form 1098-T	Tuition Statement	
FILER'S Federal identification number 15-XXXXXX		2 Amounts billed for qualified tuition and related expenses			
STUDENT'S name, address, city, state, and ZIP code STEPHANIE BATES 3300 BOWIE DRIVE YOUR CITY, STATE, ZIP	STUDENT'S social security number 048-XX-XXXX	3 If this box is checked, your educational institution has changed its reporting method for 2015. <input type="checkbox"/>	Copy B For Student This is important tax information and is being furnished to the Internal Revenue Service.		
Service Provider/Act No. (see instr.)	8. Checked if at least half-time student <input checked="" type="checkbox"/>	4 Adjustments made for a prior year			5 Scholarships or grants
		6 Adjustments to scholarships or grants for a prior year			7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January 1 through March 2014. <input type="checkbox"/>
		9 Checked if a graduate student <input type="checkbox"/>	10 Ins. contract reimb/refund		

Form 1098-T

SUPPLEMENTAL EXERCISE

Mercie received a 1099-MISC for rent from Nature’s Honey for providing space on the vacant lot next to her home for bee hives.

<input type="checkbox"/> CORRECTED (if checked)					
PAYER'S name, address, city, state, ZIP code NATURES HONEY 314 DOWN HOME TERRACE TUPELO, KS 66071		1 Rents	\$90.00	2015 Form 1099-MISC	Miscellaneous Income
		2 Royalties			
		3 Other Income			
PAYER'S Federal identification number 04-9XXXXXX		RECIPIENT'S identification number 021-XX-XXXX		4 Federal income tax withheld	Copy B For Recipient
PAYER'S Federal identification number 04-9XXXXXX		RECIPIENT'S identification number 021-XX-XXXX		5 Fishing boat proceeds	
RECIPIENT'S name, address, city, state, ZIP code MERCIE BATES 3300 BOWIE DRIVE YOUR CITY, STATE, AND ZIP CODE		7 Nonemployee Compensation		8 Substitute payments in lieu of dividends or interest	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
		9 Payer made direct sales \$5,000 or more of consumer products to a buyer (recipient) for resale > <input type="checkbox"/>		10 Crop Insurance proceeds	
		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	
Form 1099-MISC					

Additional income from Yard Work:

Mercie was hired by her neighbor to do yard maintenance. The homeowner supplied all of the equipment and left directions for the work to be done and how he wanted it done. She worked June, July, and August and received \$995 in cash.

<input type="checkbox"/> CORRECTED (if checked)					
PAYER'S name, address, city, state, ZIP code JACK BEANSTALK 520 WINDGATE RD LENEXA, KS 66215		1 Rents		2015 Form 1099-MISC	Miscellaneous Income
		2 Royalties			
		3 Other Income			
PAYER'S Federal identification number 05-0XXXXXX		RECIPIENT'S identification number 021-XX-XXXX		4 Federal income tax withheld	Copy B For Recipient
PAYER'S Federal identification number 05-0XXXXXX		RECIPIENT'S identification number 021-XX-XXXX		5 Fishing boat proceeds	
RECIPIENT'S name, address, city, state, ZIP code MERCIE BATES 3300 BOWIE DRIVE YOUR CITY, STATE AND ZIP CODE		7 Nonemployee Compensation	\$995.00	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.
		9 Payer made direct sales \$5,000 or more of consumer products to a buyer (recipient) for resale > <input type="checkbox"/>		10 Crop Insurance proceeds	
		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	
Form 1099-MISC					

Interview Notes – Reed

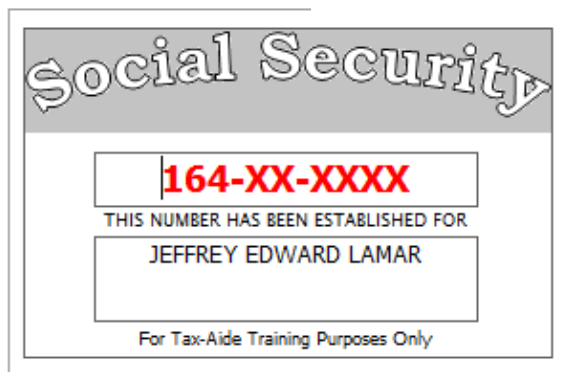
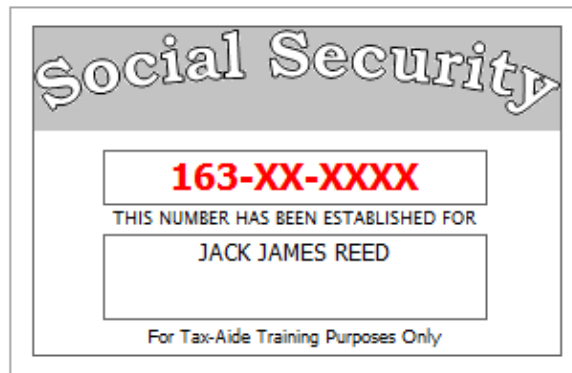
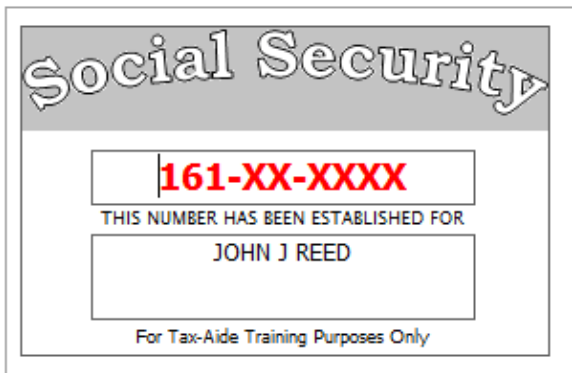
John is married to Elizabeth Reed (162-XX-XXXX). She left him two years ago and has not lived with him since. They file separate returns, and neither itemizes deductions.

John paid the total cost of maintaining his home for himself and his son Jack. When John’s sister became ill last June, her son Jeffrey moved in with him. John provided all support for both children.

John’s employer provides insurance for him and his son, Jack. However Jeffrey has no insurance at all.

Jack is a junior, and a full-time student, at the Harris College. He received a \$1,500 tax-free grant. In addition, his father paid \$7,750 for his tuition and fees using a credit card.

John does not want to contribute to the Presidential Election. If a refund is due, John prefers direct deposit, but he will pay any tax due by check.



JOHN J. REED		1234
108 N. PHILLIPS ST		
YOUR CITY, STATE, ZIP		
PAY TO THE ORDER OF		\$
		DOLLARS
Your Bank		
Bank City, State, ZIP Code		
For		
: 325070760	: 150030045	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 1-3 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 John	M.I. J	Last name Reed	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 108 North Phillips Street		Apt #	City Your City	State Your State
4. Telephone number(s) 464-555-xxxx		Email address (optional)		
5. Your Date of Birth 6/15/1973	6. Your job title Insulation Installer		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 (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

Married a. Did you live with your spouse during any part of the last six months of 2014? Yes No

b. Was your marriage recognized under the laws of the state(s) you are filing in? Yes No Unsure

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 3

To be completed by a 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 12/31/14 (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 less than \$3950 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)					
Jeffrey Lamar	3/3/2000	Nephew	7	Y	Y	S	Y	N					
Jack Reed	9/9/1994	Son	12	Y	Y	S	Y	N					

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

Yes No Unsure Check appropriate box for each question in each section

Part III – Income – Last Year, Did You (or Your Spouse) Receive

- | | | | |
|-------------------------------------|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? <u>1</u> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. (A) Tip Income? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. (B) Scholarships? (Forms W-2, 1098-T) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 5. (B) Refund of state/local income taxes? (Form 1099-G) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6. (B) Alimony income? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 7. (A) Self-Employment income? (Form 1099-MISC, cash) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 8. (A) Cash/check payments for any work performed not reported on Forms W-2 or 1099? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9. (A) Income (or loss) from the sale of Stocks, Bonds or Real Estate? (including your home) (Forms 1099-S, 1099-B) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2) |
| <input 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 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) _____ 401K (B) _____ Roth IRA (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 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? |

a. Employee's social security number 161-XX-XXXX						
b. Employer Identification number (EIN) 43-1XXXXXX		1. Wages, tips, other compensation \$34,713.78		2. Federal income tax withheld \$3,275.65		
c. Employer's name, address, city, state, and ZIP Code KING INSULATION 2300 EAST OLIVET FRANKLIN, PA 16323		3. Social security wages \$34,713.78		4. Social security tax withheld \$2,152.25		
		5. Medicare wages and tips \$34,713.78		6. Medicare tax withheld \$503.35		
		7. Social security tips		8. Allocated tips		
d. Control number		9.		10. Dependant care benefits		
e. Employee's name (first, initial, last), address, city, state and ZIP code JOHN J. REED 108 NORTH PHILLIPS STREET YOUR CITY, STATE, ZIP		11. Nonqualified plans		12a. See instructions for box 12		
		13. Statutory Employee <input type="checkbox"/> Retirement Plan <input checked="" type="checkbox"/> Third-party sickpay <input type="checkbox"/>		12b. DD \$2,756.00		
		14. Other		12c.		
				12c.		
				12c.		
15. State YS	Employer's state ID number 43171783	16. State wages, tips, etc. \$34,713.78	17. State income tax \$1,250.00	18. Local wages, tips, etc.	19. Local income tax	20. Locality name

Form **W-2 2015**

CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code FRANKIN SAVINGS AND LOAN 175 N. OAKWOOD AVE. FRANKLIN, PA 16323		Payer's RTN (optional)	20 15 Form 1099-INT		Interest Income		
PAYER'S Federal identification number 43-2XXXXXX		RECIPIENT'S identification number 161-XX-XXXX	1 Interest income \$956.75		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, address, city, state, and ZIP code JOHN J. REED 108 N. PHILLIPS ST. YOUR CITY, STATE, ZIP		3 Interest on US Savings Bonds and Treas. obligations		2 Early withdrawal penalty			
		4 Federal income tax withheld \$75.00	5 Investment expenses				
		6 Foreign Tax Paid	7 Foreign Country or US possession				
		8 Tax exempt interest	9 Specified private activity bond interest				
Account number (see instructions)		10 Market Discount	11 Bond Premium	12 Tax-exempt bond CUSIP no	13 State	14 State Identification no.	15 State tax withheld

Form **1099-INT**

<input type="checkbox"/> CORRECTED (if checked)											
PAYER'S name, address, city, state, ZIP code BUTLER INVESTMENT SERVICES 2121 PEMBROKE PARKWAY PITTSBURGH, PA 15219		1 Total Ordinary Dividends \$108.96		2015 Form 1099-DIV		Dividends and Distributions		Copy B For Recipient			
PAYER'S Federal identification number 43-3XXXXXX		1b Qualified Dividends \$108.96									
RECIPIENT'S name, address, city, state, ZIP code JOHN J REED 108 N PHILLIPS ST YOUR CITY, STATE, ZIP		2a Total capital gain distr.		2b Unrecap. Sec. 1250 gain						This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
RECIPIENT'S identification number 161-XX-XXXX		2c Section 1202 gain		2d Collectables (28%) gain							
Account number (see instructions)		13 State		14 State Identification no.		15 State tax withheld					
		3 Nondividend distributions		4 Federal income tax withheld							
				5 Investment expenses							
		6 Foreign Tax Paid		7 Foreign Country or US possession							
		8 Cash liquidation distributions		9 Noncash liquidation distribution							
		10 Exempt-Interest dividends		11 Specified private activity bond interest dividends							

Form **1099-DIV**

<input type="checkbox"/> CORRECTED (if checked)											
PAYER'S name, address, city, state, ZIP code DEFENSE FINANCE AND ACCOUNTING SVC US MILITARY RETIREMENT PAY P. O. BOX 7139 LONDON, KY 40741		1 Gross distribution \$15,174.00		2015 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.			
PAYER'S Federal identification number 27-5XXXXXX		2a Taxable amount \$15,174.00									
RECIPIENT'S name, address, city, state, ZIP code JOHN J REED 108 N PHILLIPS ST YOUR CITY, STATE, ZIP		2b Taxable amount not determined. <input type="checkbox"/>		Total Distribution <input type="checkbox"/>						This information is being furnished to the Internal Revenue Service	
RECIPIENT'S identification number 161-XX-XXXX		3 Capital gain (included in box 2a).		4 Federal income tax withheld \$675.00							
Account number (see instructions)		7 Distribution Code(s) 7		IRA SEP SIMPLE <input type="checkbox"/>		8 Other %					
		5 Employee contributions / Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities							
		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.		14. State Distribution \$15,174.00			
				15. Local tax withheld		16. Name of Locality		17. Local Distribution			

Form **1099-R**

CORRECTED (if checked)

FILER'S name, address, city, state, and ZIP code HARRIS COLLEGE 100 COLLEGE DRIVE FRANKLIN, PA 16323		1 Payments received for qualified tuition and related expenses \$9,250.00	20 15 Form 1098-T	Tuition Statement
FILER'S Federal identification number 43-4XXXXXX	STUDENT'S social security number 163-XX-XXXX	2 Amounts billed for qualified tuition and related expenses	3 If this box is checked, your educational institution has changed its reporting method for 2015. <input type="checkbox"/>	
STUDENT'S name, address, city, state, and ZIP code JACK JAMES REED 108 N. PHILLIPS ST. YOUR CITY, STATE, ZIP		4 Adjustments made for a prior year	5 Scholarships or grants \$1,500.00	Copy B For Student This is important tax information and is being furnished to the Internal Revenue Service.
Service Provider/Acct No. (see instr.)		6 Adjustments to scholarships or grants for a prior year	7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January-March 2014. <input type="checkbox"/>	
8. Checked if at least half-time student <input checked="" type="checkbox"/>		9 Checked if a graduate student <input type="checkbox"/>	10 Ins. contract reimb/refund	
Form 1098-T				

Interview Notes – Ellsworth

Jessica’s husband, Terrance, died in May 2013.

She received \$800 in tax-exempt interest from York Municipal Bond (out of state).

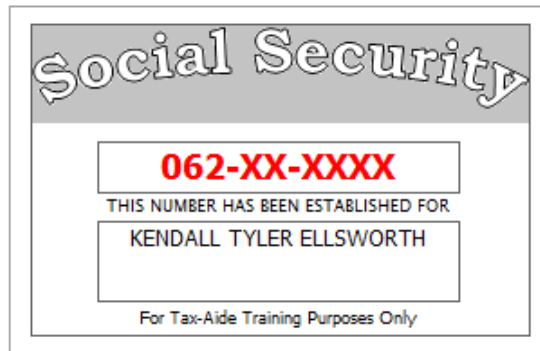
She reports that she had gambling losses of \$1,800.

Kenneth is a full-time student at Gannon University, starting his first year of a four-year degree program. His grandmother made payments for his tuition directly to the university.

Jessica filed MFJ in 2013, the year her husband died. Their AGI was 57,952, and there was no Social Security received.

Jessica filed QW in 2014, and her AGI was 22,690. There was no Social Security received. They received no tax-exempt interest in either year.

Jessica has health insurance for her, Kenneth and Kendall through her employer.



JESSICA ELLSWORTH 1734 HILLSDALE CIRCLE YOUR CITY, STATE, ZIP		1234
PAY TO THE ORDER OF	_____	\$ _____
	_____	DOLLARS
Your Bank	_____	
Bank City, State, ZIP Code	_____	
For	_____	
: 325052760	: 3718004	1234

Intake/Interview & Quality Review Sheet

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 1-3 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 Jessica		M.I. D	Last name Ellsworth		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 1734 Hillsdale Circle			Apt #	City Your City	State Your State	ZIP code Your Zip
4. Telephone number(s) 461-555-xxxx			Email address (optional)			
5. Your Date of Birth 2/10/1967	6. Your job title Nurse		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 (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

Married a. Did you live with your spouse during any part of the last six months of 2014? Yes No

b. Was your marriage recognized under the laws of the state(s) you are filing in? Yes No Unsure

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

Widowed Year of spouse's death 2013

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 3

To be completed by a 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 12/31/14 (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 less than \$3950 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)					
Kendall Ellsworth	9/5/2000	Son	12	Y	Y	S	Y	N					
Kenneth Ellsworth	5/15/1995	Son	12	Y	Y	S	Y	N					

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To report unethical behavior to the IRS, email us at wi.voltax@irs.gov or call toll free 1-877-330-1205**

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Elisworth

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? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (A) Tip Income?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (B) Scholarships? (Forms W-2, 1098-T)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (B) Refund of state/local income taxes? (Form 1099-G)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (B) Alimony income?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (A) Self-Employment income? (Form 1099-MISC, cash)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (A) Cash/check payments for any work performed not reported on Forms W-2 or 1099?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. (A) Income (or loss) from the sale of Stocks, Bonds or Real Estate? (including your home) (Forms 1099-S, 1099-B)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. (A) Distribution from Pensions, Annuities, and/or IRA? (Form 1099-R)
<input 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 <u>Gambling</u>

Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. (B) Alimony? If yes, do you have the recipient's SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Contributions to a retirement account? _____ IRA (A) <input checked="" type="checkbox"/> 401K (B) _____ Roth IRA (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 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?

a. Employee's social security number 061-XX-XXXX						
b. Employer Identification number (EIN) 64-1XXXXXX		1. Wages, tips, other compensation \$32,560.49	2. Federal income tax withheld \$2,119.75			
c. Employer's name, address, city, state, and ZIP Code STANFORD REGIONAL HOSPITAL 1525 SUFFOLK WAY NEWARK, NJ 07102		3. Social security wages \$34,810.49	4. Social security tax withheld \$2,158.25			
		5. Medicare wages and tips \$34,810.49	6. Medicare tax withheld \$504.75			
		7. Social security tips	8. Allocated tips			
d. Control number		9.	10. Dependant care benefits			
e. Employee's name (first, initial, last), address, city, state and ZIP code JESSICA ELLSWORTH 1734 HILLSDALE CIRCLE YOUR CITY, STATE, ZIP		11. Nonqualified plans	12a. See instructions for box 12 D \$2,250.00			
		13. Statutory Employee <input type="checkbox"/> Retirement Plan <input checked="" type="checkbox"/> Third-party sickpay <input type="checkbox"/>	12b. DD \$3,075.00			
		14. Other	12c.			
			12c.			
15. State YS	Employer's state ID number 56862456	16. State wages, tips, etc. \$32,560.00	17. State income tax \$749.76	18. Local wages, tips, etc.	19. Local income tax	20. Locality name

Form **W-2 2015**

CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code LAMAR BANK 5501 TULANE AVE BALTIMORE MD 21233		Payer's RTN (optional)	20 15 Form 1099-INT	Interest Income				
PAYER'S Federal identification number 64-2XXXXXX		1 Interest income \$305.48		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, address, city, state, and ZIP code JESSICA ELLSWORTH 1734 HILLSDALE CIRCLE YOUR CITY, STATE, ZIP		2 Early withdrawal penalty \$30.00	3 Interest on US Savings Bonds and Treas. obligations				4 Federal income tax withheld	5 Investment expenses
RECIPIENT'S identification number 061-XX-XXXX		6 Foreign Tax Paid	7 Foreign Country or US possession				8 Tax exempt interest	9 Specified private activity bond interest
Account number (see instructions)		10 Market Discount	11 Bond Premium				12 Tax-exempt bond CUSIP no	13 State
							14 State Identification no.	15 State tax withheld

Form **1099-INT**

CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code EMPLOYMENT SECURITY COMMISSION P O BOX 854 NEWARK NJ 07101		1 Unemployment compensation \$948.75	2015 Form 1099-G	Certain Government Payments
PAYER'S Federal identification number 64-5XXXXXX		2 State or local income tax refunds, credits or offsets		
RECIPIENT'S name, address, city, state, ZIP code JESSICA DENISE ELLSWORTH 1734 HILLSDALE CIRCLE YOUR CITY, STATE, ZIP	RECIPIENT'S identification number 061-XX-XXXX	3 Box 2 amount is for tax year	4 Federal income tax withheld \$95.00	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.
Account number (see instructions)	5 RTAA payments	6 Taxable grants		
	7 Agriculture payments	8 If checked, box 2 is trade or business income > <input type="checkbox"/>		
	9 Market gain	11 State income tax withheld		
	10. State	10b State identification no		

Form **1099-G**

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

20 15

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

Box 1. Name JESSICA DENISE ELLSWORTH		Box 2. Beneficiary's Social Security 061-XX-XXXX	
Box 3. Benefits Paid in 2015 \$42,148.00	Box 4. Benefits Repaid to SSA in	Box 5. Net Benefits Paid for 2015 (Box 3 minus Box 4) \$42,148.00	
DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4	
Paid by check or direct deposit	\$42,148.00		
Medicare Part 3 premiums deducted from your benefits	\$0.00		
Medicare Prescription Drug premiums (Part D) deducted from your benefits	\$0.00		
Total Additions	\$42,148.00	Box 6. Voluntary Federal Income Tax Withheld	
Benefits for 2015	\$17,858.00	Box 7. Address JESSICA DENISE ELLSWORTH 1734 HILLSDALE CIRCLE YOUR CITY, STATE, ZIP	
Benefits for 2014	\$16,540.00	Box 8. Claim Number (use this number if you need to contact SSA) 061-XX-XXXXA	
Benefits for 2013	\$7,750.00		
Benefits for 2012			

Form **SSA-1099-SM**

<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED (if checked)		<h1 style="font-size: 2em; margin: 0;">2015</h1> <h2 style="margin: 0;">Form W2-G</h2> <h3 style="margin: 0;">Certain Gambling Winnings</h3>			
PAYER'S name, address, city, state, and ZIP code BUTLER CASINO 2233 CLARK HIGHWAY RENO NV 89510				1. Gross winnings \$785.00	2. Date won 06/23/2015
				3. Type of wager SLOTS	4. Federal income tax withheld \$75.00
				5. Transaction	6. Race
PAYER'S Federal identification number Payer's Telephone number 64-3XXXXXX 352-555-1212		7. Winnings from identical wagers	8. Cashier		
		9. Winner's taxpayer identification no. 061-XX-XXXX	10. Window		
WINNER'S name, address, city, state, and ZIP JESSICA ELLSWORTH 1734 HILLSDALE CIRCLE YOUR CITY, STATE, ZIP		11. First I.D.	12. Second I.D.		
		13. State Payer's identification no.	14. State Winnings		
		15. State income tax withheld	16. Local Winnings		
		17. Local income tax withheld	18. Name of locality		
Under penalty of perjury, I declare that, to the best of my knowledge and belief, the name, address, taxpayer identification number that I furnished correctly identify me as the recipient of this payment and any payment from identical wagers, and no other person is entitled to any part of these payments.					
Signature >		Date >			
Form W-2G					

This information is being furnished to the Internal Revenue Service

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

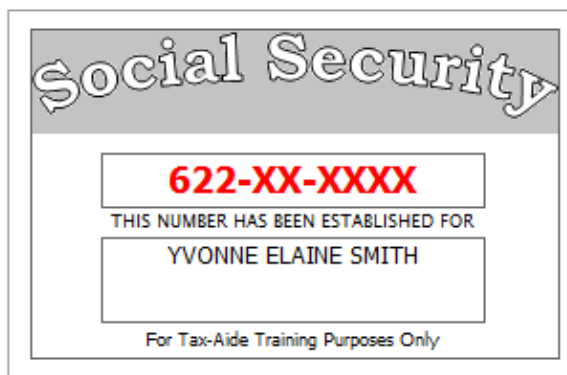
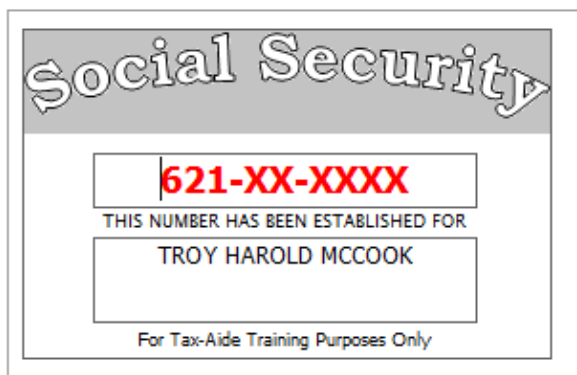
<input type="checkbox"/> CORRECTED (if checked)		<h1 style="font-size: 2em; margin: 0;">2015</h1> <h2 style="margin: 0;">Form 1098-T</h2> <h3 style="margin: 0;">Tuition Statement</h3>		
FILER'S name, address, city, state, and ZIP code GANNON UNIVERSITY 667 HUDSON DRIVE SIOUX FALLS, SD 57101				1. Payments received for qualified tuition and related expenses \$15,500.00
		FILER'S Federal identification number 64-4XXXXXX	STUDENT'S social security number 063-XX-XXXX	3. If this box is checked, your educational institution has changed its reporting method for 2015. <input type="checkbox"/>
STUDENT'S name, address, city, state, and ZIP code KENNETH ELLSWORTH 1734 HILLSDALE CIRCLE YOUR CITY, STATE, ZIP		4. Adjustments made for a prior year	5. Scholarships or grants \$9,000.00	Copy B For Student This is important tax information and is being furnished to the Internal Revenue Service.
		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 2014. > <input type="checkbox"/>	
Service Provider/Acct No. (see instr.)	8. Checked if at least half-time student <input checked="" type="checkbox"/>	9. Checked if a graduate student <input type="checkbox"/>	10. Ins. contract reimb/refund	
Form 1098-T				

Interview Notes – McCook

Troy and Yvonne are retired. They may be able to itemize this year, but haven't in the past.

Troy has full-year Medicare coverage. Yvonne didn't have any coverage until July 1, when she purchased a health insurance policy straight from a local company. The cost for the six months of coverage was \$2,700. Yvonne does not qualify for an exemption due to incarceration or being a member of an Indian tribe or a health care sharing ministry. They ask you whether the market affordability exemption would help them.

When Troy sold stock in August, he decided to make some estimated payments. He paid \$400 on 8/30 and another \$400 on 1/10.



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 1-3 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 Troy	M.I. H	Last name McCook	Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. Your spouse's first name Yvonne	M.I. E	Last name Smith	Is your spouse a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. Mailing address 30911 Bard Road		Apt #	City Your City	State Your State
4. Telephone number(s) 422-555-xxxx		Email address (optional)		
5. Your Date of Birth 3/12/1948	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 10/30/1952	9. Your spouse's job title Retired	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 (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

Married a. Did you live with your spouse during any part of the last six months of 2014? Yes No

b. Was your marriage recognized under the laws of the state(s) you are filing in? Yes No Unsure

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) If additional space is needed check here and list on page 3

anyone you supported but did not live with you last year

To be completed by a 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 12/31/14 (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 less than \$3950 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)	(j)	(k)	(l)	(m)	(n)

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

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McCook

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 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 <u>Gambling</u>

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) _____ 401K (B) _____ Roth IRA (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 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? <u>\$800</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?

<input type="checkbox"/> CORRECTED (if checked)				
PAYER'S name, address, city, state, ZIP code DEFENSE FINANCE & ACCOUNTING SVC US MILITARY RETIREMENT PAY P O BOX 7139 LONDON, KY 40741-7139		1 Gross distribution \$24,295.00	2015 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the Internal Revenue Service
		2a Taxable amount \$24,295.00		
		2b Taxable amount not determined. <input type="checkbox"/>	Total Distribution <input type="checkbox"/>	
PAYER'S Federal identification number 27-5XXXXXX	RECIPIENT'S identification number 621-XX-XXXX	3 Capital gain (included in box 2a).	4 Federal income tax withheld \$1,245.00	
RECIPIENT'S name, address, city, state, ZIP code TROY HAROLD MCCOOK 30911 BARD ROAD YOUR CITY, STATE AND ZIP		5 Employee contributions /Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	
		7 Distribution Code(s) 7	8 Other <input type="checkbox"/> %	
		9a Your percentage of total distribution %	9b Total Employee Contributions	
10. Amount allocable to IRR within 5 years	11. 1st year of desig. Roth contri.	12. State tax withheld	13. State/Payer's state no. YS 275XXXXXX	14. State Distribution \$24,295.00
Account number (see instructions)		15. Local tax withheld	16. Name of Locality	17. Local Distribution

Form **1099-R**

<input type="checkbox"/> CORRECTED (if checked)				
PAYER'S name, address, city, state, ZIP code HARRIS TRUST CO. P O BOX 1389 FAIRVIEW, KY 42221		1 Gross distribution \$13,223.00	2015 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the Internal Revenue Service
		2a Taxable amount \$13,223.00		
		2b Taxable amount not determined. <input type="checkbox"/>	Total Distribution <input type="checkbox"/>	
PAYER'S Federal identification number 63-2XXXXXX	RECIPIENT'S identification number 622-XX-XXXX	3 Capital gain (included in box 2a).	4 Federal income tax withheld \$1,322.00	
RECIPIENT'S name, address, city, state, ZIP code YVONNE E. SMITH 30911 BARD ROAD YOUR CITY, STATE, ZIP		5 Employee contributions /Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	
		7 Distribution Code(s) 7	8 Other <input type="checkbox"/> %	
		9a Your percentage of total distribution %	9b Total Employee Contributions	
10. Amount allocable to IRR within 5 years	11. 1st year of desig. Roth contri.	12. State tax withheld	13. State/Payer's state no. YS/ 2326614	14. State Distribution \$13,223.00
Account number (see instructions)		15. Local tax withheld	16. Name of Locality	17. Local Distribution

Form **1099-R**

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

20 15

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

Box 1. Name TROY HAROLD MCCOOK		Box 2. Beneficiary's Social Security 621-XX-XXXX
Box 3. Benefits Paid in 2015 \$13,108.00	Box 4. Benefits Repaid to SSA in	Box 5. Net Benefits Paid for 2015 (Box 3 minus Box 4) \$13,108.00
<p align="center">DESCRIPTION OF AMOUNT IN BOX 3</p> Paid by check or direct deposit \$11,574.20 Medicare Part 3 premiums deducted from your benefits \$1,258.80 Medicare Prescription Drug premiums (Part D) deducted from your benefits \$275.00 Total Additions \$13,108.00 Benefits for 2015 \$13,108.00 Benefits for 2014 Benefits for 2013 Benefits for 2012		<p align="center">DESCRIPTION OF AMOUNT IN BOX 4</p> Box 6. Voluntary Federal Income Tax Withheld Box 7. Address TROY HAROLD MCCOOK 30911 BARD ROAD YOUR CITY, STATE AND ZIP Box 8. Claim Number (use this number if you need to contact SSA) 621-XX-XXXXA

Form **SSA-1099-SM**

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

20 15

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

Box 1. Name YVONNE ELAINE SMITH		Box 2. Beneficiary's Social Security 622-XX-XXXX
Box 3. Benefits Paid in 2015 \$8,960.00	Box 4. Benefits Repaid to SSA in	Box 5. Net Benefits Paid for 2015 (Box 3 minus Box 4) \$8,960.00
<p align="center">DESCRIPTION OF AMOUNT IN BOX 3</p> Paid by check or direct deposit \$8,960.00 Medicare Part 3 premiums deducted from your benefits \$.00 Medicare Prescription Drug premiums (Part D) deducted from your benefits \$.00 Total Additions \$8,960.00 Benefits for 2015 \$8,960.00 Benefits for 2014 Benefits for 2013 Benefits for 2012		<p align="center">DESCRIPTION OF AMOUNT IN BOX 4</p> Box 6. Voluntary Federal Income Tax Withheld Box 7. Address YVONNE ELAINE SMITH 30911 BARD ROAD YOUR CITY, STATE AND ZIP Box 8. Claim Number (use this number if you need to contact SSA) 622-XX-XXXXA

Form **SSA-1099-SM**

Alvin Bond Funds2715 Alpine Lane
Boston, MA 02110**2015 TAX REPORTING STATEMENT****Troy McCook**
30911 Bard Road, Your City, YS ZIP
Account No. 111-227
Recipient ID No. 621-XX-XXXX
Payer's Fed ID Number: 63-1XXXXXX**Form 1099-DIV 2015 Dividends and Distributions**

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

Box		Amount
1a	Total Ordinary Dividends	12,485.32
1b	Qualified Dividends	11,352.65
2a	Total Capital Gain Distributions (Includes 2b- 2d)	0.00
2b	Capital Gains that represent Unrecaptured 1250 Gain	0.00
2c	Capital Gains that represent Section 1202 Gain	0.00
2d	Capital Gains that represent Collectibles (28%) Gain	0.00
3	Nondividend Distributions	14.75
4	Federal Income Tax Withheld	0.00
5	Investment Expenses	0.00
6	Foreign Tax Paid	0.00
7	Foreign Country or U.S. Possession	0.00

Form 1099-INT 2015 Interest Income

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

Box		Amount
1	Interest Income	850.00
2	Early Withdrawal Penalty	0.00
3	Interest on U.S. Savings Bonds and Treas. Obligations	0.00
4	Federal Income Tax Withheld	0.00
5	Investment Expenses	0.00
6	Foreign Tax Paid	6.95
7	Foreign Country or U.S. Possession	0.00
8	Tax-Exempt Interest (Federal exempt only)	975.00
9	Specified Private Activity Bond Interest	0.00

Summary of 2015 Proceeds From Broker and Barter Exchange Transactions

Box		Amount
1d	Proceeds	49,915.43 *
1e	Cost or Other Basis	0.00 **
4	Federal Income Tax Withheld	0.00
6	Adjustments - Wash Sales	0.00
	Adjustments - Market Discount	0.00 **
16	State Tax Withheld	0.00
Regulated Futures Contracts:		
4	Federal Income Tax Withheld	0.00
8	Profit or (Loss) Realized in 2015 on Closed Contracts	0.00
9	Unrealized Profit of (Loss) on Open Contracts - 12/31/2014	0.00
10	Unrealized Profit of (Loss) on Open Contracts - 12/31/2015	0.00
11	Aggregate Profit of (Loss) on Contracts	0.00

* Gross Proceeds from each of your security transactions are reported individually to the IRS. Refer to the Form 1099-B section of this statement.

** Box 1e and Box 6 contain amounts for covered securities only.

Alvin Bond Funds

2715 Alpine Lane
Boston, MA 02110

2015 TAX REPORTING STATEMENT

Troy McCook
30911 Bard Road, Your City, YS ZIP
Account No. 111-227
Recipient ID No. 621-XX-XXXX
Payer's Fed ID Number: 63-1XXXXXX

FORM 1099-B 2015 Proceeds from Broker and Barter Exchange Transactions

Copy B for Recipient OMB NO. 1545-0715

Short-term transactions for which basis is reported to the IRS

Report on Form 8949 with Box A checked and/or Schedule D, Part I

(This Label is a Substitute for Boxes 1a & 3)

1a Description, **2** Short-term, **3** Basis reported to IRS, **6** Net Proceeds, and Stock or Other Symbol, CUSIP (IRS Form 1099-B box numbers are shown below in bold type)

Action	Quantity	1b Date Acquired	1c Date Sold or Disposed	1d Proceeds	1e Cost or Other Basis	1f Code, if any	1g Adjustments	Gain/Loss (-)	4 Federal Income Tax Withheld	14 State ID Number	16 State Tax Withheld
Hillford Investment Fund											
Sale	16.52300	09/23/2014	08/26/2015	169.36	142.58			26.78			
Sale	15.87500	12/23/2014	08/26/2015	162.72	132.75			29.97			
Sale	14.34500	03/23/2015	08/26/2015	147.04	128.68			18.36			
Sale	13.98500	06/23/2015	08/26/2015	143.35	130.57			12.78			
Yuma Bond Fund											
Sale	175.000	10/25/2014	02/26/2015	2,368.15	2,632.75	W	226.80	-37.80			
Sale	150.000	03/15/2015	12/15/2015	2,286.36	2,352.45			-66.09			
Matte Investor Class Fund											
Sale	250.000	07/23/2015	12/05/2015	1,555.00	1,085.36			469.64			
Sale	100.000	07/23/2015	04/18/2015	622.00	512.74			109.26			
TOTALS				7,453.98	7,117.88		226.80	562.90			

FORM 1099-B- 2015 Proceeds from Broker and Barter Exchange Transactions

Copy B for Recipient OMB NO. 1545-0715

Long-term transactions for which basis is reported to the IRS

Report on Form 8949 with Box D checked and/or Schedule D, Part II

(This Label is a Substitute for Boxes 1a & 3)

1a Description, **2** Long-term, **3** Basis reported to IRS, **6** Net Proceeds, and Stock or Other Symbol, CUSIP (IRS Form 1099-B box numbers are shown below in bold type)

Action	Quantity	1b Date Acquired	1c Date Sold or Disposed	1d Proceeds	1e Cost or Other Basis	1f Code, if any	1g Adjustments	Gain/Loss (-)	4 Federal Income Tax Withheld	14 State ID Number	16 State Tax Withheld
Hillford Investment Fund											
Sale	18.85400	03/26/2011	08/26/2015	193.25	159.45			33.80			
Sale	17.76900	06/23/2011	08/26/2015	182.13	158.36			23.77			
Sale	17.64600	09/23/2011	08/26/2015	180.87	162.74			18.13			
Sale	17.52300	12/23/2011	08/26/2015	179.61	156.87			22.74			
Sale	17.40000	03/23/2012	08/26/2015	178.35	150.74			27.61			
Sale	17.27700	06/23/2012	08/26/2015	177.09	146.35			30.74			
Sale	17.15400	09/23/2012	08/26/2015	175.83	142.58			33.25			
Sale	17.03100	12/23/2012	08/26/2015	174.57	139.86			34.71			
Sale	16.90800	03/23/2013	08/26/2015	173.31	140.85			32.46			
Sale	16.78500	06/23/2013	08/26/2015	172.05	142.65			29.40			
TOTALS				1,787.06	1,500.45			286.61			

Alvin Bond Funds2715 Alpine Lane
Boston, MA 02110**2015 TAX REPORTING STATEMENT****Troy McCook**
30911 Bard Road, Your City, YS ZIP
Account No. 111-227
Recipient ID No. 621-XX-XXXX
Payer's Fed ID Number: 63-1XXXXXX**FORM 1099-B- 2015 Proceeds from Broker and Barter Exchange Transactions**

Copy B for Recipient OMB NO. 1545-0715

Long-term transactions for which basis is not reported to the IRS

Report on Form 8949 with Box E checked and/or Schedule D, Part II

(This Label is a Substitute for Boxes 1a & 3)

1a Description, **2** Long-term, **3** Basis not reported to IRS, **6** Net Proceeds, and Stock or Other Symbol, CUSIP

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

Action	Quantity	1b Date Acquired	1c Date Sold or Disposed	1d Proceeds	1e Cost or Other Basis	1f Code, if any	1g Adjustments	Gain/Loss (-)	4 Federal Income Tax Withheld	14 State ID Number	16 State Tax Withheld
Hillford Investor Class Fund											
Sale	3,842.14000	05/22/2009	08/26/2015	39,381.94	36,214.99			3,166.95			
Sale	18.52600	06/23/2009	08/26/2015	189.89	158.36			31.53			
Sale	18.02500	09/23/2009	08/26/2015	184.76	162.74			22.02			
Sale	17.98500	12/23/2009	08/26/2015	184.35	156.87			27.48			
Sale	18.35200	03/23/2010	08/26/2015	188.11	150.74			37.37			
Sale	17.84200	06/23/2010	08/26/2015	182.88	146.35			36.53			
Sale	17.65200	09/23/2010	08/26/2015	180.93	142.58			38.35			
Sale	17.71000	12/23/2010	08/26/2015	181.53	139.86			41.67			
TOTALS				40,674.39	37,272.49			3,401.90			

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.

Page 3 of 3

<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED (if checked)				2015 Form W-2-G Certain Gambling Winnings	
PAYER'S name, address, city, state, and ZIP code ROCKHURST CASINO 10411 ATHENS RD FAIRVIEW KY, 42221		1. Gross winnings \$1,200.00	2. Date won 04/15/2015		This information is being furnished to the Internal Revenue Service
		3. Type of wager SLOTS	4. Federal income tax withheld \$200.00		
		5. Transaction	6. Race		
PAYER'S Federal identification number Payer's Telephone number 63-3XXXXXX 866-555-1211		7. Winnings from identical wagers	8. Cashier 2718	Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.	
WINNER'S name, address, city, state, and ZIP YVONNE SMITH 30911 BARD ROAD YOUR CITY, STATE, ZIP		9. Winner's taxpayer identification no. 622-XX-XXXX	10. Window		
		11. First I.D. DRIVER LICENSE	12. Second I.D. CREDIT CARD		
		13. State Payer's identification no. YS 2330814	14. State Winnings \$1,200.00		
		15. State income tax withheld \$200.00	16. Local Winnings		
		17. Local income tax withheld	18. Name of locality		
Under penalty of perjury, I declare that, to the best of my knowledge and belief, the name, address, taxpayer identification number that I furnished correctly identify me as the recipient of this payment and any payment from identical wagers, and no other person is entitled to any part of these payments.					
Signature >		Date >			
Form W-2G					

McCook's list of Schedule A expenses:

Health insurance for Yvonne	\$2,700
Doctor bills	2,723
Hospital bills	6,230
Medical mileage	1210 miles
Prescription drugs	7,355
Prescription eyeglasses	275
Church donations (has statement)	1,500
Church raffle ticket (didn't win)	25
Public Broadcasting system (paid by check)	300
Salvation Army (old clothes, good condition)	360
Home mortgage interest	3,258
County real estate tax	825
City real estate tax	128
Personal property tax (based on vehicle value)	425
Gambling losses	2,550

SUPPLEMENTAL EXERCISE 1

Yvonne and Troy remodeled their home in 2015. On January 23, they donated the following to Habitat for Humanity. All items were in good to excellent working condition, and they provide the following written information:

- Refrigerator valued at \$200
- Dishwasher valued at \$120
- Microwave valued at \$25
- Electric stove valued at \$105
- Washing machine valued at \$150
- Clothes dryer valued at \$80

On June 19 they donated their bedroom set valued at \$450 to Operation Homefront, and provide that receipt.

SUPPLEMENTAL EXERCISE 2

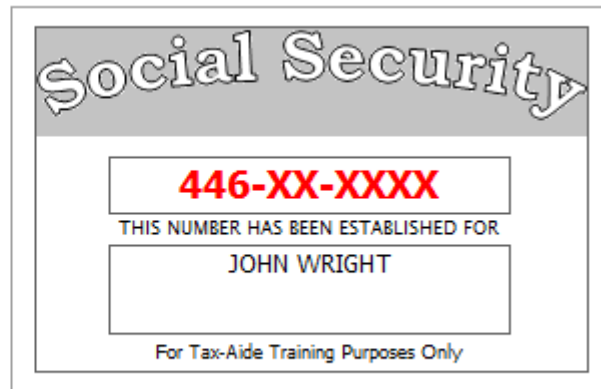
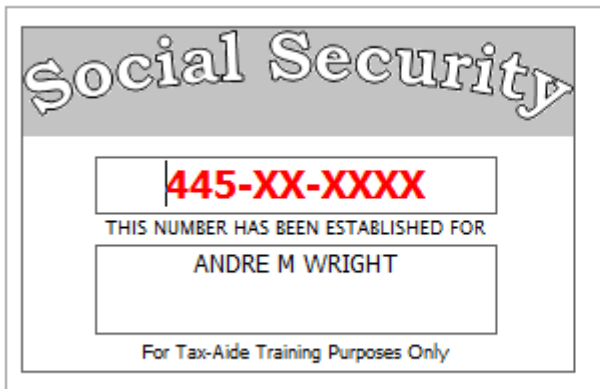
Troy and Yvonne moved into your state on the March 31, 2015. Previously, they lived in a state that had no income tax. Use WA state with no local sales tax to calculate their sales tax for January through March.

Interview Notes – Wright

André is a single dad and provides total support for his son, John. He purchased insurance thru the Marketplace for both of them, and brings form 1095-A with him.

No one else can claim André or his son as a dependent.

André received rent for providing space on a vacant lot next to his home to house bee hives. André paid for John to attend before- and after-school care at Lafayette Day Care while André was at work.



Lafayette Day Care 775 Campbell Drive Your City, State, Zip	EIN 12-4xxxxxx
January 25, 2016	
Received for day care for John Wright January – December 2015:	\$1,875.00
Account paid in full	

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 1-3 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 Andre		M.I. M	Last name Wright		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 516 Windgate Road			Apt #	City Your City	State Your State	ZIP code Your Zip
4. Telephone number(s) 841-555-xxxx			Email address (optional)			
5. Your Date of Birth 2/17/1975	6. Your job title Lab Technician		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 (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

Married a. Did you live with your spouse during any part of the last six months of 2014? Yes No

b. Was your marriage recognized under the laws of the state(s) you are filing in? Yes No Unsure

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 3

										To be completed by a 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 12/31/14 (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 less than \$3950 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)						
John Wright	5/15/2005	Son	12	Y	Y	S	Y	N						

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

-96-

Wright

Yes No Unsure Check appropriate box for each question in each section

Part III – Income – Last Year, Did You (or Your Spouse) Receive

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

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

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

		a. Employee's social security number 445-XX-XXXX				
b. Employer Identification number (EIN) 44-2XXXXXX		1. Wages, tips, other compensation \$16,765.11		2. Federal income tax withheld \$1,268.23		
c. Employer's name, address, city, state, and ZIP Code DILLARD TECHNOLOGY 1134 FRIENDLY BLVD, N.W. TAMPA, FL 33635		3. Social security wages \$17,923.65		4. Social security tax withheld \$1,111.27		
		5. Medicare wages and tips \$17,923.65		6. Medicare tax withheld \$259.89		
		7. Social security tips		8. Allocated tips		
d. Control number		9.		10. Dependant care benefits		
e. Employee's name (first, initial, last), address, city, state and ZIP code ANDRE WRIGHT 516 WINGATE ROAD YOUR CITY, STATE, ZIP		11. Nonqualified plans		12a. See instructions for box 12 D \$1,158.54		
		13. Statutory Employee <input type="checkbox"/> Retirement Plan <input checked="" type="checkbox"/> Third-party sickpay <input type="checkbox"/>		12b.		
		14. Other		12c.		
				12c.		
15. State YS	Employer's state ID number 1-337-695	16. State wages, tips, etc. \$16,765.11	17. State income tax \$503.00	18. Local wages, tips, etc.	19. Local income tax	20. Locality name

Form **W-2 2015**

		a. Employee's social security number 445-XX-XXXX				
b. Employer Identification number (EIN) 44-3XXXXXX		1. Wages, tips, other compensation \$12,465.56		2. Federal income tax withheld \$1,219.00		
c. Employer's name, address, city, state, and ZIP Code REINHARDT TECHNOLOGY 74 LAWRENCE AVENUE SAINT PETERSBURG, FL 33702		3. Social security wages \$12,465.56		4. Social security tax withheld \$772.86		
		5. Medicare wages and tips \$12,465.56		6. Medicare tax withheld \$180.75		
		7. Social security tips		8. Allocated tips		
d. Control number 13876532		9.		10. Dependant care benefits \$750.00		
e. Employee's name (first, initial, last), address, city, state and ZIP code ANDRE WRIGHT 516 WINDGATE ROAD YOUR CITY, STATE, ZIP		11. Nonqualified plans		12a. See instructions for box 12		
		13. Statutory Employee <input type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sickpay <input type="checkbox"/>		12b.		
		14. Other		12c.		
				12c.		
15. State YS	Employer's state ID number 1-337-695	16. State wages, tips, etc. \$12,465.56	17. State income tax \$675.89	18. Local wages, tips, etc.	19. Local income tax	20. Locality name

Form **W-2 2015**

<input type="checkbox"/> CORRECTED (if checked)						
PAYER'S name, address, city, state, ZIP code NEWCOMB SAVINGS & LOAN 3265 ELON WAY BALTIMORE, MD 21233		Payer's RTN (optional)	20 15 Form 1099-INT		Interest Income	
		1 Interest income \$147.31				
PAYER'S Federal identification number 44-1XXXXXX		RECIPIENT'S identification number 445-XX-XXXX		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.		
		3 Interest on US Savings Bonds and Treas. obligations				
RECIPIENT'S name, address, city, state, and ZIP code ANDRE WRIGHT 516 WINDGATE RD YOUR CITY, STATE, ZIP		4 Federal income tax withheld	5 Investment expenses			
		6 Foreign Tax Paid	7 Foreign Country or US possession			
		8 Tax exempt interest	9 Specified private activity bond interest			
Account number (see instructions)		10 Market Discount	11 Bond Premium			
		12 Tax-exempt bond CUSIP no	13 State	14 State Identification no.	15 State tax withheld	
Form 1099-INT						

<input type="checkbox"/> CORRECTED (if checked)							
PAYER'S name, address, city, state, ZIP code NATURES HONEY 314 DOWN HOME TERRACE YOUR CITY, STATE, ZIP		1 Rents \$90.00	2015 Form 1099-MISC		Miscellaneous Income		
		2 Royalties					
PAYER'S Federal identification number 44-5XXXXXX		RECIPIENT'S identification number 445-XX-XXXX		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 Fishing boat proceeds				4 Federal income tax withheld	
RECIPIENT'S name, address, city, state, ZIP code ANDRE WRIGHT 516 WINDGATE ROAD YOUR CITY, STATE, ZIP		7 Nonemployee Compensation				8 Substitute payments in lieu of dividends or interest	
		9 Payer made direct sales \$5,000 or more of consumer products to a buyer (recipient) for resale > <input type="checkbox"/>				10 Crop Insurance proceeds	
		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	
Form 1099-MISC							

Form 1095-A Department of the Treasury Internal Revenue Service	Health Insurance Marketplace Statement		OMB No. 1545-2232	
> Information about Form 1095-A and its separate instructions is at www.irs.gov/form1095a .		<input type="checkbox"/> CORRECTED	20 15	
Part I Recipient Information				
1 Marketplace Identifier 69-9898988	2 Marketplace-assigned policy number J56484455	3 Policy issuer's name ANTHEM BLUE CROSS BLUE SHIELD		
4 Recipient's name ANDRE WRIGHT		5 Recipient's SSN 445-XX-XXXX	6 Recipient's date of birth 02/17/1975	
7 Recipient's spouse's name		8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth	
10 Policy start date 01/01/2015	11 Policy Termination Date 12/31/2015	12 Street Address (including apartment number) 516 WINDGATE RD		
13 City, State, Country and ZIP code YOUR CITY, STATE, ZIP				
Part II Coverage Household				
A Covered Individual Name	B Covered Individual SSN	C. Date of Birth	D. Start Date	E. Termination Date
16 ANDRE WRIGHT	445-XX-XXXX	02/17/1975	01/01/2015	12/31/2015
17 JOHN WRIGHT	446-XX-XXXX	05/15/2005	01/01/2015	12/31/2015
18				
Part III Household Information				
Month	A Monthly Premium Amount	B Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. Monthly Advance Payment of Premium Tax Credit	
21 January	\$629.00	\$731.00	\$574.00	
22 February	\$629.00	\$731.00	\$574.00	
23 March	\$629.00	\$731.00	\$574.00	
24 April	\$629.00	\$731.00	\$574.00	
25 May	\$629.00	\$731.00	\$574.00	
26 June	\$629.00	\$731.00	\$574.00	
27 July	\$629.00	\$731.00	\$574.00	
28 August	\$629.00	\$731.00	\$574.00	
29 September	\$629.00	\$731.00	\$574.00	
30 October	\$629.00	\$731.00	\$574.00	
31 November	\$629.00	\$731.00	\$574.00	
32 December	\$629.00	\$731.00	\$574.00	
33 Annual Totals	\$7,548.00	\$8,772.00	\$6,888.00	

SUPPLEMENTAL EXERCISE

Andre' attended night classes at the local junior college and received the following 1098-T. He also paid \$250 for books. His grant is unrestricted.

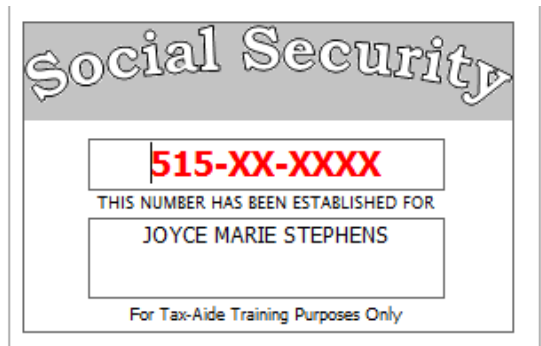
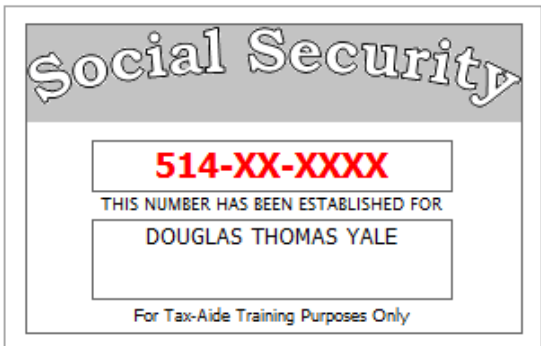
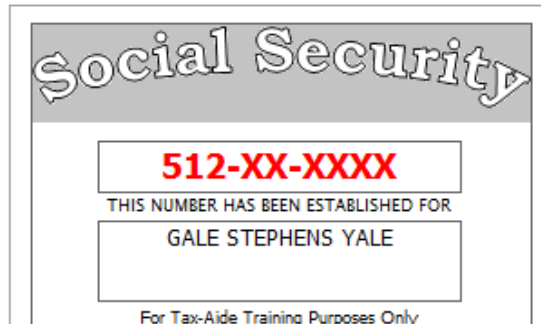
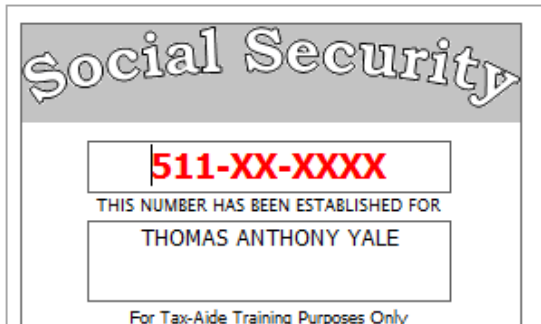
<input type="checkbox"/> CORRECTED (if checked)				
FILER'S name, address, city, state, and ZIP code UPRIVER COMMUNITY COLLEGE 1000 GARDEN AVE YOUR CITY, STATE, ZIP		1 Payments received for qualified tuition and related expenses	20 15 Form 1098-T	Tuition Statement
		2 Amounts billed for qualified tuition and related expenses \$3,500.00		
FILER'S Federal identification number 44-7XXXXXX	STUDENT'S social security number 445-XX-XXXX	3 If this box is checked, your educational institution has changed its reporting method for 2015. <input type="checkbox"/>		Copy B For Student This is important tax information and is being furnished to the Internal Revenue Service.
STUDENT'S name, address, city, state, and ZIP code ANDRE WRIGHT 516 WINGATE ROAD YOUR CITY, STATE, ZIP		4 Adjustments made for a prior year	5 Scholarships or grants \$3,700.00	
		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 2014. > <input type="checkbox"/>	
Service Provider/Acct No. (see instr.)	8. Checked if at least half-time student <input type="checkbox"/>	9 Checked if a graduate student <input type="checkbox"/>	10 Ins. contract reimb/refund	
Form 1098-T				

Interview Notes – Yale

Thomas and Gale want to file a joint return.

Gale is a teacher and works part-time as a waitress. Thomas is a retired police officer and is currently self-employed as a math and science tutor.

Gale's mother, Joyce Stephens, has lived with the Yales for the entire year. Her entire income consists of \$1,500 earned as a teacher's aide, \$275 in interest and \$3,800 in Social Security benefits. Thomas and Gale provide more than half of Joyce's total support.



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 1-3 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 Thomas	M.I. A	Last name Yale	Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. Your spouse's first name Gale	M.I. S	Last name Yale	Is your spouse a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. Mailing address 3421 Hartford Street		Apt #	City Your City	State Your State
4. Telephone number(s) 553-555-xxxx		Email address (optional)		
5. Your Date of Birth 11/12/1949	6. Your job title Tutor		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 3/27/1964	9. Your spouse's job title Teacher		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 (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

Married a. Did you live with your spouse during any part of the last six months of 2014? Yes No

b. Was your marriage recognized under the laws of the state(s) you are filing in? Yes No Unsure

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 3

										To be completed by a 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 12/31/14 (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 less than \$3950 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)						
Melissa Yale	5/7/2004	Daughter	12	Y	Y	S	Y	N						
Douglas Yale	1/14/1996	Son	12	Y	Y	S	Y	N						
Joyce Stephens	9/5/1937	Mother	12	Y	Y	S	N	Y						

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

-96-

Yale

Yes No Unsure Check appropriate box for each question in each section

Part III - Income - Last Year, Did You (or Your Spouse) Receive

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

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

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

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

Line 7 - WAGES:

		a. Employee's social security number 512-XX-XXXX					
b. Employer Identification number (EIN) 50-1XXXXXX		1. Wages, tips, other compensation \$29,500.75		2. Federal income tax withheld \$1,586.77			
c. Employer's name, address, city, state, and ZIP Code HILLSDALE SCHOOL DISTRICT 1000 W JOPLIN ST, SW WILMINGTON, DE 19850		3. Social security wages \$31,000.75		4. Social security tax withheld \$1,922.05			
		5. Medicare wages and tips \$31,000.75		6. Medicare tax withheld \$449.51			
		7. Social security tips		8. Allocated tips			
d. Control number		9.		10. Dependant care benefits \$1,000.00			
e. Employee's name (first, initial, last), address, city, state and ZIP code GALE S. YALE 3421 HARTFORD ST YOUR CITY, STATE, ZIP		11. Nonqualified plans		12a. See instructions for box 12 D \$1,500.00			
		13. Statutory Employee <input type="checkbox"/> Retirement Plan <input checked="" type="checkbox"/> Third-party sickpay <input type="checkbox"/>		12b. DD \$1,800.00			
		14. Other		12c.			
				12c.			
15. State YS	Employer's state ID number 11-178911	16. State wages, tips, etc. \$29,500.75	17. State income tax \$718.81	18. Local wages, tips, etc.	19. Local income tax	20. Locality name	

Form **W-2 2015**

Note: Form 8880 will appear on the tree – do not complete at this time.

		a. Employee's social security number 512-XX-XXXX				
b. Employer Identification number (EIN) 50-2XXXXXX		1. Wages, tips, other compensation \$4,325.33		2. Federal income tax withheld \$275.25		
c. Employer's name, address, city, state and ZIP Code CHAFFEY FAMILY FOODS 12 MENLO ROAD ASSARIA, KS 67416		3. Social security wages \$2,925.33		4. Social security tax withheld \$268.17		
		5. Medicare wages and tips \$4,325.33		6. Medicare tax withheld 62.72		
		7. Social security tips \$1,400.00		8. Allocated tips		
d. Control number		9.		10. Dependant care benefits		
e. Employee's name (first, initial, last), address, city, state and ZIP code GALE S. YALE 3421 HARTFORD STREET YOUR CITY, STATE, ZIP		11. Nonqualified plans		12a. See instructions for box 12		
		13. Statutory Employee <input type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sickpay <input type="checkbox"/>		12b.		
		14. Other		12c.		
				12c.		
				12c.		
15. State YS	Employer's state ID number 32-2123654	16. State wages, tips, etc. \$4,325.33	17. State income tax \$257.16	18. Local wages, tips, etc.	19. Local income tax	20. Locality name

Form **W-2 2015**

Gale kept a daily tip record and reported her tips to her employer as required. She was not required to report her tips for January, March, May, September, and November because she received less than \$20 per month. Her total unreported tip income totaled \$95 for the months that were less than \$20.

Add Form 4137, *Social Security Tax on Unreported Tip Income (Spouse)*, and enter \$95 on line 4, unreported tips, and \$95 on line 5, cash and charge tips not reported to her employer because the total was less than \$20 in a calendar month.

Refund Monitor: **AGI** _____ **Refund/Due** _____

Line 8 - INTEREST:

<input type="checkbox"/> CORRECTED (if checked)							
PAYER'S name, address, city, state, ZIP code VINCENNES FEDERAL CREDIT UNION 15321 TYLER ST HARTFORD, CT 06101		Payer's RTN (optional)	20 15 Form 1099-INT	Interest Income			
PAYER'S Federal identification number 50-3XXXXXX		1 Interest income \$379.45					
RECIPIENT'S name, address, city, state, and ZIP code THOMAS YAIF 3421 HARTFORD ST YOUR CITY, STATE, ZIP		2 Early withdrawal penalty		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 Federal identification number 50-3XXXXXX	RECIPIENT'S identification number 511-XX-XXXX	3 Interest on US Savings Bonds and Treas. obligations					
Account number (see instructions)		4 Federal income tax withheld \$38.00	5 Investment expenses				
		6 Foreign Tax Paid	7 Foreign Country or US possession				
		8 Tax exempt interest	9 Specified private activity bond interest				
		10 Market Discount	11 Bond Premium	12 Tax-exempt bond CUSIP no	13 State	14 State Identification no.	15 State tax withheld
Form 1099-INT							

<input type="checkbox"/> CORRECTED (if checked)							
PAYER'S name, address, city, state, ZIP code MERCER NATIONAL BANK 1412 HASTINGS HWY BUFFALO, NY 14240		Payer's RTN (optional)	20 15 Form 1099-INT	Interest Income			
PAYER'S Federal identification number 50-4XXXXXX		1 Interest income \$650.00					
RECIPIENT'S name, address, city, state, and ZIP code THOMAS YALE 3421 HARTFORD ST YOUR CITY, STATE, ZIP		2 Early withdrawal penalty		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 Federal identification number 50-4XXXXXX	RECIPIENT'S identification number 511-XX-XXXX	3 Interest on US Savings Bonds and Treas. obligations \$650.00					
Account number (see instructions)		4 Federal income tax withheld	5 Investment expenses				
		6 Foreign Tax Paid	7 Foreign Country or US possession				
		8 Tax exempt interest \$208.00	9 Specified private activity bond interest				
		10 Market Discount	11 Bond Premium	12 Tax-exempt bond CUSIP no	13 State	14 State Identification no.	15 State tax withheld
Form 1099-INT							

Refund Monitor: **AGI** _____ **Refund/Due** _____

Line 9 – DIVIDENDS:

<input type="checkbox"/> CORRECTED (if checked)				2015 Form 1099-DIV	Dividends and Distributions
PAYER'S name, address, city, state, ZIP code		1 Total Ordinary Dividends	\$355.76		
MENLO GLOBAL INC 368 CALVIN ST BANGOR, ME 04401		1b Qualified Dividends	\$305.76		
		2a Total capital gain distr.	2b Unrecap. Sec. 1250 gain		
PAYER'S Federal identification number	RECIPIENT'S identification number	2c Section 1202 gain	2d Collectables (28%) gain	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
50-5XXXXXX	511-XX-XXXX	3 Nondividend distributions	4 Federal income tax withheld		
RECIPIENT'S name, address, city, state, ZIP code		\$25.00	5 Investment expenses		
		6 Foreign Tax Paid	7 Foreign Country or US possession		
THOMAS YALE 3421 HARTFORD ST YOUR CITY, STATE, ZIP		\$4.75	9 Noncash liquidation distribution		
		8 Cash liquidation distributions	11 Specified private activity bond interest dividends		
Account number (see instructions)	13 State	14 State Identification no.	15 State tax withheld		
		-----	-----		
Form 1099-DIV					

<input type="checkbox"/> CORRECTED (if checked)				2015 Form 1099-DIV	Dividends and Distributions
PAYER'S name, address, city, state, ZIP code		1 Total Ordinary Dividends	\$456.26		
DUQUESNE INDUSTRIES INC 23 FRANKLIN DRIVE PITTSBURG, PA 15219		1b Qualified Dividends			
		2a Total capital gain distr.	2b Unrecap. Sec. 1250 gain		
PAYER'S Federal identification number	RECIPIENT'S identification number	2c Section 1202 gain	2d Collectables (28%) gain	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
50-6XXXXXX	512-XX-XXXX	3 Nondividend distributions	4 Federal income tax withheld		
RECIPIENT'S name, address, city, state, ZIP code		\$45.00	5 Investment expenses		
		6 Foreign Tax Paid	7 Foreign Country or US possession		
GALE S. YALE 3421 HARTFORD ST YOUR CITY, STATE, ZIP		8 Cash liquidation distributions	9 Noncash liquidation distribution		
		10 Exempt-Interest dividends	11 Specified private activity bond interest dividends		
Account number (see instructions)	13 State	14 State Identification no.	15 State tax withheld		
		-----	-----		
Form 1099-DIV					

Refund Monitor: **AGI** _____ **Refund/Due** _____

Line 10 – TAXABLE REFUNDS:

Thomas and Gale did not itemize last year, but they did receive a refund from the state department of revenue in the amount of \$450.

Line 12 – BUSINESS INCOME, SCHEDULE C:

Thomas is self-employed as a math and science tutor. He furnishes you with the following information.

Cash income from various students \$2,800
 Income from Lafayette Tutor Services on 1099-MISC \$3,125

Business expenses:
 Advertising \$150
 Office supplies \$345
 Agency fees \$ 50

He uses the business code 611000 on his Schedule C.

<input type="checkbox"/> CORRECTED (if checked)					
PAYER'S name, address, city, state, ZIP code LAFAYETTE TUTOR SERVICES 8350 BLUEFIELD WAY, SUITE 240 CONCORD, NH 03301		1 Rents	2015 Form 1099-MISC	Miscellaneous Income	
		2 Royalties			
		3 Other Income			
PAYER'S Federal identification number 50-7XXXXXX		RECIPIENT'S identification number 511-XX-XXXX		Copy B For Recipient	
RECIPIENT'S name, address, city, state, ZIP code THOMAS YALE 3421 HARTFORD ST YOUR CITY, STATE, ZIP		5 Fishing boat proceeds	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.	
		6 Medical and health care payments	7 Nonemployee Compensation <div style="text-align: right; font-weight: bold;">\$3,125.00</div>		8 Substitute payments in lieu of dividends or interest
		9 Payer made direct sales \$5,000 or more of consumer products to a buyer (recipient) for resale > <input type="checkbox"/>	10 Crop Insurance proceeds		
11	12				
13 Excess golden parachute payments	14 Gross proceeds paid to an attorney				
Account number (see instructions)		15a Section 409A deferrals	15b Section 409A income	16 State tax withheld	
				17 State/Payer's state no.	
				18 State income	
Form 1099-MISC					

Refund Monitor: **AGI** _____ **Refund/Due** _____

Line 15 – IRA DISTRIBUTIONS:

Gale received the following early distribution from her IRA to make major home repairs.

<input type="checkbox"/> CORRECTED (if checked)					
PAYER'S name, address, city, state, ZIP code HASTINGS INVESTMENTS 45 ROCKHURST WAY PROVIDENCE RI 02904		1 Gross distribution \$15,000.00	2015 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the Internal Revenue Service
		2a Taxable amount \$15,000.00			
PAYER'S Federal identification number 50-8XXXXXX	RECIPIENT'S identification number 512-XX-XXXX	3 Capital gain (included in box 2a).	4 Federal income tax withheld \$1,500.00		
RECIPIENT'S name, address, city, state, ZIP code GALE S. YALE 3421 HARTFORD ST. YOUR CITY, STATE, ZIP		5 Employee contributions /Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities		
		7. Distribution Code(s) 1	IRA/SEP/SIMPLE <input checked="" type="checkbox"/>	8 Other %	
		9a Your percentage of total distribution %	9b Total Employee Contributions		
10. Amount allocable to IRR within 5 years	11. 1st year of desig. Roth 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	
Form 1099-R					

Line 16 – PENSIONS AND ANNUITIES

<input type="checkbox"/> CORRECTED (if checked)					
PAYER'S name, address, city, state, ZIP code BAKER COUNTY POLICE DEPARTMENT 908 PIEDMONT PARKWAY COLUMBUS, OH 43216		1 Gross distribution \$14,000.00	2015 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the Internal Revenue Service
		2a Taxable amount			
PAYER'S Federal identification number 50-9XXXXXX	RECIPIENT'S identification number 511-XX-XXXX	3 Capital gain (included in box 2a).	4 Federal income tax withheld \$800.00		
RECIPIENT'S name, address, city, state, ZIP code THOMAS A. YALE 3421 HARTFORD ST. YOUR CITY, STATE, ZIP		5 Employee contributions /Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities		
		7. Distribution Code(s) 7	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other %	
		9a Your percentage of total distribution %	9b Total Employee Contributions \$48,483.00		
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	
Form 1099-R					

Thomas received his first pension check on July 1, 2013, and chose the joint annuity option. He is a retired public safety officer and has records to show that his health insurance premiums were paid from this pension check for a total amount of \$3,875.

Refund Monitor: **AGI** _____ **Refund/Due** _____

Line 20a – SOCIAL SECURITY BENEFITS:

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT																												
<div style="display: flex; justify-content: space-between; align-items: center;"> 20 15 <div style="font-size: 10pt;"> <input type="checkbox"/> PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. <input type="checkbox"/> SEE THE REVERSE FOR MORE INFORMATION. </div> </div>																												
Box 1. Name THOMAS ANTHONY YALE	Box 2. Beneficiary's Social Security 511-XX-XXXX																											
Box 3. Benefits Paid in 2015 \$10,800.00	Box 4. Benefits Repaid to SSA in	Box 5. Net Benefits Paid for 2015 (Box 3 minus Box 4) \$10,800.00																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center; font-size: 10pt;">DESCRIPTION OF AMOUNT IN BOX 3</th> </tr> </thead> <tbody> <tr> <td style="font-size: 9pt;">Paid by check or direct deposit</td> <td style="text-align: right; font-size: 10pt;">\$9,541.20</td> </tr> <tr> <td style="font-size: 9pt;">Medicare Part B premiums deducted from your benefits</td> <td style="text-align: right; font-size: 10pt;">\$1,258.80</td> </tr> <tr> <td style="font-size: 9pt;">Medicare Prescription Drug premiums (Part D) deducted from your benefits</td> <td style="text-align: right; font-size: 10pt;">\$.00</td> </tr> <tr> <td style="font-size: 9pt;">Total Additions</td> <td style="text-align: right; font-size: 10pt;">\$10,800.00</td> </tr> <tr> <td style="font-size: 9pt;">Benefits for 2015</td> <td style="text-align: right; font-size: 10pt;">\$10,800.00</td> </tr> <tr> <td style="font-size: 9pt;">Benefits for 2014</td> <td></td> </tr> <tr> <td style="font-size: 9pt;">Benefits for 2013</td> <td></td> </tr> <tr> <td style="font-size: 9pt;">Benefits for 2012</td> <td></td> </tr> </tbody> </table>	DESCRIPTION OF AMOUNT IN BOX 3		Paid by check or direct deposit	\$9,541.20	Medicare Part B premiums deducted from your benefits	\$1,258.80	Medicare Prescription Drug premiums (Part D) deducted from your benefits	\$.00	Total Additions	\$10,800.00	Benefits for 2015	\$10,800.00	Benefits for 2014		Benefits for 2013		Benefits for 2012		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center; font-size: 10pt;">DESCRIPTION OF AMOUNT IN BOX 4</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="font-size: 9pt;">Box 6. Voluntary Federal Income Tax Withheld</td> </tr> <tr> <td colspan="2" style="font-size: 9pt;">Box 7. Address THOMAS ANTHONY YALE 3421 HARTFORD STREET YOUR CITY, STATE, ZIP</td> </tr> <tr> <td colspan="2" style="font-size: 9pt;">Box 8. Claim Number (use this number if you need to contact SSA) 511-XX-XXXXA</td> </tr> </tbody> </table>		DESCRIPTION OF AMOUNT IN BOX 4		Box 6. Voluntary Federal Income Tax Withheld		Box 7. Address THOMAS ANTHONY YALE 3421 HARTFORD STREET YOUR CITY, STATE, ZIP		Box 8. Claim Number (use this number if you need to contact SSA) 511-XX-XXXXA	
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Box 8. Claim Number (use this number if you need to contact SSA) 511-XX-XXXXA																												

Form SSA-1099-SM

Refund Monitor: **AGI** _____ **Refund/Due** _____

Line 21 – OTHER INCOME: Gale reports that she had \$1,040 in gambling losses.

<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED (if checked)																				
PAYER'S name, address, city, state, and ZIP code BLUFFTON CASINO 1921 CORNELL COURT DETROIT, MI 48233	<table border="1" style="width: 100%; border-collapse: collapse; font-size: 9pt;"> <tr> <td style="width: 50%;">1. Gross winnings \$750.00</td> <td style="width: 50%;">2. Date won 05/15/2015</td> </tr> <tr> <td>3. Type of wager BLACKJACK</td> <td>4. Federal income tax withheld</td> </tr> <tr> <td>5. Transaction</td> <td>6. Race</td> </tr> <tr> <td>7. Winnings from identical wagers</td> <td>8. Cashier</td> </tr> <tr> <td>9. Winner's taxpayer identification no. 512-XX-XXXX</td> <td>10. Window</td> </tr> <tr> <td>11. First I.D.</td> <td>12. Second I.D.</td> </tr> <tr> <td>13. State Payer's identification no.</td> <td>14. State Winnings</td> </tr> <tr> <td>15. State income tax withheld</td> <td>16. Local Winnings</td> </tr> <tr> <td>17. Local income tax withheld</td> <td>18. Name of locality</td> </tr> </table>	1. Gross winnings \$750.00	2. Date won 05/15/2015	3. Type of wager BLACKJACK	4. Federal income tax withheld	5. Transaction	6. Race	7. Winnings from identical wagers	8. Cashier	9. Winner's taxpayer identification no. 512-XX-XXXX	10. Window	11. First I.D.	12. Second I.D.	13. State Payer's identification no.	14. State Winnings	15. State income tax withheld	16. Local Winnings	17. Local income tax withheld	18. Name of locality	<div style="font-size: 24pt; font-weight: bold;">2015</div> <div style="font-weight: bold;">Form W2-G</div> <div style="font-weight: bold; margin-top: 10px;">Certain Gambling Winnings</div> <div style="font-size: 8pt; margin-top: 5px;">This information is being furnished to the Internal Revenue Service</div> <div style="font-weight: bold; font-size: 8pt; margin-top: 5px;">Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.</div>
1. Gross winnings \$750.00	2. Date won 05/15/2015																			
3. Type of wager BLACKJACK	4. Federal income tax withheld																			
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13. State Payer's identification no.	14. State Winnings																			
15. State income tax withheld	16. Local Winnings																			
17. Local income tax withheld	18. Name of locality																			
PAYER'S Federal identification number Payer's Telephone number 51-0XXXXXX 213-555-1111	WINNER'S name, address, city, state, and ZIP GALE YALE 3421 HARTFORD ST. YOUR CITY, STATE, ZIP																			
Under penalty of perjury, I declare that, to the best of my knowledge and belief, the name, address, taxpayer identification number that I furnished correctly identify me as the recipient of this payment and any payment from identical wagers, and no other person is entitled to any part of these payments.																				
Signature > _____	Date > _____																			
Form W-2G																				

Refund Monitor: **AGI** _____ **Refund/Due** _____

Line 27 –ONE-HALF OF SELF-EMPLOYMENT TAX ADJUSTMENT:

This is an automatic entry using software, but it should be explained to the taxpayer

Line 31a – ALIMONY PAID ADJUSTMENT:

Thomas paid his ex-wife Judy, \$500 each month in alimony. Judy's SSN is 516-xx-xxxx.

Line 32 IRA DEDUCTION:

Thomas contributed \$5,000 to a traditional IRA.

Refund Monitor: **AGI** _____ **Refund/Due** _____

Line 33 – STUDENT LOAN INTEREST DEDUCTION:

Gale paid \$800 in interest on student loans needed to obtain her Master of Science degree in Elementary Education.

Line 35 - JURY DUTY ADJUSTMENT

Gale was a federal juror for four weeks during March (20 weekdays). While serving on jury duty she received \$40 per day for her jury service.

Gale's employer continued to pay her salary for the first two weeks of her jury service on the condition that any jury duty pay received during those 10 weekdays be surrendered to the employer.

Refund Monitor: **AGI** _____ **Refund/Due** _____

Line 40 – ITEMIZED DEDUCTIONS, SCHEDULE A:

Medical insurance for Melissa & Douglas	\$2,475
Hospital bills (unreimbursed)	275
Doctor bills (unreimbursed)	450
Dentist bills (reimbursed by insurance)	1,100
Antihistamine (unreimbursed)	185
Prescription drugs for Joyce, paid by Gale (unreimbursed)	625
Life insurance premiums	250
Insulin (unreimbursed)	300
Vitamins (unreimbursed)	100
Federal income tax	3,525
Personal property tax (value based)	465
Real estate taxes	2,200
Utility taxes	635
Mortgage interest (secured by main home and used to buy it)	8,755
Credit card interest	850
Personal loan interest	319
Church contributions (statement provided)	3,002
Chamber of Commerce contributions	125
Homeowner's association fees	550
Raffle tickets at church	75
Union dues	185
Safety deposit box (for investment records)	75

(Use Indiana for state sales tax, with no local tax added)

Refund Monitor: **AGI** _____ **Refund/Due** _____

Line 49 – CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES, FORM 2441

Thomas and Gale paid \$2,800 to Dana Child Care Center for after-school care for Melissa so that they could work. The center's EIN is 52-0xxxxxx, and the address is 1648 Baylor Avenue, your City/State/ZIP.

Line 50 - EDUCATION

Joyce paid \$1,000 for a college course to improve her classroom management skills. Thomas and Gale ask if that is deductible on their tax return. She also attended Ashland University, but they did not provide a 1098-T.

Their son, Douglas, attends college and started his first year last fall. He has never had a conviction of a felony for possession or distribution of a controlled substance.

<input type="checkbox"/> CORRECTED (if checked)					
FILER'S name, address, city, state, and ZIP code ASHLAND UNIVERSITY 319 KENDALL CIRCLE MEMPHIS, TN 38101		1 Payments received for qualified tuition and related expenses \$7,500.00	20 15 Form 1098-T	Tuition Statement	
FILER'S Federal identification number 52-2XXXXXX		2 Amounts billed for qualified tuition and related expenses			
STUDENT'S social security number 514-XX-XXXX	3 If this box is checked, your educational institution has changed its reporting method for 2015. <input type="checkbox"/>		Copy B For Student This is important tax information and is being furnished to the Internal Revenue Service.		
STUDENT'S name, address, city, state, and ZIP code DOUGLAS YALE 3421 HARTFORD ST. YOUR CITY, STATE, ZIP		4 Adjustments made for a prior year			5 Scholarships or grants
Service Provider/Acct No. (see instr.)		6 Adjustments to scholarships or grants for a prior year			7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January, March 2014. > <input type="checkbox"/>
8. Checked if at least half-time student <input checked="" type="checkbox"/>		9 Checked if a graduate student <input type="checkbox"/>	10 Ins. contract reimb/refund		
Form 1098-T					

Refund Monitor: **AGI** _____ **Refund/Due** _____

Line 61 - ACA

Both Thomas and Joyce have Medicare as their insurance provider. Gale has insurance provided by her employer. An private insurance policy was purchased that covers both Melissa and Douglas at the cost of \$2,475 for the year as shown above.

Line 66a – EARNED INCOME CREDIT:

Thomas and Gale want to know if they qualify for an earned income credit this year. If applicable, complete the questions on Schedule EIC and EIC worksheet.

Refund Monitor: **AGI** _____ **Refund/Due** _____

Line 76 – AMOUNT TO BE REFUNDED

Thomas and Gale would like their refund to be deposited in their checking account.

THOMAS & GALE YALE		1234
3421 HARTFORD STREET YOUR CITY, STATE, ZIP		_____
PAY TO THE ORDER OF _____	_____	\$ _____ DOLLARS
Your Bank Bank City, State, ZIP Code	_____	
For _____	_____	
: 322070239 : 002020452345		1234

C:\Users\bobbi_000\Dropbox\2015 Workbook\Yale\Yale raw data forms\CHECK_THOMAS__GALE_YALE_#000.taxaide

SUPPLEMENTAL EXERCISE

After the return was filed, a co-worker told Gale that she could deduct her travel costs while she worked a temporary job during the summer. Gail had been offered a chanced to spend a month at the state capital working on a Common Core team. Her school district paid her for the extra days but did not reimburse her for her traveling expenses. She was gone 30 days, drove 400 miles round trip, and also put 150 miles on her car driving between the hotel and the worksite.

Meals	\$1,050
Lodging	\$2,400
Parking	\$ 90
Laundry	\$ 24
Daily newspaper	\$ 34
Movie rental	\$ 105

She asks you to amend the return to claim the allowable expenses.

SPECIAL NOTE: This Kerry return is a very comprehensive scenario with numerous tax law areas for discussion in the class room. It is intended to be used with TWO Immersion Series II lessons, which break the return down into bite-size pieces.

Interview Notes – Kerry

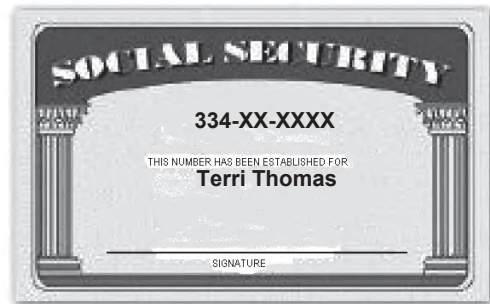
Kevin and Mary are full time residents of your state and they want to file a state return Kevin and Mary provided 100% of the support for both Yvonne and Terri. Yvonne moved in with her baby early 2015 after losing her job. During 2015, she was a full-time student for ten months and classified as a freshman at a local 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.

Penny Bragg is Mary’s older sister who is totally and permanently disabled. Penny lived with the Kerrys all year and was fully supported by them.

Mary received \$1,500 cash from the estate of her great-aunt.

Kevin and Penny had Medicare all year. Mary had health insurance through her employer. Yvonne and Terri had minimum essential health coverage starting March that was purchased through the Marketplace; they did not have coverage January or February.



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 1-3 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 Kerry	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 Bragg	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. Telephone number(s) 259-555-xxxx		Email address (optional)	
5. Your Date of Birth 07/28/1943	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 01/15/1953	9. Your spouse's job title Deceased 12/12/15	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 (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

Married a. Did you live with your spouse during any part of the last six months of 2014? Yes No

b. Was your marriage recognized under the laws of the state(s) you are filing in? Yes No Unsure

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

Widowed Year of spouse's death _____ Yes

2. List the names below of: **everyone** who lived with you last year (other than you or your spouse) **Yes Yes Yes** If additional space is needed check here and list on page 3

anyone you supported but did not live with you last year

To be completed by a 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 12/31/14 (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 less than \$3950 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	05/08/11	Grandchild	12	Yes	Yes	S	No	No					
Yvonne Kerry	03/13/93	Daughter	12	Yes	Yes	S	Yes	No					
Penny Bragg	03/17/51	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

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? _____ |
| <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 type="checkbox"/> Yes <input type="checkbox"/> No |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Contributions to a retirement account? _____ IRA (A) _____ 401K (B) _____ Roth IRA (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 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? |

-110-

Kerry

Line 7—Wages

a. Employee's social security number 331-XX-XXXX							
b. Employer Identification number (EIN) 25-5XXXXXX		1. Wages, tips, other compensation \$9,456.34		2. Federal income tax withheld \$945.63			
c. Employer's name, address, city state and ZIP Code JEFFERSON COUNTY SCHOOL DISTRICT 12210 ROBIN ROAD INDIANAPOLIS, IN 46204		3. Social security wages \$9,456.34		4. Social security tax withheld \$586.29			
		5. Medicare wages and tips \$9,456.34		6. Medicare tax withheld \$137.12			
		7. Social security tips		8. Allocated tips			
d. Control number		9.		10. Dependant care benefits			
e. Employee's name (first, initial, last), address, city, state and ZIP code KEVIN R KERRY 8705 SOMERSBY WAY YOUR CITY, YS ZIP		11. Nonqualified plans		12a. See instructions for box 12 DD \$564.58			
		13. Statutory Employee <input type="checkbox"/> Retirement Plan <input checked="" type="checkbox"/> Third-party sickpay <input type="checkbox"/>		12b.			
		14. Other		12c.			
				12c.			
15. State YS	Employer's state ID number 25-5XXXXXX	16. State wages, tips, etc. \$9,456.34	17. State income tax \$574.50	18. Local wages, tips, etc.	19. Local income tax	20. Locality name	

Form **W-2 2015**

a. Employee's social security number 332-XX-XXXX							
b. Employer Identification number (EIN) 25-6XXXXXX		1. Wages, tips, other compensation \$32,283.00		2. Federal income tax withheld \$1,228.00			
c. Employer's name, address, city state and ZIP Code PETROLEUM OIL & GAS 624 KASPER DRIVE INDIANAPOLIS, IN 46204		3. Social security wages \$35,003.00		4. Social security tax withheld 2,170.19			
		5. Medicare wages and tips \$35,003.00		6. Medicare tax withheld \$507.54			
		7. Social security tips		8. Allocated tips			
d. Control number		9.		10. Dependant care benefits \$300.00			
e. Employee's name (first, initial, last), address, city, state and ZIP code MARY B BRAGG 8705 SOMERSBY WAY YOUR CITY, YS ZIP		11. Nonqualified plans		12a. See instructions for box 12 D \$2,720.00			
		13. Statutory Employee <input type="checkbox"/> Retirement Plan <input checked="" type="checkbox"/> Third-party sickpay <input type="checkbox"/>		12b. DD \$4,252.00			
		14. Other		12c.			
				12c.			
15. State YS	Employer's state ID number 25-6XXXXXX	16. State wages, tips, etc. \$32,283.00	17. State income tax \$935.76	18. Local wages, tips, etc.	19. Local income tax	20. Locality name	

Form **W-2 2015**

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 332-XX-XXXX							
b. Employer identification number (EIN) 26-5XXXXXX		1 Wages, tips, other compensation \$1,500.00	2. Federal income tax withheld				
c. Employer's name, address, city, state, and ZIP Code BOARD OF ELECTIONS 135 VICTORY LANE INDIANAPOLIS, IN 46204		3 Social security wages \$1,500.00	4. Social security tax withheld \$93.00				
		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. Dependant care benefits				
e. Employee's name (first, initial, last), address, city, state and ZIP code MARY B BRAGG 8705 SOMERSBY WAY YOUR CITY, YS ZIP		11. Nonqualified plans		12a. See instructions for box 12			
		13. Statutory Employee <input type="checkbox"/>	Retirement Plan <input type="checkbox"/>	Third-party sickpay <input type="checkbox"/>	12b.		
		14. Other		12c.			
				12c.			
15. State YS	Employer's state ID number 26-5XXXXXX	16. State wages, tips, etc. \$1,500.00	17. State income tax \$0.00	18. Local wages, tips, etc.	19. Local income tax	20. Locality name	

Form **W-2 2015**

Line 8—Interest

Kevin is collecting payments on a seller-financed mortgage. The purchaser is Elizabeth Dunlap (SSN 220-XX-XXXX), 4216 Chatham Way, Your City, State, ZIP Code. Last year Kevin received \$1,672.38 interest on that loan.

Kevin also provides his 1099 forms.

<input type="checkbox"/> CORRECTED (if checked)					
PAYER'S name, address, city, state, ZIP code DERBY FEDERAL CREDIT UNION 431 INVESTMENT ROW LOUISVILLE, KY 40202		Payer's RTN (optional)	20 15		Interest Income
PAYER'S Federal identification number 28-7XXXXXX		RECIPIENT'S identification number 331-XX-XXXX	1 Interest income \$238.00	Form 1099-INT	
RECIPIENT'S name, address, city, state, and ZIP code KEVIN R. KERRY 8705 SOMERSBY WAY YOUR CITY, YS ZIP		2 Early withdrawal penalty \$23.80		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.	
		3 Interest on US Savings Bonds and Treas. obligations			
		4 Federal income tax withheld	5 Investment expenses		
		6 Foreign Tax Paid	7 Foreign Country or US possession		
		8 Tax exempt interest \$78.32	9 Specified private activity bond interest		
		10 Market Discount	11 Bond Premium		
Account number (see instructions)		12 Tax-exempt bond CUSIP no	13 State	14 State Identification no.	15 State tax withheld

Form **1099-INT**

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. MAJOR SECURITIES 325 WELLSLEY ST YOUR CITY, YS ZIP		1 Original issue discount for 2015*	OMB No. 1545-0117	2015	Original Issue Discount
		\$ 568.31	Form 1099-OID		
PAYER'S federal identification number 12-3XXXXXX		2 Other periodic interest	Copy B		For Recipient
		\$			
RECIPIENT'S identification number 331-XX-XXXX		3 Early withdrawal penalty	4 Federal income tax withheld		50.05
		\$			
RECIPIENT'S name Kevin R. Kerry Street address (including apt. no.) 8705 Somersby Way City or town, state or province, country, and ZIP or foreign postal code Your City, State and ZIP Code		5 Market discount	6 Acquisition premium		\$
		\$			
RECIPIENT'S name Kevin R. Kerry Street address (including apt. no.) 8705 Somersby Way City or town, state or province, country, and ZIP or foreign postal code Your City, State and ZIP Code		7 Description	8 Original issue discount on U.S. Treasury obligations*		\$ 432.69
		\$			
Account number (see instructions)		9 Investment expenses	* This may not be the correct figure to report on your income tax return. See instructions on the back.		\$
		\$			
Account number (see instructions)		10 State	11 State identification no.	12 State tax withheld	
		YS	12-3XXXXXX		
				\$	

Form **1099-OID** (keep for your records) www.irs.gov/form1099oid Department of the Treasury - Internal Revenue Service

Line 9—Dividends

CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code BIG OIL CORP 587 GUSHER AVENUE YOUR CITY, YS ZIP		1 Total Ordinary Dividends	2015	Dividends and Distributions	
		\$16.85			
PAYER'S Federal identification number 01-5XXXXXX		1b Qualified Dividends	Form 1099-DIV		
		\$16.85			
RECIPIENT'S name, address, city, state, ZIP code KEVIN R KERRY 8705 SOMERSBY WAY YOUR CITY, YS ZIP		2a Total capital gain distr.	Copy B		
RECIPIENT'S name, address, city, state, ZIP code KEVIN R KERRY 8705 SOMERSBY WAY YOUR CITY, YS ZIP		2b Unrecap. Sec. 1250 gain	For Recipient		
PAYER'S Federal identification number 01-5XXXXXX		2c Section 1202 gain	4 Federal income tax withheld		
RECIPIENT'S identification number 331-XX-XXXX		2d Collectables (28%) gain	5 Investment expenses		
RECIPIENT'S name, address, city, state, ZIP code KEVIN R KERRY 8705 SOMERSBY WAY YOUR CITY, YS ZIP		3 Nondividend distributions	6 Foreign Tax Paid		
RECIPIENT'S name, address, city, state, ZIP code KEVIN R KERRY 8705 SOMERSBY WAY YOUR CITY, YS ZIP		4 Federal income tax withheld	7 Foreign Country or US possession		
RECIPIENT'S name, address, city, state, ZIP code KEVIN R KERRY 8705 SOMERSBY WAY YOUR CITY, YS ZIP		5 Investment expenses	8 Cash liquidation distributions		
RECIPIENT'S name, address, city, state, ZIP code KEVIN R KERRY 8705 SOMERSBY WAY YOUR CITY, YS ZIP		6 Foreign Tax Paid	9 Noncash liquidation distribution		
RECIPIENT'S name, address, city, state, ZIP code KEVIN R KERRY 8705 SOMERSBY WAY YOUR CITY, YS ZIP		7 Foreign Country or US possession	10 Exempt-Interest dividends		
RECIPIENT'S name, address, city, state, ZIP code KEVIN R KERRY 8705 SOMERSBY WAY YOUR CITY, YS ZIP		8 Cash liquidation distributions	11 Specified private activity bond interest dividends		
Account number (see instructions)		13 State	14 State Identification no.	15 State tax withheld	

Form **1099-DIV** G:\TY2015\Immersion in process\Kerry\1099DIV_KEVIN_R_KERRY_#000.taxaide

Line 13—Capital Gain or Loss

<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED		Applicable check box on Form 8949		OMB No. 1545-0715	Proceeds From Broker and Barter Exchange Transactions
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		E		2015 Form 1099-B	
RICH FINANCIAL BROKERAGE FIRM 893 EPPS PARKWAY INDIANAPOLIS, IN 46249		1a Description of property (Example 100 sh. XYZ Co.) 100 SHS PURDUE			
PAYER'S federal identification number 26-1XXXXXX		1b Date acquired 07/01/2001	1c Date sold or disposed 03/10/2015		
RECIPIENT'S identification number 211-XX-XXXX		1d Proceeds \$ 8,859.00	1e Cost or other basis \$ 10,123.00		
RECIPIENT'S name KEVIN R KERRY		1f Code, if any	1g Adjustments \$		
Street address (including apt. no.) 8705 SOMERSBY WAY		2 Type of gain or loss: Short-term <input type="checkbox"/> Long-term <input checked="" type="checkbox"/>	3 If checked, basis reported to IRS <input type="checkbox"/>		
City or town, state or province, country, and ZIP or foreign postal code YOUR CITY, YS ZIP		4 Federal income tax withheld \$	5 If checked, noncovered security <input type="checkbox"/>		
Account number (see instructions)		6 Reported to IRS: Gross proceeds <input checked="" type="checkbox"/> Net proceeds <input type="checkbox"/>	7 If checked, loss is not allowed based on amount in 1d <input type="checkbox"/>		
CUSIP number		8 Profit or (loss) realized in 2015 on closed contracts \$	9 Unrealized profit or (loss) on open contracts—12/31/2014 \$		
14 State name	15 State identification no.	10 Unrealized profit or (loss) on open contracts—12/31/2015 \$	11 Aggregate profit or (loss) on contracts \$		
	16 State tax withheld \$	12	13 Bartering \$		

Form 1099-B www.irs.gov/form1099b Department of the Treasury - Internal Revenue Service

Kevin paid \$10,123 for 100 shares of Purdue stock on July 1, 2001 and paid \$35 commission for the sale.

You find the following worksheet in Kevin and Mary's prior year return:

US Schedule D		Worksheet for Capital Loss Carryovers or Sale of Your Home		2014
Name: Kevin Kerry and Mary Bragg		SSN: XXX-XX-XXXX		
Capital Loss Carryovers from This Year to Next Year				
1	Amount from Form 1040, line 41, or Form 1040NR, line 39			69,609
2	Loss shown on schedule D, line 21 as a positive amount.			3,000
3	Combine lines 1 and 2. If -0- or less, enter -0-			72,609
4	Smaller line 2 or line 3			3,000
5	Loss shown on Schedule D, Line 7 as a positive amount			0
6	Gain, if any, shown on Schedule D, Line 15			
7	Add lines 4 and 6			3,000
8	Short-term capital loss carryover. Subtract line 7 from line 5. If -0- or less, enter -0-			0
9	Loss shown on Schedule D, line 15 as a positive amount			3,450
10	Gain, if any, shown on Schedule D, line 7		0	
11	Subtract line 5 from line 4. If -0- or less, enter -0-		3,000	
12	Add lines 10 and 11			3,000
13	Long-term capital loss carryover. Subtract line 12 from line 9. If -0- or less, enter -0-			450

Consolidated Statement

PORTFOLIO INVESTMENTS LLC		2015 Form 1099							
897 S Reed Lane Cincinnati, OH 45202 513-555-XXXX Federal ID Number: 25-8XXXXXX		Date Prepared: January 31, 2016							
		Recipient's Name and Address							
		Taxpayer ID Number: 331-XX-XXXX Kevin R. Kerry							
		8705 Somersby Way, Your City, State and ZIP Code							
Account Number: 111-5555		Copy B for Recipient							
Dividends and Distributions - 2015			Form 1099 - DIV						
<i>Box</i>	<i>Description</i>	<i>Total</i>							
1a	Total ordinary dividends (Includes amount shown in box 1b)	\$	108.32						
1b	Qualified dividends		108.32						
2a	Total Capital Gain Distributions (Includes amount shown in boxes 2b, 2c and 2d)		6.87						
2b	Unrecap Sec 1250 Gain								
2c	Section 1202 Gain								
2d	Collectibles (28%) Gain								
3	Nondividend Distributions		0.00						
4	Federal Income Tax Withheld		0.00						
5	Investment expenses		45.00						
6	Foreign Tax Paid		4.29						
8	Cash Liquidation Distributions		0.00						
9	Noncash Liquidation Distributions FATCA filing requirement		0.00 NO						
Interest Income - 2015			Form 1099 - INT						
<i>Box</i>	<i>Description</i>	<i>Total</i>							
1	Interest Income	\$	79.00						
3	Interest on U. S. Savings Bonds and Treasury Obligations	\$	693.00						
4	Federal Income Tax Withheld	\$	118.00						
5	Investment expenses								
6	Foreign Tax Paid								
8	Tax-Exempt Interest	\$	191.23						
9	Specific Private Activity Bond Interest FATCA filing requirement		0.00 NO						
Proceeds from Broker and Barter Transactions - 2015			Form 1099 - B						
Long-term transactions for which basis is not reported to the IRS									
Report on form 8949 with Box E checked and/or Schedule D, Part II									
1a - Description	Quantity	1b Date Acquired	1c Date Sold or Disposed	1d - Net Proceeds	1e Cost or other Basis	1f Code, if any	1g Adjustments	Gain / Loss (-)	4-Federal Income Tax Withheld
Rust Corporation	100	11/1/98	5/25/15	\$1,700.00	\$3,200.00			-\$1,500.00	\$0.00
Rio Motors Inc	150	7/15/08	6/28/15	\$10,648.00	\$9,543.00			\$1,105.00	\$0.00
Midget Corporation	15	2/28/07	12/2/15	\$2,122.00	\$1,230.50			\$891.50	\$0.00
Doors & Floors Org	55	10/1/09	11/25/15	\$5,600.00	\$5,550.00			\$50.00	\$0.00
Yours-Mine-Ours Corp	75	9/1/07	10/20/15	\$3,000.00	\$3,750.00			-\$750.00	\$0.00
Bagels R Us Corp	63	8/1/02	1/3/15	\$1,400.00	\$1,575.00			-\$175.00	\$0.00
Totals				\$24,470.00					\$0.00
Net Proceeds as above from each of your security transactions are reported individually to the IRS									
** Information not available									
								2015	Form 1099

On Kevin's broker's statement from Portfolio Investments, the tax-exempt interest was paid on a municipal bond from another state. Money from U.S. Savings Bonds was used by the Kerrys for house repairs.

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.

Lucky Dog LLC2715 Alpine Lane
Boston, MA 02110**2015 TAX REPORTING STATEMENT****Kevin Kerry and Mary Bragg**
8705 Somersby Way, Your City, YS ZIP
Account No. 111-227
Recipient ID No. XXX-XX-XXXX
Payer's Fed ID Number: XX-XXXXXXX**Form 1099-DIV 2015 Dividends and Distributions**

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

Box	Amount
1a Total Ordinary Dividends	325.68
1b Qualified Dividends	208.33
2a Total Capital Gain Distributions (Includes 2b- 2d)	687.42
2b Capital Gains that represent Unrecaptured 1250	0.00
2c Capital Gains that represent Section 1202 Gain	0.00
2d Capital Gains that represent Collectibles (28%) G	0.00
3 Nondividend Distributions	54.00
4 Federal Income Tax Withheld	0.00
5 Investment Expenses	0.00
6 Foreign Tax Paid	0.00
7 Foreign Country or U.S. Possession	0.00
8 Cash Liquidation Distributions	0.00
9 Non-Cash Liquidation Distributions	0.00
10 Exempt-Interest Dividends	87.00
11 Specified Private Activity Bond Interest Dividends	22.00
12 State	
13 State Identification No.	
14 State Tax Withheld	0.00
FATCA filing requirement	NO

Form 1099-INT 2015 Interest Income

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

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

**These amounts are not reported to the IRS.

Lucky Dog LLC2715 Alpine Lane
Boston, MA 02110**2015 TAX REPORTING STATEMENT****Kevin Kerry and Mary Bragg**
8705 Somersby Way, Your City, YS ZIP
Account No. 111-227
Recipient ID No. XXX-XX-XXXX
Payer's Fed ID Number: XX-XXXXXXX**Form 1099-MISC 2015 Miscellaneous Income**

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

Box		Amount
2	Royalties	0.00
4	Federal Income Tax Withheld	0.00
8	Substitute Payments in Lieu of Dividends or Interest	0.00
16	State Tax Withheld	0.00
17	State Identification No.	
18	State Income	0.00
	FATCA filing requirement	

Summary of 2015 Original Issue Discount

Box		Amount
1	Original Issue Discount	0.00 **
2	Other Periodic Interest	0.00 **
4	Federal Income Tax Withheld	0.00 **
5	Market Discount	0.00 **#
6	Acquisition Premium	0.00 **#
8	Original Issue Discount on U.S. Treasury Obligations	0.00 **

** Amounts of original issue discount are individually reported to the IRS.

Refer to the 2015 Original Issue Discount section of this statement.

Box 5 and Box 6 contain amounts for covered securities only.

Summary of 2015 Proceeds From Broker and Barter Exchange Transactions

Box		Amount
1d	Proceeds	52,464.43 *
1e	Cost or Other Basis	8,618.33 **
4	Federal Income Tax Withheld	0.00
6	Adjustments - Wash Sales	226.80
	Adjustments - Market Discount	0.00 **
16	State Tax Withheld	0.00
Regulated Futures Contracts:		
4	Federal Income Tax Withheld	0.00
8	Profit or (Loss) Realized in 2015 on Closed Contracts	0.00
9	Unrealized Profit of (Loss) on Open Contracts - 12/31/2014	0.00
10	Unrealized Profit of (Loss) on Open Contracts - 12/31/2015	0.00
11	Aggregate Profit of (Loss) on Contracts	0.00

* Gross Proceeds from each of your security transactions are reported individually to the IRS. Refer to the Form 1099-B section of this statement.

** Box 1e and Box 6 contain amounts for covered securities only.

Lucky Dog LLC

2715 Alpine Lane
Boston, MA 02110

2015 TAX REPORTING STATEMENT

Kevin Kerry and Mary Bragg
8705 Somersby Way, Your City, YS ZIP
Account No. 111-227
Recipient ID No. XXX-XX-XXXX
Payer's Fed ID Number: XX-XXXXXXX

FORM 1099-B 2015 Proceeds from Broker and Barter Exchange Transactions

Copy B for Recipient OMB NO. 1545-0715

Short-term transactions for which basis is reported to the IRS

Report on Form 8949 with Box A checked and/or Schedule D, Part I

(This Label is a Substitute for Boxes 1a & 3)

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

1a Description, **2** Short-term, **3** Basis reported to IRS, **6** Net Proceeds, and Stock or Other Symbol , CUSIP

Action	Quantity	1b Date Acquired	1c Date Sold or Disposed	1d Proceeds	1e Cost or Other Basis	1f Code, if any	1g Adjustments	Gain or Loss (-)	4 Federal Income Tax Withheld	14 State 15 State ID Number	16 State Tax Withheld
Magic Investor Class Fund											
Sale	16.523	09/23/2014	08/26/2015	169.36	142.58			26.78			
Sale	15.875	12/23/2014	08/26/2015	162.72	132.75			29.97			
Sale	14.345	03/23/2015	08/26/2015	147.04	128.68			18.36			
Sale	13.985	06/23/2015	08/26/2015	143.35	130.57			12.78			
				<u>622.47</u>	<u>534.58</u>		0.00	87.89			
Hot Air Bond Fund											
Sale	175.000	10/25/2014	02/26/2015	2,368.15	2,632.75	W	226.80	-37.80			
Sale	150.000	03/15/2015	12/15/2015	2,286.36	2,352.45			-66.09			
				<u>4,654.51</u>	<u>4,985.20</u>		226.80	-103.89			
Red Balloon Investor Class Fund											
Sale	250.000	07/23/2015	12/05/2015	1,555.00	1,085.36			469.64			
Sale	100.000	07/23/2015	04/18/2015	622.00	512.74			109.26			
				<u>2,177.00</u>	<u>1,598.10</u>		0.00	578.90			
TOTALS				7,453.98	7,117.88		226.80	562.90			

FORM 1099-B- 2015 Proceeds from Broker and Barter Exchange Transactions

Copy B for Recipient OMB NO. 1545-0715

Long-term transactions for which basis is reported to the IRS

Report on Form 8949 with Box D checked and/or Schedule D, Part II

(This Label is a Substitute for Boxes 1a & 3)

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

1a Description, **2** Long-term, **3** Basis reported to IRS, **6** Net Proceeds, and Stock or Other Symbol , CUSIP

Action	Quantity	1b Date Acquired	1c Date Sold or Disposed	1d Proceeds	1e Cost or Other Basis	1f Code, if any	1g Adjustments	Gain or Loss (-)	4 Federal Income Tax Withheld	14 State 15 State ID Number	16 State Tax Withheld
Magic Investor Class Fund											
Sale	18.854	03/26/2012	08/26/2015	193.25	159.45			33.80			
Sale	17.769	06/23/2012	08/26/2015	182.13	158.36			23.77			
Sale	17.646	09/23/2012	08/26/2015	180.87	162.74			18.13			
Sale	17.523	12/23/2012	08/26/2015	179.61	156.87			22.74			
Sale	17.400	03/23/2013	08/26/2015	178.35	150.74			27.61			
Sale	17.277	06/23/2013	08/26/2015	177.09	146.35			30.74			
Sale	17.154	09/23/2013	08/26/2015	175.83	142.58			33.25			
Sale	17.031	12/23/2013	08/26/2015	174.57	139.86			34.71			
Sale	16.908	03/23/2014	08/26/2015	173.31	140.85			32.46			
Sale	16.785	06/23/2014	08/26/2015	172.05	142.65			29.40			
				<u>1,787.06</u>	<u>1,500.45</u>		0.00	286.61			
TOTALS				1,787.06	1,500.45			286.61			

Lucky Dog LLC2715 Alpine Lane
Boston, MA 02110**2015 TAX REPORTING STATEMENT****Kevin Kerry and Mary Bragg**
8705 Somersby Way, Your City, YS ZIP
Account No. 111-227
Recipient ID No. XXX-XX-XXXX
Payer's Fed ID Number: XX-XXXXXXX**FORM 1099-B- 2015 Proceeds from Broker and Barter Exchange Transactions**

Copy B for Recipient OMB NO. 1545-0715

Long-term transactions for which basis is not reported to the IRS

Report on Form 8949 with Box E checked and/or Schedule D, Part II

(This Label is a Substitute for Boxes 1a & 3)

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

1a Description, **2** Long-term, **3** Basis not reported to IRS, **6** Net Proceeds, and Stock or Other Symbol, CUSIP

Action	Quantity	1b Date Acquired	1c Date Sold or Disposed	1d Proceeds	1e Cost or Other Basis	1f Code, if any	1g Adjustments	Gain or Loss (-)	4 Federal Income Tax Withheld	14 State ID Number	16 State Tax Withheld
Magic Investor Class Fund											
Sale	3,842.140	05/22/2010	08/26/2015	39,381.94	36,214.99			3,166.95			
Sale	18.526	06/23/2010	08/26/2015	189.89	158.36			31.53			
Sale	18.025	09/23/2010	08/26/2015	184.76	162.74			22.02			
Sale	17.985	12/23/2010	08/26/2015	184.35	156.87			27.48			
Sale	18.352	03/23/2011	08/26/2015	188.11	150.74			37.37			
Sale	17.842	06/23/2011	08/26/2015	182.88	146.35			36.53			
Sale	17.652	09/23/2011	08/26/2015	180.93	142.58			38.35			
Sale	17.710	12/23/2011	08/26/2015	181.53	139.86			41.67			
				40,674.39	37,272.49			3,401.90			
Rider Corporation											
Sale	65.000	**	12/22/2015	2,549.00	**			**			
TOTAL				43,223.39							

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.

** Information not available

Page 4 of 4

Lucky Dog LLC does not have a record for the purchase of Rider stock. Kevin inherited the 65 shares from his uncle who paid \$588 in 1999. The stock was worth \$1,222 on 1/29/2015, the day his uncle died.

Kevin has an interest in an investment partnership and provides you with the K-1.

Schedule K - 1 (Form 1065) Department of the Treasury Internal Revenue Service		<input type="checkbox"/> Final K-1 <input type="checkbox"/> Amended K-1	
<h1 style="margin: 0;">2015</h1> For Calendar year 2015, or tax year beginning _____, 2015 ending _____ 20____		Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Income	
Partner's Share of Income, Deductions, Credits, etc. > See back of form and separate instructions.		1 Ordinary business income (loss)	15 Credits
		2 Net rental real estate income (loss)	
		3 Other net rental income (loss)	16 Foreign transactions
		4 Guaranteed payments	
		5 Interest income <div style="text-align: right;">\$237.65</div>	
		6a Ordinary dividends <div style="text-align: right;">\$425.42</div>	
		6b Qualified dividends <div style="text-align: right;">\$334.50</div>	
		7 Royalties <div style="text-align: right;">\$26.00</div>	
		8 Net short-term capital gain (loss) <div style="text-align: right;">\$325.55</div>	
		9a Net long-term capital gain (loss) <div style="text-align: right;">\$444.22</div>	17 Alternative minimum tax (AMT) items
		9b Collectables (28%) gain (loss)	
		9c Unrecaptured section 1250 gain	
Part I Information About the Partnership			
A Partnership's employer identification number <div style="text-align: center;">04-1XXXXXX</div>			
B Partnership's name, address, city, state, and ZIP code HIGH FLYING INVESTMENTS 875 WALL ROAD YOUR CITY, YS ZIP			
C IRS Center where partnership filed return OGDEN, UT			
Part II Information About the Partner			
E Partner's identifying number <div style="text-align: center;">331-XX-XXXX</div>			
F Partner's name, address, city, state, and ZIP code KEVIN R KERRY 8705 SOMERSBY WAY YOUR CITY, YS ZIP			

Kevin mentions that he has listed his home for sale and asks whether he will have to pay tax on the gain. He and Mary bought their home in 1990 for \$120,000, always used it as their main home and it was never used for business. While they owned the home, they spent money for the following:

Remodeled the kitchen in 2007	\$ 17,200
Painted inside and out in 2007	\$ 4,600
Replaced dead landscape in	\$ 450
2010 New roof in 1995	\$ 5,500

He estimates that it will sell for \$675,000 minus selling expenses of \$22,000.

Discuss what was the basis in the home before Mary's death.

Discuss whether Kevin's basis in his home will change due to Mary's death with particular attention to your state's laws.

Discuss the maximum amount of gain that Kevin would be eligible to exclude assuming the home sells during 2016.

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 \$15,250. The amount of state income taxes was \$1,498. The amount of state sales tax was \$1,356.

<input type="checkbox"/> CORRECTED (if checked)					
PAYER'S name, address, city, state, ZIP code IN DEPARTMENT OF REVENUE 5101 MAIN STREET INDIANAPOLIS, IN 46204		1 Unemployment compensation	2015 Form 1099-G	Certain Government Payments	
		2 State or local income tax refunds, credits or offsets \$208.00			
PAYER'S Federal identification number 28-9XXXXXX	RECIPIENT'S identification number 331-XX-XXXX	3 Box 2 amount is for tax year		4 Federal income tax withheld	
RECIPIENT'S name, address, city, state, ZIP code KEVIN R KERRY 8705 SOMERSBY WAY YOUR CITY, YS ZIP		5 RTAA payments		6 Taxable grants	
		7 Agriculture payments		8 If checked, box 2 is trade or business income > <input type="checkbox"/>	
		9 Market gain			
Account number (see instructions)		10, State	10b State identification no.	11 State income tax withheld	
<p style="text-align: right;">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.</p>					
Form 1099-G					

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 of \$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.

<input type="checkbox"/> CORRECTED (if checked)					
PAYER'S name, address, city, state, ZIP code HEARTFELT MEDICAL CENTER 674 WELLNESS ROAD INDIANAPOLIS, IN 46204		1 Rents	2015 Form 1099-MISC	Miscellaneous Income	
		2 Royalties			
		3 Other Income			
PAYER'S Federal identification number 26-0XXXXXX	RECIPIENT'S identification number 332-XX-XXXX	5 Fishing boat proceeds		4 Federal income tax withheld	
RECIPIENT'S name, address, city, state, ZIP code MARY B BRAGG 8705 SOMERSBY WAY YOUR CITY, YS ZIP		7 Nonemployee Compensation \$674.00		6 Medical and health care payments	
		9 Payer made direct sales \$5,000 or more of consumer products to a buyer (recipient) for resale > <input type="checkbox"/>		8 Substitute payments in lieu of dividends or interest	
		11		10 Crop Insurance proceeds	
		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	
Form 1099-MISC					

Line 15—IRA Distributions

Kevin was not allowed a full deduction for his contributions to his IRA in prior years. His 2014 return shows remaining basis of \$987 (Form 8606). Kevin states that the 12/31/15 total value of his IRAs is \$11,268.

<input type="checkbox"/> CORRECTED (if checked)		2015 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
PAYER'S name, address, city, state, ZIP code PEOPLES TRUST COMPANY P.O. BOX 254 INDIANAPOLIS, IN 46204		1 Gross distribution \$626.00	2a Taxable amount \$626.00		2b Taxable amount not determined. <input type="checkbox"/> Total Distribution <input type="checkbox"/>
PAYER'S Federal identification number 26-2XXXXXX	RECIPIENT'S identification number 331-XX-XXXX	3 Capital gain (included in box 2a).	4 Federal income tax withheld		
RECIPIENT'S name, address, city, state, ZIP code KEVIN R KERRY 8705 SOMERSBY WAY YOUR CITY, YS ZIP		5 Employee contributions / Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities		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
7. Distribution Code(s) 1		IRA/SEP/SIMPLE <input checked="" type="checkbox"/>	8 Other %		
9a Your percentage of total distribution %		9b Total Employee Contributions			
10. Amount allocable to IRR within 5 years	11. 1st year of desig. Roth contrib.	12. State tax withheld	13. State/Payer's state no. YS/26-2XXXXXX	14. State Distribution	
Account number (see instructions)		15. Local tax withheld	16. Name of Locality	17. Local Distribution	

Form 1099-R

Kevin has tried to get Peoples Trust to correct the distribution 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.

<input type="checkbox"/> CORRECTED (if checked)		2015 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
PAYER'S name, address, city, state, ZIP code YALE SECURITY IRA P.O. BOX 2537 INDIANAPOLIS, IN 46204		1 Gross distribution \$8,649.00	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		
RECIPIENT'S name, address, city, state, ZIP code KEVIN R KERRY 8705 SOMERSBY WAY YOUR CITY, YS ZIP		5 Employee contributions / Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities		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
7. Distribution Code(s) G		IRA/SEP/SIMPLE <input checked="" type="checkbox"/>	8 Other %		
9a Your percentage of total distribution %		9b Total Employee Contributions			
10. Amount allocable to IRR within 5 years	11. 1st year of desig. Roth contrib.	12. State tax withheld	13. State/Payer's state no. YS/26-3XXXXXX	14. State Distribution	
Account number (see instructions)		15. Local tax withheld	16. Name of Locality	17. Local Distribution	

Form 1099-R

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	2015	OMB No. 1545-0119 Form: 1099R Distribution From Pensions, Annuities Retirement or Profit-Sharing Plans, IRA's, 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	331-XX-XXXX	CSA 541207692	
	5. Employee Contributions/ Designated Roth Contributions or Insurance Premiums	PAID TO → KEVIN R KERRY 8705 SOMERSBY WAY YOUR CITY, YS ZIP		
	7. Distribution Code(s)	7-NONDISABILITY		
9b. Total Employer Contributions	\$1,567.00			
			1. Gross distribution	\$1,295.00
			2a. Taxable amount	\$1,200.00
			4. Federal Income Tax Withheld	\$.00
State 1		10. State Income Tax Withheld	\$.00	
State 2		11. State Income Tax Withheld		

Kevin retired two years ago and started drawing his retirement pay on January 1 of 2014. He recovered \$335 of his cost during the first year. Kevin did not select a joint and survivor annuity.

<input type="checkbox"/> CORRECTED (if checked)					2015 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S name, address, city, state, ZIP code ALPINE PENSION FUND 7568 PEACHTREE STREET INDIANAPOLIS, IN 46204		1 Gross distribution \$12,743.00	2a Taxable amount	2b Taxable amount not determined. <input checked="" type="checkbox"/> Total Distribution <input type="checkbox"/>		
PAYER'S Federal identification number 26-4XXXXXX	RECIPIENT'S identification number 331-XX-XXXX	3 Capital gain (included in box 2a).	4 Federal income tax withheld \$637.15		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, address, city, state, ZIP code KEVIN R KERRY 8705 SOMERSBY WAY YOUR CITY, YS ZIP		5 Employee contributions /Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities			
7. Distribution Code(s) 7	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other %				
9a Your percentage of total distribution %	9b Total Employee Contributions \$5,870.00					
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. YS 26-4XXXXXX	14. State Distribution		
Account number (see instructions) 		15. Local tax withheld	16. Name of Locality	17. Local Distribution		
Form 1099-R						

Line 17— Rents, Royalties - Kevin provides you with Mary's oil & gas royalty form.

<input type="checkbox"/> CORRECTED (if checked)					
PAYER'S name, address, city, state, ZIP code BIG OIL CORP 587 BUSER AVENUE YOUR CITY, YS ZIP		1 Rents	2015 Form 1099-MISC		Miscellaneous Income
		2 Royalties			
		3 Other Income		4 Federal income tax withheld	
PAYER'S Federal identification number 01-5XXXXXX	RECIPIENT'S identification number 332-XX-XXXX	5 Fishing boat proceeds	6 Medical and health care payments		Copy B For Recipient
RECIPIENT'S name, address, city, state, ZIP code MARY B BRAGG 8705 SOMERSBY WAY YOUR CITY, YS ZIP		7 Nonemployee Compensation	8 Substitute payments in lieu of dividends or interest		
		9 Payer made direct sales \$5,000 or more of consumer products to a buyer (recipient) for resale > <input type="checkbox"/>	10 Crop Insurance proceeds		
		11	12		
Account number (see instructions)		13 Excess golden parachute payments	14 Gross proceeds paid to an attorney		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.
15a Section 409A deferrals	15b Section 409A income	16 State tax withheld	17 State/Payer's state no.	18 State income	
Form 1099-MISC					

Line 20—Social Security Benefit

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT				
20 15		<input type="radio"/> PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. <input type="radio"/> SEE THE REVERSE FOR MORE INFORMATION.		
Box 1. Name KEVIN R KERRY		Box 2. Beneficiary's Social Security 331-XX-XXXX		
Box 3. Benefits Paid in 2015 \$13,682.00	Box 4. Benefits Repaid to SSA in \$0.00	Box 5. Net Benefits Paid for 2015 (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	\$11,465.20			
Medicare Part B premiums deducted from your benefits	\$1,258.80			
Medicare Prescription Drug premiums (Part D) deducted from your benefits	\$0.00			
Total Additions	\$12,724.00			
Benefits for 2015	\$13,682.00	Box 6. Voluntary Federal Income Tax Withheld \$958.00		
Benefits for 2014		Box 7. Address KEVIN R KERRY 8705 SOMERSBY WAY YOUR CITY, YS ZIP		
Benefits for 2013		Box 8. Claim Number (use this number if you need to contact SSA) 331-XX-XXXXA		
Benefits for 2012				
Form SSA-1099-SM				

Line 21—Other Income

<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED (if checked)		2015 Form W-2-G Certain Gambling Winnings This information is being furnished to the Internal Revenue Service. Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.			
PAYER'S name, address, city, state, and ZIP code GET RICH LOTTERY BOARD 578 DOLLAR BLVD INDIANAPOLIS, IN 46204				1. Gross winnings \$1,200.00	2. Date won 06/28/2015
				3. Type of wager LOTTERY	4. Federal income tax withheld
				5. Transaction	6. Race
PAYER'S Federal identification number Payer's Telephone number 26-7XXXXXX 888-341-XXXX				7. Winnings from identical wagers	8. Cashier
				9. Winner's taxpayer identification no. 332-XX-XXXX	10. Window
WINNER'S name, address, city, state, and ZIP MARY B BRAGG 8705 SOMERSBY WAY YOUR CITY, YS ZIP				11. First I.D.	12. Second I.D.
				13. State Payer's identification no. YS 26-7XXXXXX	14. State Winnings \$1,200.00
				15. State income tax withheld \$120.00	16. Local Winnings
				17. Local income tax withheld	18. Name of locality
Under penalty of perjury, I declare that, to the best of my knowledge and belief, the name, address, taxpayer identification number that I furnished correctly identify me as the recipient of this payment and any payment from identical wagers, and no other person is entitled to any part of these payments.					
Signature >		Date >			
Form W-2G					

Mary had \$2,250 in gambling losses. She has also won \$500.00 in your state lottery.

Mary's long term care insurance helped to cover part of her expenses at the rate of \$200 per day for 69 days.

<input type="checkbox"/> CORRECTED (if checked)		2015 Form 1099-LTC Long-Term Care and Accelerated Death Benefits Copy B For Policyholder This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.			
PAYER'S name, address, city, state, and ZIP code WF CARF INSURANCE INC 234 WELLNESS ROAD YOUR CITY, YS ZIP				1. Gross Long-Term care benefits paid \$13,800.00	INSURED's taxpayer identification no. 332-XX-XXXX
				2. Accelerated Death benefits paid	3. <input checked="" type="checkbox"/> Per Diem <input type="checkbox"/> Reimbursed Amount
PAYER'S Federal identification number 28-5XXXXXX	POLICYHOLDER'S identification number 332-XX-XXXX	INSURED'S name, street address, city or town, province or state, ZIP or foreign postal code and telephone no. MARY B BRAGG 8705 SOMERSBY WAY YOUR CITY, YS ZIP			
POLICYHOLDER'S name, address, city, state, and ZIP code MARY B BRAGG 8705 SOMERSBY WAY YOUR CITY, YS ZIP					
Account number (see instructions) 	4. Qualified contract (optional) <input checked="" type="checkbox"/>	5. (optional) <input type="checkbox"/> Chronically ill <input checked="" type="checkbox"/> Terminally ill	Date certified 09/01/2015		
Form 1099-LTC					

Kevin served on a jury and received \$150 for his ten days of service in addition to his mileage reimbursement.

Line 23—Educator Expenses

Kevin tells you that he paid for \$138 for art supplies for his students. You ask him how many hours he worked as an educator and he said about 400 hours. Kevin asks if he can get any write-off for the supplies.

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. They did not get a 1098 form.

Line 40—Itemized Deductions

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

Medical insurance - supplemental policy for Kevin	\$1,200
Long-term care policy for Mary	\$1,600
Doctor bills	\$2,653
Hospital bills	\$3,200
Life insurance	\$1,842
Funeral expenses	\$5,600
Medical mileage 103 miles per month (1,236 miles total)	
Prescription drugs	\$965
Insulin (no prescription)	\$189
Prescription eyeglasses	\$210
Tithes to church	\$1,730
Cash contributions to: National Public Radio, American Cancer Society, Shriners Children's Hospital	\$225
Contributions to Millsap Elementary School	\$250
Salvation Army - the FMV of clothes and a TV, which were in good used condition (Kevin says he has receipts or canceled checks at home for all the donations)	\$350
Home mortgage interest (Form 1098)	\$2,997
County real estate tax	\$1,240
City real estate tax	\$258
Personal property tax (based on the value)	\$624
Gambling losses	\$2,250
Speeding tickets	\$375
State sales tax (new car)	\$1,565

Kevin wants to know if he can deduct the insurance premiums he and Mary paid for Yvonne and Terri totalling \$3,680. He provides you with Form 1095-A below.

Note: On TaxWise Sales Tax worksheet, be sure to use IN as the state and no local sales tax

Line 49—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. Mary's employer gave Mary \$300 toward the day care (see W-2). The address is 128 Magical Way St, Your City, State, and ZIP Code. Their EIN is 26-8XXXXXX.

Line 50—Education Credits

In addition to the amounts shown on the 1098-T form, Yvonne spent \$1,500 on required textbooks and \$850 for a new computer that was not a course requirement. Yvonne got \$500 from her Education Savings Account to cover some of the books.

Yvonne's grant or scholarship was unrestricted and could have been used for nonqualified costs, such as room and board. Kevin and Mary provided Yvonne's room and board, which cost approximately \$8,000 for the year. Yvonne received a small amount of unemployment, had some credit card debt forgiven, and does not need to otherwise file a return.

Yvonne is willing to report some of her scholarship as taxable if it results in a better refund for her dad. She wants to know whether she needs to file a return and whether declaring some of her scholarship as taxable causes her any tax.

<input type="checkbox"/> CORRECTED (if checked)				
PAYER'S/TRUSTEE'S name, address, city, state, and ZIP code TRUSTY BANK 965 MAIN ST YOUR CITY, YS ZIP		1 Gross Distribution \$500.00	20 15 Form 1099-Q	Payments From Qualified Education Programs (Under Sections 529 and 530)
PAYER'S/TRUSTEE'S Federal identification no 12-8XXXXXX		2 Earnings		
RECIPIENT'S social security number 333-XX-XXXX		3 Basis	4 Trustee-to-Trustee Transfer <input type="checkbox"/>	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, address, city, state, and ZIP code YVONNE KERRY 8705 SOMERSBY WAY YOUR CITY, YS ZIP		5 Check one: * Qualified Tuition Program Private <input checked="" type="checkbox"/> or State <input type="checkbox"/> * CoverESA <input type="checkbox"/>		
Account number (see instructions)		6 If this box is checked, the recipient is not the designated beneficiary <input type="checkbox"/> If the fair market value (FMV) is shown below, see Pub 970, Tax Benefits for Education for how to figure earnings.		

<input type="checkbox"/> CORRECTED (if checked)				
FILER'S name, address, city, state, and ZIP code NORTHERN KENTUCKY UNIVERSITY NUNN DRIVE FOUNDERS HALL SUITE 500 HIGHLAND HEIGHTS, KY 41076		1 Payments received for qualified tuition and related expenses \$5,750.00	20 15 Form 1098-T	Tuition Statement
FILER'S Federal identification number 26-9XXXXXX		2 Amounts billed for qualified tuition and related expenses		
STUDENT'S social security number 333-XX-XXXX		3 If this box is checked, your educational institution has changed its reporting method for 2015. <input type="checkbox"/>		Copy B For Student This is important tax information and is being furnished to the Internal Revenue Service.
STUDENT'S name, address, city, state, and ZIP code YVONNE KERRY 8705 SOMERSBY WAY YOUR CITY, YS ZIP		4 Adjustments made for a prior year	5 Scholarships or grants \$5,000.00	
Service Provider/Acct No. (see instr.)		6 Adjustments to scholarships or grants for a prior year	7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January-March 2014. <input type="checkbox"/>	
8. Checked if at least half-time student <input checked="" type="checkbox"/>		9 Checked if a graduate student <input type="checkbox"/>	10 Ins. contract reimb/refund	

Form **1098-T**

<input type="checkbox"/> CORRECTED (if checked)				
PAYER'S name, address, city, state, ZIP code INDIANA EMPLOYMENT COMMISSION 426 SOUTH MAIN ST INDIANAPOLIS, IN 46204		1 Unemployment compensation \$200.00	2015 Form 1099-G	Certain Government Payments
PAYER'S Federal identification number 26-5XXXXXX		2 State or local income tax refunds, credits or offsets		
RECIPIENT'S name, address, city, state, ZIP code YVONNE KERRY 8705 SOMERSBY WAY YOUR CITY, YS ZIP	RECIPIENT'S identification number 333-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.
Account number (see instructions)		5 RTAA payments	6 Taxable grants	
		7 Agriculture payments	8 If checked, box 2 is trade or business income > <input type="checkbox"/>	
		9 Market gain		
		10. State YS	10b State identification no 2G-GXXXXXXX	11 State income tax withheld
Form 1099-G				

<input type="checkbox"/> CORRECTED (if checked)				
LENDER'S name, address, city, state, and ZIP code WELENDU CARDS 892 DEBTORS LANE YOUR CITY, YS ZIP		1 Date of Identifiable Event 01/15/2015	2015 Form 1099-C	Cancellation of Debt
LENDER'S Federal identification number 11-4XXXXXX		2 Amount of debt discharged \$625.00		
BORROWER'S identification number 333-XX-XXXX		3 Interest if included in Box 2		
BORROWER'S name, address, state, and ZIP code YVONNE KERRY 8705 SOMERSBY WAY YOUR CITY, YS ZIP		4 Debt description CREDIT CARD		Copy B For Debtor 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)		5 If checked, the borrower was personally liable for repayment of this debt > <input checked="" type="checkbox"/>		
		6 Identifiable Event Code	7 Fair market value of property	
Form 1099-C				

Additional education / training expenses:

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 53—Energy Credits, Form 5695

The Kerrys 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 Kerrys have not claimed any credits in previous years on Form 5695. If energy credit is not used, delete Form 5695.

Line 65—Estimated Tax Payments

During the year, Kevin and Mary made the following federal 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 66a—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 67—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 68—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 and that the maximum allowable credit is claimed.

Line 69—Net Premium Tax Credit, Form 8962

Kevin and Mary purchased coverage starting March 1 for Yvonne and Terri on the Marketplace. They elected to not take any advance of the premium tax credit.

Form 1095-A Department of the Treasury Internal Revenue Service	Health Insurance Marketplace Statement > Information about Form 1095-A and its separate instructions is at www.irs.gov/form1095a .	OMB No. 1545-2232 <div style="font-size: 2em; font-weight: bold;">20 15</div>		
		<input type="checkbox"/> CORRECTED		
Part I Recipient Information				
1 Marketplace Identifier B3-1XXXXXX	2 Marketplace-assigned policy number A4389995	3 Policy issuer's name HEALTHY CO		
4 Recipient's name KEVIN R KERRY	5 Recipient's SSN 331-XX-XXXX	6 Recipient's date of birth 07/28/1943		
7 Recipient's spouse's name MARY B BRAGG	8 Recipient's spouse's SSN 332-XX-XXXX	9 Recipient's spouse's date of birth 01/15/1953		
10 Policy start date 03/01/2015	11 Policy Termination Date 12/31/2015	12 Street Address (including apartment number) 8705 SOMERSBY WAY		
13 City, State, Country and ZIP code YOUR CITY, YS ZIP				
Part II Coverage Household				
A Covered Individual Name	B Covered Individual SSN	C. Date of Birth	D. Start Date	E. Termination Date
16 YVONNE KERRY	333-XX-XXXX	03/13/1993	03/01/2015	12/31/2015
17 TERRY THOMAS	334-XX-XXXX	05/08/2011	03/01/2015	12/31/2015
18				
19				
20				
Part III Household Information				
Month	A Monthly Premium Amount	B Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. Monthly Advance Payment of Premium Tax Credit	
21 January				
22 February				
23 March	\$368.00	\$421.00	\$.00	
24 April	\$368.00	\$421.00	\$.00	
25 May	\$368.00	\$421.00	\$.00	
26 June	\$368.00	\$421.00	\$.00	
27 July	\$368.00	\$421.00	\$.00	
28 August	\$368.00	\$421.00	\$.00	
29 September	\$368.00	\$421.00	\$.00	
30 October	\$368.00	\$421.00	\$.00	
31 November	\$368.00	\$421.00	\$.00	
32 December	\$368.00	\$421.00	\$.00	
33 Annual Totals	\$3,680.00	\$4,210.00	\$.00	

Lines 75—Overpayment to 79—Amount You Owe

Kevin wants half of his refund deposited to his checking account and the other half applied to 2016. If he owes, he wants a direct debit from his checking account. He provided you a check.

KEVIN R KERRY 8705 SOMERSBY WAY YOUR CITY, YS ZIP		1234
PAY TO THE _____ ORDER OF _____		\$ _____ DOLLARS
Your Bank Bank City, State, ZIP Code		
For _____		
: 325070760 : 987123654 1234		

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

Signature Line

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

Instruct Kevin how he should sign the 8879 authorization form - for himself and, especially, for Mary.

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

STATE SUPPLEMENTAL EXERCISES:

Use W-2 state wages (box 18) from Petroleum Oil & Gas of \$30,283
(federal wages box 1 stays at \$32,283)

Use Sch D state capital loss carryover to \$600 (federal stays at \$450)

ACA EXERCISES – TY 2015

1. Joe is 26 years old and on his own. He has a part-time job while he finishes his master's degree. He earns \$17,000 for the year. Is Joe required to have health coverage?
2. Hank has retiree health coverage from his old employer. His wife, Sara is in good health and has a dental policy only. Do both Hank and Sara have MEC?
3. Although Robert is eligible for Medicaid, he did not enroll at all during 2015. Must he pay a SRP?
4. Alejandro and Maria have a child. Alejandro's employer offered him family coverage which costs Alejandro 8.5% of his gross income. If Alejandro takes the family coverage for the full year, how would he report that on his tax return?
5. Martine and James are married and have a child. James' employer offered him self-only coverage that would have cost 7.5% of James' household income or family coverage which would have been 9.0% of James' household gross income.
 - a. Can James buy coverage through the Marketplace and get PTC?
 - b. If they don't get any MEC, are they eligible for the affordability exemption(s)?
6. Willy, Katey and their two young children have recently immigrated to the US, and while lawfully present, are not eligible for Medicaid. Their combined income is \$23,000 and Willy and Katey believe they cannot afford health coverage. Are they eligible for an exemption from the SRP?
7. Joe and Jackie are legally separated. Their child, Marcie, lives with Jackie. So long as Joe makes the child support payments, he is entitled to claim Marcie as his tax dependent. Joe is current on all the child support payments so he will claim Marcie as his dependent. Jackie provides coverage for herself and Marcie through her employer's plan. Joe purchases a full-year policy for himself through the Marketplace.
 - a. Who is responsible for Marcie's health coverage under ACA?
 - b. Since Joe did not provide Marcie's health coverage, will Joe need an exemption from the shared responsibility payment with respect to Marcie?
 - c. In computing his premium tax credit, what is Joe's family size?
 - d. Is the policy that Jackie has through her employer a "shared policy" subject to allocation?
8. Jennice is 26 years old, going to school full-time and earned \$8,500 in a part-time job. Jennice still lives with her parents who provide more than half of Jennice's support. Who is responsible for Jennice's health coverage under ACA?

9. Johnny was covered by Medicaid until February 23 of last year when he got a job. His employer-sponsored health coverage started after his probationary period ended on May 23.
- Does Johnny have full-year coverage so that he can check the box on his 1040 line 61?
 - Will Johnny be liable for a shared responsibility payment? If yes, for what months? If no, why not?
10. Ralph and Martha have retired and are covered by Medicare Parts A, B and D. Their grandchild, Charlie, who is 20 years old, comes to stay with them while he is going to a nearby college. Ralph and Martha provide all of Charlie's support. Charlie's parents' home is in another state where Charlie still has his room. Charlie's parents are employed and have much more income than Ralph and Martha.
- Who is responsible for Charlie's health insurance coverage?
 - Whether or not Charlie is eligible for Medicaid, who would be responsible for Charlie's health coverage if Charlie was 26 years old?
11. Joanne and Marty file jointly and claim their child, Tommy. Tommy is the beneficiary of a trust from his grandparents and has interest income of \$1,200. Will Joanne and Marty include Tommy's \$1,200 as part of their Household Income (MAGI) for ACA purposes?
12. Richard is employed and earns \$30,000 during the year. He is a member of a recognized Indian tribe and does not have health coverage. Is Richard liable for a shared responsibility payment?
13. Rachael has had difficulties with the law and was in jail for the first six months of the year having been released on July 3, 2015. Upon her release, she found a job and got health coverage through her employer that started October 1 and still continues. Is Rachael liable for a shared responsibility payment? If so, for the whole year or for what months?
14. Sheryl's mother, Marion age 67, lives with her. Marion gets \$16,000 of social security and a \$2,000 survivor's pension. Sheryl earns \$45,000 and pays for more than half of Marion's support and for more than half of the cost of the household. If Sheryl has no health coverage for the whole year and is not entitled to an exemption, what is the total amount of household modified adjusted gross income used to compute the shared responsibility payment?
15. Bobby was in the military until his discharge on May 12, 2015. He started his new employer's health coverage for himself and his son, Benny, on July 1, 2015. Bobby is not married and provides all the support for Benny, who lived with him since he got out of the military.
- Is there an exemption that covers Bobby for the months before his employer coverage started?
 - Assuming that Benny is ineligible for Medicaid, is Bobby eligible for the Marketplace affordability exemption with respect to Benny for the first 6 months of the year when he was uninsured?

16. Mark and Katrina adopted a child in June 2015. This qualified them for a special enrollment period to enroll in private health insurance coverage, and they sign up for a plan that covered them starting June 25. They keep this coverage for the rest of the year, but before they signed up for it in June, Mark and Katrina were uninsured. For which months do Mark and Katrina have MEC?
17. Vicki's husband died three years ago, after he had started to receive social security. Vicki and each of her two teenage children are receiving social security survivor benefits of \$12,000 each. Vicki also won \$15,000 in a lottery, which she used to pay off an old student loan. That is all their income and together they pay for all the costs of their support and of the household (1/3 each).
- May Vicki claim the two children as dependents?
 - Who is responsible under ACA for health coverage for the children?
 - Assuming none had any health coverage and no exemption applies to them, will Vicki have to pay a shared responsibility payment? Will it be just for herself or will she also have to pay the SRP with respect to her children?
 - You have been asked to prepare the necessary tax returns – do the children need to file? Should they file?
18. Alex's employer offered him self-only coverage. Alex's share of the cost would be 8.5% of his income.
- Must Alex accept his employer's plan?
 - If Alex does not accept his employer's plan and does not get other health coverage, is he entitled to an exemption from the shared responsibility payment?
19. Beth is 66 years old and covered by Medicare Part A and pays for Part B coverage. Is Beth eligible for a premium tax credit?
20. Marshall graduated from college in June. From January 1 to August 12, he was enrolled in a student health plan through his university. On September 1, Jason started a new job that offered health coverage. He enrolled in this coverage from September 1 through December. For which months does Jason have MEC?
21. Sergio purchased coverage through the Marketplace and was given APTC of \$1,800. Unfortunately, Sergio became ill and had to stop working. His income fell below 100% of the FPL for the year.
- Is Sergio an applicable taxpayer for ACA purposes?
 - Will Sergio have to repay all the APTC?

22. Alex received medical treatments through workers' compensation throughout 2015. In October he married Lisa. Lisa had coverage through her employer and added Alex to her policy effective October until the end of the year. For which months do Alex and Lisa have MEC?
23. George and Estelle have been divorced for several years. They have two minor children and share custody. Their divorce grants each George and Estelle one child's dependency exemption deduction for income tax purposes and that is how they file their returns. Estelle's employer offers her family health coverage for herself and the two children, which Estelle accepts and pays for from her paycheck.
- Is Estelle entitled to a premium tax credit?
 - Is this a shared policy for purposes of Form 8962?
24. Jerry, now 64 years old, took early retirement and is collecting social security of \$6,000 and a pension of \$20,000.
- If Jerry has no health coverage for the whole year and is not entitled to an exemption, how much income will he show as MAGI to calculate his shared responsibility payment?
 - If Jerry bought coverage on the exchange, how much income will he show as MAGI to calculate his premium tax credit?
25. You are completing the joint return for David and Lily, who purchased health coverage on the exchange and received APTC. In completing form 8962, you note that their MAGI is 301% of the FPL and the calculation shows that they have to repay a lot of APTC. Lily made an allowable contribution to her Roth IRA during 2015; had it been a traditional IRA contribution, it would have been deductible. Can she recharacterize that contribution as made to a traditional IRA so that they can reduce their 2015 MAGI for the PTC? (Hint: Pub 590)
26. Henry has been covered under a policy he purchased through the exchange with an APTC subsidy. In late July, Henry changed employers and is covered by his new employer's MEC plan starting September 15. Is Henry eligible to claim PTC for the full year?
27. Kathy and Mike live together but are not married. Kathy's income is \$40,000 for the year, while Mike makes \$28,000.
- Since Kathy's income is higher, is she responsible for Mike's health coverage?
 - If Kathy's employer offers her family coverage that could cover Mike, is Kathy responsible for Mike's coverage?
 - If Kathy takes her employer's offer and covers herself and Mike, is Mike liable for a shared responsibility payment since he did not get his own coverage?
 - If Kathy and Mike decide to not take her employer's offer for Mike's coverage, can Mike purchase a policy on the exchange and be eligible for PTC?

28. Cindy's ex-husband, Scott, purchased a policy on the exchange covering himself and their two young children and received an advance premium tax credit subsidy. Their divorce calls for each to claim one child as a dependent for income tax purposes.
- Since Cindy did not provide coverage for the child she is claiming, is she liable for a shared responsibility payment with respect to that child?
 - Is the policy that Scott bought through the exchange a shared policy subject to the allocation rules?
 - Generally, who should take the three attributes (bronze plan cost, SLCSPP and APTC) shown on Form 1095-A when there is a shared policy?
29. Jack and Jill got married during the year. Jack's job pays him \$20,000 and Jill's income is \$23,000. They both purchased their health coverage on the exchange and received APTC of \$4,000 each. Jack got very lucky and won \$30,000 in the lottery, which puts their MFJ return's total income over 400% of the FPL. They live in a separate property state.
- Is the one-time lottery income part of Jack and Jill's MAGI for Form 8962 purposes?
 - Does the repayment limitation (the cap) apply to limit the amount of APTC that must be repaid if Jack and Jill file a joint return?
 - Would Jack and Jill be eligible for the alternative calculation for the year of marriage?
 - If Jack and Jill each file married filing separately, would that reduce the APTC repayment?
30. Frank purchased coverage through the exchange covering himself and his two children, whom he claims as his dependents. Frank is lawfully present in the U.S., but his children are not. In computing his PTC, will Frank include the cost of the policy with respect to his children?
31. Alex resided in the U.S. the entire year, but received his lawful status on May 24, 2015. His income level requires that he file a return. If he does not have health coverage, will he be liable for SRP for the whole year or for what months?
32. Jerry and Jessie were married during the year. They each had their own marketplace policies before they got married. Once married, they switched to a single policy covering both of them through the marketplace and received APTC. They will file a joint return.
- Is the joint policy a Shared Policy subject to allocation?
 - In reconciling their APTC, how many forms 8962 will Jerry and Jessie include in their joint tax return?
 - Assuming the policy change was effective timely, do Jerry and Jessie have to make a special calculation of the SLCSPP for PTC purposes?

33. Stephanie's son Roger is 20 years old and in college with scholarships and grants. They have decided that Roger should show \$4,000 of his grants as taxable income so that the maximum American Opportunity Education credit can be claimed on Stephanie's return. Roger has no other income. Stephanie buys health coverage for herself and Roger on the exchange and receives an APTC. Will Stephanie include Roger's \$4,000 of taxable grants as part of her household MAGI for Form 8962 purposes?
34. Thomas and Julie are married and are on Medicare. Their young grandson Hector came to live with them two years ago, after his parents were tragically killed in an auto accident. Thomas and Julie properly claim Hector as their tax dependent. Hector is the beneficiary of a sizeable trust set up by his parents and is ineligible for Medicaid.
- a. Are Thomas and Julie responsible for Hector's health coverage under ACA?
 - b. In determining whether Marketplace coverage is affordable for Hector:
 - i. The cost of coverage for which individual(s) is included in line 1 of the marketplace affordability worksheet of Form 8965?
 - ii. The SLCSP cost for which individual(s) is included in line 10 of the marketplace affordability worksheet of Form 8965 instructions?
 - c. Would the answer to b and c be different if Hector was eligible for, but not enrolled in, Medicaid under his state's laws?
35. Wally had employer-sponsored coverage until he lost his job in April. He was offered COBRA but did not take it because he thought it cost too much. While unemployed, Wally would have been eligible for Medicaid, but failed to apply.
- a. Does Wally need to complete the affordability worksheet with respect to the employer-offered COBRA? Would that help avoid the SRP?
 - b. Is Wally entitled to any exemption for the months during which he could have had Medicaid coverage? Why or why not?

FILING STATUS AND EXEMPTION EXERCISES

1. Sam and Lucinda had been married 40 years when Sam died in January 2015. Since then Lucinda has lived alone. She comes to your site for help with her taxes. What is her filing status?
2. Jody is 17 years old. She lives with her parents but had a summer job to make money for her college fund. She comes to your site for help with her taxes. What is her filing status?
3. Tom and his girlfriend Helen share an apartment. They both have jobs and share the expenses. Neither has ever been married or had any children. They come to your site for help with their taxes. What is their filing status?
4. Mary and John are married with three children. They have lived together all year. What is their filing status?
5. Susie is 28 years old. In 2013, she divorced Sam and moved back home with her parents. She has a full-time job earning \$5,000, but spends most of her money on entertainment and clothes. Her folks pay all the household bills. What is her filing status? Who claims her exemption?
6. Archie and Elaine lived together all of 2015. They married on January 3rd, 2016. What is their filing status for 2015?
7. Judy and Joe are married, but they didn't live together at all in 2015. They have one child, who lives with Judy. What is their filing status:
 - a. If Joe is deployed with the army in Afghanistan?
 - b. If Joe is working in Afghanistan for a civilian contractor?
 - c. If Joe left last June without saying good-bye, and Judy doesn't even know where he is?
 - d. If Joe and Judy signed a separate maintenance agreement in 2015 between themselves without court decree and are planning to divorce soon.
8. Lynn is a single mom whose only child Larry graduated from high school in May 2015. He got a full-time job and has paid all his own bills since then—except he still lives with his mom, who pays the rent and utilities. Overall, he paid less than half of his own support. What is Lynn's filing status? What is Larry's filing status? Who claims Larry's dependency exemption?
 - a. Same situation as above. If Larry moved out of the house in June 2014 (but still paid less than half of his own support for the year), what is Lynn's filing status? What is Larry's?
 - b. Same situation as above but Larry provided more than half of his own support. What is Lynn's filing status? Larry's? Can Lynn claim any tax benefit for Larry?
9. Tom pays his ex-wife \$1,000/month in child support for his two children who live with her, Laurie, 17 and Lonnie, 10. His divorce decree states he can claim an exemption for both kids in odd-numbered tax years. If he claims the kids, can he also claim Head of Household?

10. Mary and Tom are divorced. The divorce decree doesn't say anything about tax exemptions, but Tom pays child support for their two young children, who live with Mary. Neither has remarried. What is Mary's filing status? What is Tom's?
- Same situation as above. Mary and Tom's divorce decree won't be final until January 2016. Tom moved out of the house in March 2015. What is Mary's filing status? What is Tom's?
 - Same situation as above. Mary and Tom's divorce decree doesn't go into effect until January 2016. Tom didn't move out of the house until August 2015. What is Mary's filing status? What is Tom's?
11. Jack and Jill were married with three small children when Jack died in January 2014. Jill filed Married Filing Joint (MFJ) for TY2014.
- What is her filing status for TY2015?
 - What is her filing status for TY2016?
 - What is her filing status for TY2017?
12. Tom and Betty were married when Tom died in February 2015. In November 2015, she married Tom's best friend, Dick.
- What is Betty's filing status for 2015?
 - What is Tom's filing status for 2015?
 - What is Dick's filing status for 2015?
13. Dan and Elizabeth are married and have one son Jake, aged 16. Jake spent eight months in juvenile detention last year.
- Can Dan and Elizabeth claim him as a dependent?
 - Can Dan and Elizabeth claim him for EIC?
14. Missy signs a Form 8332 to let her ex-husband Max claim their daughter Marie on his tax return even though Marie lives with Missy.
- Can Max claim the Child and Dependent Care Credit as well?
 - Can Max claim the Child Tax Credit?
 - Can Max claim the EIC with Marie as his qualifying child?
15. Tom and Shelley are married and live together with their two kids, Rachael and Rebecca. They both work and are glad to have Tom's mother Sylvia living with them. In addition to social security, Sylvia has a sizable pension and pays more than half the costs of maintaining the home.
- If it's okay with Tom and Shelley, can Sylvia file as Head of Household (HoH)?
 - What if it is not okay with Tom and Shelley?

16. Lynn and Les live together with Lynn's daughter Laurilou, age 4. Les has a good job and pays most of the bills. Lynn works part time and made \$8,000 last year. She pays for her own and Laurilou's clothes, for her car and helps with the groceries.
- What is Les' filing status?
 - Can Les claim Laurilou as a dependent?
 - Can Les claim Lynn?
 - Should you mark Laurilou as a qualifying child for EIC on Les' return?
 - Should you mark Laurilou for Child Tax Credit on Les' return?
 - Should you mark Laurilou for Child Tax Credit on Lynn's return?
 - Can either Les or Lynn file as head of household?
17. Tom and Sarah are married and are not lawfully present in the United States and do not have valid social security numbers. They lived together with their two children, Peter and Polly, who are lawfully present and have valid social security cards.
- Can Tom and Sarah claim the children as dependents?
 - For Child Tax Credit?
 - For EIC?
 - What is their filing status?
18. Tom and Shelley are married and live together with their two kids, Rachael and Rebecca. They both work and are glad to have Tom's mother Sylvia living with them. If Sylvia's only income is Social Security, can Tom and Shelley claim her as a dependent?
19. Marybeth lives with her father Sam in a house that Sam owns. Sam's only income is Social Security, which he gives to Marybeth to help with household expenses. Marybeth provides all of the rest of the household income. How do you decide if Marybeth is providing more than half of Sam's support?
20. Marissa's sister Carol is in a residential drug rehab program, and Marissa is caring for Carol's newborn daughter Sunny until Carol is able. Sunny has lived with Marissa since she was born in August 2014.
- Can Marissa claim Sunny as a dependent?
 - What is Marissa's filing status?
21. When Susan was alive, she and her husband Charlie supported her mother and her mother's sister in a neighboring city. They claimed both women as dependents. Now that Susan has died, Charlie continues to support them. Can he continue to claim them as dependents?
22. Andrea (25) and her children, Jane (3), Elaine (5) and Tony (7) lived with Andrea's mother, Juliet, most of the year. Andrea's AGI is \$18,000. Juliet's AGI is \$25,000. Ron, Andrea's husband died three years ago. All three children are qualifying children of both Andrea and Juliet. Which statement(s) are true?
- Juliet can claim all three children as she has the higher AGI.
 - Andrea can claim all of the children as she is the parent.
 - They can reach an agreement between themselves as to who will claim each child.

QUIZ: SCOPE

	In scope	Out of scope
1. Ray and Barbara each receive a social security pension from Germany and provide you the U.S. dollar actual amount received.		
2. April arrives at the site with a W-2 with code W.		
3. Joseph does a lot of stock trading and has foreign tax withheld on some of his transactions. The total amount of foreign tax is \$651.		
4. Scott relocated to your town from another state for his new job. He would like to claim his moving expenses that were not covered by his employer.		
5. Colin and Paula bought and moved in Jan 2014 but have now decided that it is too small and moved into a larger house in Nov 2015. They received a 1099-S from the sale of the first home (Nov 2015).		
6. George has a 1099R, coded 1, but he is 67 years old.		
7. Cynthia has a W-2 with an entry in Box 11 for a non-qualified plan.		
8. Henri moved to a smaller house and donated a lot of his furniture and other items to charity. He wants to claim \$6,000 for his donations.		
9. Tomas has a 1099-R with code D.		

QUIZ: WHO MUST FILE

1. If you are a US citizen or resident, whether you must file a return depends upon:
 - a. Your gross income
 - b. Your filing status
 - c. Your age
 - d. All of the above

2. If you turn 65 on January 1, 1951 you follow the guidelines for under 65 for purposes of determining whether or not you must file a return for 2015? Yes/ No

3. Kevin is 10 years old. He has income of \$1,500 from a stock transaction in a trust account held by his grandmother that is reported under his SSN. Must he file a return? Yes/ No

4. Philip is 17 years old and earned \$1,350 in wages from his summer job (reported on a W-2). Must he file a return? Yes/ No

5. Donald and Sally are 66 and 61, respectively. They had Social Security income of \$24,000 and Interest and Dividend income of \$500 for 2014. They received a 1099 B from their broker reporting noncovered transactions with proceeds of \$ 21,500 from stock transactions. They tell you they didn't receive any money from the broker. Should they file a return for 2014? Yes/ No

6. Give five reasons a person should file a return, even though they have no taxable income.

QUIZ: WAGES

1. What do the letters EIN represent?
2. What do you have to do if the employer's name and address appears when you enter the EIN?
3. Where can you find the definition of the codes for Box 12?
4. When do you enter the information from Box 13 of the source document?
5. What do you do if you have multiple W-2s from the same employer?
6. What if the taxpayer tells you they have unreported tips? How would you enter them in TaxWise?

QUIZ: INTEREST

1. Where is Seller-Financed Mortgage Interest entered in TaxWise?
2. Tax-Exempt Interest is entered on the interest statement (same line as Box 1 interest) in the NAEOB amount column only and coded "E". True/False
3. If a bond is issued at a price lower than its stated redemption value, the difference is called OID, and is simply a form of interest. The issuer of the bond reports a portion of OID each year to the bondholder on Form 1099-OID and we enter it on the interest statement. True/False
4. Interest on life insurance dividends is not taxable, but is reportable. True/False
5. The terms Tax-Exempt, non-taxable and tax-free can be used interchangeably and usually mean that the interest earned is reportable but not taxable True/False
6. The difference between the discounted price for savings bonds and the face value received at maturity is _____.

QUIZ: DIVIDENDS

4012 Tab D-910, G-2

1. Alfred has Ordinary Dividends in the amount of \$326 and Qualified Dividends in the amount of \$186 for the same account. Because they are different amounts they must be listed on separate lines on the dividend statement. True/ False

2. Ordinary and qualified dividends are both taxed in the same way. True/ False
3. Form 1099-DIV shows \$86 in Box 3 [non-dividend distributions]. Since it is not an ordinary dividend it is eligible to be treated the same as a qualified dividend. True/ False
4. If foreign tax paid meets the rules of the simplified limitation election, you do not need to complete Form 1116. True/ False
5. Tax exempt dividends are not taxable and should not be entered. True/ False
6. Edward claims that since his dividend was a part of a reinvestment plan to purchase more shares he does not have to declare the dividend. True/ False
7. Charlie has \$9.35 in dividends from his credit union account. He did not get a document reporting the amount from his credit union. You tell him that they are to be reported as interest not dividends. True/ False

QUIZ: CAPITAL GAINS OR LOSSES --Stocks

1. Where will capital gain distributions from a 1099-DIV source document be entered in TaxWise?
2. On which line in the TaxWise 1040 would you expect to see capital gain distributions?
3. If a taxpayer cannot provide the basis for stock sold, what will the IRS deem it to be?
4. If you have a zero cost basis what do you need to do on Sch D?
5. How can you double check to make sure you have entered the stock transactions accurately?
6. Which of the following sales are in scope for Tax-Aide?
 - a. Inherited stock
 - b. Stock received as a gift
 - c. No cost basis on the broker statement
 - d. The client tells you the basis of stock as "about \$650"
 - e. Sale of stock options
 - f. Wash sales
7. What are the steps to follow if a client has more than a few transactions and you want to enter just the totals?
8. Thomas, aged 75, has a capital loss carry forward of \$78,000 and is thinking he won't file next year as he doesn't think he'll be alive in 28 years to have used up his \$3,000 capital loss each year. He receives \$18,000 in Social security, a \$9,000 pension, has more stock to sell and owns a piece of land in Georgia. What would you tell him?

9. On July 1st, 2000, Fred bought 100 shares of AT&T for \$44/share. The brokerage fees were \$80. What is the cost basis for these shares of AT&T?
10. On December 11, 2012 Jim inherited 100 shares of XYZ stock from his great uncle Phillip. Phillip had purchased the stock for \$5.00 per share in 1952. The fair market value on the date of Phillip's death was \$20.00 per share. Jim sold all the stock on 12/1/2013. He received \$1,800 gross proceeds and paid a \$50 commission. What is the cost basis which Jim needs to report? Is the gain or loss on the sale of Jim's stock long-term or short-term?
11. Tom and Helen received a 1099-B in their broker statement from ABC Investments. Enter the following transactions in the Capital Gain Worksheet below:
- The 1099-B form showed a transaction on 02/01/15 for the sale of 200 shares of XYZ stock for \$1,500 (proceeds less commissions/ net) with Code A. It showed it was acquired on 3/23/2014 with a basis of \$1,000.
 - The 1099-B showed a transaction on 2/01/15 for the sale of 100 shares of ABC stock for \$2,000 (proceeds less commissions/ net) with Code D, and it also showed it was acquired on 9/16/2013 with a basis of \$3,500. Tom and Helen tell you that the basis shown on the form does not reflect a \$50 fee they paid when purchased.
 - The 1099-B showed a transaction on 5/5/15 for the sale of 100 shares of IBM for \$15,000 (proceeds less commissions/ net) with Code E and the acquisition date and basis is unknown. Tom and Helen tell you that they acquired the 100 shares of IBM stock on 6/1/05 and their cost for the purchase was \$5,000.
 - Tom and Helen tell you that they received a 1099-S showing \$705,750 for the sale of their home. They purchased the home on 3/3/54 for \$3,600 and lived in it until it was sold on 05/01/2015 for \$675,750 after commissions.

(a) Description of Property	1 0 9 9	T S J	*	(b) Code	(b) Date acquired	(c) Date sold	(d) Sales price	(e) Cost or basis	(f) ADJ	(f) Gain or Loss	S / L

QUIZ: RETIREMENT

1. The TP, a retired public safety officer (PSO), tells you or has a detail statement telling him health insurance premiums of \$3,786 were withheld.
 - a. How much can be excluded on the exclusion section of 1099-R line 4 in Tax Wise?
 - b. If there is a remainder how is it handled?
 - c. What if the insurance premiums were paid to the insurer by the TP?
2. If the TP is allowed to make a qualified charitable contribution from their required minimum distribution and the entire distribution amount is \$4,500 while the contribution portion is \$2,000; how would you handle the transaction on form 1099-R?
3. When might the taxable amount need to be calculated on Form 1099-R? Where is it calculated when it is pension? Where is it calculated when it is an IRA with basis?
4. The retiree died before starting to collect on his pension. It is a joint and survivor benefit policy. When using the Simplified Method, both birthdates must be used. True/ False
5. If the 1099-R shows a code "G" in Box 7 it represents a rollover and the entire distribution is not taxable. True/ False
6. An early distribution is not subject to the 10% early withdrawal penalty if it has one of the following codes in Box 7 - 2, 3, 4. True/ False
7. The taxpayer takes a distribution from his IRA and tells you he had made non-deductible contributions in prior years. How would you enter the non-taxable portion of the current distribution into TaxWise?

QUIZ: ITEMIZED AND STANDARD DEDUCTIONS

1. On which pages of the Volunteer Resource Guide (Pub 4012) can preparers find charts showing Standard Deduction Amounts?
2. Medical insurance premiums paid through work are deductible if they are deducted from the employee's gross pay. TRUE/FALSE
3. Harry and Sally are filing MFJ. They paid the cost of keeping Sally's father, George, in a nursing home. The entire cost of the nursing home was \$18,000, of which \$8,900 was for medical care. The primary reason for George being in the nursing home was for medical care. George is their dependent. How much of the nursing home costs can Harry and Sally claim as a medical expense?

4. Charles and Maria Stuart file MFJ. They paid the following bills. Which items are eligible deductions?
 - a. Prescription drugs from Canada?
 - b. False teeth?
 - c. Oxygen equipment and oxygen?
 - d. Lodging expenses while receiving medical care?
 - e. Vitamins and dietary supplements?
 - f. Medical marijuana prescribed by a doctor?

5. Elizabeth Windsor is over 65 years old and has an AGI of \$40,000. She has \$3,500 of medical expenses.
 - a. Will she be able to deduct any of her medical expenses? YES/NO
 - b. Suppose Elizabeth is under 65 years old. Can she claim a medical deduction? YES/NO

6. Which taxes are deductible on Schedule A?
 - a. Sales tax for the purchase or lease of a car?
 - b. Real-estate transfer taxes (or stamp taxes)?
 - c. Excise tax on gasoline, alcohol or tobacco?
 - d. State, local, and foreign real estate tax?

7. Peter Piper has a reverse mortgage on his primary residence. He received a lump sum payment and \$100 per month from the reverse mortgage lender. Interest is accruing which he will owe at some date in the future.
 - a. Is the amount he received in a lump sum reportable as income? YES/NO
 - b. Can he take an interest deduction for the interest which is accruing? YES/NO

8. Is a special assessment for the specific property, eligible for the Real Estate Tax deduction? What if the special assessment is for all properties in the school district? YES/NO

9. Which of the following types of interest are **within the scope** of the Tax-Aide Program?
 - a. Home mortgage interest incurred and paid by TP?
 - b. Mortgage interest paid on son's mobile home while he is in college (son is sole owner of the mobile home)?
 - c. Points paid to acquire mortgage on the purchase of taxpayer's home?
 - d. Mortgage insurance premiums for contract that commenced 12/21/2006?
 - e. Investment interest?

10. Jack and Jill are filing MFS. They have lived apart for 2 years. They each earn \$55,000 per year. Jack pays half of the \$6,000 mortgage interest on the house they own and Jill lived in, and all of their \$4,500 property tax. Jill pays the other \$3,000 mortgage interest. They have no other itemized deductions.
 - a. If one of them chooses to itemize, can the other claim a standard deduction?
 - b. If Jack itemizes, what amount will Jill use as her deduction?
11. Alice and Bill are senior citizens who have itemized their deductions for many years. They have no receipts or record of their cash contributions. They tell you these contributions added up to \$260. Can they deduct \$260 as a cash contribution this year?
12. The amount you deduct for charitable contributions cannot be more than 50% of your AGI and may be further limited to 30% or 20% depending on the type of property and the type of organization. Any excess can be deducted in each of the next 5 years until used up. Is this in scope for AARP preparers?
13. Josephine Bonaparte is 81 years old and made a \$10,000 qualified charitable distribution from her IRA to Goodwill Industries. The distribution was made directly by the trustee of her IRA to Goodwill. How much of the \$10,000 can she take as a charitable itemized deduction?
14. Liz has non-cash contributions that she wishes to claim. She has brought her receipts which show she wishes to claim amounts of \$225, \$350 and \$450. Which way should you enter the contributions (after verifying the amounts she wishes to claim are within acceptable limits)? On the A detail worksheet since no amount is greater than \$500 or by linking to Form 8283 from the A detail worksheet and entering the data there since the total is greater than \$500.

QUIZ: EDUCATION BENEFITS

4012 Tab J

1. What are the 2 types of education credits?
2. Who can claim an education credit?
3. What is an eligible post-secondary education institution?
4. Name at least three options for claiming educational expenses?
5. How do you decide which of the options is right for the taxpayer?
6. What page in Pub 4012 shows you which educational expenses qualify for which benefits?
7. Grandma pays the eligible educational expenses for her grandson who is claimed on the parent's return as a dependent. Who can claim the payment amount and where?
8. Taxpayer pays for his son's tuition, but the son is not claimed on the taxpayer's return. Can he claim the tuition he pays for his son as an education credit? YES/ NO
9. When are scholarships and grants taxable?

1. Assume you meet all the eligibility tests to receive EIC. What are the three factors that determine the amount of EIC you will receive?
2. In Tax-Wise, where do you indicate that you want the EIC worksheet activated?
3. Which of the following items are considered EARNED income for EIC?
 - a. Taxable wages
 - b. Pensions/Annuities
 - c. Worker's Compensation
 - d. Union Strike Benefits
 - e. Long-Term Disability Benefits received prior to minimum retirement age
 - f. Social Security/Railroad Retirement Benefits
 - g. Unemployment
 - h. Self-Employment Net Earnings
 - i. Alimony
 - j. Work release wages
4. David, who is 25 years old, his 2 year old son, Jack, and his 5 year old daughter, Jill, live with David's mother Mary. David's earned income is \$11,500 Mary's earned income is \$20,000. Mary also has \$5,000 in interest and dividend income. Who could receive EIC based on Jack and Jill?
5. Sue, age 26, is unmarried and she and her 5 year old daughter Tracey live with Sue's mother, Doreen, 63. Sue and Doreen provide Tracey's support. Sue worked as a clerk and earned \$16,000. Doreen has a part-time job and earned \$8,000 to supplement her social security income. Who can claim Tracey for EIC?
6. Bob is 23 years old. Liz, his spouse, is 27 years old. They have no children, and will file Married Filing Jointly. Can they apply for EIC?
7. Jane Shingler is 38 years old. In 2013, Jane worked as a teacher's assistant and received \$25,000. Thomas, who is single, is Jane's 40-year-old brother. Thomas has lived with Jane in her home since 2005 as he is permanently and totally disabled. Thomas's only income was social security disability *but* it provided over half of Thomas' support. Jane and Thomas are U.S. citizens and have valid social security numbers. Is Thomas a qualifying child for EIC even though he is not a qualifying child for the dependency exemption?

